



Mackenzie  
Health

# MACKENZIE HEALTH

## CHILD CARE AND EARLY LEARNING CENTRE

**Parent Handbook  
And Policies**

November 2020

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## WELCOME TO MACKENZIE HEALTH CHILD CARE AND EARLY EDUCATION CENTRE

For over 25 years, Mackenzie Health Richmond Hill Hospital has been a provider of increasingly progressive and innovative child care services and early education to the children of Mackenzie Health employees and the surrounding community.

As child care and early education evolve, Mackenzie Health Child Care and Early Learning Centre will continue to be a leader in early education to support the development and education of young children and the child care needs of families.

### **Our Commitment to You:**

We will provide excellence in quality child and family centered care and early education, collaborating with other community services to meet the needs of individuals and our community.

In Keeping with the Beliefs and Strategic Direction of Mackenzie Health:

### **Our Commitments and Strategic Directions**

- We are Child and Family Centred offering Exemplary Care and Early Education in accordance with the Ministry of Education. We are licensed by the Ministry of Education and adhere to the legislative requirements of the Ontario Child Care & Early Years Act. We implement the Ontario Early Learning Framework, (How Does Learning Happen? Ontario's Pedagogy for the Early Years) and (Early Learning for Every Child Today) (Think, Feel Act: Lessons from Research About Young Children). We abide by the Code of Ethics and Standards of Professional Practice of the College of Early Childhood of Educators.
- We are guided by Mackenzie Health's Mission, Vision, Values, Guiding Principles, Character and Commitment to Caring.
- We Collaborate with Community Services to provide Expert and Compassionate Child Care and Early Education
- We Communicate Openly, Honestly and are Accountable.

As a service offered by the Human Resources Department, Mackenzie Health is committed to providing high quality on-site child care and early education as a familial support for its staff and the surrounding community. This commitment is realized by the financial assistance provided to the centre in site, maintenance, security, environmental, financial and a variety of other hospital services. The subsidy from the hospital provides the early learning centre with unique support and advantages.

This allows the centre the opportunity to:

1. *enjoy the expertise of Registered Early Childhood Educators*
2. *maintain reasonable child care fees*
3. *access a variety of hospital & community resources*

The early learning centre has enjoyed an enriched history. Originally located on the hospital property in the former John Griffin Building the centre evolved from a small family grouping setting to a program with a capacity for 40 children. In July 1999 the centre relocated in the main hospital building. This was a temporary arrangement while the construction of the present facility in A-Wing took place.

The autumn of 2000 marked a new beginning for the centre at Mackenzie Health. A facility designed specifically for the young learner established an exciting introduction into the millennium for the children and families of Mackenzie Health. In the spring of 2011 the centre expanded to serve the ever-growing hospital staff and surrounding community.

A very special feature of the centre is our ability to offer some special intergenerational programming to the children and clients of the Long Term Care. The opportunity to add value to the lives of seniors and to enrich the childhood experiences of young children by embracing the positive and mutually beneficial advantages of linking the two age groups is indeed exciting. This connection to the active world of the young child provides opportunities for reciprocal interactions and develops a sense of continuity for all involved.

## PHILOSOPHY

In accordance with Mackenzie Health's Mission Statement and Human Resources Philosophy, Mackenzie Health is dedicated to serving the growing and diverse community of Southwest York Region.

At its inception in 1991 Mackenzie Health Child Care and Early Education Centre served as one initiative of the Employment Equity Committee which explored concepts around work and family policies. At present the notion of work/family balance is increasingly relevant as families are challenged by competing demands on all fronts. This workplace centre strives to assist employees and the surrounding community in managing the daily stresses of a busy, yet fulfilling life.

It is recognized that parents are the experts and the primary and most powerful influence of their children. Child care services support parents in this role. The Child Care Program Development Initiative identified the following parental needs which served as a guide in the delivery of care options.

1. A range of child care services and support so that families can choose the one best suited to them.
2. Information about available child care services and factors to consider in selecting the most suitable option.
3. Opportunities to be involved in partnerships with child care providers.

The goal of Mackenzie Health Child Care and Early Learning Centre is to provide high quality child care and early education to young children of Mackenzie Health employee families and the surrounding community. The centre focuses on fulfilling the Ontario Ministry of Education's purpose of **“supporting the development of strategies, dispositions and skills for life-long learning through play and inquiry.”**

## PROGRAM STATEMENT & GOALS

Mackenzie Health Child Care and Early Learning Centre strives to foster a **positive sense of self, well-being and healthy development** in each child while recognizing the **various perspectives** of the linguistic, cultural and social values of families within our diverse community. The centre's belief in the individuality of the child is nurtured and promoted. It is based on the Ministry guided, shared premise that children are: **“rich in potential, competent, capable of complex thinking, possess a natural curiosity and the ability to make connections”**. Children will thrive in environments that **value** their **individuality**, their multiple forms of **expression** and recognize their evolving and **emerging abilities**. This shared vision of **competency, capability and curiosity** is extended to **families and educators** who share their diverse perspectives, wealth of **experience** and **knowledge**. It is our goal that all (children, parents, staff, community) will be actively **engaged** and experience a sense of **well-being** and **belonging** as valued **contributors**, free to **express** their ideas & perspectives in our learning environment in meaningful ways.

Two complimentary and inter-related Ontario Ministry of Education documents are the foundation of our Early Learning Centre. These documents, working in unison, guide our program to achieve a “seamless transition” for children from our early learning centre into kindergarten programs within our province.

*Early Learning for Every Child Today: A Framework for Ontario Early Childhood Settings (2007) (ELECT) provides foundational knowledge about children. It offers educators and families a shared language and understanding, Six Guiding Principles, optimal conditions for learning and development and a continuum of development.*

And

*How Does Learning Happen? Ontario's Pedagogy for the Early Years (2014). (HDLH) This document offers a pedagogical approach for learning and development, a shared view of children, families and educators, Four Foundations for optimal learning, goals for children and expectations for programs.*

Please visit the provided websites to view the documents in full.

<http://www.edu.gov.on.ca/childcare/pedagogy.html>

## Program Statement

*Early Learning for Every Child Today (ELECT)* provides a **Continuum of Development** from birth through school age that describes predictable sequences of development within the very broad and inter-connected domains of social, emotional, language, cognitive and physical development. It assists Early Educators in observing and documenting emerging abilities in order to identify meaningful experiences for individual children and groups of children based on reflective practice. A holistic view of child development is essential as it is apparent that any domain, talent or interest does not occur in isolation, all are integral to a full and enriched life. It is our belief that optimal learning occurs when children experience: a sense of **belonging** and **well-being** while **engaged** in an enriched learning environment that values their unique form(s) of **expression**.

The Centre embraces the following beliefs, values and current research findings offered in the Statement of Principles of the *ELECT* document. The Four Foundations of *How Does Learning Happen? Ontario's Pedagogy for the Early Years* are interwoven within the Statement of Principles.

1. **Early child development sets the foundation for lifelong learning, behaviour, health and well-being.**
2. **Partnerships with families and communities strengthen the ability of early childhood settings to meet the needs of young children.**
3. **Respect for diversity, equity and inclusion are prerequisites for honouring children's rights, optimal development and learning.**
4. **A planned play-based curriculum supports early learning and capitalizes on children's natural curiosity and exuberance.**
5. **Knowledgeable, responsive early childhood professionals are essential to early childhood settings.**

The child will experience the joy of intrinsic learning as s/he engages in relationships and daily events that will enhance:

- curiosity, initiative, inquiry, independence and inter-dependence;
- self-esteem, autonomy and decision-making capabilities;
- positive, responsive interactions, empathy,
- respect for diversity, interdependent relationships
- physical activity that develop large muscles and fine motor skills;
- language, literacy and core concept development;
- positive communication and problem solving skills.



#### P. 8 How Does Learning Happen? (HDLH)

**How Does Learning Happen? Ontario’s Pedagogy for the Early Years** supports the premise that learning and development occur within “the context of relationships among children, families, educators and their environments”. The pedagogy is organized around the foundations of: Belonging, Well-Being, Engagement and Expression. When Children, Families and Educators share in these identified foundations within the centre’s environment “optimal learning and development” are possible. The foundations offer both general and specific goals for children and expectations for programs. A Ministry reproduction of each foundation and general goal is provided, followed by an explanation of our centre’s approach, implementation, documentation and review processes.

## **Belonging: Cultivating Authentic Relationships and Connections**

### **Goal for Children: Every child has a sense of belonging when he or she is connected to others and contributes to their world**

Program Expectation: Early Childhood Programs cultivate authentic, caring relationships and connections to create a sense of belonging among and between children, adults, and the world around them.

#### **Belonging at Mackenzie Health:**

Registered Early Childhood Educators provide a warm, supportive, nurturing atmosphere for children and families based on the establishment of positive, trusting relationships. This **trust** allows the child to begin to explore and expand the world beyond their home while it frees the family to engage in a productive work life in the knowledge that their child is happy and engaged. Connection to family and community is recognized as vital. Families are the heart of our shared common interest, the child. Each family is valued and respected for the unique contributions they bring to the program. Positive partnerships with families and community strengthen our connections and our ability to meet diverse needs. As children observe and engage in positive parent-teacher interactions their sense of trust is enhanced. They recognize the adults in their lives collaborate on their behalf and in their best interest.

Our Centre, Hospital and Community offer a wealth of opportunities for children to participate in and to establish a special sense of belonging as they engage in a variety of events and daily life. Fundamental to our inclusive learning environment is the recognition of each child as a citizen with full rights within society. We strive to reflect sensitivity to family values, culture, language and composition within our staff compliment, program delivery and daily interactions.

Our community resources enhance the child's early experiences and family connections. In addition to our access of on-site professionals, the children benefit from connection to numerous community resources in this unique setting that enjoys multiple community partnerships.

## Well-Being: Nurturing Healthy Development and Well-Being

Goal for Children: Every child is developing a sense of self, health and well-being  
Program Expectation: Early Childhood Programs nurture children's healthy development and support their growing sense of self.

### Well-Being:

The physical and emotional health, safety, and well-being are our primary consideration for children, families and educators. The educator is attuned with the ever-changing physical, social, emotional condition presented within the moment. Responding to presented needs as well as fostering developmental progress and independence is achieved with balanced activity levels, thoughtful scheduling and varied learning environments Exuberant activity time is paced with calming, quiet and rest times. Opportunities for individual and small group times are balanced with larger group interactions. Child-initiated learning is augmented with educator-supported learning. Periods of indoor play-based learning are extended to periods of outdoor active engagement. In addition, offering nutritious meals, snacks and beverages and responding appropriately to individual hunger levels and physiological needs sets the foundation for learning to occur.

Our outdoor play space focuses on the children's creative use of materials while they gain confidence in their developing skills. Educators' observe emerging abilities and interests and are proficient in extending classroom learning concepts by providing exciting activities focusing on the physical domain and the natural outdoor learning environment. Our beautiful hospital grounds offer an array of possibilities for active exploration over the four seasons. This connection with the natural world further enhances development and well-being in body, spirit and mind.

Validating, supporting and modulating emotions is fostered as children test out their unique abilities and interests with purpose and intent. Opportunities for experimentation, risk-taking, trial and error, limit testing are offered in an environment that minimizes stressors and provides large blocks of uninterrupted time for focused activity completion. Guided by educators who express empathy, model appropriate behaviours, and support problem-solving efforts, staff assist children in achieving their intended purpose in socially appropriate ways. Children may fully engage in the knowledge that their efforts are appreciated. Social competence, resiliency, self-regulation and the ability to attend develop within a nurturing child/family centered environment in which children experience support and success.

The centre works closely with a network of Children's Services i.e. Speech and Language, Nutritional Consultants, Early Intervention Services, Children's



Mental Health, Boards of Education, Public Health etc. We are fortunate to have the support of these resources which function collaboratively to assist parents and staff to offer children the best possible start.

### **Engagement: Creating Contexts for Learning through Exploration, Play, and Inquiry**

**Goal for Children:** Every child is an active and engaged learner who explores the world with body, mind and senses.

**Program Expectation:** Early Childhood Programs provide environments and experiences to engage children in active, creative, and meaningful exploration, play and inquiry.

#### **Engagement:**

Educators are knowledgeable of the sequence of development & recognize all aspects of development are interconnected. As reflective practitioners, skilled in integrating theoretical frameworks and research in curricula delivery, they offer a supportive and **positive approach for children to explore and expand their world. Integral to the process is the “third teacher”, the learning environment.**

The child and educator are active participants, engaged collaborators and co-constructors of knowledge in the process of discovery. Recognizing the competency of the child, early educators strive to maximize learning by engaging children in responsive and positive opportunities that foster their unique abilities and interests.

Open-ended, purposeful high-quality **play** is recognized as the major vehicle for learning. Play is mediated by the educator who identifies the child’s level of progress, values and responds to expressed ideas and challenges abilities. This comes naturally and enthusiastically from a rich, active play life which utilizes concrete experiences and opportunities to test theories, modify actions, experience success and consolidate learning.

Through on-going interaction, observation and collaboration, the emerging skills of the learner are identified as the basis for future objectives and experiences. ‘Catching the Teachable Moment’ is viewed as an ideal opportunity to augment the educational value of play and inquiry. Informal play is thus supported with “purposeful play” as the educator engages the child and extends the natural learning experience. In the process the educator’s knowledge is enhanced. The educator discovers “why” specific aspects of practice are meaningful to the child and “how” her actions impact the child and the family. The reciprocal child-parent-educator active collaboration enhances learning. These opportunities may take the form of a “small-group time”, “circle time”, or the spontaneity of an exploration or an unintended discovery. Developmentally appropriate concepts

and potential learning outcomes are embedded in experiences as the educator mediates and guides the child's engagement in play/inquiry-based discovery and knowledge is co-constructed.

Large periods of indoor and outdoor time allow the child to sustain the action from idea to discovery. Thought process and problem-solving skills develop as children engage in the opportunity to complete the learning experience.

An inquiry/play-based environment, rich in opportunities for exploration and discovery supports desirable learning outcomes. Children experience the joy of discovery as educators "support the development of strategies, dispositions and skills for life-long learning through play and inquiry."

### **Expression: Fostering Communication and Expression in all Forms**

Goal for Children: Every child is a capable communicator who expresses himself or herself in many ways. Program Expectation: Early Childhood Programs foster communication and expression in all forms.

#### **Expression:**

Educators value, accept and find meaning in the multiple methods of communication expressed by children. Children make social, emotional, cognitive and linguistic connections as they engage in reciprocal exchange, dialogue and creative representation with their peers and educators. The educator is attuned to the various forms of verbal and non-verbal communication and sensitivities. Based on the trusting relationship established with the child and family, the educator is proficient in reading and responding to the child's interests and needs. As the educator engages in authentic communication with the child and the child's peers, children recognize expressed ideas and opinions are valued. This contributes to the child's growing sense of autonomy, appreciation of similarities and difference, the development of empathy as well as enhancing language acquisition and cognitive skills.

Opportunities for expression take many forms throughout the day. Language-enriched music, story and rhyme activities are interwoven throughout the day. Quiet, listening times are balanced with active, exchanges of ideas as children enact, plan and implement.

Acknowledging negative expressions of stress and behaviors is also important. When educators are active listeners, respect the child's feelings, and offer a calm, helpful approach the child's ability to cope is enhanced. By understanding what the child hopes to achieve and offering supportive guidance the child learns acceptable behaviors and appropriate alternatives. Recognizing that social rules vary in complexity, the educator gears expectations to the child's level of understanding. This assists the child in modulating emotions, gaining resilience

and self-regulation. In time, the child is able to identify needs, engage in problem-solving, test alternatives, seek solutions, accept responsibility and achieve appropriate outcomes

Ongoing, open and honest communication with parents enhances the experience. The progress and joyful moments of the day are captured and shared with parents. Learning is made visible within the classroom environment and daily documentation postings.

### **Promoting Social Competence**

As individuals, children are influenced by multiple factors and experiences that contribute to their unique perspective, spirit and character. Observing how individual children develop relationships with one another assists educators in identifying the nature of interactions, supporting acquiring social skills and enhancing a sense of belonging.

Active exploration and discovery are integral to the curious learner. As competent individuals, capable of complex thinking children often have a plan or goal in mind. Recognizing this, the educator values the child's strengths and abilities, offering support as the child experiences challenges and success within the learning process in individual and social situations. The social-emotional and cognitive connections of integrated development result in a holistic approach in supporting the child. Key to this is an exciting learning environment ("Third Teacher") that motivates the learner and supports active investigation in individual and interactive situations.

Helping children become self-regulating, able to modulate emotions and resiliency occurs in a warm, responsive environment in which trusting and caring relationships exist among children, parents, staff and community members. This trust and feeling of security enhance the child's confidence and allows for self-expression, experimentation and growth. A positive approach is essential to healthy development and well-being.

Adult support and guidance must always promote positive self-esteem. An emotionally healthy and self-confident child will develop an optimistic outlook. The ability to regulate emotions allows the child to focus on challenges with persistence and to practise new skills. The child will engage in the various learning opportunities with enthusiasm and the confidence to experiment and test limits. This leads to the acquisition of ego-strength and autonomy.

