

WHISTLE STOP
CO-OPERATIVE PRESCHOOL

PARENT HANDBOOK

WELCOME



Welcome to the WHISTLE STOP CO-OPERATIVE PRESCHOOL INC.

We hope that the coming year will be exciting and stimulating for both you and your child.

You will be pleased with our preschool program when you see that your child has improved in their ability to:

Use words to express his/her ideas and feelings – listen as part of a group – share – follow routine – play cooperatively – make discoveries – put away when done – complete what they started – be better prepared for JK/ SK

Our Mission Statement: *“Joining Together in a Stimulating and Creative Learning Environment for Your Child”*

The Preschool Experience

WHISTLE STOP CO-OP PRESCHOOL INC. DETAILS

- School address:* The Whistle Stop Co-operative Preschool Inc.
23 Brock Road South Puslinch, Ontario, N0B2J0
- Location of School:* The Puslinch Community Centre, Aberfoyle, Ontario
5192399878 Mon/Wed/Fri onsite Cell Phone
- Emergency location:* In case of emergency and preschool needs to be evacuated our emergency location is Optimist Clubs Recreational Facility

* 25 Brock Road South – across parking lot beside the Library
- School Hours:* Monday, Wednesday and Friday mornings 9:00 a.m. until 11:30 a.m.

NOTE: Children should be brought to school no earlier than 9:00 a.m. and picked up no later than 11:30 a.m. (*There will be a 5 minute grace period, after which a \$1.00/minute fee is payable directly to the teacher*).
- Family Events:* May be booked throughout the year. Parents must drive and attend the off site family event with their child. Anyone attending “field trips” will be required by Ministry of Education to have a current police check
- Transportation:* Each parent is responsible for getting his or her child to and from school. It may be possible to carpool with other parents. Please let the teacher know if someone else is picking up your child. 5192399878 calls or text

Teachers will not transport children to and from preschool or events off site
- Snow Days:* The Teacher and the President of the Board will jointly decide when the school will be closed due to inclement weather. Whistle Stop follows the same inclement weather cancellation policy as Aberfoyle Public School BUSES and the Upper Grand District School Board. Announcements will be made on Magic 106.1 FM. Messages will also be sent to families via text or email. (There is not reimbursement for snow days)
- School Fees:* \$18 for each ½ day – 2-3 sessions per week
\$19.50 for each ½ day – 1 session per week

FEES AND MEMBERSHIP

REGISTRATION

In house (current students) and general registration for the fall semester takes place in the spring. At this time, a post-dated cheque (dated August 1st) for the amount of the first tuition installment is required. This ensures your child's spot for September. If you choose, you can pay the full semester's tuition at this time (again postdated to August 1st).

The program is available to children aged 2 1/2 to 5. Spots that become available are filled in the following priority: current students, siblings of current students and then new students. The age of students is also considered. Priority will be given to older children. Since a greater than 50% township enrollment is desired some consideration will be given to where students live. Entry of new students into the program will be at the discretion of the executive board and the teachers.

Upon accepting a space, a non-refundable enrollment fee of \$40.00 is required for each child. If your child continues with the program, they are not required to re-register for the next semester or the next year. If however your child leaves the program and returns at a later date, they must re-register and pay the \$40.00 enrollment fee.

A **security deposit** will be required to cover the costs of 3 toy cleans and attendance/participation with fundraising. Each toy clean is \$45 and the fundraising participation is \$200. We ask for 3 post-dated cheques of \$45 for toy cleans (December, April, June) and 1 post dated \$200 cheque for the fundraising participation. If you do not attend/participate in these events then the cheque will be cashed, however if you do then your cheque will be returned. **Parents are required to participate in set up or take down as part of the Dance commitment and participate for a minimum of 4hrs at the event-if a dance is held.*

One month's notice in writing or a month's fee in lieu of notice is required when a child is withdrawn from the preschool by parents/guardians.

FEES Tuition fees are calculated on the basis of: \$18.00 a half-day session if attending 2 or 3 half-day sessions \$19.50 a half-day session if only attending 1 day.

*Depending on years, registration numbers drop in days for families registered in the program will vary.. The cost of a drop in day is \$25 - **This must be pre-arranged with the supervisor and cash must be brought the day of drop in.**

**Cheques should be made payable to: THE WHISTLE STOP
CO-OPERATIVE PRESCHOOL INC. and submitted to the
TREASURER**

The school operates on Monday, Wednesday and Friday mornings. The full payment depends on the number of days your child attends and the number of Mondays, Wednesdays and Fridays in the school calendar year.

The fees are subject to change upon voting by the executive board and parents and approval by the County.

There will be no reimbursement of fees if a child is sick, is on vacation, if school is canceled due to inclement weather, or if the school is closed with no fault of the preschool or teachers – example of such may be last minute cancellation of preschool room by Township of Puslinch.

LATE PAYMENTS IF TUITION IS NOT PAID AFTER 30 DAYS OF THE DUE DATE, YOU WILL HAVE 10 DAYS FROM NOTIFICATION TO MEET YOUR FINANCIAL COMMITMENT. FAILURE TO DO SO WILL RESULT IN THE REMOVAL OF YOUR CHILD FROM THE PRESCHOOL. THIS POLICY APPLIES TO ALL MEMBERS OF WHISTLE STOP CO-OP PRESCHOOL.

PAYMENT SCHEDULE

The following is the payment schedule for the year: (this is not set in stone and other arrangements can be made with the Treasurer)

| Installment | Post Dated Cheques Or Direct Deposit |
|--------------------|---|
| 1 | September - December |
| 2 | January - March |
| 3 | April - June |

N.S.F. CHEQUE/PAYMENT POLICY

- 1st NSF cheque: to be replaced by certified cheque or cash plus service charges within 7 days of notification.
- 2nd NSF cheque: preschool will charge the parent bank plus a \$15.00 penalty to be paid within 7 days of notification.
- Only cash or certified cheque will be accepted after the 2nd NSF cheque.

***As of October 31, 2022 Whistle Stop Preschool has chosen to OPT-OUT of the Canada-wide Early Learning and Child Care System. This decision will be revisited in the future if the opportunity presents itself.**

WAITING LIST

At any time during the year students can increase their number of days at school, or new students can begin the program, providing there are spots available. If spots are available you can hold a spot a maximum of 30 days in advance of your desired start date. The first tuition installment will hold your spot and is due immediately upon accepting a spot. (NOTE: cancellation policy still applies) In the event that there are no spots available, the child can be placed on a waiting list. Contact the Membership person if you would like to be placed on the waiting list.

Spots that become available are filled in the following priority: current students, siblings of current students then new students. The age of students is also considered as well as where they live. Entry of new students into the program will be at the discretion of the executive board and the teachers

****NOTE: For current students and siblings, you MUST be on the waiting list for the membership person to contact you when a spot becomes available during the year****

The Membership person will contact people on the waiting list in priority sequence. The Membership person has the discretion to move on to the next person if they do not get a response.

Parents of a child or children on the waiting list may also inquire with the membership person to ask where their child stands of the list.

The first tuition installment is required immediately upon accepting a spot.

Your payment ensures your spot.

The School Day

A school day consists of supervised play and learning experiences for your child with other children registered in the program. Your child will have a variety of activities in which to partake –craft time, science activities, block building, puzzles, imaginative play, music and movement, storytelling, gross motor time, etc.

The outline below will give you an idea of a typical morning's program. Times, activities and routines will vary. This Schedule is a guideline – not a set mark of our morning. If children are engaged in an activity we will not stop the learning!

- 9:00 Arrival time * please wash your child's hand prior to playing
 Welcome. Free playroom is open for children
- 9:15 Morning Meeting Circle.
 *If parents have not already left for the morning, this is a good
 time to say goodbye and leave until 11:30*
- 9:25 free play room open, play dough, crafts, and sensory activities
- 10:20 Tidy-up
 Washroom - Books While in Washroom
- 10:30 Snack
- 10:55 Gross Motor Actives.
- 11:20 Circle Time – music/stories/games
- 11:30 Morning wrap up and Departure*

***Note: Pickup time is 11:30 sharp. There will be a 5 minute grace period, after which a \$1.00/minute fee is payable directly to the teacher.**

The teachers will rotate daily/weekly from room to room....*Special Notes: Upon Arrival* - You can assist your child in hanging up backpacks and coats in the coatroom. Each child will have a hook with his/her name posted above it. If the weather is wet or shoes are muddy please change into a pair of indoor shoes. Children must wear shoes at preschool. Take your child into the small room where they can play until calendar time. *Please say good-bye to your child. It is never good to just disappear.* **Pick up time** – Please arrive at the preschool by 11:30. We will be in the small room and the doors will be closed until after the circle. We will join you at 11:30. If you arrive early you can gather your child's art that will be sitting on a drying rack or on a mat in the lobby. We have a pocket system for handing out calendars etc. that will be hung by the coatroom door – please be sure to check this each day you are at preschool!

Backpacks/school bags: Please put in a complete change of clothes – you never know when an accident or spill can happen. (Please do not send your child in clothing that you are concerned about staining – we will do our best to prevent spills and splashes...paint...but we cannot be responsible for stains.

Just Play – Author unknown

When I'm building in the block room, Please don't say, "I'm just playing."

For, you see, I'm learning as I play; About balance and shapes.

When I'm all dressed up, Setting the table, caring for babies,

Don't get the idea I'm "Just Playing." I may be a mother or father someday.

When you see me up to my elbows in paint,

Or standing at an easel, or molding and shaping clay,

Please don't let me hear you say, "He is Just Playing."

For, you see, I'm learning as I play.

I'm expressing myself and being creative.

I may be an artist or inventor someday.

When you see me sitting in a chair "Reading" to an imaginary audience,

Please don't laugh and think I'm "Just Playing"

For, you see, I'm learning as I play. I may be a teacher someday.

When you see me combing the bushes for bugs,

Or packing my pockets with choice things I find,

Don't pass it off as "Just Play."

For, you see, I'm learning as I play. I may be a scientist someday.

When you see me engrossed in a puzzle, Or some 'plaything' at school,

Please don't feel that time is wasted in "Play."

For, you see, I'm learning as I play.

I'm learning to solve problems and concentrate.

I may be in business someday.

When you see me cooking or tasting foods, Please don't think that because I enjoy it, it is "Just Play."

I'm learning to follow directions and see differences.

I may be a chef someday.

When you see me learning to skip, hop, run, and move my body,

Please don't say I'm "Just Playing"

For, you see, I'm learning as I play. I'm learning how my body works.

I may be a doctor, nurse or athlete someday.

When you asked me what I've done at school today,

And I say, "I just played." Please don't misunderstand me.

For, you see, I'm learning as I play.

I'm learning to enjoy and be successful in my work.

I'm preparing for tomorrow.

Today, I'm a child and my work is play.

Your Child at School

Preschool is usually your child's first regular experience away from home. Consequently, you can expect that your child will require a little time to adjust to this new and different environment. Your child's age and personal needs largely determine how long this adjustment will take. You can ease the transition from family to school in these ways:

1. Explain to your child what he or she can expect at school (teacher's role, toys, painting, stories, etc.).
2. Your child may need you to stay until he or she feels reasonably secure. This may take an hour or a few days. **Stay in the background; it will be easier for the child to accept your departure if you are not actively involved.**
3. Do not expect your child to enter school and take an active role immediately. Many children observe and play along, until they feel secure enough to join the group. The teacher will encourage participation in-group activities, but will not force the child.
4. Do not pressure a child to join in a particular activity. When ready, they will readily participate.
5. Let your child tell you about their school day in their own way. They may tell you nothing initially, but may refer to it later, or tell all as soon as they see you.
6. Be positive about your child's preschool experience. Praising good behavior or saying something positive about artwork nurtures a positive self-image within your child.
7. For preschool to be a positive experience, good communication between parents, children and teacher is essential. Please discuss with the teacher any concerns you have regarding your child's participation.

Off site Family Events

Family Events will be held occasionally throughout the year as they help to broaden a child's horizons. Occasionally we must leave the school premises. Parents are asked to drive their child to these off site events. Proper parent supervision is essential in order to meet our insurance coverage and our license requirements. Therefore, parents are encouraged to attend, but unless otherwise stated siblings should be left at home. If siblings are allowed on a trip please remember that it is the parent's responsibility to care for them, not the teacher.

Part-time children are always welcome to attend any event or party held on days they do not normally attend. The \$18.00 fee for the extra day should be paid directly to the Supervisor prior to the Event.

When possible, the cost will be covered by the preschool.

****Teachers will not transport children ****

****New 2016 any parent volunteer attending a "field trip" must have a Criminal Ref. check**

Odds and Ends

Just a few more suggestions to help the day run smoothly:

CLOTHING

- Washable, comfortable, practical play clothes are recommended.
- Rubber soled shoes or slippers are needed for indoor use.
- All clothing, boots, mittens, etc. should carry your child's name.
- Ensure children bring shoes in winter and wear enough clothes so they can go outside.
- Extra clothing should be kept in a bag hanging on the child's hook.

VISITS

- **You are welcome to visit the school at any time.** Simply check with the teacher first.

SNACKS

A DETAILED SNACK LIST WILL BE PROVIDED TO THE PARENTS TO FOLLOW. PARENTS WILL BE ASSIGNED A SNACK DAY EACH MONTH AND THEY WILL PROVIDE THE APPROVED SNACK FOR THAT DAY.

PARENTS ARE ASKED TO SEND A WATER BOTTLE TO PRESCHOOL WITH YOUR CHILD, IT MUST BE CLEARLY LABELED WITH YOUR CHILD'S NAME. IF THE WATER BOTTLE IS NOT LABELED PLEASE ASK A TEACHER WILL PUT A TEMPORARY LABEL IT WITH TAPE.

Snack/ Food Policy:

Food to be consumed by more than one child in a childcare setting shall be brought whole to the facility and prepared at the location. No homemade food should be brought in for the consumption of other children. All food served at the preschool must be prepared in or purchased from an approved and inspected food premise. Food may be prepared at home by a parent for their own child's consumption because of special diets, nutritional, allergic, culture needs or their own personal use.

We encourage parents to bring NON-food related items if they wish to celebrate a child's birthday or special events

The Ministry requires that a detailed snack list and Allergies/intolerances of children be posted.