Educators perform an important role in establishing and maintaining a healthy emotional environment. The educator recognizes that social rules vary in logical complexity and must gear expectations to the child's level of understanding. Responding to the child with acceptance and encouraging positive interactions by providing cues and modelling social competence helps the child to recognize

their feelings and respect the feelings of others. Accepting the child's need to resist is recognized by the educator who offers affirming support, positive interactions and pro-social behaviour. Permitting the child the time to test limitations assists the child in developing logical problem solving strategies that identify and respond to needs, seek possible solutions, support appropriate actions and evaluate results. - In the spirit of cooperation, the adult and child approach situations with the intent of attaining positive outcomes. Recognizing appropriate interactions for individuals and the group assists the child in experiencing a sense of belonging as s/he negotiates and collaborates within situations. The child comes to understand that everyone has rights. Educators who are sensitive and responsive to the feelings, needs and unique circumstances and who engage in meaningful interaction focus on the child's strengths.

### **Monitoring Implementation of Promoting Positive, Responsive Interactions**

Educator's commitment to this approach is monitored. Staff will develop and submit sample documentation of best practices and interactions with children in a manner that is consistent with the program statement.

### **Monitoring Prohibitive Practices**

Prohibitive practices protect the emotional and physical well-being of children. They support the belief that children benefit from a positive, affirming approach. In accordance with the Child Care Early Years Act, Prohibitive Practices Policies and Procedures are reviewed with all staff, volunteers and students prior to and annually thereafter commencement of employment and any other time substantive changes have been made to the policies and procedures. Monitoring will be documented at these times and a copy of the monitoring will be maintained in the staff file.

### **Prohibited Practices Revisions/Updated Fall 2016**

Ontario Regulation 137/15 states the following as legislated prohibited practices:

No licensee shall permit, with respect to a child receiving child care at a child care centre it operates or at a premise 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 purpose 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 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.

### **Contravention of Prohibitive Practices**

Child Care Staff are expected to comply with the policies and procedures of the child care and early learning centre and the requirements of the Child Care and Early Years Act with respect to promoting positive interactions. The following procedures will be implemented in the event there is a violation of the centre's approach or in the event staff perform any aspect of a prohibited practice as outlined in the CCEY Act:

The Child Care Manager will review the infraction with the person involved, will interview and receive feedback from any witnesses or anyone making an allegation and in conjunction with Human Resources assess if the action will require immediate termination.

In the event the action is misinterpreted and is not deemed to be an infraction not resulting in termination:

The incident will be documented, and a written statement/warning will be issued. Positive approaches will be reviewed, and coaching provided. The approach of the staff involved will be monitored for progress.

If a prohibited practice occurs with the purpose of causing intentional harm to any child by a staff member it will result in immediate termination.

### **Program Statement Implementation and Monitoring policy**

The educator's commitment to the fulfilment of the program statement is evident in every interaction and all program aspects. Educators integrate the pedagogical approach as presented in HDLH. A holistic, inclusive, developmental perspective that embraces staff, parents and community benefits children. This approach

promotes optimal learning in the present, offers a smooth transition into Kindergarten and sets the stage for life-long learning.

As co-learners, educators plan and post a program that targets all areas of the curriculum and developmental domains. Thoughtful learning centres that promote child-initiated exploration and discovery, and inquiry-based adult-supported experiences focus on the expressed demonstrated interests of the children. The educator's role is to offer responsive indoor/outdoor, active/quiet programming, integrating developmentally appropriate learning opportunities. Daily additions & revisions are recorded as projects evolve and change. The program is driven by responding to child-observation, interests and development. Educators participate in reflective practice within their teams to analyse what works well for specific children and the group, what requires extension, modification and revision.

Daily documentation is posted for parents, children and educator's reflection. Documentation boards and photos supplemented by the contributions of children provide the means to make learning visible and accessible to children and families. Contributions of family members are encouraged and provide natural extensions and consolidation of the learning opportunity.

Promoting a positive, affirming approach and implementation of program goals and expectations as presented within the Program Statement in accordance with the Child Care Early Years Act, as well as information regarding Prohibitive Practices Policies and Procedures are reviewed with all staff, volunteers and students prior to and annually thereafter commencement of employment and any other time substantive changes have been made to the policies and procedures. A copy of the initial/annual review monitoring is maintained in the staff file. Quarterly monitoring of the Foundations will include sample documentation of: Belonging, Well-Being, Engagement, & Expression. Specific samples of positive interactions with children in a manner that is consistent with the program statement and best practices will be included. Third teacher environment sampling will focus on promoting an exciting learning environment consistent with developmental aspects and goals for children as presented in HDLH. Submissions will be required on a quarterly basis. Staff may elect the order of foundation submissions. Positive interactions may focus on a specific relationship, a question for reflection re authentic relationships, positive modelling etc.

The Program Statement including Prohibited Practices will be reviewed with Student-Teachers upon placement commencement. Student-Teachers will be supervised by staff at all times and interactions will be monitored on an on-going basis. Documentation of the initial review will be available for inspection in the student file. Sample submissions of compliance will be in conjunction with college requirements depending on the level of student placement. Compliance of the

program statement will be in collaboration with the classroom host teachers who will model, coach and guide the student. Reflective practice will provide additional insight to support student development. Contravention of the Program Statement will be addressed immediately in a manner to support children and student learning. At no time will a child be at risk since student-teachers are always supervised. In the event any aspect of a prohibited practice (i.e. inappropriate tone of voice) is innocently initiated by a student-teacher corrective action will occur. If a student-teacher is considered to be inappropriate in any way the student will be re-assigned as per College policy.

### **Compliance/Contravention of Program Statement**

Promoting a holistic developmental approach as presented within the Program Statement in accordance with the Child Care Early Years Act, is fundamental to the role of educators and staff. Compliance is required based on the shared understanding of children, families and educators within the learning environment. In the event that aspects of the role present challenges for compliance and implementation staff will: discuss and document a plan with the Manager that will include but is not limited to: identifying what skills are required for development and devising a plan for achievement. This may take the form of expanding resources, additional training including course work, etc. It is expected that staff are committed to the tenets of the program statement and the personal investment of life-long learning required. In the event that solutions remain unattainable the non-compliance will be viewed as performance issues and addressed by the Manager and Human Resources.

### **HOURS OF OPERATION**

The child care centre is open 7:15-5:30 Monday to Friday, twelve months a year with the exception of the observance of all statutory holidays and a planned closure period during the Christmas period.

**The centre is licensed by the Ministry of Education to provide:**

**Full and Part-time care for:**

**Two Toddler/ Infant Rooms, each are licensed for 10 Toddlers (12 to 30 months) or alternate capacities of 6 Infants**

**Two Pre-school Rooms, licensed for 16 and 24 Children (2.5 up to 6 years)**

**Mackenzie Health Child Care & Early Learning Centre serves children from twelve months up to six years of age.**

## **Director's approval has been granted for mixed age grouping pursuant to ss.8 (2) and (3) of Ontario Regulation 137/15**

Ontario Regulation 137/15

8(2) A director may give approval for a child care centre to use mixed-age grouping for any licensed age group set out in Schedule 1.

8(3) Despite clause (1) (c), where a director has approved the use of mixed-age grouping for a licensed age group, the requirements applicable to the group in the following situations respecting the matters mentioned in sub-clauses (1) (c) (i), (ii) and (iii) shall be determined as follows:

1. If a licensed toddler or preschool group,
  - i. includes no more than 20 per cent children from a younger age category, the requirements set out in Schedule 1 for toddlers or preschool children apply, and
  - ii. includes more than 20 per cent children from a younger age category, the requirements set out in Schedule 1 for the youngest child in the group apply.

Children are grouped by age so that broad similarities in interest, ability and attention span may be considered in program planning, physical space and equipment.

However, the use of mixed age grouping allows for the exercise of other options.

Mixed age approval may be granted by a Ministry director to allow children from one age group to transition into the next older age group in a way that is responsive to the developmental progression of each child and to provide flexibility with regard to enrolment.

Subsection 8(2) allows mixed age grouping to be used in more than one room in each age category.

In toddler and preschool age groups, a licensee who has been granted approval for the use of mixed age grouping can include no more than 20 per cent younger children in a licensed age group, based on licensed capacity for that group.

When the number of younger children in a group exceeds 20 per cent of the licensed capacity of that group, more adult support is necessary, so use of the ratios, maximum group size and proportion of qualified employees for the youngest child in the group is required.



Mackenzie Health Child Care and Early Learning Centre offer services for children with unique developmental needs. The ability to accommodate children is based on the nature of the need, the child care services and community resources and support services.

Although the Centre licenses for 60 child care spaces, a significantly larger number of children utilize the spaces over a 12 month period. As mentioned, Mackenzie Health subsidizes the financial operation of the program. Parent fees are a major source of revenue for each child care space, however parent fees do not cover the program costs of the level of care offered. Full co-operation among all Mackenzie Health Child Care and Early Education Centre stakeholders regarding the implementation of policies will help to ensure the continued high quality of care and maintain the financial viability of the program.

**Fee Assistance:** Mackenzie Health Child Care and Early Education Centre have a Purchase of Service Agreement with the Regional Municipality of York. This enables families who qualify to access fee assistance. Families who wish to apply for fee assistance may do so by contacting:

### **York Region Family & Children's Services**

**Tel. (905) 762-1282 or (905) 762-2096**

## **PROGRAM STAFF**

Mackenzie Health Child Care and Early Education Centre program staff are registered members of the Ontario College of Early Childhood Educators or registered members of the Ontario College of Teachers. Educators have a background in child development and early education. They are selected based on their training and experience. Program staff are responsible for providing direct care to the children and for planning and implementing developmentally appropriate curricula guided by the *Continuum of Development of Early Learning for Every Child Today: A Framework for Ontario Early Childhood Settings* and *How Does Learning Happen? Ontario's Pedagogy for the Early Years*. Program staff gain additional insight by engaging in reflective practice as they assess, observe, document and discuss with their peers and parents. Shared observations and knowledge contribute to developing strategies for program planning, implementation and documentation. Individual interests and an understanding of development of the children are thus reflected in program goals. Pedagogical documentation is submitted for approval and posted for parent review.

Early Childhood Education Assistants provide support services in the program. These staff may be recent graduates and are registered members of the College of Early Childhood Educators or may be continuing their studies in Early Education. They perform many of the necessary tasks involved in the daily operation of the program and assist in the supervision of the children in collaboration with a program teacher. Assistants must also be knowledgeable of the *Continuum of Development of Early Learning for Every Child Today: A Framework for Ontario Early Childhood Settings* and *How Does Learning Happen? Ontario's Pedagogy for the Early Years*.

Ontario Regulation 137/15 58(1) requires child care staff to engage in ongoing professional learning. The College of Early Childhood Educators' framework for Continuous Professional Learning offers educators comprehensive professional development opportunities to remain current of the ever-changing early education landscape. This may involve courses, seminars, workshops, webinars etc. in order to fulfil Ministry of Education and Ontario College of Early Childhood Educators requirements or to enhance their individual teaching skills. As hospital employees, staff are also required to complete a number of Hospital Professional Development learning sessions. All child care centre employees must have a valid certificate in standard first aid, including infant and child CPR, issued by a training agency recognized by the Workplace Safety and Insurance Board.

In accordance with Section 57 (1) all Mackenzie Health Child Care Centre employees undergo a health assessment before commencing employment and have received immunization as recommended by the local medical officer of health. Immunization exemption may apply as per Section 57(3) CCEYA. All preventative health measures including exclusion are in accordance with Mackenzie Health Occupational Health Policies and York Region Public Health. A copy of staff health assessments and immunization records is on file within the centre and Mackenzie Health Occupational Health Unit.

## WRITTEN PROCESS FOR MONITORING COMPLIANCE AND CONTRAVENTIONS:

This provision applies to all policies, procedures and individualized plans under the Regulation.

At Mackenzie Health Childcare & Early Learning Centre everyone (all staff) students, volunteers etc. Is expected to comply with all the policies, procedures and requirements with Ministry of Education and Ontario Child Care & Early Years Act. As well as our Mackenzie Health Hospital Policies and Procedures before starting employment and reviewing/updating any other time substantive changes have been made to the policies and procedures. (Updates, reviews or revisions) A copy of the initial/annual review monitoring is maintained in the staff file, student or volunteers file. Any other sign-offs will also be kept in staff, student or volunteer's file as on-going monitoring occurs for each staff, student or volunteer.

In addition to the above Ministry required legislation the additional following policies and procedures as well as the student/volunteer role in relation to these policies are reviewed (see appendices)

- Cell Phone/Centre Telephone Use
- Dress Code
- Anaphylactic Policy
- Sanitary Practices Policy *\*refer to appendix C and D*
- Waitlist
- Medication Policy and Children's Individualized plans  
(Special needs, anaphylactic allergy, medical needs)
- Program Statement Implementation Policy
- Staff Training & Development Policies & Procedures
- Confidentiality
- Playground Policy
- Supervision Policy & Procedures for Students and Volunteers
- Criminal Reference Check & VSC Policy
- Smoke Free Policy
- Water Flushing
- Health & Safety (Medication, Fire Emergency & Codes)
- Serious Occurrence
- Serious Occurrence Notification Form
- Sleep Supervision Policy
- Parent Issues and Concerns Policy & Procedures
- Emergency Management Policy & Procedures

## How to Monitor and Who:

The supervisor or staff delegate will monitor on an on-going basis through spot checks and daily observations made by the supervisor or staff delegate to see that everyone is adhering to all the policies and procedures. Monitoring will be documented at these times and a copy of the monitoring will be maintained by the supervisor in a log/record book or separate record sheet placed into each staff, student or volunteers file. Each employee will be observed, and performance appraisal conducted on them during the year. The logs/record will contain the dates of the reviews/spot checks/observations. Summaries of concerns/complaints and a note indicating.

The faculty advisor will collaborate with the assigned classroom host teacher regarding the student's progress in relation to setting appropriate goals, learning plans, addressing challenges and facilitating student success and to be in compliance.

## Compliances or Contravention of Policies and Procedures:

Everyone all staff, students and volunteers is expected to comply with all policies and procedures and all requirements with the Ministry and CCEYA Act. Failure to comply could result in a verbal warning, a written warning or dismissal. Other action as deemed appropriate by the supervisor, including, but not limited to, the person not being permitted on the premises.

When action is necessary, it will be taken immediately by the supervisor or Human Resources (if needed) in the case of employees, students, volunteers and others and by the owner (upper management) in the case of the supervisor. Depending on the nature of the contravention is which action will need to be put in place.

Example: 1. Staff not submitting daily program/documentation

The Supervisor will have a verbal for the first incident and second time a written will be in their file. If it still persists and in the event the solution remains unattainable the non-compliance will be viewed as performance issues and addressed by the Manager and Human Resources.

2. Staff uses form of punishment with a child.

At no time will a child be at risk, corrective action will occur and the staff will be dismissed effective immediately.

Each contravention will be viewed and discussed with the Supervisor and appropriate members according to the severity as mentioned above. If the staff, students or volunteers require additional support through coaching and or mentoring to help assist with compliance in example: tone of voice or programing. The supervisor or staff delegate can help assist and provide proper resources and role modelling to achieve success.

Implementation is monitored by the child care centre supervisor/designate.

Policy implementation is effective immediately upon commencement of work, placement and evaluations and revisions will occur annually or as required per each individual policy change and or revisions. In addition, any Individual Care Plans will also require to be viewed at any point of time a change is made/added to the original ICP. (Before start with child/ren).

The records of compliance or contraventions are kept in the office for at least three years from the date of creation.

## PARENT ISSUES AND CONCERNS POLICY AND PROCEDURES

Name of Home Child Care Agency: Mackenzie Health Child Care & Early Learning Centre  
Date Policy and Procedures Established: September 2017

Date Policy and Procedures

Updated: \_\_\_\_\_

### Purpose

Mackenzie Health Child Care & Early Learning Centre is committed to being accountable for our program and services by responding to and resolving client/parents or guardian complaints.

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

All complaints will be treated with fairness, integrity and respect with consideration to Mackenzie Health Child Care legislative requirements and values.

Please note, it is not always possible to ensure that a client/parent or guardian is satisfied with the outcome of a complaint. Mackenzie Health Child Care Centre is bound by policy and legislative requirements by the Ministry of Education/Youth and Family Services, Public Health of York Region and Mackenzie Health Hospital Services.

### Definitions

**License:** A document issued by the Ministry of Education to a licensee providing the authority to operate a specific child care program.

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

**Child Care Provider:** The individual with which the child care has established an agreement for the provision of child care in the child care centre.

**Supervisor:** A person, who plans and directs the program of a child care centre, is in charge of the children, oversees staff, and is responsible to the licensee. This person must meet required qualifications.

Staff: Individual employed by the licensee

Ministry Program Advisor: As a program advisor they conduct licensing and compliance inspections. They follow legislative requirements and ministry policy; identify & address health safety issues; recommendations for corrective action and best practices to enhance the quality of care.

### Policy

At all times, clients/parents or guardians are encouraged to voice any questions regarding Mackenzie Health Child Care and the care of your child/ren. Our goal is to resolve most issues at the first point of contact.

Parents/guardians are encouraged to take an active role in our child care and regularly discuss what their child(ren) are experiencing with our staff and child care providers. 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. We 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 Mackenzie Health Child Care & Early Learning Centre and will be addressed. Every effort will be made to address and resolve issues and concerns to the satisfaction of all parties and as quickly as possible.

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

An initial response to an issue or concern will be provided to parents/guardians within that day if possible or within 7 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. If a client/parent or guardian has any concerns or questions please contact the staff who are working directly with your child/ren. Every effort when possible will be made by staff to resolve complaints directly with the client/parent or guardian. Staff from time to time may have to liaise with other colleagues to gather necessary information to respond effectively to the concern raised.

In more complex situations or if the staff member is unable to answer the question or handle your concern, you will be directed to meet with the Supervisor and/or put your concern in writing and give it to the Supervisor. She/he may set up a meeting with you. If it is regarding a policy matter, the Supervisor will bring it up at the meeting with Hospital Board/ and or Ministry of Education.

If the complaint is of a more serious nature or you are not satisfied after having spoken directly with the Supervisor, you will be encouraged to speak with the Director. Clients/parents or guardian will be required to submit in writing any complaint and/or concern that is of a serious nature or is being presented to Ministry of Education or the Director.

If the complaint involves allegations of a serious nature against a staff member, for example professional misconduct, dishonesty, abuse or criminal behaviour. The complaint should be made in writing and directed to the Director/Supervisor. In such cases the Supervisor action's not limited to but may include contacting child protection services, initiating a formal disciplinary procedure at the College of ECE or contacting the police for a criminal investigation.

Unresolved parent serious complaints are Serious Occurrences and will be followed up by the Supervisor as such.

Where required complaints will be documented in writing. All complaints deemed serious will be required to be in writing. Client's/parents or guardian's complaints will be acknowledged within 7 business days. The complaint will be investigated and documented. Client's/parents or guardians will be kept informed where allowed by law the status of their complaint. Clients may be asked to meet directly with appropriate members. Final responses and/or solutions are provided to the client/parent or guardian for feedback or discussion.

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, child care providers, other persons in the child care premises, 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 agency 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, child care provider and/or staff feel uncomfortable, threatened, abused or belittled, they may immediately end the conversation and report the situation to the child care agency head office.

## 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>

In general, anytime a person sees a situation that is abusive to a child she/he has an obligation to report it directly to the Children’s Aid Society. See Child Abuse Policy for more details.

## Procedures

<b>Nature of Issue or Concern</b>	<b>Steps for Parent and/or Guardian to Report Issue/Concern:</b>	<b>Steps for Provider, Staff and/or Licensee in responding to issue/concern:</b>
<b>Program-Related</b> E.g: schedule, toilet training, indoor/outdoor program activities, menus, etc.	Raise the issue or concern to: -the child care staff directly or -the Supervisor or licensee/Director	-Address the issue/concern at the time it is raised; or -Arrange for a meeting with the parent/guardian within 7 business days.
<b>General, Agency- or Operations-Related</b>	Raise the issue or concern to the Supervisor or the licensee/Director	Document the issues/concerns in detail.  Documentation should

<b>Nature of Issue or Concern</b>	<b>Steps for Parent and/or Guardian to Report Issue/Concern:</b>	<b>Steps for Provider, Staff and/or Licensee in responding to issue/concern:</b>
E.g: fees, placement, etc.		include:
<p><b>Provider-, Staff- and/or Licensee-Related</b></p> <p>E.g: conduct of provider, home visitor, agency head office staff, etc.</p>	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> <li>-the individual directly or</li> <li>- Supervisor or the licensee/Director</li> </ul> <p>All issues or concerns about the conduct of the provider or staff that puts a child’s health, safety and well-being at risk should be reported to the agency head office as soon as parents/guardians become aware of the situation.</p>	<ul style="list-style-type: none"> <li>-the date and time the issue/concern was received;</li> <li>-the name of the person who received the issue/concern;</li> <li>-the name of the person reporting the issue/concern;</li> <li>-the details of the issue/concern; and</li> <li>-any steps taken to resolve the issue/concern and/or information given to the parent/guardian regarding next steps or referral.</li> </ul>
<p><b>Related to Other Persons at the Home Premises</b></p>	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> <li>-the child care provider directly or</li> <li>-the home visitor and/or licensee, Supervisor/Director</li> </ul> <p>All issues or concerns about the conduct of other persons in a child care premises that puts a child’s health, safety and well-being at risk should be reported to the agency head office as soon as parents/guardians become aware of the</p>	<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 that same day and/or 7 business days or as soon as reasonably possible thereafter. Document reasons for delays in writing.</p> <p>Provide a resolution or</p>

Nature of Issue or Concern	Steps for Parent and/or Guardian to Report Issue/Concern:	Steps for Provider, Staff and/or Licensee in responding to issue/concern:
	situation.	outcome to the parent(s)/guardian(s) who raised the issue/concern.
<b>Student- / Volunteer-Related</b>	Raise the issue or concern to  -the person responsible for supervising the volunteer or student or -the Supervisor and/or licensee/Director <b>Note:</b> All issues or concerns about the conduct of students/volunteers that puts a child's health, safety and well-being at risk should be reported to the agency head office as soon as parents/guardians become aware of the situation.	

**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 Stav D'Andrea Chief Human Resources Officer.

Issues/concerns related to compliance with requirements set out in the Child Care and Early Years Act., 2014 and Ontario Regulation 137/15 must 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:**

Mackenzie Health Child Care Centre- Supervisor- Louise Dinunzio @ 905-883-1212 Ext# 3996

Mackenzie Health- Stav D'Andrea: Vice President, People Services and Chief Human Resources Officer @ 905-883-1212 Ext#7594

York Region Public Health: 1-877-464-9675 or Health Connection: 1-800-361-5653

College of ECE: 1-888-961-8558 [www.college-ece.ca](http://www.college-ece.ca)

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

Fire Department Richmond Hill: 905-883-5444

York Regional Police Richmond Hill: 905-881-1221 Ext# 7200

## STUDENTS AND VOLUNTEERS

From time to time, there will be Early Childhood Education students from Community Colleges and Universities in the Centre. Field Placements are invaluable to the development of teaching skills of early childhood educators. We are pleased to provide this opportunity to the community. All students are carefully selected by the centre staff in collaboration with their institute of learning and the Child Care Centre Manager. Students are supervised by child care centre employees at all times they are in contact with the children. They do not have unsupervised access to children nor may they be counted in staffing ratios.

## CRIMINAL REFERENCE CHECK

All licensed child care programs are required to obtain a Criminal Reference/Vulnerable Sector Check for any individuals considered for employment or for students/volunteers participating in the operation of the program. This screening applies to all individuals 18 years of age or older who will be in direct contact with the children at Mackenzie Health Child Care and

Early Education Centre. A vulnerable sector check is a precautionary measure that is used to help ensure the safety and well-being of children and the suitability of individuals involved in the care of children. The centre would terminate an employee if the check identifies past convictions that cause the organization to believe the individual is unfit to work with children.

Ontario Regulation 137/15 60 requires “every licensee of a child care centre shall obtain a vulnerable sector check from:

- a) every employee, before the person begins their employment; and
- b) every volunteer or student who is on an educational placement with the licensee, before the person begins interacting with the children at the child care centre.

The licensee may accept a copy of a vulnerable sector check instead of the original document for volunteers or students except that,

- a) if more than 6 months but less than 5 years have passed since the day the vulnerable sector check was performed, the volunteer or student must also provide an offence declaration that addresses the period since that day; and
- b) the licensee may not accept a copy of a vulnerable sector check if more than 5 years have passed since the day it was performed and, in this case, the volunteer or student must provide a new vulnerable sector check or copy.”

## THE DAILY PROGRAM

As the child enters the playroom, s/he is greeted by an educator and then given the freedom to explore the various learning activities and discovery centres that have been prepared to promote exploration, play and inquiry. Pedagogically known as the “third teacher”, the environment, its contents and its accessibility play an integral role in the learning process. Within the classroom learning environment activities and discovery centres evolve according to the needs and interests of the children to offer a variety of responsive learning materials. The learning environment must also maintain a sense of familiarity in order to provide the security and comfort required by the young learner. Discovery centres are arranged to provide an organized set of developmental materials which challenge the child’s skill levels and emerging abilities. An educator is always nearby to observe the

child's self-initiated activity and to be a co-learner in the experience. The educator becomes involved in the activity to lend support, challenge thinking and to extend inquiry-based learning.

A calming atmosphere and large periods of time promote interest through a variety of materials and concrete experiences. The teacher's role is to set the stage for exploration and discovery as new opportunities are provided. Concepts and language is developed by sharing information, suggestions and open-ended questions while responding to the child's interest, ability, progress and needs.

Outdoor active play provides an extension for active engagement of classroom concepts and is an integral part of the program. The children participate in this activity on a daily basis. During the fall/winter season the children go outside late morning when the temperature is warmer. In the summer, early morning and late afternoon time is appropriate in order to avoid the heat and sun. The program schedule times of playroom discovery and outdoor active play are interchangeable according to weather conditions.

Scheduled outdoor active play periods are a regulation of the Child Care and Early Years Act. Attending children must always arrive with suitable clothing for the outdoors. Often the weather may be quite unpleasant in the early morning but will change as the morning progresses. Please ensure your child arrives with weather-suitable clothing. Unless a weather advisory is issued regarding extreme heat or cold the children will participate in outdoor activity. Common sense, based on the condition of the children will dictate if any variation in the length of outdoor time period requires adjustment.

At times, following an illness, parents may request that their child remain indoors. Unfortunately, we are not able to accommodate this request. Full staffing ratios are required on the playground for safety purposes.

During arrival and dismissal periods the children are received and supervised in an integrated situation. These are not curriculum periods but rather reception and dismissal times as teaching staff arrive and depart according to their scheduled shifts.

## HOSPITAL LEARNING OPPORTUNITIES & ACTIVITIES OFF PREMISES

On-site hospital service areas offer additional "third teacher" learning opportunities for the children. Areas such as the mailroom, food services, pharmacy etc. are excellent sources of interest to the young learner. These excursions are well planned, considering potential learning outcomes based on

curriculum or may be an opportunity to participate in a specific hospital event or interest. These opportunities contribute to the child's sense of belonging within our wider hospital community. Parents will be notified in advance regarding specific activities. All activities will be **limited to the premises of Mackenzie Health Richmond Hill site** as per the signed consent form required at registration. Any neighbourhood walks indicated on the consent form refer to the municipal sidewalk areas around the periphery of the hospital property. Preference will be confined to hospital grounds, however at times the hospital premises can be quite busy, the municipal sidewalk may be utilized for safety reasons.

## THE DAILY SCHEDULE

The following provides an outline of the daily program schedule. Blocks of time are devoted to curriculum activity periods and outdoor active play periods. As previously stated the times must remain flexible due to the needs of the children as well as seasonal and daily weather conditions.

## TODDLER SCHEDULE

Welcome & Daily Health Inspection as Children Arrive	7:15-8:00
Early Morning Playroom/Early Nourishment/ Children received in Classrooms	8:00-8:30
Discovery Centres Small Group Activity	8:30-9:45
Outdoor Active Play	9:45-10:45
Cloakroom/Washing hands	10:45-11:00
Story/Music	11:00-11:15
Toddler Lunch	11:15-11:45
Toddler Rest	11:45-1:45
Washroom Routine Afternoon Nourishment	1:45-2:15
Outdoor Active Play	2:15-3:15
Late Afternoon Activity Ongoing Dismissal From 3:30 P.M.	3:15-5:30

## PRESCHOOL SCHEDULE

Welcome & Daily Health Inspection as Children Arrive	7:15-8:00
Early Morning Playroom/Early Nourishment	8:00-8:30
Good Morning Circle/	9:15-9:30
Discovery Centers/Small Group Time	8:30-10:00
Outdoor Active Play	10:00-11:00
Cloakroom/Change Routines	11:00-11:15
Story/Music	11:15-11:30
Lunch	11:30-12:00
Quiet Time to Rest	12:00-2:00
Quiet Playroom	1:00-2:00
Washroom Routine/Playroom/Nourishment to Outdoors	2:00-
Outdoor Active Play/Playroom	-4:00
Late Afternoon Activity Ongoing Dismissal From 3:30 P.M.	3:30-5:30

## DAILY COMMUNICATION

### Toddler and Preschool Programs

Parents are encouraged to speak with the staff to inform them of any important information to be recorded in the Confidential Classroom Communication Book.

We attempt to arrange staffing shifts in order that there is an early and late teacher in each program area. This helps to ensure messages are communicated and parents receive accurate information regarding daily events in relation to their child.

### Daily Contact Telephone Numbers

Please feel free to call the centre at:

(905) 883-1212 Ext. 3813 (Toddler Area)

(905) 883-1212 Ext. 3812 (Preschool Areas)

(905) 883-1212 Ext. 3996 (Child Care Manager)

We are happy to discuss your child's progress and to address your concerns.



Parent interviews may be arranged with the classroom teachers and the Child Care Manager at mutually convenient times upon request.

### Telephone Messages

Please be aware that you may leave a personal voice mail message for the Child Care Manager at (905) 883-1212 ext. 3996.

**Any Urgent Information relating to your child (i.e. change of dismissal person) should be directed to the classrooms at the provided classroom extension numbers and not left as a voice mail on the Manager's line.**

## NUTRITION

A nutritious noon meal and a morning and afternoon snack will be served daily for all children. The menus are posted to assist you in menu planning at home. Children may **not bring any food** into the centre without prior approval. This applies to morning breakfast as well as other times of the day. This rule is due to safety concerns and the fact some children have **serious life threatening food allergies**. It also presents obvious operational difficulties for the other children in the group who do not easily understand why they too are not receiving special snacks or treats. We therefore request that you kindly refrain from bringing food into the centre.

The child care centre does not serve peanut butter, nut butter or pork. **Tree Nuts, Peanuts, PEANUT BUTTER, NUTELLA and a variety of posted foods are identified allergens that can trigger life threatening reactions. If you are serving these products at home we request that you ensure your child is not bringing traces of these products into the centre. (i.e. on hands or face while eating en route etc.)**

If your child has food allergies, milk allergies or is on a special diet, please notify the manager so that arrangements can be made concerning snack and lunch substitutions. Special dietary needs and allergies will be posted in the kitchen and serving areas, as well as each play area or room in which children may be present. In the event your child's dietary needs cannot be met within the centre and it is necessary for you to provide your child's daily dietary needs Ontario Regulation 137/15 Nutrition 4:2 must be followed.

Ontario Regulation 137/15 Nutrition: 4:2 44 states ...that where special dietary and feeding arrangements have been made with respect to a child receiving child

care ... the arrangements are carried out in accordance with the written instructions of a parent of the child. And 42(2) 1: where food or drink or both are supplied by a parent of a child receiving child care, the container for the food or drink is labelled with the child's name.

All food and drink is stored, prepared and served so as to retain maximum nutritive value and prevent contamination.

Parents may wish to make special dietary and feeding arrangements with the licensee regarding food/drink in order to meet the individual nutritional needs of their child. This may include an arrangement where the parent chooses to provide the meals and/or snacks for the child, or the parent supplements the meals and snacks provided by the licensee.

Where a child requires special foods and/or feeding arrangements at meal times and/or snack times, it is important that the expectations and responsibilities of both the licensee and the parent are clearly set in writing.

For each child identified as having special feeding or dietary arrangements, written instructions from a parent of the child will be kept in the child's records. Parents need to make the manager aware when there are any changes to the written instructions.

## BIRTHDAY PARTIES

York Region Public Health Department requires all food served in licensed child care centres to be prepared in a government inspected approved source. This factor combined with the above mentioned food allergens restricts the allowable products served in the centre.

Although we like to acknowledge your child's special day we must keep the celebration very simple in the child care centre. **Elaborate parties and Loot Bags should be confined to home and family celebrations since safety and suitability issues may present problems in the child care centre.** We appreciate your cooperation in restricting festivities to your home party celebration.

## CLOTHING

Your child's safety and comfort are important considerations when selecting appropriate clothing for child care. Health Canada advises parents to **remove**

drawstrings and warns parents of the dangers presented with loose fitting clothing.

Simple clothing, free of complicated fasteners helps to foster the child's sense of independence. Young children engage in a variety of sensory activities. Comfortable, washable clothing is recommended.

Clothing suitable for the weather is required on a daily basis.

- **NON-SLIP, CLOSED SHOES ARE COMPULSORY.**
- **SANDALS ARE NOT CONSIDERED SAFE FOOTWARE.**
- **PLEASE CLEARLY LABEL ALL CLOTHING AND PERSONAL ITEMS**

## EXTRA CLOTHING

It is necessary for each child to have a complete change of appropriate clothing available. Items should be clearly marked to prevent loss or confusion with the belongings of other children. If it is necessary for your child to borrow child care clothing it is the responsibility of the parent to return the freshly laundered items to the centre on the **next scheduled attending day**. It is a Public Health requirement that parents launder soiled clothing.