IF SNACK PROVIDED BY PARENT IS DEEMED INAPPROPRIATE UNDER GUIDELINES SET FORTH BY MINISTRY AND HEALTH UNIT *OR* IF THE PARENT/GUARDIAN FORGETS TO BRING IN A SNACK ON THEIR CHILD'S MORNING THEY WILL BE ASKED TO GO AND PURCHASE SOMETHING FROM THE GROCERY STORE (FOOD BASICS – 5 MINUTES NORTH AT CLAIR ROAD) *OR* IF THEY HAVE AN APPROPRIATE NUTRITIOUS SNACK AT HOME THEY MAY RETURN WITH IT. *SNACK IS TO BE AT THE PRESCHOOL NO LATER THEN 10:15.* IN THE EVENT THAT NEITHER OF THESE OPTIONS IS POSSIBLE THE SNACK LIST COORDINATOR (VICE PRESIDENT) IS RESPONSIBLE TO ENSURE A HEALTHY SNACK IS PROVIDED BY 10:15.

NOTE: The preschool has plates, cups, napkins and food preparation utensils.

PERSONAL ITEMS

- Children may bring special things to share, however, no toys please, as they break easily, sharing is difficult when you are two and hurt feelings result therefore items need to be kept in a bag hanging on the child's hook. Speak to a teacher if special exceptions are needed.
- WE ASK THAT NO SOOTHERS COME INTO THE PROGRAM *or* BABY BOTTLES

SMOKING/CANNABIS PROHIBITED

- In accordance with Ministry regulations, smoking is not permitted by parents/volunteers or teachers on the Community Centre property. This policy applies to medical and recreational cannabis by smoking or electronic cigarettes. This policy is also a requirement of the PCC grounds.

Acknowledgement and Consent for Photos

During the course of the Preschool program, photographs of the children are sometimes taken. This may be for special days (i.e. Halloween parties, etc.), on a field trip, for an article in the Puslinch Pioneer, by a parent at a class party, or for the annual class photo. Please notify the Supervising teacher in writing if you are not comfortable giving your consent for your child's photograph to be taken and or posted.

Operating a Co-op Preschool

WHAT IS A CO-OPERATIVE?

“Cooperative” or “Co-op” defines a group of people bonded together in a joint effort. A co-op *preschool* is a group of parents joining together to meet the best "Early" educational goals of their young children.

A co-op differs from other schools in how it is managed. The Board of Directors, composed of volunteer parents, meets monthly to establish policies and guidelines for the successful operation of the preschool. Parents, in a co-op situation, have the power to change what they are not satisfied with or what they feel is necessary for the sustainability of the program.

Co-ops are non-profit organizations owned, maintained, and administered by the Parents who enroll their children

A registered early childhood educator supervises the program.

PHILOSOPHY AND GOALS

The Whistle Stop Co-op provides an opportunity for children and parents from the local community and surrounding area to join together in a stimulating, social and creative learning environment for their children. Provide the children with an opportunity to develop their physical, social, and cognitive abilities, through play. We see the value of play in young children and expose them to learning experiences that will develop their natural curiosity and love of learning. Children are adventurers and explorers and as educators we are guides assisting them in the understanding and expanding on their discoveries to move forward in the world full of wonderful possibilities.

The Whistle Stop Preschool provides an integrated service to include children with special needs.

The program focuses on recognition of individual development, giving and receiving support and affection and on encouraging independence and cooperation.

Opportunities for parent education will be provided to highlight child development and family life.

LICENSE AND INSURANCE

The preschool is licensed and government inspected for health, fire and content of the program. This includes an annual visit by a representative of the Ministry of Education Child Care Quality Assurance and Licensing Offices (MEDU) Toronto Region (West). The preschool carries insurance to cover Tenants' Legal Liability, Vandalism of Equipment and Third Party Liability.

All children are covered at school and at preschool sponsored off site events.

Program Statement

Whistle Stop Co-op Preschool provides an opportunity for children to come together in a stimulating, social and creative learning environment. The children have the opportunity to develop their physical, social and cognitive abilities through play. Materials and resources in our program support problem solving and imagination as well as opportunities for creative expression that view children as competent, capable, curious and rich in potential.

In compliance with the Child Care and Early Years Act (CCEYA), Whistle Stop Co-op Preschool implements and modifies practices that align with the “Foundations for Learning” to support children’s sense of belonging, well-being, engagement and expression.

“How Does Learning Happen” is a guide for all licensed childcare and early years programs to use as a professional learning resource.

The following goals will guide our program in our aim of a positive experience and outcome for the children and families of Whistle Stop Co-op Preschool.

1. Promote the health, safety, nutrition and well-being of the children
 - Children will be supervised by Qualified Registered Early Childhood Educator
 - Daily monitoring for illness and notification to parents
 - In case of anaphylactic allergies IPP posted with a photo for staff and volunteers to see. Epi Pen will be available when a child is in the program.
 - Staff hold Standard first aid and infant/child CPR certification
 - Proper hand washing prior to snack time and after washroom routine.
 - Encourage cleaning practices with the support of printed posters regarding hand washing, disinfection of classroom tables before and after snack as well as food prep areas
 - Healthy eating by asking parents to provide healthy snacks based on Canada’s food Guide that meet any dietary requirements and or allergies of the group
 - Model positive behavior to promote healthy eating habits
 - Inspect furniture and indoor preschool space to ensure a safe learning environment
 - Comply with Accessibility Standard for people with disabilities
 - Embrace diversity – religions – cultural backgrounds and family dynamics
 - Support inclusion policies for individuals with special needs
 - Allow children to make choices during their morning to promote strengths – sense of self and self esteem

2. Support positive and responsive interactions among the children, parents, child care providers and staff
 - Encourage children to speak and interact in a kind way with one another and our staff
 - Acknowledge children’s feelings and respond in a kind supportive voice
 - Staff will work to try to understand why a child is behaving in a certain way and help them with any struggles as needed
 - Staff will give children the tools to solve problems and use their words when troubles appear
 - Staff will give children “warnings” when transitions or changes will occur i.e. clean up time – washroom routine – circle time

- Staff will greet children and parents in a friendly and kind manner
 - We believe creating relationships between staff and parents is valuable. Parents need to feel comfortable sharing information about their children, their family, their traditions and customs
 - Parents are encouraged to come to staff with questions and concerns – email address and phone number for supervising teacher is provided to all families
 - Parents are encouraged to attend monthly meetings and provide input
 - Our staff will work together as a team and if any conflicts arise we take care of it in a professional and kind manner
 - Our RECE is qualified, responsive and trained in early childhood practices
3. Encourage the children to interact and communicate in a positive way to support their ability to self-regulate
- Encourage conflict resolutions by acknowledging children's feelings and encouraging them to listen to their peers
 - Involve children in planning and decision making when setting up the environment to increase involvement
 - Invite children to share their ideas and materials
 - Staff will engage in projects with children by challenging thinking
 - Offer comfortable space to share books, stories and toys with friends
4. Foster the children's exploration, play and inquiry
- Offer open ended materials and resources
 - Provide opportunities to learn in a fun way
 - Set up furniture so that children feel comfortable in their environment
 - Staff will listen and be co-learners to engage children in problem solving play experiences
 - Ask questions that can be answered through observation
5. Provide child-initiated and adult supported experiences
- Children are naturally curious and explore the world through play
 - Vary our plans and activities taking into account children's likes, interests and developmental needs
 - If children are engaged in an activity allow time to explore/create – daily schedules are only a guide not set in stone
 - Provide books, building materials, sensory, science, creative, fine motor and quiet areas
 - RECE/program staff support the children should they need guidance or have questions. We will observe and listen to learn how children make meaning through their experiences in the world around them
6. Plan and create positive learning experiences and environment in which each child's learning and development will be supported
- Provide rich and stimulating learning environment with accessible materials and tools to provide the opportunity for the meaningful use

- Routines, transitions and schedules where free play provides space and time for children's choices
 - Provide space for quiet and active play
 - Make visible children's learning and understanding of the world around them – documentation/display projects
7. Incorporate indoor and outdoor play, as well as active play, rest and quiet time into the day and give consideration to individual needs of the children receiving child care
- Provide a quiet area (book corner) with foam mats and body pillows
 - Provide indoor gross motor activities daily
 - Take the children on community walks – community garden – walking trail
 - Provide opportunities for group play as well as opportunities to play alone
8. Foster and engagement of and ongoing communication with parents about program and their children
- Open door policy – let us know if you want to visit and we will set it up!
 - Open communication – in person, by phone, email, through written and posted communication
 - Monthly newsletters – teachers cell and email provided
 - Monthly parent meetings
 - Parent boards
 - We will make learning visible – documentation is posted and shared on our class tablet
9. Involve local community partners and allow those partners to support the children, their families and staff
- contact different groups or organizations to offer encounters and/or materials – music, hobbies etc
 - we encourage families to share with us their culture, interests and hobbies
 - visit local community helpers or have them visit our program – volunteer fire fighters, library visit, police
 - Bring in outside support services to work with families and children if needed – speech and language, OT, resource consultants, PT
 - Staff work with outside agencies to implement IPPs
10. Support staff, who interact with the children at a child care centre or home child care premises in relations to continuous professional learning
- Financial support to staff for professional development and upgrading
 - Employees are encouraged to stay current on early childhood practices by attending workshops
 - Monetary incentive offered and evaluated at end of year by executive

- RECE staff must maintain registration
- Support RECE with the continuous professional learning program: two year portfolio cycle required by college of ECE

11. Document and review the impact of the strategies set out in clauses (1) to (10) on children and their families

- Evaluate the environment and program – parent surveys and daily conversations.
- Provide changes when necessary to facilitate the natural flow between areas of the program

IMPLEMENTING THE PROGRAM STATEMENT IN OUR PROGRAM:

This Program Statement is meant to be a live document that is reviewed, revised and readjusted on an ongoing basis. All new program staff, students and volunteers in the classroom must be aware of its content prior to interacting with children and at any time when the program statement is modified. Program staff, students, and volunteers will sign off on the statement annually or when changes occur.

Monitoring of staff, students and volunteers will be done by all of our staff, as we are all responsible to ensure the children of Whistle Stop Preschool receive the best care. All staff are professionals and monitor one another and keep dialogue open to help one another grow and develop. It is the responsibility of all staff, students and volunteers to express honest communication with one another for the best outcome for the children and the service that we provide. Formal monitoring will occur annually and informal monitoring daily. The Supervisor will formally monitor staff, students and volunteers – employed program staff will do formal monitoring on the supervisor. The formal monitoring sheet will be kept in staff file for 2 years.

All our RECE staff has made a commitment to abide by the standards of the profession as set out in the college of ECE code of Ethics and the standards of practices.

CCEYA is a guide to all staff, students and volunteers' decisions and practices.

CCEYA has a self-test on the Ontario of Education site under the tab "Child Care Licensing" – program staff are encouraged to do the self-testing to review and update themselves on standards of practice.

Members of Whistle Stop Co-op Preschool (families that have children enrolled) are asked to review the program statement annually and when changes are made. Members of the co-op preschool will be ask annually to review and suggest any changes or modifications that need to be made.

Whistle Stop will employ Two Registered Early Childhood Educators (if only one RECE a program assistant meeting Ministry requirements will be employed). In order to keep staff up to date with current developments in the field we will ensure Professional Competence - Staff Training and Development.

Early Childhood Educators/program staff has a commitment to ensure their own continuing professional competence and to further the field of Early Childhood Education. Early Childhood Educators are obliged to:

1. RECE's - Keep professional knowledge up to date as required to keep registration with college of ECE
2. Whistle Stop will support staff by offering monetary compensation for courses/training taken. Proof of completion and receipts must be given. Details in teachers' contract.
3. Program staff is encouraged to attend workshops offered by local agencies – QCCI. Certificates of attendance will be placed in staff files.
4. Recognize critical self-reflection as an important part of professional development.
5. Engage in self-care activities, which help to avoid conditions (e.g. burnout, substance abuse) that could result in impaired judgment and interfere with their ability to benefit others.

Ontario Regulation 137/15 - Prohibited Practices

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

- (a) corporal punishment of the child;
- (b) physical restraint of the child, such as confining the child to a high chair, car seat, stroller or other device for the purposes of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing a child from hurting himself, herself or someone else, and is used only as a last resort and only until the risk of injury is no longer imminent;
- (c) locking the exits of the child care centre or home child care premises for the purpose of confining the child, or confining the child in an area or room without adult supervision, unless such confinement occurs during an emergency and is required as part of the licensee's emergency management policies and procedures;
- (d) use of harsh or degrading measures or threats or use of derogatory language directed at or used in the presence of a child that would humiliate, shame or frighten the child or undermine his or her self-respect, dignity or self-worth;
- (e) depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding; or
- (f) inflicting any bodily harm on children including making children eat or drink against their will.

(See Section under Behavior Management for detailed explanation on prohibited practices)

ORGANIZATION STRUCTURE

The Board of Directors, consisting of participating parents, with direct communication with the Supervising Teacher and Program Staff, runs Whistle Stop Co-operative Preschool Inc. Numerous committees may be responsible for specific functions related to the school but will depend on current enrollment. **It is expected that the Board of Directors will meet monthly and that ALL meetings are open to ALL members of the co-operative. General members are encouraged to attend these meetings.**

The Board of Directors is composed of the following positions: President, Vice President, Secretary, Membership, Treasurer, Fundraising Coordinator and the Supervisor. The Board will serve for a one-year term. At the end of the school year, nominations are held for the following year's board positions.

Police record checks are required by all board members.