## BLANKETS

Parents are requested to provide a blanket for their child for resting. Individual cots and sheets are provided for the Toddler and Preschool children. Pillows and bottles at rest time are not recommended for safety reasons. A special sleep toy is welcomed.

## DIAPERS

Parents of children who are not yet toilet trained provide their own supplies which may include diapers, lotions, wipes etc. Please ensure that an adequate supply of diapers is on hand at all times. All items must be clearly labelled and are for your child's personal use.

## TOILET TRAINING

To help ensure a successful experience a supply of labelled training pants and extra clothing is to be provided for children who are in the toilet training stage. Public Health guidelines must be followed during this stage. Training underwear must be covered with a waterproof pant that prevents leaks. Staff and parents will work closely to ensure that training is a consistent and positive experience for the child. We recommend that you begin this process at home. Once your child has experienced consistent repeated success in the secure home surroundings this process can easily be transferred to the child care environment. A reminder that the Toddler fee will be charged until the child is fully toilet trained.

## TOYS FROM HOME

We discourage children bringing toys, costumes, gum, candy, money, etc. from home. These personal items tend to create confusion about ownership and sharing and more importantly **can present safety & operational difficulties**. We are very fortunate to have an extremely well-equipped child care centre. Our materials have been carefully selected for their educational and play value. We therefore ask you to support our request regarding costumes and toys except on posted special occasion days.

We make exception for toys or items which have special emotional significance for the child. Examples of such items are teddy bears, books or blankets which may help the transitioning child to feel comfortable when away from his/her familiar surroundings.

## PROGRAM EVALUATION AND DEVELOPMENT

The Child Care and Early Learning Centre is inspected by the Ministry of Education. We are very proud of our ability to successfully meet Ministry requirements as directed by ever evolving legislation that responds to the needs of families and children in the province. The Child Care Quality Assurance and Licensing Branch has licensing responsibility within the province.

On-going accountability is maintained through an extensive reporting system. Monthly statistical information and analysis of the child care service is gathered to determine program changes and needs. Programs are re-evaluated regularly to reflect changes within the Early Years Act and research in early childhood education. Staff are required to attend regular training sessions to keep informed of current trends and practices. The centre also fulfils the legal and operational requirements to qualify for a Purchase of Service Agreement with York Region Children's Services.

As a department of Mackenzie Health, the child care centre is involved in the accreditation process implemented by the Ontario Hospital Association. The operation of the program is evaluated using environmental assessment tools such as the Harms and Clifford Environmental Rating Scale. This helps us to identify areas which may require improvement.

Input received from our clients is the most important source of feedback. We welcome your comments and invite you to share your questions and concerns. This helps us to be responsive to the needs of our child care families. All of these avenues of evaluation help to ensure quality is maintained in the program.

## WAIT LIST POLICY

Mackenzie Health Child Care & Early Learning Centre serves children from 12 months up to six years of age. When there is a vacancy in a group, we accept a new child from the Waiting List according to the following priorities:

- Siblings of children already enrolled
- Children on a “break in service” (maternity/parental/adoption/medical leave, etc.)
- Other children on a first-come, first served basis

There is no charge to families to put or keep your child on the waiting list.

However once your child is officially offered a secure space in the child care centre, if you would like to accept it, you will be required to pay an enrolment fee of \$200.00 which will be applied to your child’s fee for the first month of attendance.

Thank you for your interest in adding your name to our waiting list:

Provide the following information for your file on the waiting list:

- Parents first and last names
- Best contact telephone number(s) and or email addresses
- Your expected start month
- Your child’s name

Date of Birth (unborn child may be added to list with expected month and year of birth)

Here is how the waiting list works:

1. Call or email the centre to add your name to the waiting list.
2. The day you call, leave a message or send your email will be your seniority date on the waiting list.
3. Provide the required information for your file on the waiting list: be mindful and strategic of your expected start month, you may also put the

earliest start month you will consider for e.g You are willing to start in March but you really need a space for May.

4. If there are any changes to your contact information, please contact the centre to update your file.
5. There is no specified length of time that you need to be on the list to be offered a space.
6. Spaces are created when a family or child leaves the centre. There is no specific time however the months of July, August and September have the most movement; spaces can be available at any time of the year and at point in the month.
7. We are usually able to contact families 4-6 weeks before any given space, as parents are only required to give us 1 months' notice of their withdrawal.
8. Only once the withdrawal is confirmed in writing can we begin to find a family for the space.
9. With all spaces available, the centre Supervisor will call the family that is eligible (based on the above priorities) to start in the age group. Even if the month you specified has already passed if your child is within the age group of the room they will be offered a space.
10. Once a family is called from the waiting list they are given a specified time frame to return the call and express continued interest in the space available.
11. From the families that return our call with in the specified time, the family with the highest seniority date will have first official refusal of the available space.
12. If a child is offered a space for an age group we will let you know the likely hood of them moving over to the next age grouping, for e.g if your child enters the toddler room at 28 months there may or may not be a space for them in the preschool room right at 30 months however we will be able to give you a sense of when they will be able to move and the possibility.
13. Once your child is officially offered a space, if you would like to accept it, you will be required to provide a non-refundable enrolment fee of \$200.00. This will be applied to your child's fee for their first month of attendance.

14. For all other families that express continued interest in a space and are not successful will be contacted to let them know that another family has filled the space.
15. If you are called for a space and do not wish to take it at the time, your place/seniority on the waiting list remains the same.
16. You may call at any time to change the information for your file with no consequence for e.g. moving from Toddler list to the Preschool list.
17. You will remain on the centres list until you have asked us to take you off.

### How to Provide For Parents:

When a parent calls, emails or walks in asking where their place is on the waitlist. The supervisor or a delegate can provide the information through the following, an email or telephone call as to their position. Example; they are number five on the list, or they have five families before them. Through verbal or written communication so that the parents can ascertain as to their position for their child/children.

## REGISTRATION & FEE POLICIES

### Registration Procedures

Children must be registered with the Child Care Manager or Designate. An intake interview and tour of the centre is arranged in which information is shared regarding the centre and the child entering the program.

#### **Completions of several forms are required including:**

- General application
- History of communicable disease
- Medical/immunization
- Consent/emergency contact
- Written Instructions for Sleep/Rest
- Special Dietary/Feeding Arrangements in Writing

These forms must be completed in full and returned prior to admission to the centre. The information on the forms are requirements of the Early Years Act.



The centre must be notified **in writing** regarding any change of daily whereabouts, telephone numbers, address, location of employment, emergency contact person(s). It is also imperative parents provide the centre with any **updated immunization** information.

Please understand the person(s) you list as emergency contact or release person(s) will be required to pick up your child in the event of an emergency, illness, or late dismissal if you cannot be located. Emergency contact person(s) must be informed of their obligations and must be fully prepared to assume responsibility for your child in the event we need to call upon them. **It is your responsibility** to ensure all requirements are met with your emergency contact person(s). In the event you cannot be located your child will be dismissed to the designated person(s).

### Registration

Children may be registered in the program on the following basis:

#### Full-Time Care

Full-time spaces are available on an **ENROLMENT NOT ATTENDANCE** basis. The full-time monthly fee is applied to children registered 5 days per week. Therefore the monthly rate is calculated for each working day, Monday to Friday regardless of attendance. There is no credit for illness, holidays or absent days. **Parents are required to pay for statutory holidays.**

A monthly booking form is required. Parents must indicate which days their child will be in attendance and arrival / dismissal times for staffing purposes.

#### Part-Time Care-Scheduled Days

Children may be enrolled specific days of the week on a part-time basis i.e. every Monday/Wednesday/Thursday. Part-time enrolment is based on two or three days per week. Part-time spaces are matched with a part-time counterpart in order that the space (5 days) is fully utilized. These regularly scheduled days are offered on an **ENROLMENT NOT ATTENDANCE** basis. Thus scheduled days are guaranteed spaces. Parents are responsible for payment regardless of attendance. Unfortunately the centre cannot accommodate changing days for absences due to illness or vacation. **Parents are also responsible for payment for any statutory holidays which may fall on a scheduled day.**

## ORIENTATION OF CHILD AND PARENT

It is important to introduce your child to the centre in a manner which will facilitate a gentle separation from you and provide a positive introduction to the centre.

- 1) Introduce your child to the program gradually. One or two brief happy visits to the centre are recommended. A positive time in the playroom, engaged in activities with the parent helps to reassure the child in the new environment.
- 2) During your second visit gradually focus your attention on another activity. When the child senses that s/he is not being closely observed, s/he will usually begin to relax.
- 3) On the actual start date, when it is time to leave, the parent should say goodbye and then depart. If the child cries at the moment of separation, s/he will seldom continue for more than a few minutes after the parent is out of sight. If s/he has been given time to get acquainted with the teacher, s/he will usually be happy to stop crying and will be comforted by the teacher.

It is normal for a child to experience a period of adjustment. Feel free to call the centre to inquire on your child's progress at any time.

## TERMINATION OF ENROLMENT - CHANGE IN STATUS

Parents are required to notify the centre in writing one month in advance in the event of termination of enrolment or change in status or request of enrolment days. Parents are required to honour the current month of enrolment for which they have scheduled or have booked and received confirmation. The centre cannot accommodate change of status within a current month i.e. change from full-time to part-time.

Parents who require an extended absence can secure their child's spot by providing an additional minimum of 2 days per week for the month as a security deposit.

Please Note: Your payment guarantees a place for your child(ren) at the Centre. If your child does not attend because of illness, vacation, or leave of absence it is still the parents' responsibility to provide payment.

## ARRIVAL/ DEPARTURE AND ATTENDANCE POLICIES

### Days and Hours of Operations

The centre is open Monday to Friday from 7:15 a.m. until 5:30 p.m. The centre is CLOSED on Statutory holidays and during a planned Christmas Holiday closure.

### Attendance

In the event your child will not be attending on any scheduled day we request you inform the centre as soon as possible. This applies to full-time and part-time children. This request is imperative for staffing purposes and for the scheduling of the children in the centre. If at all possible, the space you do not use will be utilized by another child. This helps the centre to fulfil its mandate, to maintain financial viability and to keep the cost of care affordable for all clients.

### Planned Closure Periods

The child care and early learning centre closes for the Christmas Holiday period. Traditionally this has applied from Noon Christmas Eve to New Year's Day inclusive, depending on which days the actual holidays occur. The closure period is a cost saving factor which assists in the overall operation of the program. Child care staff have scheduled holidays during this period thereby reducing staff replacement costs. There is no child care fees charged during the Holiday Closure Period. Full fees including the statutory holiday are charged for the month of January. This closure period offers families a relaxed time together. Children and staff return with a sense of renewal.

### Arrival

Beginning at 7:15 a.m. Staff will be prepared to assist children to separate gently from parents and become involved in activities. Arrival is on-going until approximately 9:15 a.m. If your arrival time is after 9:15 a.m. we ask that you inform us since many aspects of the daily program schedule are influenced by child/teacher ratios.

### Departure

By 5:30 p.m. Dismissal time is on-going from 3:00 p.m. to 5:30 p.m. Children will only be released to parents or to designated individuals (stated at the time of enrolment). If planned alternate arrangements must be made, please notify the Child Care Manager or Designate in writing. In the event there is an unexpected change in the person arriving for your child's dismissal please notify the classroom educator directly or call the classroom extension (3812 or 3813) to leave instructions. In the event a child remains after the 5:30 closing time a late fee will be applied. (Please see late dismissal policy)

Once your child has made the initial adjustment to the program we ask your cooperation in planning a timely arrival/dismissal routine. This is in the best interest of your child. Prompt separation in the morning helps the child to adjust more readily to the morning routine whereas a prolonged separation may only increase the child's anxiety.

Dismissal can also present special challenges as children are tired from a long busy day of sustained social interaction. Some children become anxious as they observe their friends leaving with parents. We appreciate your cooperation in signing your child out and notifying the teacher of your departure. A brief exchange of information between you and the teacher regarding your child's day is appropriate. Please be aware if you require detailed information a telephone call or an arranged interview time is preferred. As you can appreciate, staff are supervising the group and providing reassurance to those children who are remaining that their parents will arrive shortly.

### LATE DISMISSAL

The last hour of the day can be very difficult for the young child for the following reasons:

- the child has been engaged in a sustained social situation for an extended period
- the child is aware that other parents have arrived for dismissal
- the child, like the adult requires "down time" since s/he is too tired, hungry and wanting to be in his/her own environment

For these reasons magnified by the fact that the child is eager to be reunited with family dismissal time is very important. If you know you are going to be detained, please notify the centre immediately so that we can reassure your child. Since funding does not allow our staff to be paid overtime and since child care staff also have a range of personal commitments a late fee of \$1. Per minute is charged for any child remaining on the premises after 5:30 PM. This is to be paid directly to the staff on duty. It is not money collected as a portion of the centre's operational revenue and a receipt from the centre will not be issued.

Late pick up is a great inconvenience to staff. We request your co-operation in observing the closing time of 5:30 p.m. We do recognize saving ten minutes is not worth risking an accident. Please drive safely and plan differently next time. Parents who repeatedly arrive after 5:30 p.m. (3 occasions) will be required to withdraw their child from the program.

## PARKING

Parking requires the cooperation of all parents. There are designated drop-off spots provided for child care centre parents. Please be mindful that these spaces are limited and plan for a timely arrival and dismissal. If you wish to discuss your child's progress it may be wise to call during the day or to arrange a meeting with the classroom teacher. If you anticipate staying in the centre for any length of time, kindly park in the main parking lot in order that other families may use the drop-off area. Never park on the Fire Route. The Town of Richmond Hill will ticket without exception.

## METHOD OF PAYMENT

All parents are required to submit payment with their booking forms at the beginning of the month for the month.

Cheques are to be made payable to: *Mackenzie Health Child Care Centre*

- Cheques may be dated on the dates provided on the lower portion of the booking form. Parents may make the total monthly payment on one of the designated dates or may divide the total payment between the two. It is the responsibility of parents to keep track of days of credit.
- A copy of the booking form will be returned to the parent on a monthly basis.
- Receipts for income tax purposes are issued once a year during the month of February.

### Overdue Accounts

The centre reserves the right to deny access to care for the non-payment of fees. Overdue accounts will be sent to the hospital's finance department for collection. Parents are required to pay a service charge of \$20 for any returned NSF cheques and to make replacement payment with a certified cheque or money order.

### Health Policies and Fees

Parents are responsible to pay the fees for any days a child is registered in the centre. This policy applies in the event a child is ill and cannot attend the program. Fees are also charged if the child has been excluded from the program

by Public Health due to the outbreak of a communicable illness. (see appendices)

## FEES AND PAYMENT PROCEDURE

The fee structure is determined by the administration of Mackenzie Health. The fees are subject to review in order to reflect the program costs of our non-profit centre. The following is the current fee schedule.

### Full-Time Care

The policy on full-time care is based on continuous enrolment. Therefore the daily fee is calculated for each working day, Monday to Friday including absence due to illness and holidays. Full-time users are also required to pay for all statutory holidays since operational costs remain the same. The payment of fees should be completed by one or two cheques, dated on the two dates indicated on the bottom portion of the booking form and submitted to the centre by the first day of each month.

Full-time fees are as follows:

<b>Toddler Care: (12-30 months or until toilet trained)</b>
\$57.00 per day x number of operational days per month plus statutory holiday
<b>Pre-school Care: (If toilet trained 2 ½- up to 6 years)</b>
\$50.00 per day x number of operational days per month plus statutory holiday

### Part-Time Care

Parents are required to pay for all regular scheduled days of care as well as any statutory holidays which fall on a scheduled day regardless of attendance.

Part-time fees for regular scheduled days are:

<b>Toddler Care: (12-30 months or until toilet trained)</b>
\$60.00 per day
<b>Pre-school Care: (If toilet trained 2 ½ up to-6 years)</b>
\$53.00 per day

## HEALTH & SAFETY

### HEALTH POLICIES

The Health Policies of the centre are in accordance with the Child Care and Early Years Act and the Regional Municipality of York, Medical Officer of Health.

Your child's health is a matter of major importance to us. Prior to the first scheduled day of care, you are required to submit the following health related forms:

- Emergency Information
- Health History/Record of Communicable Diseases
- Emergency Consent Forms
- Record of Immunization
- Statement of Conscience or Religious Belief Objection ( if applicable)
- Statement of Medical Exemption ( if applicable)

**NO CHILD WILL BE ADMITTED WITHOUT THE COMPLETED and SIGNED FORMS.**

ONTARIO REGULATION 137/15 35(1) requires children admitted to a child care centre must be immunized according to the schedule as recommended by the local medical officer of health. The child's immunization schedule is maintained in the child's file and a copy is available to York Region Public Health Immunization Services. Public Health has the authority to review the child's immunization record to ensure the child has received all age-appropriate immunizations. In the event there is an incomplete immunization record, the child's parent will be contacted directly by York Region Public Health.

Subsequent reports of further immunization administered to the child must be reported to the Child Care Manager in writing and an updated immunization card is required for the child's file and available to Public Health Immunization Services.

In the event a parent or the medical practitioner of a child objects in writing to the immunization, a copy of the objection/exemptions shall be maintained in the child's file and a copy will be provided to York Region Public Health Immunization Services. Parents of unimmunized children must be prepared to follow any education, exclusion, or documentation instructions required by the province or local public health as well as meet any fee payment obligations to the centre.