PRESIDENT

- Organizes, prepares and leads ALL meetings at where an agenda will be provided to each attendee
- Work closely with the Supervising Teacher with regards to implementing new policies etc.
- Acts as a liaison for critical matters re: teachers' contracts, evaluations, etc.
- Ensures licensing requirements as follows:
 - License and schedules are properly displayed
 - Proper supervision
 - Health and safety
- Public relations - attends important preschool and community events on behalf of the preschool - maintains a recognizable profile
- Provides a listening ear to the Board and Member concerns; makes decisions on a majority response
- Provides signatures for correspondence
- Holds legal documents
- Ensures teachers have criminal reference check completed every 5 years

VICE-PRESIDENT

- Leads general meetings and takes on all duties of President if absent
- Prepares MASTER snack duty list which is then provided to the supervising teacher
- Posts a MASTER SHEET on the bulletin board for parents to write in any changes to snack schedule
- Ensures parent responsibilities/duties are given to each family and carried out properly
- Public relations - attends important preschool and community events on behalf of the preschool - maintains a recognizable profile
- Initiate calling of parents re: special events, meetings, field trips, etc. on behalf of the President
- Assists President with any other necessary matters

SECRETARY

- Takes minutes at ALL meetings, types, photocopies and distributes these minutes within the following week. (MUST delegate duty to another person if unavailable to attend meetings)
- When taking minutes, record time, date, place and who was chairing the meeting.
- Records on a separate sheet, a synopsis of the minutes specifically what motions were approved and submits to President to add to the Legal Documents binder
- Takes care of written correspondence
- Photocopies anything needed for school
- Public relations - attends important preschool and community events on behalf of the preschool - maintains a recognizable profile

MEMBERSHIP

- Responsible for recruiting new members by informing public of registration days
- Responsible for membership update list
- Ensures all children's medical information and cards are up to date and in our school files
- Informs President or Vice President of any problems within the membership
- Ensures all Public Health Unit records are FULLY complete and up to date
- Updates Membership binder with current responsibilities (see binder for more details)
- Public relations - attends important preschool and community events on behalf of the preschool - maintains a recognizable profile

BOOKKEEPER

- Works closely with the school Accountant in regards to financial dealings with the preschool – payroll – banking – county financial reports etc
- Prepares operating budget for the school year and presents to the membership at the September Orientation Meeting for approval by the membership
- Provides monthly financial statements at the Board Meetings and prepares a year-end report for the Annual General Meeting in May
- Deals with financial documents/reports as required i.e. ministry, fundraiser, Wellington County, etc.
- Collects all membership dues/fees and issues receipts/statements
- Public relations - attends important preschool and community events on behalf of the preschool - maintains a recognizable profile

FUNDRAISING CHAIR: Organize and oversee fundraising for the year with assistance of parents. Orientation meeting discussions will be held in regards to which types of events will be held.

Parent Responsibilities

Co-operative Preschools are operated and administered by parents. They depend upon the participation of ALL parents to carry out daily activities. As a member of the Co-operative, it is required that you:

1. Attend the following MANDATORY meetings:
 - ORIENTATION meeting at the beginning of the school year.
 - ANNUAL MEETING at end of the school year, when next year's executive is elected. At this meeting parents in attendance will vote on Teachers year-end bonuses.
 - FUNDRAISING MEETING prior to the fundraising event a mandatory meeting will be held so all parents are aware of roles and responsibilities – sign up for parent duty in regards to fundraising event.
2. Attend as many monthly meetings and information nights as possible.
3. Participate in three cleanup nights. (You may, if necessary, send a delegate or pay a \$45.00 fee to the preschool if you cannot attend).
4. Assume responsibility for one or more 'parent duty', which assists the general operation of the school.
5. Attend any extra Preschool committee meetings and provide reports on any work completed.
6. Pay all fees in full and on time. This includes tuition, registration and any fees incurred for field trips, etc.
7. Participate in the following community and fundraising events:
 1. **Aberfoyle Fall Fair**
 2. **Puslinch Santa Claus Parade**
 3. **Whistle Stop Fundraisers** – Under the direction of the Fundraising Chair(s), you will participate in the organization, preparation and completion of fundraisers. Attend any such events if required with the intention of having a great time and helping it run smoothly with a positive attitude.
 4. *****Parents must attend for a minimum of 4 hours on the evening of the event and help as required/ assigned to duties at the event. (events may vary from year to year - all families are required to participate or have Fundraising deposit cashed. ****Parents will be required to collect a minimum of 6 donations for the fundraising event – 3 items over \$50 value (auction) and 3 items under \$50 value (raffle or door prizes) **A dance deposit of \$200 will be collected at registration and will be return if full commitments regarding participation is made by family **We need fairness among all members, everyone to do their fair part in terms of donation and a minimum of 4 hour time given on the evening of the event. Parents will be required to setup the day or clean up the night of the event. ****Parents will be required to sell a minimum of 10 tickets to the event.******
(Fundraising events may change from year to year and expectations of parents will change.
This will be discussed at each new school years orientation meeting)

8. Please be considerate of your fellow members, children and teachers. We are all here for the same purpose: to benefit the children. Enjoy the preschool experience. If you do have a concern, please discuss it with the teachers or the executive or write a note indicating your concern.

Parent Duties

**** Duties may vary slightly from year to year depending on enrollment ****

Each parent of the preschool is required to fulfill one or more 'parent duty'.

The parent duties are:

1. LIBRARIAN

- Works with teachers to gather books relevant to theme (1 book per child) Brings books on the appropriate days and returning them to source (library) on time

2. PUBLICITY

- Writes a monthly article about the Preschool's activities (i.e. field trips, special events) and ensures its publication in the Puslinch Pioneer each month.
- Posts Flyers at appropriate locations in the community and check periodically to ensure they are still posted

3. PHOTOGRAPHER

- In charge of taking photos throughout the year at special events and field trips (responsible to find someone to take pictures if you are unable to attend such events)
- Arrange graduation picture – year end (can be done by someone else)
- Complete photo developing / processing
- Create and post bulletin boards of each event

4. LAUNDRY

- Wash hand towels after each school day and return on your next school day

5. PLAYDOUGH

- Make play dough monthly.

6. SCIENCE PARENT / NATURE

- Bring in an experiment or interest item for the Science Table that is age specific for preschool children

7. SPECIAL EVENTS

- Purchase gifts for the teachers from the children for Christmas and year end party
- Prepare a loot bag for teachers to hand out on each child's Birthday

8. SCHOLASTIC ORDER

- Hand out and date Scholastic orders

9. FALL FAIR / CHRISTMAS PARADE

- Organize Fall Fair schedule and activities
- Responsible for the purchase of any and all materials / supplies required (confirm with executive or teacher prior to purchase of ANY materials/supplies)
- Organize decorations for Christmas parade and make sure volunteers are available for assembly, decorating and attending
- Assist Membership and Publicity by putting up flyers and attending the event for its duration

10. SCHOOL SIGN

- Bring the school sign to school each day and put out on road
- Take down sign each day after school and store it at your home throughout the school year

11. SUPPLY PARENT

- Purchase supplies needed – plates, cups, soap, cleaning products....

(You will be given a small amount of cash for purchasing)

FUNDRAISING COORDINATORS (2 Volunteers)

- Work with the Fundraiser Chair to organize events
- Recommended to be a returning parent working with a new parent who will return the following year
- Keep a positive and encouraging attitude

Covid Protocol

Each preschool morning parents are asked to complete the COVID-19 school screening (www.ontario.ca > school screening and child care screening. Anyone who is feeling sick or has any symptoms of illness, including those not listed in the screening tool, should stay home and seek assessment from their health care provider if needed. Covid tests are available at the preschool for anyone to obtain.

Whistle Stop will notify Wellington Dufferin Guelph Public Health if there is a 30% absentee rate to help support case management.

WHISTLE STOP POLICIES AND PROCEDURES

SANITATION POLICY

TOILET FACILITIES

**TEACHERS WILL MONITOR HANDWASHING TAKING CAREFUL CHECKING THE WATER TEMPERATURE NOT BEING TOO HOT FOR THE CHILDREN.

All children will be monitored during bathroom routines*

1. All children and staff/volunteers will wash hands prior to eating a snack and after using the washroom
2. No shared basins of water and soap. Hands shall be washed individually with running water.
3. Only liquid soap in a dispenser and one time use paper towels or cloth towels to be used for hand washing.
4. All liquid soap dispensers must be accessible to all children. Solid and secure steps will be provided to ensure accessibility.
5. Hand lotion should be used by staff/volunteers to prevent dermatitis. Cracked, dry hands are harder to clean and harbor more micro-organisms. Hand lotion not to be used by the children unless specified by the parents.
6. Prior to each class, the community center custodian will clean the facilities. If an area appears dirty staff will wash with soap and water and then sanitized with a normal strength bleach solution being of a strength 1: 100 (1 Tsp bleach to 2 cups water or 5 ml bleach to 500 ml water). Extra strength solution, 1: 10, to be used only for regular cleaning after an outbreak...for example: diarrhea or flu.
7. As per health unit guidelines, the following sanitizing method shall be used.

The following areas are to be sanitized - hand washing sinks, faucets and handles, surrounding counters; toilet seats and rims; and flushing handles. The "spray and wipe" technique shall be used. The first spray is to clean and the second is to sanitize. The spray should be normal strength and recommended contact time on surfaces is 30 seconds. If an outbreak has occurred then use extra strength solution and the recommended contact time is 1 minute.

Health Unit has approved the use of Lysol wipes in the classroom - tables, toys, sinks, countertops, etc.

Extra strength solution - to be used for the following situations:

- Blood spill
- Feces
- Vomit

ALL AREAS CONTAMINATED BY DIRECT CONTACT WITH BODY SUBSTANCES ARE TO BE SANITIZED WITH EXTRA STRENGTH SOLUTION ONLY.

8. The cleaning solutions are to be clearly labeled and stored away from children's reach.
9. A plastic, lined, covered garbage container to be supplied in the washroom.
10. The following hand washing technique to be used by all persons using the toilet facilities:
 - Use liquid soap and running water
 - Rub hands together vigorously
 - Wash all surfaces, including back of hands, wrists and between fingers
 - Rinse and dry hands
 - Turn off the water using the towel not the bare hand.

TOYS AND PLAY SURFACES

Soiled toys shall be cleaned prior to reuse.

Mouth toys are to be avoided, for example musical instruments and whistles.

Dress up clothes and paint smocks to be cleaned and laundered regularly.

All toys and activity centers to be cleaned and sanitized with soap and water followed by normal strength bleach solution and plain water rinse on a regular basis. Toy clean up nights will be scheduled and executed by Whistle Stop members 3 times per school year.

NUTRITION/FOOD HANDLING / TAP FLUSHING PROCEDURE

This section discusses the preparation of safe and wholesome foods for snack. Snacks will be prepared using proper hygienic techniques. Menu planning will be based on Canada's Food Guide. Parents will be provided with a snack menu, which has been approved by the Heath Units Nutritionist.

If no drink is provided children will be drinking bottled water – Tap water is Tested by the Puslinch Township – Contains higher amounts of sodium.

Snack menu will be posted on the bulletin Board with a list of parents providing for each day.

Occasionally “special” parents request snacks for the children on holidays or birthdays – it is requested that non food items be provided.

SNACK PREPARATION AND SERVING AT SCHOOL

Snack tables to be disinfected before and after snack.

Disposable cups and plates are to be used only and disposed of immediately after snack. These are provided by the preschool.

The floor must be swept and carpets vacuumed after each day.

PERSONAL HYGIENE

A high standard of personal hygiene plays an important part in preventing the spread of infection, through food, from the food handler to the individual who eats the food. One of the chief ways dangerous germs are spread is through the food we eat and drink.

These germs are so small we cannot see them, although large numbers may be found on our hands, on our faces, in our hair. They thrive in the mouth, nose and intestinal tract. Our hands and clothes will contaminate dishes and utensils and the food we handle unless we follow a high standard of personal hygiene.

1. Be clean.
2. Hair should be pulled back or put in a clip when preparing food.
3. Don't handle food when you are ill or have an infection. Do not handle food while wearing a Band-Aid - it may harbor infection or come off in food.
4. Wash hands with soap and hot water before starting to work.
5. Wash hands with soap and hot water after using the toilet, smothering a sneeze, or blowing your nose or administering any first aid (Band-Aids, etc)
6. Wash all raw fruits and vegetables under cold, running water.
7. Avoid hand contact with food by using clean utensils to mix and serve food.
8. Fingers must be kept away from the drinking edge of cups.
9. Any eating or cooking utensil that has fallen on the floor must be rewashed.
10. All food or drinks stored in refrigeration must be covered.
11. Keep food preparation areas clean; do not place dirty dishes on them.
12. Keep fingernails clean and scrubbed.

Handling Eating Utensils

1. Fingers must be kept away from the drinking edge of cups and glasses.
2. Any eating or cooking utensil that has fallen on the floor must be rewashed.
3. Make sure food and beverage containers are thoroughly cleaned before use.

DAILY/WEEKLY TAP FLUSHING

Plumbing must be flushed the first preschool morning of each week the nursery is open. If the day nursery is housed in a facility where all or part of the construction of the building was completed before January 1, 1990" as set out in Ontario Regulation 243/07 - Safe Drinking Water Act, 2002 - Schools, private schools and Child Care and Early Years Act, which was filed and in effect as of June 7, 2007. **Whistle Stop Preschool is now flushing once per week as per Ministry Environments inspection report**

Plumbing shall be flushed in two steps:

1. The cold water tap must be opened at the last tap on each branch or each run of pipe in the plumbing for at least five minutes (open men and ladies washroom as well as Alf Hales Room)
2. Following step 1 – turn on the cold water at every drinking water fountain and tap that is commonly used for drinking or for food preparation for at least ten seconds.

A record will be kept of the date, time and name of the person who performed the flushing. The supervising teacher must then initial verifying the flushing has been completed. Records are retained for five years.

ANNUAL LEAD SAMPLING / TESTING

Any Building constructed prior to 1990 annual testing must be done between May 1st and October 31st. Puslinch Township conducts weekly water sampling/testing with reports being supplied to the Preschool. The Preschool will report any standards that exceed regulations within 24 hours of notice from the Township to the local Medical Officer of Health, the Ministry of Children and Youth Services and the Ministry of the Environment's Spills Action Centre.

HEALTH POLICIES

This policy exists to ensure a healthy and safe environment for both children and staff through compliance of the Child Care and Early Years Act and Health Protection and Promotion Act.

PRE-ADMISSION

Children

Prior to admission to the preschool, there must be complete history on each child for both immunizations and general health

1. The school must issue the letter titled "Letter for parents regarding entrance requirements for child care setting" and the "Immunization data form", both issued by the Wellington-Dufferin health unit.
2. Parents must provide information to the school regarding

Health/medical background - the information should include:

1. Chronic medical conditions: for example, asthma, diabetes (IPP must be completed)
2. Epilepsy. Also, any medications needed must be reported (IPP must be completed)
3. Impairments to senses: for example, vision or hearing.
4. Allergies: either food or environmental and the intensity of the allergy (Depending on the Allergy IPP must be completed)

Immunizations - children must be vaccinated for the following diseases: diphtheria, tetanus, polio, measles, mumps, and rubella. Parents must complete the immunization data form and attach a photocopy of immunization card/certificate.

Exemptions - immunization exemptions are possible, for religious convictions or conscientious reasons or medical reasons. Forms are provided by the preschool or can be found on the WDG PH website. Please be sure forms are for Ministry of Education exemption forms.

The local health unit is the ruling body and all cases will be referred to the health unit to deliberate and act upon.

NOTE: A non-immunized child poses no threat to any immunized person including any pregnant female, as long as she has an effective Rubella titer (Rubella antibodies).

UPDATING INFORMATION AND TESTS

Children

1. All parents are to notify Whistle Stop preschool to any changes in immunizations, for example, boosters, general health or medications. Immunization information must then be forwarded to the health unit from the school.

COMMUNICABLE DISEASE REPORTING

Whistle Stop preschool is "legally required to report to the local health unit if a person has or may have a reportable disease or is or may be infected with an agent of communicable disease. It is not necessary to obtain confirmation or diagnosis from a physician prior to reporting a communicable disease. Attached is a list of reportable diseases.

1. When staff/volunteers learn or suspect a child has a disease which is communicable and reportable, the health unit should be notified immediately by calling: Communicable Disease Reporting Line (519) 821-2370.
2. All information is to be considered private and confidential by staff/volunteers.
3. Exclusion guidelines - refer to the attached guidelines from the health unit for isolation of children with communicable diseases from the school setting.

Your child should not be sent to school if he shows any signs of illness including:

- Any symptoms of a bad cold (sore throat, constant sneezing, heavy nasal discharge, bad cough)
- Any symptoms of a communicable disease
- A temperature within the last twenty four hours
- Vomiting within the last twenty four hours

Teachers will observe children as they enter the program. If a child seems to be ill , fevers, coughing or cry due to ill health, parents will be ask to take the child home. *GERMS ARE NOT FOR SHARING*

Teachers will identify children with illnesses early and isolate them from others to minimize exposure. If a child displays any symptoms of ill health, the teacher will bring it to the parent's attention immediately and suggest a doctor be consulted if it seems serious.

If your child appears ill at school, the teacher will call you and ask you to come and take your child home. If your child develops any communicable disease, please inform the teacher, so that other parents can be notified and teachers can watch for symptoms of ill health in other children. See Appendix A for details about contagious diseases. It is felt that any medication that may be needed by your child, should be administered at home.

FEVER, VOMITING AND DIARRHEA

- FEVER – If the child has a fever of 101° or higher, they should be sent home and should not return to the preschool until the fever subsides.
- VOMITING - If the child has vomited, he/she should remain home 24 hours after the time of vomiting.
- DIARRHEA - A child should remain at home for 24 hours if he/she has had one incident of uncontained diarrhea.

MEDICAL CONCERNS

The preschool reserves the right to consider admittance to any child with a history of cessation of breathing or any other medical condition for which the preschool cannot adequately meet the needs of the child. Whistle Stop will do everything it can to provide care for any child regardless of any special need –medically or physically.

EXCLUSION POLICY DUE TO OUTBREAKS

A child or staff member is a case in an outbreak when he or she experiences two or more episodes of vomiting, diarrhea, cramps or nausea in more than a 24 hour period. A “decision flow chart” has been provided to staff by Public Health to determine when an outbreak has occurred as well as who is a case in the outbreak and therefore should be excluded.

Children and staff at the preschool should stay home until they are:

- **24 hours symptom free (vomiting, diarrhea) when there is no outbreak and**
- **48 hours symptom free (vomiting, diarrhea) during an outbreak to prevent the spread of the illness**

****THE PUBLIC HEALTH DEPARTMENT MUST BE NOTIFIED IN THE CASE OF AN OUTBREAK – PUBLIC HEALTH ALSO MAY REQUIRE A STOOL SAMPLE BE TAKEN****

IT IS ALSO IMPORTANT FOR PARENTS TO REMEMBER THAT YOU SHOULD REPORT YOUR CHILD'S ILLNESS TO STAFF AT THE PRESCHOOL SO THAT THEY CAN RECOGNIZE AN OUTBREAK AS EARLY AS POSSIBLE.

IN THE CASE OF AN ENTERIC OUTBREAK STAFF MUST IMPLEMENT CONTROL MEASURES SET BY PUBLIC HEALTH TO PREVENT FURTHER SPREAD.

INDIVIDUALIZED PLAN FOR A CHILD WITH MEDICAL NEEDS

Intent: Whistle Stop Preschool will develop an Individualized Plan for children with a Medical need. Whistle Stop Preschool will take all necessary steps to support a child's medical needs and ensure his or her inclusion in the program.

When a child with a Special medical need is enrolled in Whistle Stop Preschool the following steps will be followed: Parents will be required to fill out the Individualized Plan Sheet, before enrolment into the school.

A Medical condition: *Diabetes, Asthma, Seizures, Other*

The Plan shall include: ● Steps to be followed to reduce the risk of the child being exposed to any causative agents or situations that may exacerbate a medical condition or cause an allergic reaction or medical emergency.

- A description of any medical devices used by the child and any instructions related to use.
- A description of the procedures to be followed in the event of an allergic reaction or other medical emergency
- A description of the supports that will be made available to the child in the child care center
- Any additional procedures to be followed when a child with a medical condition is part of an evacuation or participating on a class walk around the centre
- If a child already has an Individualized plan with regards to an Anaphylactic Allergy, then this does not need to be filled out.

Whistle Stop Preschool staff will follow the Anaphylactic Policy.

Upon receiving the Individualized Plan for a Child with Medical Needs Whistle Stop Preschool will ensure that all staff has reviewed the Policy for each child and will sign off on the policy. This will ensure that all staff/volunteers will have the information necessary to deal with any medical situation pertaining to the child. The policy will be reviewed yearly unless there are changes made to the medical needs of the child.

Whistle Stop Preschool Inclusion Policy:

All children and their families feel included, secure and valued within our pre-school, regardless of; gender, racial origin, cultural or social background (including religion, language, class, and family pattern), special educational needs, disability or sexuality.

Every child attending our Programs whatever their needs has the same choices and opportunities in accessing services within our programs.

As a cooperative Centre, our inclusive environment welcomes the diverse abilities of each individual child and meets the specific needs of the whole child. Where necessary, we access additional support and resources through the Growing Great Kids Network. These professionals work collaboratively with staff to suggest adaptations to our programming with the main goal of ensuring that each child is given the appropriate tools needed to participate and grow to the best of their ability. Staff will implement and review all Individual plans set up with support workers. (Staff will sign off annually or as changes made)

ANAPHYLAXIS POLICY

Anaphylaxis – is the word used for any life threatening and rapid allergic reaction.

Common Causes:

- Foods- Peanuts, tree nuts, some kinds of fruit, fish, shellfish, milk and egg allergies
- Drugs- Especially Penicillin, sometimes Aspirins
- Latex- Mainly in rubber latex gloves, balloons and some band aids
- Fruit- Bananas, avocados, kiwi fruit figs, strawberries, even potatoes and tomatoes
- Insect Stings- e.g. yellow jackets
- Exercise- Some people suffer exercise induced anaphylaxis or exercise-induced food dependent anaphylaxis

Symptoms:

- Itchy nettle rash (hives)
- Faintness and unconsciousness due to very low blood pressure - unlike an ordinary faint, it does not improve on lying down
- Swelling
- Swelling of the throat causing difficulty in swallowing or breathing
- Asthma symptoms
- Vomiting
- Cramping abdominal pains/Diarrhea
- A tingling feeling in the lips or mouth if the cause was a food such as nuts
- Death due to obstruction to breathing or extreme low blood pressure (anaphylactic shock)

Identification of children at Risk – Individual Plan for a child with life threatening allergies.

It is the responsibility of the anaphylactic/potentially anaphylactic child's parent to inform the preschool of their child's allergy

- All staff members need to be aware of these children
- Parents with anaphylactic children **MUST** complete an Individual Plan for Emergency Procedure for their child
- Each child anaphylactic child should wear a Medic Alert bracelet that states his or her allergies and the location of his/her EpiPen injection
- A description of each child's allergy will be kept in child's file as well posted in each room

Availability and Location of EpiPen:

- If deemed necessary by parent the supervising teacher will carry the child's EpiPen with her at all times
- Parents with Anaphylactic children **MUST** provide a prescription EpiPen for their child that remains at the preschool during preschool hours. This pen will be taken on every outing with the child. EpiPens/inhalers will be stored in a locked box in the teacher's cupboard during non-school hours if the parent has an additional EpiPen to leave on site.
- If for any reason the EpiPen is taken home and does not return with the child on his/her next school day, the child *will not* be allowed to stay at Preschool.
- EpiPens and asthma inhalers must be provided to staff in a clearly labeled zip-lock bag with the child's name on the outside and the date of the medications expiration.
- Medications must be clearly labeled with instructions for use
- **Children who are no longer allergic or no longer require an EpiPen must present a letter of explanation from a Doctor**
- **It is preferred that parents of Anaphylactic children attend all field trips**

Treatment Protocol:

- An individual's treatment protocol needs to be established by the child's allergist.
Whistle Stop Preschool or the Teaching Staff cannot assume responsibility for treatment in the absence of such a protocol. A copy of this will be kept in the child's file along with a photo of the child.
- To manage an emergency, a routine must be established
 1. One person stays with the injured individual at all times, putting the child in the recovery position to avoid him/her choking or inhaling vomit.
 2. One person goes for help
 3. Administer EpiPen at the first sign of reaction, however slight (e.g. itching or swelling of the lip/mouth in food allergic children). There are no contraindications to the use of EpiPens for a potentially allergic reaction. Note time of administration.
 4. Call 911 (Priority call) and, regardless of the degree of reaction or response to EpiPen, transfer the child to an Emergency room. Symptoms may occur up to 8 hours after exposure to allergen. The supervising teacher must stay with the child until a parent or guardian arrives.
 5. Contact the child's parents, the preschool president, and report this to the Serious Occurrence Line.

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

Training on Procedures/ Sign off:

- Annual training and policy review for all staff/volunteer which may include a demonstration on the use of the EpiPen by Parent or Doctor if an anaphylactic child is enrolled. *Staff/Volunteers shall review*

and sign off on the anaphylactic policy prior to employment and annually afterwards and or when changes are made to the policy and or IPP.

Strategies to reduce the risk of exposure to anaphylactic causative agents:

- Depending on the children attending Whistle Preschool, Parents may be asked to avoid bringing in peanut butter or other peanut/nut products for snack time
- Teachers and parents will be encouraged to check labels of all snacks brought in
- Parents will be kept up to date with any known allergy in the preschool
- Teachers may need to avoid the use of foods/materials during crafts time
- Each year lists will be revised depending on the life threatening allergies of the children enrolled

Child Care Centre Drug and Medication Administration Policy and Procedures

Name of Child Care Centre: Whistle Stop Cooperative Preschool Inc

Date Policy and Procedures Established: September 2022

Date Policy and Procedures Updated: Living documents reviewed yearly

Purpose

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

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

- Prescription, intended for acute, symptomatic treatment; and
- Over-the-counter, intended for acute, symptomatic treatment

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

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

- safely administer drugs and medications according to established routines.

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

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

Policy

Parental Authorization to Administer Medication:

- Whenever possible, parents will be encouraged to administer drugs or medications to their children at home if this can be done without affecting the child's treatment schedule.
- Prescription and over-the-counter medications for acute, symptomatic treatment will only be administered to a child where a parent of the child has given written authorization to do so by completing the child care centre's Authorization for Medication Administration (the form in Appendix A may be used). The Authorization for Medication Administration form must be accompanied by a doctor's note for over-the-counter medications.
- The authorization must include a schedule that sets out the times the drug or medication is to be given and the amounts to be administered.
- Where a drug or medication is to be administered to a child on an "as needed" basis (i.e. there is no specific schedule or time of the day for administration), the drug or medication must be accompanied with a doctor's note outlining signs and symptoms for administering the drug or medication and the appropriate dosage. In addition, the Authorization for Medication Administration Form must clearly indicate the situations under which the medication is to be given as outlined in the doctor's note, including observable symptoms. Examples may include:
 - 'when the child has a fever of 39.5 degrees Celsius';
 - 'when the child has a persistent cough and/or difficulty breathing'; and
 - 'when red hives appear on the skin', etc.
- Prescription/over-the-counter skin products (with a DIN) that need to be administered for acute or symptomatic treatment will only be administered to a child where a parent of the child has given written authorization to do so by completing the child care centre's Authorization for Medication Administration.
- Authorization for Medical Administration Forms will be reviewed with parents annually to ensure the dosage continues to be accurate (e.g. based on the child's age or weight).

Drug and Medication Requirements

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

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

Drug and Medication Handling and Storage:

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

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

Drug and Medication Administration:

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

- Drugs or medications that are expired (including epinephrine) will not be administered at any time.
- Trained staff should wash hands prior to and following administering drug /medication

Record-Keeping:

- Records of medication administration will be completed using the Records of Medication Administration (the form in Appendix B may be used) every time drugs or medications are administered. Completed records will be kept in the child's file.

- Where a child's medication administration form includes a schedule setting out specific times to administer the medication and the child is absent on a day medication would have been administered, the child's absence will be documented on the medication administration record to account for all days during the treatment period (excluding weekends, holidays and planned closures).
- If a dose is missed or given late, reasons will be documented on the record of medication administration and a parent will be notified as soon as possible as it may impact the treatment schedule or the child's health.
- Where a drug or medication is administered 'as needed' to treat specific symptoms outlined in a child's medication administration form or individualized plan and emergency procedures for an anaphylactic allergy (e.g. asthma, fever, allergic reaction), the administration and the reason for administering will be documented in the appropriate staff communication book (e.g. daily written record) and in the child's symptoms of illness record. A parent of the child will be notified.
 - Information about a child's medical needs will be treated confidentially and every effort will be made to protect the privacy of the child, except when information must be disclosed for the purpose of implementing the procedures in this policy and for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children's Aid Society).