### **Daily Health Evaluation of Children for Signs and Symptoms of Communicable Disease**

In accordance with the regulations of The Child Care and Early Years Act 137/15 and York Region Public Health requirements, a daily health inspection is given upon each child's arrival at the centre before the child begins to associate with other children in order to detect possible symptoms of ill health. Your child may be refused acceptance to remain in the centre if s/he appears to have symptoms of illness.

#### **Intent:**

An important step in preventing the spread of disease or infection is early detection. The goal is to: protect the interests of the sick child and to reduce the spread of infectious pathogens.

#### **Procedure:**

Upon arrival the child care centre receiving staff will greet the parent and child and may request information regarding appetite, restless night or any atypical behaviour. The staff will visually observe the child for any apparent symptoms of illness. Staff will refuse admittance to any child who presents or is reported to have experienced any symptoms of illness including but not limited to: fever, undiagnosed skin rash or infection, any discharge from eyes or ears severe coughing, acute cold, nausea, vomiting, diarrhea, headache. Children will be required to remain at home until the child presents no symptoms of illness for a full day prior to returning to the centre.

Any symptoms of illness and arrangements for exclusion will be recorded in the classroom daily log book by the receiving staff and reported to the child care manager in order to be documented in the manager's daily log, entered into the centre's symptoms of ill health log and into the child's record.



If a child becomes ill during the day, the parent will be notified and will be required to remove the child from the centre as soon as possible in order to seek the necessary medical care for their child and to reduce exposure of illness to other children. Where possible the child will be separated from the other children. In the event a parent cannot be reached, the emergency contact person will be notified and required to act. It is the responsibility of the parent to ensure all arrangements are made with the emergency person. i.e. medical information, car seat etc. Where it appears that the child requires immediate medical attention, the child may need to be examined by a legally qualified medical practitioner or a nurse registered with the Ontario College of Nurses.

In order to combat the spread of infection, any child who experiences fever, vomiting or any other communicable symptoms anytime within the previous day will not be admitted into the centre. Thus if your child is ill at any point today, s/he will not be able to attend at any point in time tomorrow. This exclusion pattern is in effect until the ill child is fully asymptomatic. In the event of an identified outbreak the exclusion period may be extended (see Appendix A). We also request parents inform centre staff of any illness experienced while not in attendance.

We would appreciate the parent reporting a child's exposure to a communicable illness (such as chicken pox, measles, etc.) When appropriate, information will be posted to inform parents if any child in the program has contracted a communicable illness so that other parents can watch for symptoms. Public Health must be informed of all Reportable Disease.

Infection control in child care is a source of major concern. The enforcement of Health Policies requires the full co-operation of parents. It is your responsibility to make suitable alternate arrangements in the event your child becomes ill. The centre recognizes this may present difficulty; however the centre is not licensed to provide care for ill children. At times, a parent may be required to set aside holiday time in order to meet the challenges presented by the health of their child.

**HEALTH POLICIES AND FEES (PLEASE REFER TO FEE POLICIES)**

## SUNSCREEN

Health Canada cautions us on the need to protect the children from the sun. It is recommended that during the **summer months** children wear:

- A suitable sunhat with a wide brim or flap
- UV-protective sunglasses (please label)
- Appropriate clothing (loose-fitting, long sleeved shirts and pants)

**Sunscreen protection** is also recommended by Health Canada.

Parents are requested to complete a permission to apply sunscreen form and send along a container of sunscreen **CLEARLY LABELLED** with your child's **NAME**.

**PARENTS ARE RESPONSIBLE FOR  
THE MORNING APPLICATION.**

Classroom staff will administer the afternoon application.

Drug Identification Number (DIN) (8 digit # assigned by Health Canada)  
All products containing DINs require a schedule of administration and applicable record keeping. This applies to over-the counter products including medicated ointments and creams. These items must be stored in a locked container and application/administration must be documented.

Never leave Sunscreen, lotions, medications etc. in your child's backpack or cubby. Always place these items in the care of staff to ensure safe and proper storage. Sunscreen must be inaccessible to children at all times. Sunscreen is stored in a locked area and applied & documented on a schedule of administration form.

## ADMINISTRATION OF PRESCRIPTION DRUGS

Reviewed and Revised 2017

**For safety reasons, the act strongly encourages all medications to be administered by the parent to the child at home. An exception which allows for centre administration of medication is when the treatment schedule is affected while in care. Mackenzie health Child care & Early Learning Centre understands that, from time to time it will be necessary for us to administer prescription medication to your child.**

**Prescription drugs** must be accompanied with written authorization by a parent. Parents are required to **hand deliver** the medication in the **original** container to the staff person on duty and to complete a SCHEDULED MEDICATION/TREATMENT RECORD. Parents must indicate the **correct start/stop date**, medication **dosage amount**, **time of administration** and any other pertinent information in accordance with the **original prescription as indicated in the original container provided by the physician/pharmacy**. Medication is administered to a child **only from the original container as supplied by the pharmacist**. Medication expiry dates are checked constantly. **No medication that has expired will be administered; it will be given back to the parents to be disposed of.** The container must be 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)
- Instructions for Storage and Administration

There will be no deviation by administering staff from the prescription instructions nor will child care staff administer medication that has been decanted to another container.

The receiving staff will check the medication label information with the corresponding signed consent on a daily basis. **Parents will complete a new Medication/Treatment Record in the event there is any change to the medication, medication schedule, dosage etc. Changes must be according to the new pharmacy/physician instruction as indicated on the container or written authorization from the physician.**

All Medication is kept in a zip lock bag with your child's name and clearly labelled. All medication must be stored as directed and kept in a **locked container in the classroom or refrigerated in the toddler room refrigerator. EXCEPTION: Asthma or emergency allergy medication will not be locked. NEVER LEAVE ANY TYPE OF MEDICATION, OINTMENT, SUNSCREEN, OR VITAMINS IN YOUR CHILD'S CUBBY OR WITH YOUR CHILD'S BELONGINGS.**

**All medication forms will be kept in a medication binder in the common room. After completion with the administered medications to a child. The keeping of records includes, documenting the administration of any drug or medication and retaining the documentation of the administration after in the individual child's file.**

The centre is not in the practice of administering non-prescription medications. Children should be free of illness and infection while in attendance. Vitamins are considered drugs and should not be brought into the child care centre

**An exception applies to children who have special medical issues i.e. life-threatening allergies, seizures etc. It is the responsibility of the Parent to ensure they have provided the centre with appropriate medications i.e. Benadryl etc. and to complete a Special Circumstances Medication Treatment Record so that it is available to be administered according to the terms of the Child's Individual Care Plan.**

**Special Circumstance Medication is administered to a child only from the original container as supplied by the pharmacist.** The container must be 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)
- Instructions for Storage and Administration
- Written Instructions and Record Keeping of Special Circumstances Medication

In accordance with Section 40 of Ontario Regulation 137/15 staff must check that the parent's written instructions match any instructions printed on the original container and that the medication has not expired. This helps to ensure correct administration. If the medication is to be administered on an "as needed" basis, the written instructions must clearly indicate the situations under which the medication should be given. i.e. the physical symptoms that must be present, the child's temperature, the behaviour the child must be exhibiting.

Simply indicating "as needed" or "as required" is not sufficient under current legislation.

Reviewed and Revised April 2016.

## ADMINISTRATION OF MEDICATION PROCEDURE

THE FOLLOWING PROCEDURE HELPS TO ENSURE SAFETY AND AVOID THE RISK OF ERRORS WITH RESPECT TO THE ADMINISTRATION OF DRUGS IN THE CHILD CARE CENTRE.

### Procedure

Prescription drugs or medication must be accompanied by written authorization by the parent. Drugs will be administered in accordance with the prescription instructions on the label and the authorization received as documented. Authorization instructions must reflect prescription instructions. Staff will cross-reference the received medication with the completed Medication/Treatment Record on a daily basis. Parents will complete a new Medication/Treatment Record in the event there is any change to the medication, medication schedule, dosage amount, time of administration, expiration etc. Changes must be according to the **new** pharmacy/physician instruction as indicated on the container or written authorization from the physician.

The parent must **hand deliver** the clearly labelled medication in the **original container** and provide written instruction to the appropriate staff. Medication must be stored in accordance with the instructions on the label and kept in a locked container, inaccessible to children at all times ( with the exception of asthmas or emergency allergy medications The designated staff administering medication will wash their hands before and after administering. Medication is dispensed in a well-lit, quiet area with the least possible interruption. Whenever possible, all children receiving medication should receive it at the same hour.

For each child receiving medication, an entry is documented on the Medication/Treatment Record. The designated staff person administering the medication will list **each dose administered, enter the time and initial the form**. If a dose is omitted- documentation is required, reasons will be listed.

**All medication forms will be kept in a medication binder in the common room. After completion with the administered medications to a child.** The keeping of records includes, documenting the administration of any drug or medication and retaining the documentation of the administration after in the individual child's file. For each child receiving medication, an entry must be made on the medication administration form and noted in the daily written record. (later filed in child's file).

Any accidental administration of medication (i.e. dose error) will be recorded and reported to the Child Care Manager, who will then notify the parent. Any left-over medication will be returned to the parent of the child in the original container or be discarded with parental permission.

Drug Identification Number (DIN) (8 digit # assigned by Health Canada)

All products containing DINs require a schedule of administration and applicable record keeping. This applies to over-the counter products including medicated ointments and creams. These items must be stored in a locked container and application/administration must be documented.

## ANIMALS SUBSECTION 3.12

Mackenzie Health Child Care & Early Learning Centre does not accept animals in the program either as pets or in a visitor capacity.

## OUTBREAK POLICY DEFINITION

An outbreak is in effect when there are three or more related cases (i.e. children or staff) with similar signs and symptoms of an infection or illness occurring within 48 hours in the centre OR two or more laboratory confirmed cases, OR

when illness rate exceeds the norm in the child care centre within a short period of time.

Typical Symptoms may include: Vomiting, Nausea, Diarrhea, Stomach Cramps, Fever, General Irritability, Malaise, Headache.

An Outbreak may also be declared in the event of confirmed diagnosis or symptoms of Communicable Illness or Respiratory Infection – Reportable and Non-Reportable

Early detection of signs and symptoms through observation of children's health and full cooperation of parents in keeping ill children at home are crucial to the recognition and control of an outbreak.

*\*Refer to Appendix A and B*

### **Procedure**

In the event of a suspected outbreak, York Region Public Health Services, Infectious Diseases Control Division will be notified immediately at 1-877-464-9675 Extension 73588 After Hours 905 953 6478.

Mackenzie Health Infection Control will be notified. Ext. 4111 Infection Control  
Mackenzie Health Occupational Health will be notified at Ext. 4111 Occupational Health

Mackenzie Health Sr. Administration will be notified.

An Outbreak Management Team will be created consisting of:

- Child Care Manager/Designate
- Outbreak Investigator from Infectious Diseases Control Division (IDCD)
- Child Care Staff, as appropriate
- Food Services/Catering Company as appropriate-
- MH Infection Control/ Occupational Health or other MH Representative as appropriate

The team should consult daily or as often as necessary.

### **Record Keeping will be maintained including:**

An Outbreak Line Listing – this list will chronologically record cases in order of illness onset. All available required information on the Line Listing will be completed. Parents will be notified their child was Line Listed. Parents may need to be contacted to obtain updated, accurate information and to receive information as directed by Public Health.

The Line Listing will be updated daily and any new information will be reported to the Outbreak Investigator. A case will be considered to be resolved if the individual is free from symptoms for 24 hours or as determined by Public Health or MH Occupational Health.

In collaboration with Public Health a Case Definition will be formulated. A Case Definition helps the outbreak investigator identify who is included as a case in the outbreak. A case definition will consist of information about the onset date of illness, symptoms and location of the outbreak. At the onset of the outbreak the case definition may be general, however as the outbreak progresses and the pattern of illness is observed, the definition may be narrowed. Identification of the source or causative agent will be conducted in collaboration with Public Health. This may include sample collection.

## OUTBREAK CONTROL MEASURE

### Exclusion

Parents of symptomatic children will be notified to pick up their child upon appearance of any symptoms of ill health. In the event a parent is unavailable the child's designated emergency contact will be notified. If possible staff / children will be restricted to one designated area.

Parents of symptomatic children will be advised to consult a physician. Symptomatic children will be excluded from the centre until asymptomatic for **48 hours** unless the exclusion period is extended by Public Health, Infection Control or Occupational Health. In general, the Public Health Outbreak Investigator will determine the length of the exclusion period.

### Hygiene

Good personal hygiene practices will be reinforced with children, their parents and staff. This includes following Public Health and Infection Control guidelines with respect to hand-washing, Toileting, Diaper Changing and Handling Blood and Body Fluids.

Parents may be advised to practice suggested infection control measures in the home to prevent the spread of infection during the outbreak period. Suggestions may include: paper towels or separate hand towel for each family member/guest, a commercially available high level disinfectant or daily prepared mixture of one part bleach to nine parts water solution, disinfecting of light switches, door handles toothbrushes etc.



### Specimen Collection:

Parents and staff will be advised in the event Public Health request specimen collection. The centre will comply with all procedures and requirements of Public Health in the collection of sample testing.

### Notification

Advise all staff, parents, Infection Control, Occupational Health and MH Administration that there is an outbreak. Staff will be advised of signs and symptoms of the outbreak and the need to report any symptoms to the Child care Manager or Designate.

### Containing the Outbreak

#### **Child care centre management and staff will:**

Follow and promote proper Hand washing, Toileting / Changing procedures following all Public Health requirements and guidelines.

Clean and Disinfect all surface areas i.e. toys, play materials, beds, tables, chairs on a daily basis with a high level disinfectant.

Clean and disinfect mouthed toys after each use as per normal procedure.

Limit all sensory play, allowing only individual and immediately disposable use.

Ensure all proper food safety precautions as required by Public Health are followed including: all food items obtained from an inspected source, all food items protected from contamination, any required menu adjustments, maintenance of required temperatures, cleaning and disinfecting of all equipment and utensils and proper dishwashing procedures.

### Outbreak Resolution

The Outbreak will be deemed closed 5 days following the date of the last confirmed case unless otherwise stated by Public Health.

### Outbreak Policy and Child Care Fee

As per Mackenzie Health Child Care and Early Learning Centre Fee Policy:

Parents are responsible to pay the fees for any days a child is registered in the centre. This policy applies in the event a child is ill and cannot attend the program. Fees are also charged if the child has been excluded from the program by Public Health due to a declared Outbreak. Parents may be requested to provide written physician confirmation prior to re-entry to the program. This cost is also the responsibility of the parent.

## INDIVIDUAL CARE PLAN

### Special Circumstances or Medical Conditions

Reviewed/Revised 2017

When the centre is notified that a registered child has been diagnosed with a special medical condition (diabetes, asthma etc.) physical, emotional or behavioral need that may require accommodation, medication or other special attention an individual care plan must be developed and communicated to all child care staff. This plan will be developed in consultation with the parent of the child and with any regulated health professional who is involved in the child's health care and who, in the parent's opinion, should be included in the consultation. O Reg 126/16, s.27.

1. The Child Care Manager (or designate) will advise the parents/guardians of the child that when appropriate:
  - S/he must complete the *Medication/Treatment Record For Emergencies or Special Circumstances Consent Form*
  - With parent and child's physician consultation, the Manager/Designate will develop an *Individual Care and Emergency Response Plan* for the child. This plan will be reviewed at least annually by the parents/guardians, the Child Care Manager/Designate, and staff, students and volunteers. Any changes to the *Individual Care and Emergency Response Plan* made at any time during the year will be done so in consultation with the parents/guardians of the child. The contents of the *plan* will take into account parental instructions, the age and maturity level of the child, a description of the child's condition or needs, monitoring strategies, signs and symptoms, action to be taken by child care staff, granted parental consent for the child care staff to administer the medication, emergency contact information (parent/alternate emergency contact/emergency services) and other factors that are necessary to safeguard the child's health and/or well-being
  - In the event that an emergency occurs the Hospital Emergency Number 5555 or 9 - 911 will be called immediately, and the child will be transported to the hospital by ambulance.

As soon as possible the child's parent(s) or emergency contact person will be notified.

## CHILD WITH MEDICAL NEEDS & INCLUSION

This Policy provides direction to all staff, students and volunteers & others about the appropriate response related for a child who has one or more acute or chronic medical conditions such that he or she requires additional supports, accommodation or assistance. It helps to create a safe environment for all children and their well-being.

Mackenzie Health Child Care is committed to fostering a Child Care environment that promotes and sustains high quality Early Childhood Education and Care. To provide opportunities for all children to feel welcomed and valued.

### Children with Medical Needs

Definitions:

A “**child with medical needs**” means a child who has one or more chronic or acute medical conditions which requires additional supports, accommodation or assistance. For example, a child with diabetes may require that a staff check the child’s blood sugar levels with a glucose monitor several times a day.