Additional Policy Statements

If a child does not bring in their Puffer/EpiPen parents will be required to take the child with them to get the medication/drug. No child is permitted to stay in preschool without medication/drug

Staff will check the medication monthly – expiration date

Drug and Medication Administration Procedures

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

ROLES AND RESPONSIBILITIES

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

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

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

ROLES AND RESPONSIBILITIES

1. Staff must:
 - i. ensure that written parental authorization is obtained to allow the child to carry their own emergency medication;
 - ii. ensure that the medication remains on the child (e.g., fanny pack, holster) and is not kept or left unattended anywhere at the child care centre (e.g. in the child's cubby or backpack);
 - iii. ensure that appropriate supervision is maintained of the child while they are carrying their medication and children in their proximity so that other children do not have access to the medication; and
2. Where there are safety concerns relating to the child carrying his/her own medication (e.g. exposure to other children), notify the centre supervisor/designate and the child's parent of these concerns and discuss and implement mitigating strategies. Document the concerns and resulting actions in the appropriate staff communication book (e.g. daily written record).

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

ROLES AND RESPONSIBILITIES

1. Where a non-emergency medication must be administered, the person in charge must:
 - i. prepare the medication dosage in a well-lit area in the appropriate measuring device, where applicable (e.g. do not use a household spoon for liquid medications);
 - ii. where possible, remove the child from the activity area to a quiet area with the least possible interruption;
 - iii. administer the medication to the child in accordance with the instructions on the label and the written parental authorization;
 - iv. document the administration of the drug or medication and any comments/observations on the medication administration record after it has been administered (see Appendix B);
 - v. store the medication in the designated storage space in accordance with the instructions on the label and the parental authorization received on the medication administration form; and

- vi. where applicable, document any symptoms of ill health in the child's records.
 - vii. Where a medication is administered on an "as needed" basis, notify a parent of the child.
 - viii. Where a child is absent, document the absence on the Record of Drug/Medication Administration (Appendix B).
2. Where an emergency allergy medication must be administered due to a severe allergic reaction, the staff who becomes aware of the emergency situation must immediately:
- i. administer the emergency medication to the child in accordance with the emergency procedures on the child's individualized plan;
 - ii. administer first aid to the child, where appropriate;
 - iii. contact, or have another person contact emergency services, where appropriate; and
 - iv. contact, or have the supervisor/designate contact a parent of the child.

After the emergency situation has ended:

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

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

ROLES AND RESPONSIBILITIES

1. Where adverse symptoms appear upon medication administration, the person in charge must immediately:
 - i. administer first aid to the child, where appropriate;
 - ii. contact emergency services, where appropriate and send the drug/medication and administration information with the child if they are leaving the premises to seek medical attention;
 - iii. notify a parent of the child;
 - iv. notify the supervisor/designate;
 - v. document the incident in the appropriate staff communication book (e.g. daily written record); and
 - vi. document any symptoms of ill health in the child's records, where applicable.

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

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

ROLES AND RESPONSIBILITIES

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

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

SCENARIO: A drug or medication is administered to the wrong child.

ROLES AND RESPONSIBILITIES

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

v. administer the medication to the correct child per Scenario B (a drug or medication must be administered to a child).

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

SCENARIO: Surplus or expired medication is on site.

ROLES AND RESPONSIBILITIES

1. Where possible, the surplus or expired medication must be returned to a parent of the child.
2. Where attempts have been made to return a drug or medication to a parent and the parent has not taken the medication home, the person in charge of drugs and medications will attempt to return unused drugs or medications to a local pharmacist for proper disposal.

Do not flush any drugs or medications down the toilet or sink or throw them in the garbage.

Additional Procedures

All Drugs and Medications will be taken home daily

Glossary

Drug Identification Number (DIN): An eight-digit number assigned by Health Canada to a drug product prior to being marketed in Canada. It uniquely identifies all drug products sold in a dosage form in Canada and is located on the label of prescription and over-the-counter drug products that have been evaluated and authorized for sale in Canada.

Drug or Medication: Any product with a drug identification number (DIN) Drugs and medications fall into the following two categories, unless otherwise specified in this policy:

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

Emergency Medication: Prescription drugs or medications that are used in case of an urgent medical reaction that requires immediate treatment. Emergency medications include medications used to treat asthma (e.g. puffers) and anaphylactic allergies (e.g. epinephrine).

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).

Person who is in Charge of All Drugs and Medications (a.k.a. the 'person in charge'): The individual at the child care centre who is responsible for administering medication to children. The person in charge may be one designated person per program room or age group. In the absence of the person in charge, they may temporarily delegate this responsibility to another person.

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

Regulatory Requirements: Ontario Regulation 137/15

ADMINISTRATION OF DRUGS OR MEDICATIONS

40.

- (1) Where a licensee agrees to the administration of drugs or medications, the licensee shall ensure that,
 - (a) a written procedure is established for,
 - (i) the administration of any drug or medication to a child receiving child care at a child care centre operated by the licensee or at a premises where it oversees the provision of home child care, and
 - (ii) the keeping of records with respect to the administration of drugs and medications
 - (b) all drugs and medications on the premises of a child care centre operated by the licensee or at a premises where it oversees the provision of home child care are,
 - (i) stored in accordance with the instructions for storage on the label,
 - (ii) administered in accordance with the instructions on the label and the authorization received under clause (d),
 - (iii) inaccessible at all times to children, and
 - (iv) in the case of a child care centre, kept in a locked container;
 - (c) one person in each child care centre operated by the licensee and in each premises where it oversees the provision of home child care is in charge of all drugs and medications and that all drugs and medications are dealt with by that person or a person designated by that person in accordance with the procedures established under clause (a);
 - (d) a drug or medication is administered to a child only where a parent of the child gives written authorization for the administration of the drug or medication and that included with the authorization is a schedule that sets out the times the drug or medication is to be given and amounts to be administered; and
 - (e) a drug or medication is administered to a child only from the original container as supplied by a pharmacist or the original package and that the container or package is clearly labelled with the child's name, the name of the drug or medication, the dosage of the drug or medication, the date of purchase and expiration, if applicable, and instructions for storage and administration.

(2) Despite subclauses (1) (b) (iii) and (iv) and clause (1) (c), the licensee may permit a child to carry his or her own asthma medication or emergency allergy medication in accordance with the procedures established under clause (1) (a).

(3) The following items do not constitute drugs or medication for the purposes of this section, except where the item is a drug, as defined in the Drug and Pharmacies Regulation Act, prescribed for a child by a health professional:

1. Sunscreen.
2. Moisturizing skin lotion.
3. Lip balm.
4. Insect repellent.
5. Hand sanitizer.
6. Diaper cream.

(4) In respect of an item described in subsection (3) that does not constitute a drug or medication for the purposes of this section, a licensee shall ensure that,

- (a) the item is administered to a child only if a parent of the child has given written authorization for the administration of the item;
- (b) the item is stored in accordance with the instructions for storage on the label and the container or package is clearly labeled with the child's name and the name of the item; and
- (c) the item is administered to a child only from the original container or package and in accordance with any instructions on the label and any instructions provided by the parent of the child.

POSSIBLE PROBLEMS

- 1) If a child refuses to take medication, try again in 15 minutes. If the child still refuses, do not force the child. Record refusal on the child's file and notify the parents.

- 2) If a child says that they no longer need to take the medication, re-check the files. The medication might have been changed or completed.
- 3) If there have been any errors, for example wrong child or wrong dosage, document on the child's file and notify the parents. Depending upon the circumstances, the parents or preschool may need to phone the child's physician.
- 4) Immediately report to parents any side effects children may have suffered due to medication. The parents should then discuss this with the physician and the preschool should wait before dispensing any more medication.
- 5) Record any spillage on the child's chart and report to parents. The parents may need to get an extra dose from the pharmacist to replace the spilled dosage.

CHILD'S BEHAVIORAL GUIDANCE POLICY

Behavior Guidance is used to foster cooperation and independence with the children, by using positive reinforcement and redirection. Program Staff help children take responsibility for their own behavior by using age appropriate expectations. Some examples:

- Support children in learning how to deal with anger and other feelings by talking about them and learning to find appropriate outlets
- Provide timely guidance by assisting children before a problem occurs, redirecting, diverting attention and providing verbal assistance
- Encouraging and praising the children by acknowledging their accomplishments and strengths
- Provide a program that is interesting and age appropriate – challenging without frustrating the children. Children who are bored or over stimulated are more likely to show signs of inappropriate behaviors.

Children are to be redirected in a positive manner at a level that is appropriate to their action and age. Positive reinforcement (rewarding the child for good behavior rather than punishing bad behavior) promotes self-discipline, self-esteem, ensures health and safety, ensures respect for rights of others and helps to maintain equipment.

BEHAVIOR GUIDANCE GUIDELINES

Guidelines for discipline are based on Ministry guidelines and are to be administered in a positive and consistent manner. Redirection of Behavior should be:

- Related to the nature of the behavior.
- Appropriate to the developmental level of the child.

- Used in a positive and consistent manner
- Designed to assist the child to learn appropriate behavior.
- Implement as soon as possible after unacceptable behavior.

Parents must be told about what measures of redirection of behavior have been used with their children in the program. When a parent feels that redirection of a child is necessary, the problem should be discussed with the appropriate staff.

NOTE: The parent must be informed of ALL PHYSICAL CONTACT (i.e. biting, etc.) between the children.

UNACCEPTABLE METHODS OF REDIRECTING BEHAVIOR – Prohibited Practices

Ontario Regulation 137/15

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

- (a) corporal punishment of the child;
- (b) physical restraint of the child, such as confining the child to a high chair, car seat, stroller or other device for the purposes of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing a child from hurting himself, herself or someone else, and is used only as a last resort and only until the risk of injury is no longer imminent;
- (c) locking the exits of the child care centre or home child care premises for the purpose of confining the child, or confining the child in an area or room without adult supervision, unless such confinement occurs during an emergency and is required as part of the licensee's emergency management policies and procedures;
- (d) use of harsh or degrading measures or threats or use of derogatory language directed at or used in the presence of a child that would humiliate, shame or frighten the child or undermine his or her self-respect, dignity or self-worth;
- (e) depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding; or
- (f) inflicting any bodily harm on children including making children eat or drink against their will.

Intent

This provision forbids physical punishment and other harmful disciplinary practices to

SAFETY

- Children are not allowed to hurt themselves, another child, the staff, the environment, or the belongings/property of others or the school.
- When safety is an issue, the child should be removed immediately from danger. After, a discussion will occur between adult and child to explain the situation.
- Teachers must be informed of all physical contact between children, for example, biting. Teacher will document the incident and speak to parents.

POSITIVE PROGRAM

All Teachers/Parents/Volunteers will follow our core values of caring, honesty, inclusiveness, respect and responsibility. They will ensure that every child has a sense of belonging, is developing a sense of self-worth,

health and well-being, every child is an active and engaged learner who is eager to explore their world. Setting limits, re-directing and consistency are key elements for a positive program. Different techniques and strategies are listed.

- **Expectations and limits** must be stated and applied consistently. These limits must be realistic and support the child. The environment should be appropriate and physically possible to follow set limits. When setting limits and expectations speak in a clear and concise manner appropriate for the child's developmental level.
- **Redirection** - instructions or orders to move toward another area. It must be appropriate, negotiated and child centered. Directions must be clear and concise to that particular situation.
- **Choices** - provide choices whenever possible. These must be real choices and clearly understood by the child. All choices should be acceptable to staff.
- **Positive Reinforcement** - provide genuine approval when children are engaged in positive activity. Non-verbal or indirect praise, for example, smiles or nods, reinforce children's' good feeling.

If the child's behavior is so severe that the class, program is frequently disrupted, nothing that has been implemented has helped the child, or if the teacher/children are experiencing extreme stress, it may be best for the child and the other children for the parents to seek other arrangements. A parent meeting will be held to discuss best plan of action: bring in outside help or removal from the program (removal would be only in case where no other action succeeded)

CONTRAVENTION OF BEHAVIOR GUIDANCE POLICY

Staff is expected to comply with this behavior guidance policy. Failure to comply could result in any of the following: verbal warning, written warning, suspension, or dismissal. An emergency meeting would be held to review the situation and disciplinary measures needed if deemed necessary. If allocations of abuse is made staff will be asked to leave program group until situation has been investigated. Executive will determine loss of pay during this time.

Criteria to be considered when determining disciplinary measures include:

- Seriousness of the offense
- Actual or potential risk, or harm to child
- Past performance of the employee or parent in general
- Recent performance
- Previous disciplinary action taken

Concerns About Development or Behaviors

Whistle Stop Cooperative Preschool is an inclusive environment that strives to meet the needs of all students. We recognize that our programming plans an important part in the early childhood development of our students by

providing an environment that is responsive, caring and stimulating that encourages children's learning and social development. Parents and teachers are encouraged to work cohesively to identify any developmental or behavioral disabilities and “at-risk” flags. Parents who have concerns with any aspect of their child's development are encouraged to speak with the teachers at any time. With years of experience guiding, the teachers are able to discuss your concerns and provide examples of behaviors and development typical to your child's peer group. When the concern is justified, the teachers, in collaboration with the child's parents will involve Canadian Mental Health Association, which, through their Early Childhood Resource Consultant will offer services to support the child through a variety of programs including; Preschool Assessment Consultation Services, Infant and Preschool Support Services and Behaviour Therapy. The Early Childhood Resource consultant works with the teachers and partners to develop an Individual Program Plan that identifies developmental objectives for the child, and describes the programming strategies used to support the child in reaching those objectives. Children needing specialized support for speech and language, and/or physical development can access additional support through consultants from Wee Talk and KidsAbility. Children with behavioral challenges are supported through the Social Development Program offered through Canadian Mental Health Association.