**Acute:** a condition that is severe and sudden in onset that, if left untreated, could lead to a chronic syndrome.

**Chronic:** a long developing syndrome that can develop or worsen over an extended period of time.

Licenses are required to maintain the confidentiality of a child’s medical history including diagnosis. Sensitive or confidential medical information and detailed reports from medical professionals should not be included in the plan unless consent, in writing, has been given by the parent.

This Policy and Procedure is reviewed by, staff, students and volunteers prior to commencing employment, and annually thereafter. Or when any changes are made to the individual medical plan.

### **Ontario Regulation 137/15**

39.1 (1) Every licensee shall develop an individualized plan for each child with medical needs who,

- (a) receives child care at a child care centre it operates; or
- (b) is enrolled with a home child care agency and receives child care at a premises where it oversees the provision of home child care or in-home services.

(2) The individualized plan shall be developed in consultation with a parent of the child and with any regulated health professional who is involved in the

child's health care and who, in the parent's opinion, should be included in the consultation.

- (3) The plan shall include,
- (a) 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 other medical emergency;
  - (b) a description of any medical devices used by the child and any instructions related to its use;
  - (c) a description of the procedures to be followed in the event of an allergic reaction or other medical emergency;
  - (d) a description of the supports that will be made available to the child in the child care centre or premises where the licensee oversees the provision of home child care or in-home services; and
  - (e) any additional procedures to be followed when a child with a medical condition is part of an evacuation or participating in an off-site field trip.
- (4) Despite subsection (1), a licensee is not required to develop an individualized plan under this section for a child with an anaphylactic allergy if the licensee has developed an individualized plan for the child under section 39 and the child is not otherwise a child with medical needs.

As each plan is filled out according to the child's medical needs it will be attached to his/her file. A copy will be filed in the office and one in the child's classroom in the designated area/s.

A Few helpful steps provided with examples:

### **Prevention and Supports**

**STEPS TO REDUCE THE RISK OF CAUSING OR WORSENING THE MEDICAL CONDITION(S):** [Include how to prevent an allergic reaction/other medical emergency; how not to aggravate the medical condition (e.g. pureeing food to minimize choking)]

**LIST OF MEDICAL DEVICES AND HOW TO USE THEM** (if applicable): (e.g. feeding tube, stoma, glucose monitor, etc.; or not applicable (N/A))

**LOCATION OF MEDICATION AND/OR MEDICAL DEVICE(S)** (if applicable): (e.g. glucose monitor is stored on the second shelf in the program room storage closet; or not applicable (N/A))

**SUPPORTS AVAILABLE TO THE CHILD** (if applicable): (e.g. nurse or trained

staff to assist with feeding and/or disposing and changing of stoma bag; or not applicable (N/A))

### Symptoms and Emergency Procedures

**SIGNS AND SYMPTOMS OF AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:** [include observable physical reactions that indicate the child may need support or assistance (e.g. hives, shortness of breath, bleeding, foaming at the mouth)].

**PROCEDURE TO FOLLOW IF CHILD HAS AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:** [Include steps (e.g. Administer 2 puffs of corticosteroids; wait and observe the child's condition; contact emergency services/parent or guardian, parent/guardian/emergency contact information; etc.)]

**PROCEDURES TO FOLLOW DURING AN EVACUATION:** (e.g. ice packs for medication and items that require refrigeration; how to assist the child to evacuate)

**PROCEDURES TO FOLLOW DURING FIELD TRIPS:** (e.g. how to plan for off-site excursion; how to assist and care for the child during a field trip)

### Additional Information Related to the Medical Condition (if applicable)

This plan has been created in consultation with the child's parent / guardian.

Parent/Guardian Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: (dd/mm/yyyy) \_\_\_\_\_

The following individuals participated in the development of this individual plan (optional):

First and Last Name \_\_\_\_\_

First and Last Name \_\_\_\_\_

First and Last Name \_\_\_\_\_

Position/Role \_\_\_\_\_

Signature \_\_\_\_\_

Position/Role \_\_\_\_\_  
Signature \_\_\_\_\_  
Position/Role \_\_\_\_\_ Signature \_\_\_\_\_  
\_\_\_\_\_

This provision requires that an individualized plan be developed for each child with medical needs and that licensees take all necessary steps to support the child's medical needs and ensure his or her inclusion in the program. The review of each individualized plan (by employees, students and volunteers) supports the child(ren)'s ability to participate in the child care program, and provides staff with all necessary information to deal with any medical situation pertaining to the child.

Each child with medical needs requires their own individualized plan.

If significant changes and updates are required to the child's individualized plan, then a new one will be completed.

Every licensee is responsible for developing an individualized plan for each child with medical needs at their child care centre. The individualized plan shall be developed with the child's parent and any regulated health professional the parent thinks should be included.

The plan shall include:

Steps to reduce the risk of the child being exposed to any triggers or situations that could make a medical condition worse or cause an allergic reaction or another medical emergency.

A description of any medical devices the child needs and any instructions on how to use it.

A description of the procedures to follow if there is an allergic reaction or another medical emergency.

A description of the supports the child needs.

Any additional procedures to follow when a child with a medical condition is evacuated or participating in an off-site field trip.

If a child already has an individualized plan for their anaphylactic allergy, and has no other medical needs, no other plan is required.

## ANAPHYLAXIS POLICY COMMUNICATION PLAN

**Anaphylaxis is a “severe systemic allergic reaction which may be fatal, resulting in circulatory collapse or shock”**

The allergy may be related to food, insect stings, medications or other causative agents.

The following policy is intended to align with Sabrina’s Law 2005.

The Anaphylaxis Policy, All Individual Care Plans and the Emergency Procedures with respect to any child with and Individual Care Plan are reviewed with all employees, volunteers and students prior to initially providing care, annually and any other time a substantive change is made to the policy, care plan or procedure.

Reviewed/Revised 2017

Based on the information the parents have provided us, all staff, students and volunteers within the Centre have been made aware of the child’s information on life-threatening allergies and the food and causative agents that are to be avoided. This is done through written communication, verbal one on one communication, or a staff meeting.

You will also see an Allergy and Restriction posting, listing all known allergies or food restrictions, of enrolled children, posted,

- In each cooking and serving area;
- In each play area or classroom; and
- In any other area in which children may be present, to minimize risk of reaction.

Mackenzie Health Child Care and Early Learning Centre is cognizant that protecting children with life threatening allergens means imposing some limitations on foods, craft products or environmental exposure. The centre believes in promoting an understanding and enlisting the support of all the people involved in the program.

This policy is to protect the life and safety of all children as well as any child with life-threatening allergies.

We recognize and communicate to parents the need for cooperation to prevent accidents.

Despite the best efforts of Mackenzie Health Child Care and Early Learning Centre and our families we CANNOT GUARANTEE an ALLERGEN-FREE ENVIRONMENT!

Ensuring the safety of children and adults with known risk of anaphylaxis at Mackenzie Health Child Care and Early Learning Centre depends on the cooperation of the entire MH Child Care Community. To minimize risk of exposure, and to ensure rapid response in an emergency, parents/guardians, children and program personnel (including staff and practicum students) must all understand and fulfill their responsibilities. At registration all parents/guardians are notified that children with a life threatening allergies are or may be enrolled in the program and their support and co-operation will be required. Parents are informed that the centre provides all food to children and supplies all play materials to reduce the risk of allergen exposure. In the event a child requires a special diet due to medical issues daily written specific instructions are required by the parent of the child. A list of known life-threatening allergens is posted for all individuals entering the centre and is communicated to the catering service. A list of known allergies is posted within all classrooms, food preparation areas and eating areas, and in any other area in which children may be present. Note: Where it is not practical to post a food allergy and restriction list in a particular area (such as an outdoor playground), the list will be brought outside with the staff members on their attendance clipboard or emergency information binders, located in backpack .In addition anaphylaxis information is posted within the centre for staff/parent/student referral. At registration parents are required to inform the centre about their child's medical condition(s). This includes if their child is at risk of anaphylaxis. In the event a child has a known allergen that may induce an anaphylactic response the development of an individual care plan is required. This plan is based on information provided by the child's parent/guardian and physician. It includes: identification of known allergens, symptoms and emergency procedures. All staff, students and volunteers are trained by the child's parent or ( "train the trainer" model is enforced) on the procedures to be followed in the event of a child experiencing an anaphylactic reaction including recognition of symptoms and administering medication. A written record is maintained of all individuals receiving training regarding all individual care plans and the policy.



## LIFE-THREATENING ALLERGY

### Individual Care Plan Procedure

When the centre is notified that a registered child has been diagnosed with a life-threatening allergy and may require the immediate use of an EpiPen® (or the injection of adrenaline by an auto injector<sup>1</sup>), this procedure must be followed:

2. The Child Care Manager (or designate) will advise the parents/guardians of the child that:
  - S/he must complete the *Medication/Treatment Record For Emergencies or Special Circumstances Consent Form* for the use of the EpiPen®/auto-injector.
  - With parent and child's physician consultation, the Manager/Designate will develop an *Individual Care and Emergency Response Plan* for the child. This plan will be reviewed at least annually by the parents/guardians, the Child Care Manager/Designate, and staff, students and volunteers. Any changes to the *Individual Care and Emergency Response Plan* made at any time during the year will be done so in consultation with the parents/guardians of the child. The contents of the *plan* will take into account parental instructions, the age and maturity level of the child, a description of the child's allergy, the specifics of the allergen, monitoring and avoidance strategies, signs and symptoms of the anaphylactic reaction, action to be taken by child care staff in the event the child has an anaphylactic reaction, granted parental consent for the child care staff to administer the allergy medication, emergency contact information (parent/alternate emergency contact/emergency services) and other factors that are necessary to safeguard the child's health.

In the event that a death occurs or the EpiPen®/auto-injector is used as a result of an anaphylactic reaction, the Hospital Emergency Number 5555 or 9 - 911 will be called immediately, and the child will be transported to the hospital by ambulance.

As soon as possible the child's parent(s) or emergency contact person will be notified.

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<sup>1</sup> Since most people are familiar with the brand name and for ease of reading, the words "EpiPen®" are used throughout this document to refer to **any epinephrine auto-injector** including Aller-ject etc.

Once the crisis has been dealt with, a Serious Occurrence Report will be filed in CCLS as soon as possible in accordance with the policy, including notification of all relevant Hospital Administration.

## Roles and Responsibilities

Ensuring the safety of children with known risk of anaphylaxis at Mackenzie Health Child Care and Early Learning Centre depends on the cooperation of the entire MH Child Care Community. Every effort will be made to minimize risk of exposure to allergens and to ensure rapid response in an emergency. Parents/guardians, children, staff and students must all understand and fulfill their responsibilities. At registration all parents/guardians are notified that children with a life-threatening allergies are enrolled in the program and their support and co-operation will be required.

### 1. Responsibilities of the Parents/Guardians of a child with a life-threatening allergy:

- Identify their child's allergies and needs to the Child Care Manager/Designate
- Ensure that the child's classroom teachers are provided with an up-to-date EpiPen®/Allerject or other injector at all times their child is in attendance. In the event Benadryl is a first step response it is the parent's responsibility to ensure it is provided while the child is in attendance and that the appropriate authorization for administration is completed and included in the child's care plan. Parents must be aware of the expiration date, update the medication & form documentation accordingly.
- Submit all necessary documentation as required.
- With physician, assist in the development of a written *Individual Care and Emergency Response Plan* for their child, participate in any updates that may be necessary (minimum update is annually) **and provide initial training for the Manager and as many staff as possible in the use of Epi-Pen, Allerject or other authorized device. The parent must sign the provided Anaphylaxis Training Record with the individual staff during the initial training process and then provide authorization for the Child Care Manager/Designate to train new staff/students by completing the Anaphylaxis Training Record – Parent authorization for Managing Supervisor or Designate to Train New Staff/Students. Parents must indicate consent that child care staff may administer the allergy medication or consent that the child may self-administer.**

- Inform the centre of ANY CHANGE in daily whereabouts, **be a phone call away** or alert emergency contact person that they will be called upon in the event of an emergency.
- Where developmentally appropriate to teach their child:
  - to recognize the first signs of an anaphylactic reaction;
  - to know where their medication is kept and who can get it;
  - to communicate clearly when he or she feels a reaction starting;
  - not to share snacks, lunch or drinks;
  - to understand the importance of hand washing;
  - to take as much responsibility as possible for his/her own safety.

## **2. Responsibilities of the child with a life threatening allergy:**

Where developmentally appropriate:

- to take as much responsibility as possible for avoiding allergens,
- if applicable, to avoid the use of materials that may cause anaphylaxis;
- to wash his/her hands before and after eating;
- to learn to recognize symptoms that mean s/he may be having an anaphylactic reaction and if possible, communicate with staff
- to **promptly** inform an adult, as soon as accidental exposure occurs or symptoms appear;

## **3. Responsibilities of the Child Care Manager/Designate:**

- Ensure the parents/guardians of the child with a life-threatening allergy have completed all the necessary consent and authorization forms.
- Maintain up-to-date emergency contacts and tel. numbers as provided by the parents.
- Assist with the implementation of policies and procedures for reducing the risk to the child while in attendance.
- Ensure an *Individual Health Care and Emergency Response Plan*, is completed and reviewed: at least annually thereafter for each child with a life-threatening allergy or if allergens/symptoms/treatment change.
- Notify staff members<sup>2</sup> of the child with known risk of anaphylaxis, the allergens and the treatment.

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<sup>2</sup> Throughout this policy “staff members” refers to all responsible adults at the centre including full time, part time and casual staff, practicum students.

- Ensure all staff members receive **initial instruction** in the use of the EpiPen®/Allerject or other device directly from parent (or physician) and ensure the Parent/Physician has completed the Anaphylaxis Training Record – Parent/ Physician Training form complete with signature of parent and individual staff as the training occurs. Parents must also complete the provided Anaphylaxis Training Record – Parent/Physician authorization form for Managing Supervisor or/Designate to train new staff and students. Maintain a written record of all staff/student policy reviews and care plan reviews.
- Ensure *Individual Health Care and Emergency Response Plans*, are reviewed with all staff members, students and other appropriate adults of anaphylaxis children at least annually or if changes occur for each child with a life-threatening allergy.
- Post allergy alert forms with a photograph, in the child’s classroom and any other area where the child may potentially be exposed to the allergen.
- At registration notify all parents/guardians that children with a life-threatening allergies are enrolled in the program and their support and co-operation will be required.
- Notify staff first aid recertification sessions to train staff members in preventing and dealing with children who have life-threatening allergies.
- Ensure the adult responsible for that child has the Epi-Pen/Allerject or device in a safe, UNLOCKED location accessible only to the adult(s) responsible.
- Ensure safety procedures are developed and followed for in centre and other hospital premises/walkways.
- In the event it is necessary to administer an Epi-pen or in the event of the death of a child as a result of anaphylaxis follow all protocol in contacting: EMS and appropriate medical services, the child’s parents, hospital administration and Ministry of Education by filing the Serious Occurrence Report with CCLS.

#### 4. Responsibilities of the Child Care Centre Staff:

- Ensure you receive training in caring for a child with anaphylaxis prior to employment and at least annually thereafter from managing supervisor or designate for all enrolled children with anaphylaxis. Ensure you receive initial anaphylaxis training **by parent/physician for all new children** with life threatening allergies. Provide your signature on the Policy Review and the Anaphylaxis Training Record – Parent Training or where appropriate by the Managing Supervisor or Designate.

- Review *Individual Health Care and Emergency Response Plans* upon completion (of hiring) and at least annually thereafter for each child with a life-threatening allergy. Provide Signature for record.
- All staff, students and volunteers with the Centre know the location of the (EpiPen or Allerject ) devices. They are kept in a location that is easily accessible and not in locked cupboards, drawers, or locked medical boxes.
- The devices are kept in the child's classroom and readily available to all. The EpiPen or Allerject accompanies the child during any time that the child is not in their classroom. They are kept either in a case and or fanny pack that can be carried/ worn by staff.
- Display a photo in the child's classroom, and any other spot where the child may potentially be exposed to the allergen.
- In age-appropriate terms, discuss anaphylaxis with the other children.
- Instruct children not to bring food into the centre or to share food.
- Choose products that are safe for all children in the program.
- Reinforce hand washing to all children before and after eating.
- Facilitate communication with other parents.
- Follow the centre's policies for reducing risk in eating and common areas. **DO NOT BRING PEANUT BUTTER/TREE NUTS** into the centre.
- Leave info in an organized, prominent and accessible format for supply/casual staff.
- Plan appropriately for out of centre (other hospital areas/walkways) and for both outdoor and indoor times. Ensure that EpiPens®/Allerject (Benadryl when applicable) are taken during on-site excursions and emergency response plans are considered when planning hospital related participation.
- Be prepared to initiate the Emergency Response in the event of an allergic reaction.
- In the event it is necessary to administer an Epi-pen or in the event of the death of a child as a result of anaphylaxis follow all protocol in contacting: EMS and appropriate medical services, the child's parents, hospital administration and Ministry of Education by filing a Serious Occurrence Report with CCLS.

##### **5. Responsibilities of All Parents of Children:**

- Respond co-operatively to eliminate allergens from entering the centre i.e. all foods and products unless in consultation with the Manager.