Policy for the Supervision of Volunteers and Students

Policy:

- To meet the requirements outlined under O. Reg. 262 of the Child Care and Early Years Act for the development and implementation of the supervision of volunteers and students at Whistle Stop Co-operative Preschool.
- Only employees of Whistle Stop Co-operative Preschool will have direct unsupervised access to children. Exception is given in a co-operative program where two participating parents may take the place of one unqualified staff.
- Volunteers, program assistants and students may not be counted in the staff ratio
- No child is supervised by a person under 18 years of age.
- Volunteers and students DO NOT have unsupervised access to children.
- Whistle Stop Co-operative Preschool is responsible for the implantation, review and evaluation of this policy
- Whistle Stop Co-operative is responsible for orientation procedures to help parents, students and volunteers understand the operation of the program and the expectations.
- This policy aligns with the College of Early Childhood Educators Code of Ethics and Standards of Practices and O. Reg. 223/08 under the Early Childhood Educators Act 2001, Professional Misconduct.

Procedure:

- The Supervising teacher will be the designated person to supervise participating parents, volunteers, and students
- To fulfill ratio requirements two Registered Early Childhood Educators (RECE) or one RECE and two participating parents are present during each session.
- The Supervising Teacher and Teacher are responsible for the provision of effective orientation and mentoring of participating parents, volunteers and students in their area of supervision.
- The Parent Handbook, including the policy for the supervision of volunteers and students will be reviewed at the Parent Orientation meeting held prior to classes starting each year. It will be reviewed with any new parents that start during the year.

- Staff, volunteers, program assistance and students will be required to sign and date the review of the policy on an annual basis.

Policies and Procedures CCEYA Applicable to Volunteers and Students

In respect of volunteers and students, also provides that:

- Behavior Guidance policies and procedures are reviewed with volunteers or students who will be providing care or guidance at the preschool before they begin providing that care or guidance and reviewed annually afterwards.
- There is a written procedure for monitoring the behavior management practices of volunteers or students who provide care or guidance at the preschool
- The Individual plan for a child with anaphylaxis and the emergency procedures are reviewed by volunteers and students who will be providing care or guidance at the preschool
- Vulnerable Sector Check are required for all volunteers and students having direct contact with the children in the preschool program. An Offense declaration form will be signed after first year in program. VSC will need to be updated every 5 years and must be a true copy – each volunteer/student will sign an offence declaration form annually with the exception of a year where a new VSC is required.
- All Volunteers and students will sign off on Supervision policy prior to starting

THIS POLICY IS TO BE SIGNED BY ALL NEW VOLUNTEERS-STUDENTS AND STAFF WHEN HIRED. THE POLICY IS TO BE REVIEWED AND SIGNED ANNUALLY.

SERIOUS OCCURRENCES / ENHANCED SERIOUS OCCURRENCES AND SAFETY / ACCIDENT POLICY

The Ministry of Education Child Care Quality Assurance and Licensing is most concerned that our children be well protected. To this end, they require that any 'serious occurrence' be fully reported to them.

Licensed childcare centers are required to report serious occurrences to the Ministry of Education and post the information for parent in a conspicuous location. This is done through the posting of the Serious Occurrence Notification Form, which will be posted for 10 days. For more information visit www.ontario.ca/ONT/portal61/licensedchildcare.

In addition, a copy of any serious occurrence reports must also be forwarded to Wellington County Child Care Services.

CHILD CARE CENTRE SERIOUS OCCURRENCE POLICY AND PROCEDURES

Child Care Centre Serious Occurrence

Policy and Procedures

Name of Child Care Centre: Whistle Stop Cooperative Preschool Inc

Date Policy and Procedures Established: January 2019

Date Policy and Procedures Updated: September 2022

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 addressed by the child care centre and reported to the Ministry of Education for review.

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:

1. the death of a child who received child care at a child care centre,
2. abuse, neglect or an allegation of abuse or neglect of a child while receiving child care at a child care centre,
3. a life-threatening injury to or a life-threatening illness of a child who receives child care at a child care centre,
4. an incident where a child who is receiving child care at a child care centre goes missing or is temporarily unsupervised, or
5. 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.

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, Sandra Gunson/Supervisor will complete a Serious Occurrence Notification Form in either CCLS or using the form available in Appendix A.
- 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.
- Where a serious occurrence is updated or revised, the summary should also be updated to reflect this change.
- All serious occurrence summaries will be retained for 3 years from the date they are created or last updated (whichever date is most recent).

Concerns about the Suspected Abuse or Neglect of a Child

- If any person, including a person who performs professional duties with respect to children, has reasonable grounds to suspect that a child has suffered, or is at risk to suffer, physical or emotional harm or sexual exploitation or molestation inflicted by the person having charge of the child, the person will report the suspicion directly to a children's aid society (CAS).

- Suspected abuse or neglect that will be reported will include physical, emotional and sexual abuse and/or neglect.
- Where a parent expresses concerns that a child is being abused or neglected, the parent will be advised to contact their local CAS directly. The person who becomes aware of these concerns is also required to report the concerns to the local CAS.

Additional Policy Statements

Depending on the nature of the serious occurrence staff/parents/children will have the opportunity to debrief with the supervisor/board of directors or if necessary outside agencies specially trained for emergency situations.

Events that do not constitute serious occurrence notification: inclement weather - minor injuries to a child not requiring doctors visits - disagreements over program policies

Procedures to Respond to a Serious Occurrence

Steps to Follow for All Serious Occurrences

STEPS FOR STAFF, STUDENTS AND VOLUNTEERS TO FOLLOW:

1. Immediately:
 - 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.
 - 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.
2. Ongoing and after the incident:
 - Follow any direction provided by third-party authorities (e.g. police, CAS, public health, etc.)
 - Ensure that children are supervised at all times.
3. Within 2 hours 30 minutes:
 - Document the incident in:
 - 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.

STEPS FOR THE LICENSEE/SUPERVISOR/DESIGNATE TO FOLLOW:

1. Immediately:
 - Provide assistance to children, staff, students, volunteers and families.
 - Provide immediate medical assistance, if applicable, according to Standard First Aid and CPR training.
 - Call emergency services and follow direction from emergency services personnel, where applicable.
2. Within 24 hours of becoming aware of the incident:
 - Collect all pertinent information to report the incident to the Ministry of Education as a serious occurrence, including:
 - 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).
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.
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.
5. Ongoing and after the incident:
 - 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.
 - 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: Death of a Child

STEPS FOR STAFF, STUDENTS AND VOLUNTEERS TO FOLLOW:

Death occurs while a child is receiving child care:

See 'Steps to Follow for All Serious Occurrences' for staff, students and volunteers.

STEPS FOR THE LICENSEE/SUPERVISOR/DESIGNATE TO FOLLOW:

See 'Steps to Follow for All Serious Occurrences' for the Licensee/Supervisor/Designate, and

a) Death occurs while a child is receiving child care:

1. Immediately, upon becoming aware of the incident:

- Contact a parent of the child, or where a parent cannot be reached, contact the child's emergency contact.

b) Death occurs while a child is not receiving child care:

Within 24 hours of becoming aware of the incident:

- Contact the 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: Allegation of Abuse and/or Neglect

STEPS FOR STAFF, STUDENTS AND VOLUNTEERS TO FOLLOW:

'Steps to Follow for All Serious Occurrences' for staff, students and volunteers, and

Where there is a concern about the abuse or neglect of a child by any person:

Immediately:

- Report concerns to the local Children's Aid Society (CAS) as per the duty to report obligations under the *Child, Youth and Family Services Act, 2017* (CYFSA).

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.

STEPS FOR THE LICENSEE/SUPERVISOR/DESIGNATE TO FOLLOW:

See 'Steps to Follow for All Serious Occurrences' for the Licensee/Supervisor/Designate, and

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:

1. Immediately:

- Notify the person who reported concerns about their duty to report obligations under the *Child, Youth and Family Services Act, 2017* (CFSA).
- Report the concerns to the local Children's Aid Society (CAS) as per the duty to report obligations under the CYFSA, 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 Educators, Ontario College of Teachers, etc.). If so:
 - 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.
- Refrain from discussing the allegation with others.
- Maintain confidentiality at all times.

2. Once all external investigations are complete (e.g. by police and/or CAS), if applicable:

- 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.).

SERIOUS OCCURRENCE: Life-threatening Injury or Illness

- a. Injury
- b. Illness

STEPS FOR STAFF, STUDENTS AND VOLUNTEERS TO FOLLOW:

See 'Steps to Follow for All Serious Occurrences' for staff, students and volunteers.

STEPS FOR THE LICENSEE/SUPERVISOR/DESIGNATE TO FOLLOW:

See 'Steps to Follow for All Serious Occurrences' for the Licensee/Supervisor/Designate.

SERIOUS OCCURRENCE: Missing or Unsupervised Child(ren)

- a. Child was found
- b. Child is still missing

STEPS FOR STAFF, STUDENTS AND VOLUNTEERS TO FOLLOW:

'Steps to Follow for All Serious Occurrences' for staff, students and volunteers, and

1. Immediately, upon becoming aware that a child or children are missing:
 - 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.
- a) Where the child or children are not found after being deemed missing.
 - Continue to search the premises.
 - Update the supervisor/designate.
- b) Where the child or children are found after being deemed missing.
 - Update the supervisor/designate.
2. After the child or children have been found, after being deemed missing:
 - · Document the incident in the daily written record.

STEPS FOR THE LICENSEE/SUPERVISOR/DESIGNATE TO FOLLOW:

See 'Steps to Follow for All Serious Occurrences' for the Licensee/Supervisor/Designate, and

1. Immediately, upon becoming aware that a child is missing:
 - Assist with searching for the missing child(ren).
 - a) Where the child or children are not found after being deemed missing:
 - Call emergency services and follow directions from emergency services personnel.
 - Contact the child(ren)'s parent(s), or where a parent cannot be reached, contact the child's emergency contact.
 - b) Where the child or children are found after being deemed missing:
 - Update the child(ren)'s parent(s), or where a parent cannot be reached by the child(ren)'s emergency contact(s).

SERIOUS OCCURRENCE: Unplanned Disruption of Normal Operations

- a. Fire
- b. Flood
- c. Gas Leak
- d. Detection of Carbon Monoxide
- e. Outbreak
- f. Lockdown
- g. Other Emergency Relocation or Temporary Closure

STEPS FOR STAFF, STUDENTS AND VOLUNTEERS TO FOLLOW:

'Steps to Follow for All Serious Occurrences' for staff, students and volunteers, and

a) Where the incident is suspected to be an outbreak:

1. Immediately:
 - Notify the supervisor/designate on site of concerns.
 - Separate children who are showing symptoms of illness from other children.
 - Follow the child care centre's sanitary practices policy and procedures.
2. Within 2 hours 30 minutes:
 - Record symptoms of ill health in the affected child(ren)'s records,
 - Document the incident in the daily written record.

a) Where the incident is not an outbreak (all other disruptions of normal operations):

1. Immediately:
 - Follow the child care centre's fire safety and evacuation plan and/or the emergency management policies and procedures, as applicable.
2. Within 2 hours 30 minutes:
 - Document the incident in the daily written record.

STEPS FOR THE LICENSEE/SUPERVISOR/DESIGNATE TO FOLLOW:

See 'Steps to Follow for All Serious Occurrences' for the Licensee/Supervisor/Designate, and

a) Where the incident is suspected to be an outbreak:

1. Immediately:
 - Contact the local public health department.

b) Where the incident is deemed an outbreak by public health:

1. Immediately:
 - 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.

Note: Outbreaks must be reported as a serious occurrence only if deemed an outbreak by public health.

2. Within 4hours:

- Notify all parents of children enrolled at the child care centre of the outbreak.

a) Where the incident is not deemed an outbreak, follow sanitary practices policy.

b) Where the incident is not an outbreak (all other disruptions of normal operations):

1. Immediately:

- Follow the child care centre's fire safety and evacuation plan and/or the emergency management policies and procedures, as applicable.

Note: a hold and secure (an external threat in the area) is not a reportable serious occurrence.

Additional Procedures

Consider including additional procedures, as applicable, e.g. steps to conduct an internal investigation about an allegation of abuse, how to ensure required supervision and ratios are maintained when responding to different serious occurrences, what the supervisor/designate should do to support and provide assistance in responding to a serious occurrence, etc.

STAFF MUST MAINTAIN RATIO AT ALL TIMES DURING A SERIOUS OCCURRENCE.

STEPS THE PRESIDENT, IN CONJUNCTION WITH THE BOARD, TAKES AFTER SERIOUS OCCURRENCE

- If the President/Executive and Supervising teacher decide the occurrence is deemed reportable as defined by the guidelines, they will report to the Program Advisor, through the CCLS. If they cannot access CCLS, they must notify their program advisor via telephone or email within 24 hrs and complete the CCLS report as soon as they system becomes available.
- In a case of suspected child abuse, the President/supervisor/staff contacts the Family and Child Services – Duty to report
- **The President and Executive decide if abuse of a child by staff is suspected, whether the staff will be suspended (with or without pay) pending further investigation.**
- The school as a general rule must notify a parent, relative and/or the child's guardian as soon as possible.
- This is certainly the case when the police are involved.

Glossary

Children's Aid Society (CAS): A local agency with the exclusive mandate, under the *Child, Youth and Family Services Act, 2017* 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/Supervisor: Individual employed by the licensee (e.g. program room staff).

Board - Elected parents/caregivers to Whistle Stop Parent Board of Directors

Regulatory Requirements: Ontario Regulation 137/15

SERIOUS OCCURRENCES

38.

- (1) Every licensee shall ensure that,
 - (a) 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;
 - (b) 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;
 - (c) 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
 - (d) the report and the summary of the report are each kept in accordance with section 82.

Disclaimer: This document is a sample of a policy and procedure that has been prepared to assist licensees in understanding its obligations under the CCEYA and O. Reg. 137/15. It is the responsibility of the licensee to ensure that the information included in this document is appropriately modified to reflect the individual circumstances and needs of each child care centre it operates.

Please be advised that this document does not constitute legal advice and should not be relied on as such. The information provided in this document does not impact the Ministry’s authority to enforce the CCEYA and its regulations. Ministry staff will continue to enforce such legislation based on the facts as they may find them at the time of any inspection or investigation.