- Provide nourishment to your child prior to arrival and ensure your child is free of potential allergens (i.e. clean hands) before entering the centre.
- Encourage children to respect the child with known risk of anaphylaxis.
- Encourage children to respect policies.
- Unless special arrangements have been made in consultation with the Manager DO Not give any food products to any children.

Throughout this policy “staff members” refers to all responsible adults at the centre including full time, part time and casual staff, practicum students and volunteers.

In addition to information provided by parents, health care providers and other resources, the information that follows will be used to help create ***Individual Health Care and Emergency Response Plans***.

#### **A. Avoidance/Risk Reduction**

In order to protect children with anaphylaxis from exposure to life threatening substances our first goal is **avoidance**: reducing the risk of exposure, recognizing that risk can never be completely eliminated. Our procedures vary depending on the age of the child; the specific room the child is in, and the properties of the allergen itself. To aid in this (and dependent on the specific circumstances) the centre will do any or all of the following:

- Providing allergen-aware areas
- Establishing safe eating-area procedures, including cleaning and hand-washing routines;
- Avoiding allergens that could be present in child care activities
- Taking precautions during special celebrations, and attempting to plan activities that are not food-oriented; and
- Taking special precautions in planning on-site field trips.

The following strategies for reducing the risk of exposure to specific allergen-groups will be considered.

#### **Risk reduction strategies for food**

- Discourage children from trading and sharing food or eating utensils.
- Do not permit children with severe food allergies to eat food which may present potential allergic reactions i.e. when in doubt do not serve.
- Enforce good hand washing with soap and water before and after eating.

- Thoroughly clean surfaces with soap and water where food has been eaten. Care should be taken to clean all surfaces that the children might touch such as tabletops and under-hangs of tables and chairs.
- Craft supplies that contain the child's allergen should be avoided.
- Check recently updated information regarding how to read labels for the presence of the allergen and possible hidden sources. (Food Allergy Network: [www.foodallergy.org](http://www.foodallergy.org))

### **Risk reduction strategies for stinging insects**

- Avoid areas where insects congregate.
- Keep outdoor garbage covered and away from play areas. Yellow jackets tend to congregate around garbage and food.
- Avoid eating outdoors, especially sweet products such as fruit and juice. Insects often fly into drinking glasses and sting the person when drinking.
- Avoid perfume and sprays and bright colors. Insects are attracted to bright colours and odours.
- Contact Facilities Management to remove nests or hives from play areas.
- Only the honeybee leaves a stinger. When removing the stinger, scrape your nail over the skin. Grabbing the stinger between your fingers will compress the sac of venom and inject more venom into the body.

### **Risk reduction strategies for latex**

- Provide non-latex items for use by staff and children (e.g. first aid kits).  
Latex balloons are not permitted in the facility at any time. Children must leave balloons at home.
- Check for the most recent updated list of latex-safe supplies.

## **B. Emergency Response**

When accidental exposure to an allergen triggers an anaphylactic reaction, the centre will follow these general procedures. In **addition**, any further actions identified in the child's *Individual Care and Emergency Response Plan* will also be followed.

- administer the epi-pen®/allerject;
- dial 5555 - Ask Switchboard to Call 911 or 9- 911 and request an ambulance (identify that there is a child experiencing an anaphylactic reaction);
- Record the time at which the EpiPen or Allerject is administered.

- send a familiar and trusted adult to accompany the child on the ambulance; and
- contact the child's parents/guardian/emergency contact
- Provide ambulance or hospital personnel with a copy of the Anaphylactic Action Plan for the child, and the time at which EpiPen or Allerject was administered.
- Take or hand over all medication relevant to the child's anaphylactic reaction (including the empty EpiPen or Allerject).
- File a Serious Occurrence Report in CCLS in the event of Epi-Pen administration or in the event of a death in accordance with the policy.
- Notify Hospital Administration

**Despite the best efforts of the centre and our families, we cannot guarantee an allergy-free environment.**

### 1) Signs of Anaphylaxis

An anaphylactic reaction most commonly begins within seconds or minutes of exposure to the allergen. The time from the first signs of anaphylaxis to death can be as little as a few minutes if the reaction is not treated.

It is possible, but rare, for signs of anaphylaxis to occur up to four hours after exposure to the allergen. Even when signs have subsided after initial treatment, they can return as long as eight hours after exposure when the epinephrine starts to wear off.

After exposure to an allergen, any combination of the following signs may occur to signal the onset of anaphylaxis. Signs do not always occur in the same sequence, even in the same individual.

When creating *Individual Care and Emergency Response Plans*, the parents and Child Care Manager/Designate will identify potential signs of anaphylaxis. These signs may include any or all of the following:

- Very young children may put their hands in their mouths, or pull or scratch at their tongues
- s/he may describe how they feel by saying:
  - This food's too spicy.
  - My tongue is hot (or burning).
  - It feels like something's poking my tongue.
  - My tongue (or mouth) is tingling (or burning).
  - My tongue (or mouth) itches.
  - It (my tongue) feels like there is hair on it.



- My mouth feels funny.
- There's a frog in my throat.
- There's something stuck in my throat.
- My tongue feels full (or heavy).
- My lips feel tight.
- It feels like there are bugs in there (to describe itchy ears).
- It [my throat] feels thick.

Other symptoms may include:

- Change of voice (hoarseness or squeaky sounding)
- Difficulty swallowing, tongue feels thick or big
- Difficulty breathing
- Coughing
- Wheezing
- Change in skin color
- Dizziness
- Fainting or loss of consciousness
- Red watery eyes
- Runny nose
- Hives – red, raised and itchy rash. It may appear anywhere on the body. If a person has eaten a food that contains the allergen, hives often appear around the mouth.
- Itching – may occur on any part of the body.
- Swelling – may occur on any part of the body, most often in eyes, lips, face or tongue. Swelling may be described by the child as itching, stinging or burning.
- Vomiting
- Diarrhea
- Stomach cramps
- Change in behaviour. The child may say he doesn't feel right, become unusually quiet or withdrawn, become suddenly tired, scream, appear very agitated or stop eating in the midst of eating well.

**If ANY sign or combination of signs is present and there is reason to suspect anaphylaxis, the EpiPen®/Allerject will be given and 5555 or 9 - 911 called.** There is no significant cause for concern if an EpiPen®/Allerject is given to a child for whom it is prescribed, and an anaphylactic

reaction is not actually taking place. **The lifesaving benefit in cases of suspected anaphylaxis outweighs any small risk of side effects.**

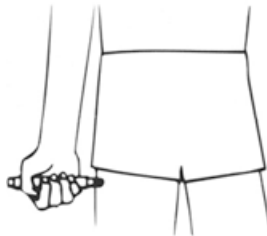
## 2) Administering an Auto-Injector

### i) EpiPen® and EpiPen® Jr. Directions

- Remove child's clothing, if bulky. (Regular clothes are OK, but snowsuits or other bulky clothing should be removed)
- Hold the EpiPen® around its middle and **pull off the activation cap.**



- Secure the child's leg (the child should be sitting or lying down).  
It may be necessary to hold or straddle the child. Infants and toddlers should be held in an adult's lap. The correct spot to administer the epinephrine is shown below.



- **Hold black tip near outer thigh (always apply to thigh).**
- **Swing and jab FIRMLY into outer thigh until mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.**

Take the used unit with you in the ambulance.

(If the needle is not visible at the end of the EpiPen® after injection, it has not been used properly. Check to see if the safety cap is removed and inject again, pressing more firmly.)

After an EpiPen® is given, the child may appear pale; complain of headache, dizziness, pounding heart, nausea or shakiness. The child may become very quiet. These effects are from the epinephrine and will pass quickly. Improvements in the signs of anaphylaxis will occur within minutes.

### Administering a Voice Activated Allerject:

**Follow instructions as provided by device. (Similar administration as epi-pen)**

### Emergency Response Plan

1. Give the epinephrine auto-injector.

2. Activate 5555 or 9- 911. Activating 911 should be done simultaneously with injecting the epinephrine auto-injector by delegating the task to a responsible person. NEVER leave the child who is experiencing an anaphylactic reaction alone. It is essential that anyone who has an anaphylactic reaction be taken to a hospital to receive immediate medical attention, even if the epinephrine auto-injector has been given and the signs of anaphylaxis disappear.
3. Contact the child's parent/guardian/emergency contact
4. The person who gave the epinephrine auto-injector must stay with the child until the ambulance personnel arrive. Be prepared to give information to EMS personnel including the signs of anaphylaxis seen in child, time frames, where epinephrine auto-injector was given (right or left thigh) and the effect of epinephrine on the child. Provide ambulance or hospital personal with a copy of the Anaphylactic Action Plan for the child.
5. Take or hand over all medication relevant to that child's anaphylactic reaction (including the empty EpiPen or Allerject).
6. Ensure the Child Care Manager (or designate) is notified and that the incident is documented and a *Serious Occurrence Report* is made to the CCLS (Ministry of Education) within 24 hours in the event of Epi-Pen administration or as soon as possible. Ministry 1-877 -510 - 5333
7. Notify Hospital Administration

**Life Threatening Allergy  
Individual Care and Emergency Response Plan**

<b>Child's Name:</b>	Date of Birth:	Highlight and insert child's photo.
<b>Age Group:</b>		
<b>ALLERGIC TO:</b>		
Is s/he asthmatic? Yes* <input type="checkbox"/> No <input type="checkbox"/> *Higher risk for severe reaction		
<b>Other Information:</b>		

**STEP 1: PREVENTION**

The following area(s) will be made **Allergen Aware Zones**.

- All Classrooms/Activity Rooms & Licensed Outdoor Play spaces
- All Areas where children are served food including licensed outdoor play spaces

**Minimize the Risk of Exposure:**

- Avoiding allergens hidden in classroom activities;
- Taking special precautions during special celebrations, and attempting to plan activities that are not food-oriented; and
- Taking special precautions in planning on-site trips.
- Do not permit children with severe food allergies to eat food that has been brought in by someone other than their parent/guardian unless authorized by their parent or guardian.
- Post the most recently updated list regarding how to read labels for the presence of the allergen and possible hidden sources in the child's classroom and the kitchen.

(add pertinent information from policy)

**Despite the best efforts of Mackenzie Health Child Care and Early Learning Centre and our families, we CANNOT GUARANTEE an ALLERGY-FREE ENVIRONMENT!**

**STEP 2: ACCIDENTAL EXPOSURE/SYMPTOMS**

In the case of accidental exposure to an allergen, watch for the following symptoms.

- Very young children may put their hands in their mouths, or pull or scratch at their tongues
- s/he may describe how they feel by saying:
  - My tongue is hot (or burning).
  - It feels like something's poking my tongue.
  - My tongue (or mouth) is tingling (or burning).
  - My tongue (or mouth) itches.
  - It (my tongue) feels like there is hair on it.
  - My mouth feels funny.
  - There's a frog in my throat.
  - There's something stuck in my throat.
  - My tongue feels full (or heavy).
  - My lips feel tight.
  - It feels like there are bugs in there (to describe itchy ears).
  - It [my throat] feels thick.
  - It feels like a bump is on the back of my tongue [throat].
- Change of voice (hoarseness or squeaky sounding)
- Difficulty swallowing, tongue feels thick or big
- Difficulty breathing
- Coughing
- Wheezing
- Change in skin colour
- Dizziness
- Fainting or loss of consciousness
- Red watery eyes
- Runny nose
- Hives – red, raised and itchy rash. It may appear anywhere on the body. If a person has eaten a food that contains the allergen, hives often appear around the mouth.
- Itching – may occur on any part of the body.
- Swelling – may occur on any part of the body, most often in eyes, lips, face or tongue. Swelling may be described by the child as itching, stinging or burning.
- Vomiting
- Diarrhea
- Stomach cramps
- Change in behaviour. The child may say he doesn't feel right, become unusually quiet or withdrawn, become suddenly tired, scream, appear very agitated or stop eating in the midst of eating well.
- Other (describe)

The severity of symptoms can quickly change

**If ANY combination of symptoms is present and there is reason to suspect anaphylaxis, give the epinephrine and call 5555 or 9-911 Request EMS and Keep an open line!**

**Unless Initially instructed by Parent to first administer BENADRYL and dependent on severity of the allergic reaction do the following:**

**Action 1: TREATMENT**

**Administer Epi-Pen or Allerject in Upper Thigh As Per Instructions**

**Dosage:** \_\_\_\_\_

**Epinephrine as prescribed by Physician:**

\_\_\_\_\_

**Name of Medication/Type of Auto Injector:**

\_\_\_\_\_

(see specific instructions attached)

Epinephrine is stored \_\_\_\_\_ (indoors) and other \_\_\_\_\_

\_\_\_\_\_

**Action 2: EMERGENCY CALLS**

**Call 5555 Ask Switchboard for 911 or 9-911 keep an Open Line or if using cell phone call 911.** State that you *need an ambulance at Mackenzie Health Child Care Centre, 10 Trench Street A Wing Child Care Centre for a child who is having an allergic reaction that has been treated, and additional epinephrine may be needed.*

**GIVE MEDICATION and CALL 911 BEFORE CONTACTING PARENTS!**

**ACCOMPANY CHLD IN AMBULANCE**

An adult who is very familiar with the child will accompany the child in the ambulance.

S/he will take the following:

The auto-injector that was used to treat the child

A photocopy of the child's application form (with contact information as well as the parental consent for medical treatment).

**Action 3: CALL PARENT**

**Notify parent of situation and ask them to meet staff and child at the hospital.**

(When appropriate notify Child Care Manager and Chief Human Resources Officer)

**Action 4: COMPLETE SERIOUS OCCURRENCE DOCUMENTATION and FILE REPORT**

Following treatment and upon return to the centre, record details of the incident and follow standard procedures for reporting a Serious Occurrence to the Ministry of Education in CCLS. (See procedures in Parent Handbook)

Summary of Contacts:

- In the event it is necessary to administer an Epi-pen or in the event of the death of a child as a result of anaphylaxis follow all protocol in contacting: EMS and appropriate medical services, the child's parents, hospital administration and Ministry of Education by filing the Serious Occurrence Report with CCLS.

Ministry Program, Toll Free: 1-877 -510 - 5333

**Place Photo Here**

**Medical Care Plan  
Anaphylaxis Emergency Plan**

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Date of Epi-Pen Expiration:** \_\_\_\_\_

**Name of Physician and any specific instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician's Tel.** \_\_\_\_\_

**Contact Information**

**Mother**

**Father**

**Alternate**

<b>Name</b>			
<b>Home Tel.</b>			
<b>Bus. Tel.</b>			
<b>Cell/Pager</b>			

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Diagnosis of Condition: Severe Life-threatening Allergy to

\_\_\_\_\_  
\_\_\_\_\_

Symptoms of Reaction:

\_\_\_\_\_

Warning Signs:

\_\_\_ Tingling in mouth                      \_\_\_ Swelling of eyes, lips, face, tongue  
\_\_\_ Difficulty breathing or swallowing    \_\_\_ Coughing, choking



Loss of consciousness                       Hives, itching  
 Tightness in throat, mouth, chest       Wheezing  
 Vomiting, upset stomach diarrhea  
Other... Please specify \_\_\_\_\_

Action 1: Administer Benadryl as per instructions on file first if stated.  
Action 2: Administer Epi-Pen or Allerject in upper thigh as per instructions  
Action 3: Call 5555 Ask Switchboard for 911 or Call 9-911 maintain open line  
Action 4: Call Parent/Guardian/Emergency Contact/Child Care Manager/Chief  
Human Resources Officer  
Action 5: Follow Serious Occurrence Policy

Parent Signature \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mackenzie Health Child Care and Early Learning Centre  
Anaphylaxis Action Plan Parent Review**

Initial \_\_\_\_\_ Yearly \_\_\_\_\_ Other \_\_\_\_\_

I \_\_\_\_\_ have reviewed the Anaphylaxis Medical Care and Emergency Response Plan for \_\_\_\_\_ originally dated \_\_\_\_\_.

At this time I am making the following changes to the plan in regard to:

potential allergens \_\_\_\_\_  
\_\_\_\_\_

Warning signs/symptoms \_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_

I have also reviewed the original plan, made any required additions/deletions/changes.

I or a physician have provided initial training to all child care Staff, Manager/Designate. I have provided all pertinent information and instructions regarding my child's individual care plan to the Child Care Manager or designate and provide authorization that this information and the details of this care plan including instructions for the administration of Epi-pen/ Allerject will be shared with all authorized individuals in the child care centre who will be in contact with my child. I am aware that it is my responsibility to be aware of the expiration date and to replace the medication when necessary. In the event I request the administration of Benadryl, I am aware that it is my responsibility to provide it and update it as necessary.

Signature of Parent

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Child Care Manager/Designate

\_\_\_\_\_ Date \_\_\_\_\_

## SMOKE FREE ONTARIO ACT

### Subsection 10.3 of Ontario Regulation 137/15

#### **Smoke Free Hospital/Child Care Early Learning Centre Mackenzie Health Smoke Free Environment**

##### **Policy**

**Original Policy was amended January 2015 to Include Electronic Cigarette Devices (E-Cigarette) and Vapor Inhalers as Per Mackenzie Health Smoke Free Workplace Policy. Review/Revision 2016.**

In keeping with The Smoke-Free Ontario Act Mackenzie Health Child Care and Early Learning Centre has developed a policy to provide a smoke-free environment for its children, families, staff, student-teachers, volunteers, and visitors.