Policy Regarding Diversity within the Program:

By recognizing and respecting the individuality of all the children in our program and creating an atmosphere that conveys tolerance, unconditional acceptance and caring for all, is crucial in order to meet the diversified needs of preschooler and their families. As the childcare provider we can teach these young children to value the differences in all people. Having them look at their own family is one way that we start children thinking about differences in people around them – colour of hair, texture (straight or curly), color of eyes.... Acknowledging and valuing diverse physical traits within their family can help child value diversity outside of their family to.

Hearing a child tease or insult someone because of their gender or race is something that can not be tolerated and our role is to step in immediately and help the child understand that the words they are using are hurting the feelings of a fellow classmate. Remaining silent only allows the child and others around who heard it repeat the inappropriate words or actions.

- We believe that if our preschool validates cultural diversity, parents will know by just looking around. We recognize that *culture* is not only about race or nationality, but is also rooted in family traditions. By contributing aspects of a family's heritage to our classroom it can only enrich the learning experience for all.
- **"We are all alike and different"** is an important concept in the preschool curriculum. Activities that teach about similarities and differences in realistic, positive way helps children value and respect themselves and others as well.

ACCIDENT PROCEDURE

On enrolment, parents/caregivers are asked to provide information about where they can be contacted during the day in case of an emergency. They are also asked to provide the name and telephone numbers of a relative or friend who may be contacted if they are unavailable. Parents should notify the preschool of any changes in information.

Teachers will notify a child's parent/caregiver following an accident. An accident report **MUST** be completed by the witnessing staff and signed by the parent. The parent/caregiver will be provided with a copy and original report will be placed in the child's file.

FIRE DRILLS

The Child Care and Early Years Act requires that a fire drill be held once a month to ensure that the building will be evacuated safely in the event of a fire or emergency situation. The plan for evacuating the building during fire drills, fires and other emergency situations is posted at a strategic point in the preschool setting.

Procedure for Fire Drills

Teacher A - Leads the children out of the main front doors and proceeds to the tennis court area PRIMARY ROUTE. Teacher stays with the children while Teacher B calls the fire department 911. The teacher will ring the alarm if fire is detected before the smoke alarm activates. Assists the children in moving quickly and safely from the building regardless of state of dress.

Teacher B - Is last to leave the building, checking hiding spots in all rooms and takes attendance book with complete list of children's names and contact phone numbers. The teacher will contact all caregivers for children pick up. Will use the fire extinguisher in the event of a small fire.

Alternative Plan - In the event that the main entrance should be blocked, Teacher A will lead the children through the Side Doors and over to the tennis courts.

All monthly fire drills will be recorded upon completion.

Fire Safety Plan

- Teachers will be responsible for training the children about fire safety through monthly fire drills. Teachers will record these drills.
- The Board of Directors will ensure that parents have a copy of the Fire Drill Procedure in their handbook.
- The Board of Directors will make monthly visual checks of the extinguisher's gauges and report any faults.

In the event that the preschool must be evacuated – our emergency location is the Puslinch Optimist Recreational Facility (ice rink/gym beside playground) 25 Brock Rd South. In the event of an evacuation parents will be notified immediately via phone. Supervisor – President of Board – preschool families

EMERGENCY MANAGEMENT POLICY AND PROCEDURES

Name of Child Care Centre: Whistle Stop Co-op Preschool

Date Policy and Procedures Established: September 1, 2017

Date Policy and Procedures Updated: reviewed annually

PURPOSE

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

POLICY

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

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

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

For situations that require evacuation of the child care centre, the **meeting place** to gather immediately will be located at: The Puslinch Optimist Recreation Centre (Beside Library – same parking area as community centre 25 Brock Road South Puslinch, ON)

If it is deemed 'unsafe to return' to the child care centre, the **evacuation site** to proceed to is located at: as stated above.

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

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

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

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

All emergency situations will be documented in detail by the Supervising staff member in the daily written record.

Additional Policy Statements

Staff will review the policy annually and sign off

PROCEDURES

PHASE 1: IMMEDIATE EMERGENCY RESPONSE

| Emergency Situation | 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 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.3) 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.4) Supervising Staff member 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> |

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| <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> | <p>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.</p> <p>2) Staff in the program room must immediately:</p> <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. <p>3) Supervising Staff member must immediately:</p> <ul style="list-style-type: none"> • close 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 supervising staff member 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> |

Disaster Requiring Evacuation

A serious incident that affects the physical building and requires everyone to leave the premises. E.g. fire, flood, power failure.

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

2) Staff must immediately:

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

3) If possible, staff should also:

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

4) Designated staff will:

- help any individuals with medical and/or special needs who need assistance to go to the meeting place (in accordance with the procedure in a child's individualized plan, if the individual is a child); and
- in doing so, follow the instructions posted on special needs equipment or assistive devices during the evacuation.
- If individuals cannot be safely assisted to exit the building, the designated staff will assist them to [Click here to enter text.](#) and ensure their required medication is accessible, if applicable; and
- wait for further instructions.

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.

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| <p>Disaster – External Environmental Threat</p> <p>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 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>2) Supervising Staff member 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> | <p>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></p> <p>2) <i>Staff must immediately:</i></p> <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. |

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| Natural Disaster: Major Earthquake | <ol style="list-style-type: none">1) Staff in the program room must immediately:<ul style="list-style-type: none">• remain calm;• instruct children to find shelter under a sturdy desk or table and away from unstable structures;• ensure that everyone is away from windows and outer walls;• help children who require assistance to find shelter;• for individuals in 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:<ul style="list-style-type: none">• gather the children, their emergency cards and emergency medication; and• exit the building through the nearest safe exit, where possible, in case of aftershock or damage to the building. 4) If possible, prior to exiting the building, staff should also:<ul style="list-style-type: none">• 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:<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 Click here to enter text. 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. |
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PHASE 2: NEXT STEPS DURING THE EMERGENCY

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

List of Emergency Contact Persons:

Local Police Department: 911

Ambulance: 911

Local Fire Services: 911

Site Supervisor: Sandra Gunson 5192399878

Licensee Contact(s): Jackie Johnson - Preschool President 5196583476

- 4) Where any staff, students and/or volunteers are not on site, [Click here to enter text](#). 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 to return to the child care centre.
- 5) The supervisor 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

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| <p>Procedures</p> | <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 supervising teacher will determine if operations will resume and communicate this decision to staff. |
| <p>Communication with parents/guardians</p> | <ol style="list-style-type: none"> 1) As soon as possible, the Supervising Staff member 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 childcare centre, Supervising staff member must provide a notice of the incident to parents/guardians by the end of the incident day. 3) If normal operations do not resume the same day that an emergency situation has taken place, the Preschool President must provide parents/guardians with information as to when and how normal operations will resume as soon as this is determined. |

8b) Procedures to Follow When “Unsafe to Return” Notification is Given

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| 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) Supervising Staff member 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, President or Supervising staff member will notify parents/guardians of the emergency situation, evacuation and the location to pick up their children.2) Where possible, Click here to enter text.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

Staff will document any accidents/injuries that may have occurred during the emergency situation. Parents will be given a copy of the report.

PHASE 3: RECOVERY (AFTER AN EMERGENCY SITUATION HAS ENDED)

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|---|---|
| <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> | <ul style="list-style-type: none"> • Parents will be notified by email or phone conversation as to when the school will resume normal operations • Parents/Guardians will be provided with the information as to what had happened to try and fears that may exist. • The Ministry of Education Program Advisor will be contacted and reopening information given, as per the Serious Occurrence Policy • The Supervisor will be on hand to provide Media with any information they may need, she will only provide the information that has been given to her by the Emergency personnel, and whenever possible the emergency personnel would be asked to speak on this matter. • The president will be required to contact the insurance company |
| <p>Procedures for Providing Support to Children and Staff who Experience Distress</p> | <p>Parents/staff will be given information about the situation to try and deal with any fears they may have.</p> <ul style="list-style-type: none"> • Emergency Personnel will be asked to take part in a meeting, before normal operations resume to answer and give any information that may help to alleviate any fears surrounding the situations • Children will be comforted and any questions will be answered at their level of development. • Talk to and listen to the children • Pay attention to any behavioural changes that may occur, if they do not go away parents will be advised to seek the advice of doctor/counselor • If necessary the Supervisor will arrange for counselors to be on hand for anyone needing it. |
| <p>Procedures for Debriefing Staff, Children and Parents/Guardians Include, where, applicable, details about when and how the debrief(s) will take place, etc.</p> | <p>Must debrief staff, children and parents after an emergency</p> <ul style="list-style-type: none"> • Emergency Personnel will be asked to take part in the debriefing if at all possible. • The debriefing will take place as soon as it is possible and safe to do so once the emergency is over • Time and location will be determined at that time • Parents will receive notification through email/phone |

VULNERABLE SECTOR CRIMINAL REFERENCE SCREENING

VULNERABLE SECTOR CRIMINAL REFERENCE SCREENING

All staff, volunteers and students will be required to provide Criminal Reference Check – Vulnerable Sector Check every 5 years.

All Staff, volunteers and Students will be required to sign an Offense Declaration form on the years VSC is not required. The offense declaration form is to be signed within 15 days of the anniversary date of the previous offense declaration or vulnerable sector check. For example if your offense declaration or vulnerable sector check was completed on September 15th – the offense declaration form must be signed by September 1st.

A true copy of VSC is to be placed on file. The supervisor will sign off and date on the true copy, acknowledging the original copy was seen.

Conditional job offers may be necessary during the time it takes to obtain the VSC. Individuals that produce a receipt for their VSC may be allowed to start their position or volunteer immediately. These individuals will at no time be permitted to be alone with the children until the VSC has been submitted. If within eight weeks from the date on the VSC receipt a VSC has not been submitted to the Centre, privileges will be discontinued until a VSC has been produced.

To protect the confidentiality of personal information, the following steps will be taken: A copy of the VSC/Offense Declaration will be kept in the individual's personnel file in a locked cupboard for the duration of the applicants' employment with WS preschool and only accessible by Supervisor or Board of Directors. Information from this check will only be used in the process of determining if an applicant is suitable for a specific position and to meet requirements of the CCEYA.

Individuals with VSC convictions, five years old or more recent, or charges pending, for certain offenses will not be accepted by WS for a direct service position with vulnerable clients. These offenses include, but are not necessarily limited to, the followings: Physical or sexual assault – Current prohibition or probation orders forbidding the individual to have contact with children under the age of fourteen – offenses under the child and family services act relating to abuse of children – outstanding convictions or charges pending for any offense deemed violent.

If a record is found: there is a risk to the children: the preschool board will make a decision regarding hiring. Our children's safety is of our utmost concern.

Criminal Reference Checks from parents who wish to volunteer with the children will be required before any interaction with the children

It is understood that the Preschool will reimburse *staff* for any expenses incurred for any VSC after employment has been established. (Applicants who are interested in employment do not get reimbursed for /VSC)]

*All members of the parent board will be required to obtain a PRC as a requirement from the Ministry to keep in good standings with license compliance.

Occupational Health and Safety Policy: POLICY

Whistle Stop Co-op Preschool has a responsibility to protect the health and safety of each individual at all times. The Occupational Health and Safety (OH & S) policy is important not only for children, families and staff, but relates to every person who enters the services premises or used the services equipment. Our Services OH & S Policy adheres to the Occupational Health and Safety Act revised in May 2011.

BACKGROUND

In order to reduce or eliminate accidents in the workplace the Ontario Ministry of Labor has introduced legislation to ensure a shared legal responsibility and accountability between all persons to implement OH & S in the workplace.

PRACTICES

The service will:

- *Provide a duty of care that protects persons from harm, injury, illness or abuse
- *Regularly review OH & S procedures and practices
- *Ensure that all OH & S policies are accessible
- *Provide staff with OH & S training
- *WHIMS training may be something that staff at Whistle Stop Preschool which to complete

Responsibility:

All staff, students and volunteers must role model correct behaviors and practices to children a way to teach them about health and safety

Board of Directors: Ensure a written OH & S policy has been prepared, and reviewed with employees annually.

Supervisor: Ensure staff works in a manner and with the protective devices, measures and procedures required by the Ontario OH & S Act and other associated regulations.

Staff: Work in compliance with the OH & S policy and report to the supervisor defects in equipment, personal accidents, etc.

Visitors/Parents and Public: Will be informed of the necessary OH&S policies and are expected to conduct themselves in a manner consistent with our policies and procedures.

Risk Minimization:

All Staff, students and volunteers have a duty of care to take “reasonable” care of each child under their supervision. “Reasonable means that the care is that of a careful and reasonable parent.

All staff, students and volunteers will take precautions to when handling equipment, hazardous materials, lifting children and protecting one self from injuries or accidents.

Non-Compliances:

If a person is found to be non compliant with the Policies, the issue will be referred to the Supervisor –Parent Executive who will attempt to resolve the issue through consultation in the workplace.

Documenting OH&S Procedures and Practices:

Whistle Stop Co-op Preschool will document all policies and procedures relating to health and safety of it staff, volunteers, children and families.

All procedures will be written in a clear manner and reviewed annually with staff.

Links to Other Policies:

The OH&S Policy is linked to the following: Accidents, Anaphylaxis, Behavior Management, Serious Occurrence, Enhanced Serious Occurrence, First Aid, Smoking, Allergies, Food Safety, Hygiene, Medications and Immunization

Workplace Violence and Harassment Procedures

Prior to filing a formal report of the incident, a person subjected to workplace violence and/or workplace harassment should let their objections be known to the alleged offender directly. If the person feels threatened by their offender, they can involve a third party such as their supervisor or a member of the parent executive.

A person subjected to workplace violence and/or harassment may receive support from their supervisor or board member to communicate their objections to the incident and/or to prepare a formal complaint.

The complainant should record details of the incident, the nature of the violent or harassing act and the names of person(s) who may have witnessed the incident.

Reported incidents will be held in strict confidence in order to properly investigate the incident and to offer adequate support to those involved. Individuals aware of incidents of workplace violence and/or harassment must not disclose details of the incident without prior consent from the complainant.

All parties involved in dealing with a complaint must ensure that the complainant is neither penalized nor treated unfairly as a result of reporting the incident. Reprisal will not be tolerated and disciplinary action will be taken against those who engage in such activity.

Upon receipt of a formal complaint of workplace violence and/or harassment, the supervisor and/or board of directors must determine whether a formal investigation is necessary and must inform the parties involved in writing of the investigation. The investigation may be carried out through an internal or external party.

The investigator must explore the alleged incident by interviewing the complainant, alleged violator as well as those who may have knowledge of the circumstances that led to the complaint.

The investigator may find sufficient evidence, insufficient evidence or no violation of the Workplace Violence and Harassment Policy. A written report detailing the findings of the incident must be prepared and forwarded to the Parent Board and/or supervisor within thirty working days from the alleged violator being advised of the complaint.

The Parent Board/supervisor must act upon the report from the investigator within thirty working days of receiving the report and advise the complainant and alleged violator in writing of the outcome.

If the Parent Executive Board/supervisor decides not to act on the report from the investigator, the following conditions should be considered when determining corrective action:

- The impact of the incident on the complainant
- The nature and aggressiveness of the incident
- Frequency of incidents

The following corrective actions may be considered depending on the incident and the factors listed above:

- Formal apology
- Training
- Suspension
- Termination
- Legal action

An individual that submits a complaint in good faith, even where the complaint cannot be proven, will not have been deemed to be a violation of this policy. If any investigation reveals that the complainant made false accusations of workplace violence and/or harassment knowingly or in a malicious manner, the complainant will be subject to disciplinary action, up to and including termination.

Workers may choose to pursue other venues to remedy any incident of workplace violence and/or harassment, such as criminal or civil action.

This procedure will be evaluated and reviewed on an annual basis to ensure that it conforms to the Occupational Health and Safety Act and that it continues to reflect the commitment to the health and well-being of our

PARENT ISSUES AND CONCERNS POLICY AND PROCEDURES

Name of Child Care Centre: Whistle Stop Co-op Preschool

Date Policy and Procedures Established: September 1 2017

Date Policy and Procedures Updated: As required – reviewed annually

PURPOSE

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

DEFINITIONS

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

Staff: Individual employed by the licensee

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 the Board of Directors as well as the Supervisor and will be addressed. Every effort will be made to address and resolve issues and concerns to the satisfaction of all parties and as quickly as possible.

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

An initial response to an issue or concern will be provided to parents/guardians within one 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/childrensaidd/reportingabuse/index.aspx>

PROCEDURES

| Nature of Issue or Concern | Steps for Parent and/or Guardian to Report Issue/Concern: | Steps for Staff and/or Licensee in responding to issue/concern: |
|--|--|--|
| <p>Program Room-Related</p> <p>E.g: schedule, toilet training, indoor program activities, feeding arrangements, etc.</p> | <p>Raise the issue or concern to</p> <ul style="list-style-type: none"> - the classroom staff directly <p>or</p> <ul style="list-style-type: none"> - the supervisor or licensee. | <ul style="list-style-type: none"> - Address the issue/concern at the time it is raised <p>or</p> <ul style="list-style-type: none"> - arrange for a meeting with the parent/guardian within one 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. - Board of Directors | <p>Provide contact information for the appropriate person if the person being notified is unable to address the matter.</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> |
| <p>Staff-, Duty parent-, Supervisor-, and/or Licensee-Related</p> | <p>Raise the issue or concern to</p> <ul style="list-style-type: none"> - the individual directly <p>or</p> <ul style="list-style-type: none"> - the supervisor or licensee. <p>All issues or concerns about the conduct of staff, duty parents, etc. that puts a child's health, safety and well-being at risk should be reported to the supervisor as soon as parents/guardians become aware of the situation.</p> | <p>Provide a resolution or outcome to the parent(s)/guardian(s) who raised the issue/concern.</p> |
| <p>Student- / Volunteer-Related</p> | <p>Raise the issue or concern to</p> <ul style="list-style-type: none"> - the staff responsible for supervising the volunteer or student <p>or</p> <ul style="list-style-type: none"> - the supervisor and/or licensee. <p>All issues or concerns about the conduct of students and/or volunteers that puts a child's health, safety and well-being at risk should be reported to the supervisor as soon as parents/guardians become aware of the situation.</p> | <p>Provide a resolution or outcome to the parent(s)/guardian(s) who raised the issue/concern.</p> |

Escalation of Issues or Concerns: Where parents/guardians are not satisfied with the response or outcome of an issue or concern, they may escalate the issue or concern verbally or in writing to the Volunteer Parent Executive.

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: [insert information, e.g. agency/organization contacts, supervisor and/or individual who oversees the programs, ministries and local authorities, professional membership bodies]

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

Program Supervisor: Sandra Gunson 5192399879 or teacher@whistlestoppreschool.ca

President of Whistle Stop Co-op Preschool: president@whistlestoppreschool.ca

Wellington-Dufferin-Guelph Public Health:

Public Health Department 160 Chancellors Way Guelph 1 800-265-7293

College of Early Childhood Educators Toll free: 1 888 961-8558 E-mail: communications@college-ece.ca

Notes:

Appendix A

| <u>DISEASE</u> | <u>INCUBATION</u> | <u>SYMPTOMS</u> | <u>ISOLATION</u> | <u>INFECTIOUS PERIOD *</u> |
|---------------------------------|-------------------|--|--|--|
| Chickenpox | 14 - 21 days | Slight fever, rash of pink spots turning into itchy blisters which break and crust - new spots appear daily for several days. | 6 days from rash or 2 days after new spots. Isolation is not necessary for siblings not exhibiting the disease. | 5 days before to 5-6 days after first appearance of skin blisters. |
| Measles (rubeola) | 10 - 14 days | Runny nose, sneezing, watery eyes sensitive to light, dry cough, high fever (3-4 days), then dark red, blotchy rash which first appears behind ears, then neck and face. | 7 days (or more) from rash | 4 days before until 5 days after rash appears. |
| German Measles (rubella) | 14 - 21 days | Swollen glands at back of neck, mild fever, and faint pink spots which often cover body first day, then merge and fade. Rash may not be noticeable. | 5 days from rash. | 7 days before until 5 days after onset of rash. |
| Pink Eye | 24 - 72 hours | Light sensitivity, irritation, redness of eye, discharge from the eye (tears or pus). | Child should not attend school during the acute stage. | Infectious until treated with medication and symptoms abate. |
| Impetigo | 4 - 10 days | A lesion or lesions containing pus that ordinarily rupture and | Child should be kept out of school while lesions are moist and draining. Should be treated | As long as purulent lesions continue to drain. |

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| | | crust within a few hours to 2 days. Often seen on the face around mouth and nose. Can be spread over body caused by staphylococci or streptococci. Transmission is by contact with a person who has a purulent lesion or who is an asymptomatic carrier (usually nasal). | with a local or systemic antibiotic. | |
|--|--|--|--------------------------------------|--|

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|------------------------------|---|--|--|---|
| Lice (Pediculosis) | Eggs of lice hatch in a week and reach sexual maturity in 2 weeks | Infestation of the head hair, the hairy parts of the body, or clothing with adult lice larvae or nits (eggs) small ovoid nits are fixed to the hairy shafts and are dislodged with great difficulty. | Child should be kept out of school until they and their belongings and clothing are treated. | While lice remain alive on the infested person or in his clothing and until eggs in hair and clothing have been destroyed. Can be transmitted by personal contact or from combs and hats. |
|------------------------------|---|--|--|---|

** INFECTIOUS PERIOD: or PERIOD OF COMMUNICABILITY is the time period we recommend to keep your child at home if a sibling has a diagnosed case of any of the mentioned communicable diseases.

APPENDIX B

WHAT IS HEPATITIS B?

Hepatitis B is a disease caused by the Hepatitis B virus which attacks the liver. Inflammation in the liver may occur but this inflammation is not present at all times during infection.

WHAT ARE THE SYMPTOMS?

Most adults who get infected are unaware that they have the virus. Some have no symptoms at all. Some have illness about 6 weeks to 6 months after initial infection. They may develop the flu or the symptoms could include a loss of appetite, marked fatigue, and jaundice (yellow skin and eyes). Whether the infected person is aware of the illness, this usually passes. The body gets rid of the virus and the individual is cured. This condition is called acute hepatitis. There are no long lasting effects.

In some people, particularly those infected in childhood, the initial infection may not cause any symptoms, but the body does not clear the virus. The infection persists usually for the rest of the individual's life. They may not be aware anything is wrong. Occasionally, they

might feel tired, or have an attack of jaundice, but this usually passes. This is called chronic Hepatitis B. One in 20 infected becomes chronic carriers.

The majority of carriers do not develop any complications from the infection but in some, the infection causes gradual loss of liver tissue and development of scar tissue. This condition is called cirrhosis. A small number of chronic carriers will develop liver cancer as a late complication of chronic Hepatitis B infection.

In less than one case in one thousand will the disease be so severe as to cause liver failure and death.

HOW IS IT SPREAD?

Hepatitis B is spread by contact with body fluids from a person who is infected with the virus. Carriers and persons with acute infection have the highest concentrations of the virus in their blood. The virus is less concentrated but still present in body fluids and saliva. Urine and stool do not contain virus.

Hepatitis B virus can only be transmitted by direct inoculation into the body. This may occur if the virus comes in contact with a break in the body's skin or mucosal surface (mouth). i.e. needle sharing, sexual contact, exposure to body fluids in workplace, mother to an unborn baby, and people in constant contact with Hepatitis B carrier.

In the school setting, individuals who may be carriers do not increase the risk of disease for others beyond the day to day risks encountered by the general population.

There is a risk that a person infected with Hepatitis B can spread the infection to their immediate family. The husband/wife or sexual partner can catch the disease through sexual activity. Family members with close personal contacts are at risk, especially young children under 10 years of age. The disease will not be passed through kissing, but an open cut on the skin should not be kissed. Hepatitis B virus cannot be spread by handling food.

CONFIDENTIALITY

Confidentiality of health information obtained by the local Medical Officer of Health is normally maintained. Information about carriers of Hepatitis B is only made available if the situation warrants it.

HOW IS IT PREVENTED?

Hepatitis B is 100 times more infectious than AIDS. Therefore, if we implement precautions for Hepatitis B, we will also be covering precautions for AIDS. The incidence of Hepatitis B in Canada has almost tripled in the 10 years, so awareness of prevention is important.

Good hygienic practice together with a program of immunization against Hepatitis B for those at increased risk form the basis for protection against the disease. Good hygiene should always be practiced to decrease the spread of any infectious disease. Children should avoid sharing items that may be placed in the mouth, i.e. drinking glass. Children should be deterred from putting toys, pencils and rulers in their mouth.

Wash Hands Before And After:

- Helping children in the washroom

- Wiping runny noses
- Serving snack
- Changing diapers

In situations where it is necessary to render first aid, always wash hands well before and after. If dealing with an open wound or cut, disposable gloves should be worn. Always wash hands before moving on to another individual when rendering first aid.

If anyone has an open wound or cut there should be a bandage worn to avoid contact with someone else's open wound or cut.

Items contaminated by body fluids should be soaked in bleach and water or boiled in water for 10 minutes. Bandages and paper products should be put in a plastic bag and sealed for disposal.

If exposure to Hepatitis B has occurred, the vaccine and immune globulin should be given within 24-48 hours.

VACCINATION

Blood tests are available to screen for Hepatitis B. Immunity is acquired by one of three ways:

- Having the disease and recovering confers life long immunity.
- Vaccination against Hepatitis B provides long term immunity, although boosters may be required to increase concentration of antibodies if titer is low.
- Immune globulin for Hepatitis B provides short term immunity (3 to 6 months).

HOW IS VACCINE GIVEN?

Three doses of the vaccine are given. The 2nd dose is given one month after 1st injection. The 3rd dose is given 6 months after 1st dose. Injection is in the muscle of the shoulder.

The vaccine stimulates the body's immune system to provide protective antibodies to fight off Hepatitis B infection. The vaccine can be given at any age.

EFFECTIVENESS

The vaccine is effective. Between 86% and 96% of individuals who receive the vaccine develop protective antibodies.

WHO SHOULD NOT GET VACCINATED

Never:

- People who have allergies to yeast, mercury (thimerosal) or aluminum
- People who had Hepatitis B do not need vaccine - blood work necessary to screen for Hepatitis B

Later:

- People who have the flu or a cold
- Pregnant women

The Ontario Government is working on implementing a Hepatitis Vaccination Program. The vaccination would be given in Grade 7 or at 12 years of age. Funding has to be allotted for this program, therefore, it cannot be determined when the vaccinations will start.

HEPATITIS B GUIDELINES

Occupations at Increased Risk:

- Workers exposed to blood products, needle sticks or other sharp objects
- Dentists and others in the field
- Close contact with individuals who are Hepatitis B virus carrier
- Work places with aggressive biting individuals

Incidents of Potential Exposure:

- Blood or body fluids which have splashed into eyes, mouth, or open cuts
- Bites that draw blood
- Used needle stick injury

***** Important to be tested after exposure because depending on blood work results, you may require follow-up injections within 24-48 hours of initial contact.***

RECOMMENDED GUIDELINES FOR POTENTIAL EXPOSURE

For exposed wound or puncture:

1. Should allow wound to bleed following incident. Do not squeeze affected site.

2. Affected area should be scrubbed for 2-4 minutes with soap and water.
3. Notify President of your preschool and complete the incident forms to be forwarded to the Health and Safety Office.

For splashes from body fluids:

1. Wash splashed area using soap and water.
2. If splash is to eyes or mouth, rinse with large amounts of water only.
3. Notify President of your preschool and complete the incident forms to be forwarded to the Health and Safety Office.

IF HAVE ALREADY RECEIVED THE VACCINE

Report to a hospital emergency department to have your hepatitis B titer checked to make sure that your immunization level is adequate. You will be advised if you require a Hepatitis B booster and Hepatitis B Immune Globulin.

IF YOU HAVE NOT RECEIVED VACCINE

Report to hospital emergency department for assessment. This may include blood work, Hepatitis B Vaccine and Hepatitis B Immune Globulin.

PARENTS

If any child or parent has had contact or any concerns of potential contact, it is advised to discuss the situation with the family doctor regarding:

- Identifying if a contact has occurred
- If treatment should be considered

If treatment is deemed necessary, the local hospital emergency department may have access to vaccines. This may avoid delays if the family doctor has to order the medication. If treatment is required, it should be obtained within 24-48 hours after contact.