As per Section (1) of the Smoke Free Ontario Act, enacted May 31, 2006 smoking is prohibited in enclosed workplaces and in enclosed public places in Ontario and as per the Child Care and Early Years Act smoking is prohibited at all times in a child care centre whether or not children are present. The intent of The Smoke Free Ontario Act is to protect the health of all Ontarians from the hazards of second-hand smoke.

Parents, staff, student-teachers and volunteers are informed of this policy upon introduction to the child care centre. This policy is reviewed with staff at commencement of employment, with student-teachers and volunteers prior to introduction to children and annually thereafter.

##### **Procedures**

###### **General**

Smoking is prohibited in any building at Mackenzie Health. This includes all satellite facilities, the Child Care Centre and the Child Care Centre Playground. Ashtrays are prohibited within the Child Care Centre/ Child Care Playground. Smoking or handling a cigarette or e-cigarette is prohibited within a 9 meter radius (30 feet) of any entrance to or exit from the hospital/child care centre. Signs are posted accordingly. As of August 8, 2008 Smoking was prohibited on Hospital property. Smoking is prohibited within the confines of the Child Care Centre Playground and within a 9 meter radius (30 feet) of the playground fence. No Smoking Signs are posted at all entrances, exits, washrooms and other appropriate locations to ensure that everyone knows that smoking is prohibited.

Parents, staff, student-teachers, volunteers and visitors are required to comply with the Smoke-Free Ontario Act, the MH Smoking Policy and the Child Care Centre Smoking Policy.

Staff, student-teachers and volunteers will review the policy and provide written documentation of its contents at commencement of employment/placement and on a yearly basis.

Persons failing to comply with this policy will be requested to leave the area. Persons failing to follow the request will be escorted by Security from the enclosed workplace or grounds area.

## SAFE DRINKING WATER ACT

Revised 2017

Ontario Regulation 170/03 (Drinking Water Systems) pertains to municipal and non-municipally owned drinking water systems including systems that serve susceptible populations such as a school or child care facilities, where drinking water is collected from a well or cistern. In compliance with these regulations, Ontario Regulation 170/03 (Drinking Water Systems) pertains to municipal and non-municipally owned drinking water systems including systems that serve susceptible populations such as a school or child care facilities, where drinking water is collected from a well or cistern.

Water Flushing

### **Subsection 10.2 - Lead Testing**

Mackenzie Health Child Care and Early Learning Centre has been issued a DWIS Number (Drinking Water Information System). The centre is serviced by a municipal water source. Plumbing was installed after January 1, 1990. Lead testing has been conducted on a yearly basis since required in 2010. To date none of the results have exceeded the drinking water standard for lead.

The MOECC filed an amended O. Reg. 243/07. These amendments will become effective on July 1, 2017 as O. Reg. 243/07 (Schools, Private Schools and Child Care Centre's). To further protect children from lead in drinking water, the amendments include updates to lead sampling, filter and flushing requirements. They reflect feedback provided by the education sector through targeted consultations

### **Safe Drinking Water Policy**

- Plumbing is flushed on the first day of the week prior to opening.
- This flushing continues until the temperature of the water stabilizes.

- Flushing occurs prior to opening each day. The initial flushing period is for 5 minutes, followed by a 10 second flush.
- The opening staff record the date, time of flushing and name of person who performed the flushing.
- This record is kept for five years and must be filed in the child care office.
- During the course of daily operation:
- Staff are required to open the cold water tap where water is taken for drinking or for food preparation and allow the water to run for at least one minute.
- The intent of this requirement is to protect human health and to assist in the prevention of drinking water health hazards.
- The child care centre submits annual sampling testing for lead to a provincially approved laboratory between May 1 and October 31 as of 2010 to date.

### **Flushing**

Same process but flushing, potentially, required at fewer locations. Flushing the tap at the end of each branch of plumbing for 5 minutes remains as a requirement for all facilities. Only certain drinking water fixtures need to be flushed for 10 seconds. These are all drinking water fountains and any taps that provide drinking water to children or are used in the preparation of food or drink for children. In addition to the current regulatory exemptions from flushing, flushing is not required at a drinking water fountain or tap if: the most recent standing sample from that location is at or below 1 µg/L, or the fountain or tap has a filter that is certified for lead reduction and has a standing sample at or below 1 µg/L.

### **Sampling**

Child care Centre's and any schools offering instruction to students in JK to grade 3

Every drinking water fixture\* not yet sampled under O. Reg. 243/07 must be sampled by January 1, 2020; at least 1/3 of all required samples must be completed in 2017 and another 1/3 in 2018.

All child care Centre's and schools Multiple samples may be taken at one facility on the same day, provided specific conditions are met. Sampling of non-drinking water taps is not required. The sampling window of May 1 to October 31 remains unchanged. Current annual or reduced sampling rules resume once sampling of all drinking water fountains and taps is complete.

## PREVENTION OF OCCUPATIONALLY ACQUIRED INFECTIONS, SURVEILLANCE AND MANAGEMENT

Child Care Staff may potentially come into direct contact with pathogens on a daily basis. As such, staff are at risk of being infected and/or spreading infection in the centre resulting in themselves, children and other staff becoming ill.

Prevention of occupationally acquired infections requires breaking the chain of infection and full step by step adherence to all provided preventative measures including but not limited to:

1. Daily health inspection of children upon arrival and potential non-acceptance, assessment of potential of exposure to body fluids, isolation and exclusion of ill children.
2. Conducting a risk assessment by assessing the potential exposure to body fluids, including daily health inspection, exclusion policy, symptoms of ill health policy and cleaning up body fluids, washroom procedures, handwashing, ppe and other related procedures.
3. Frequent and proper hand-washing – see “When to Hand Wash” and proper procedure for children and staff
4. Exclusion of ill staff in accordance with occupational health exclusion and return to work–see staff health policy
5. Reporting suspected outbreaks to York Region Public Health
6. Effective environmental cleaning and disinfection –see cleaning and disinfecting procedures
7. Following proper cough and sneeze etiquette
8. Appropriate use of personal protective equipment
9. Ensuring immunizations are up-to-date

### Personal Protective Equipment (PPE)

PPE is used to prevent the transmission of pathogens from children to child care staff by placing a barrier between the source of infection and the staff. Staff should conduct a risk assessment to assess exposure and select equipment accordingly. A supply of masks, gloves, gowns and eye protection will be stored within the classroom. Staff must ensure storage is appropriately maintained in a covered container. Staff must inform manager when supply is low in order for an order to be placed. Staff must use proper procedure to remove and discard PPE. Always wash your hands before and following use.

- Routine practices – Masks, eye protection and gowns
- Masks
- Masks are worn to protect pathogens from entering the mucous membranes of the mouth and nose.

- Routine:
- Wash hands prior to putting on mask
- Cover nose and mouth securely
- Change the mask if it becomes wet
- Do not touch the mask when wearing it
- Do not allow the mask to hang or dangle around the neck
- Do not reuse single-use disposable masks
- Wash your hands after removing the mask

### Eye Protection

Eye Protection is worn to protect pathogens from entering the mucous membranes of the eyes when there is a chance of generating splashes or sprays of body fluids. Disposable eye protection is to be discarded after each use. Goggles can be reused. They must be cleaned and disinfected after each use.

Wash your hands before and after use.

### Gowns

Gowns provide protection to uncovered skin and prevent soiling of clothing during disinfecting or splashes or sprays of body fluids. Single use gowns must be discarded after each use.

Wash your hands before and following use.

Proper use of PPE is everyone's responsibility and is the most effective way to minimize the chance of pathogens entering the body.

### Glove Use

Single-use disposable gloves are task specific.

Glove use does not replace handwashing.

Hands must be washed before and after glove use. Hands must be washed and gloves must be changed between tasks. Gloved hand must remain within designated areas. i.e. never leave a washroom area to obtain items.

Gloves are used in these instances:

Food Handling & Preparation

Individual application of child's personal products

i.e. sunscreen, creams or lotions diapering

During diaper/washroom routines

Contact with broken skin, blood, body fluids, secretions etc.

Put on Gloves in accordance with the 3 step procedure as provided by public health:

- 1) Remove all jewellery and wash hands
- 2) Put on gloves, being careful not to tear or puncture them
- 3) Perform the task

Removing Gloves:

Use the glove-to-glove/skin-to-skin removal method.

- 1) Grasp the palm of one glove near your wrist, peel the glove away from your hand, turning the glove inside out.
- 2) Hold the glove in the opposite gloved hand. Slip one or two ungloved fingers under the wrist of the remaining glove. Pull the glove until it comes off inside out.
- 3) The first glove should end up inside the glove you just removed. Dispose of the gloves safely.
- 4) Wash your hands after removing gloves.

This technique prevents hands from coming into contact with pathogens on the outside of the gloves.

### **Cleaning and Disinfection Practices**

Routine cleaning and disinfection of toys, equipment and surface areas is an important infection prevention and control measure to reduce the spread of pathogens. Daily centre cleaning of all major areas is conducted by Hospital Environmental Services in accordance with hospital procedures when children are not present in the centre.

Child Care Centre staff are responsible for on-going daily cleaning/disinfecting of toys, equipment and surfaces. Centre staff will adhere to the attached 1) York Region Toy Cleaning and Disinfecting Information Guide and 2) Child Care Centre Cleaning and Disinfecting Schedule. Staff will follow the instructions regarding specific items, requirements and frequency of cleaning, laundering and disinfecting of items and discarding of sensory materials.

Guidelines regarding a declared outbreak will be strictly enforced (see Outbreak Policy). Contact Time and Concentration of disinfecting agents must be followed in accordance with the manufacturer's instructions. Only products with a Drug Identification Number (DIN) and Material Safety Data Sheets (MSDS) are approved for centre use. These products must be safely handled and stored. Products must be used prior to expiration dates. Staff are required to use protective equipment i.e. gloves etc. Only air dry or disposable paper towels are approved.



Cleaning and disinfecting is everyone's responsibility. Program staff are ultimately responsible for classroom management and must ensure that a safe, clean and organized learning environment is maintained. Daily routines will be shared depending upon classroom schedules, arrival/dismissal-specific duties. When possible, daily/weekly cleaning and disinfecting will be performed by classroom assistants who will follow the 4-Step Toy Cleaning and Disinfecting Procedure involving:

- 1) Inspect
- 2) Clean = Wash + Rinse + Dry
- 3) Disinfect by Immersion or Wipes (Hospital Issued Products)
- 4) Rinse

### Cleaning up Blood and Body Fluids

3 Minute contact time.

Personal protective equipment (PPE) should be worn when cleaning up blood or body fluid such as vomit, feces or urine. Child Care staff must protect their eyes, nose and mouth when cleaning up spills by wearing gloves, a mask and eye protection.

Follow the following steps when cleaning up blood and body fluids

1. Immediately isolate the area around the spill
2. Assemble cleaning and disinfecting supplies
3. Put on PPE
4. Use heavy duty gloves if sharp objects require disposal
5. Use a dustpan and brush to pick up sharp pieces.  
Clearly label bag "Sharp Objects". Once procedure is complete call the Call Centre for safe removal of object. Do NOT put any sharp objects into the general garbage.
6. Soak up the blood and or body fluids with disposable paper towels and discard into a plastic lined garbage.
7. Rinse area with clean water prior to applying disinfectant
8. Disinfect the area using the supplied disinfecting agent. Be certain to follow the manufacturers directed contact time and concentration level
9. Following contact time wipe up any excess disinfectant with disposable paper towel and discard
10. Remove PPE appropriately. Refer to poster.
11. Discard PPE
12. Wash hands for 15 seconds using soap and warm water

## HAND HYGIENE PRACTICES

Hand washing is the most important infection prevention and control measure staff and children can do to maintain good health and prevent the spread of infection.

Refer to the attached “When to Wash Your Hands” and the ‘Hand-Washing Procedure’ as posted and provided by York Region Public Health

### Staff & Children Wash Hands:

- Upon arrival
- Coming in from outdoor play
- When changing classrooms or work/play areas
- Before and after handling food or eating
- After using the washroom, coughing, sneezing or using a tissue.
- Before and after washroom routines,
- Diaper changes,
- Before and after wearing gloves,
- Before giving/receiving any medication
- After handling/touching garbage
- As well as any time hands are dirty or soiled.

Handwashing should take place in sinks dedicated for the purpose of hand washing (not food preparation). Use soap and warm running water.

Follow the hand washing procedure as posted and provided by York Region Public Health

- 1.) Wet Hands with warm water
- 2.) Apply Soap
- 3.) Lather well for 15 seconds. Clean wrists, palms, back of hands, between fingers and underneath nails
- 4.) Rinse with warm water
- 5.) Dry hands completely with a disposable paper towel
- 6.) Turn off tap with disposable paper towel to prevent hands from becoming contaminated.

### Alcohol-based hand-rub (ABHR)

In the event soap and water are unavailable (i.e. playground) ABHR can be used by staff, covering all hand surfaces and rubbed until dry. Hand sanitizers are not recommended for children.

## DIAPERING PROCEDURE

This procedure applies to disposable diapers. In order to reduce the risk of disease transmission the centre does not accept the practice of using cloth diapers.

To prevent disease transmission proper infection prevention and control practices must be strictly followed. Improper procedure puts you at risk of becoming ill and can also result in an increased spread of disease among children.

DO NOT SKIP STEPS!! They are in place to minimize the spread of pathogens and to promote good health.

### **NEVER STEP AWAY LEAVING A CHILD UNATTENDED ON THE CHANGE TABLE.**

Children should be brought into the area and changed individually.

TOYS and equipment must remain in classrooms and should never be brought into the washroom areas.

Personal items (i.e. creams etc.) must be properly stored in the child's individual basket and labelled with the child's name. Personal items cannot be shared with other children. Products should be dispensed in a manner that does not contaminate the original batch. Stored items must be contained in a covered storage bin or cupboard.

Communal diaper changing items are not used in the centre as they promote the possibility of cross-contamination.

Any soiled clothing must be placed in a securely tied plastic bag and be sent home with the parent. Soiled clothing cannot be rinsed or washed in the centre as they present a source of contamination.

Minimize handling of soiled diapers and clothing.

Prevention is best achieved with adult and child handwashing. Gloves are not a substitute for handwashing. Hands must be washed before and after glove use.

### **Follow the 9-Step Diapering Procedure**

- 1) Gather supplies as needed
- 2) Wash your hands
- 3) Put on disposable gloves and use disposable paper liner.
- 4) Remove and discard the soiled diaper and place in plastic bag

- 5) Clean the child's diaper area with the child's individually labelled disposable wipes and in accordance with parent's instructions and product use, dress the child.
- 6) Discard the gloves, wrap gloves in paper liner and discard using double bag method.
- 7) Wash your hands and then the child's hands. Return the child to a supervised area.
- 8) Clean and disinfect the change pad ensuring proper contact time is followed.
- 9) Wash your hands

## TOILETING ROUTINE

**Appropriate infection prevention and control measures are in place in the toileting routine to prevent disease transmission. Child-size toilets are available in the centre. Potty chairs or other personal seats are not used in the centre.**

### **Procedure supporting training stage:**

#### **Follow the Toileting Procedure:**

1. Gather all necessary supplies prior to assisting the child.
2. Staff wash hands and put on disposable gloves
3. Remove the child's disposable training pants or cloth underwear. (Cloth training underwear must be covered with a waterproof pant that prevents leaks). Discard soiled disposable training pants directly into a garbage container with a disposable liner and a tight-fitting lid. Flush.
4. Place the child on the toilet.
5. Clean the child, put on clean underwear or disposable training pants, dress the child. Ensure soiled cloth, training underwear and waterproof pant are put into a securely tied plastic bag with the contents undisturbed. Send the bag home for laundering at the end of each day. Soiled items must never be laundered in the centre.
6. Remove and discard gloves and wash your hands. Wash child's hands and return child to the supervised area.
7. Put on gloves. Clean and disinfect toilet seat.
8. Remove gloves and wash your hands.

## SLEEPING EQUIPMENT

Sleep equipment must be properly cleaned, disinfected and stored to ensure these items are not potential sources for disease transmission

Sleeping cots and linens must be stored in the designated storage areas.

Cots must be stored in a manner to prevent the contamination of the sleep surfaces. Cots must be clearly labelled with the child's name. Cots must be cleaned and disinfected weekly or if visibly soiled. Frequency will increase to a minimum of twice weekly in an outbreak situation.

Linens will be laundered weekly or more often if required.

Personal Blankets must be stored in the child's personal cubby in the event that cross-contamination storage is not possible. Personal blankets must be sent home a minimum of weekly to be laundered.

## LAUNDRY

The following procedure is to prevent children and staff from coming in contact with pathogens.

All laundry must be done in the laundry room.

Detergent must be used in each load according to the manufacturer's directions.

Staff must immediately wash their hands after handling dirty or soiled laundry prior to returning to the classrooms.

Clean and dirty laundry should be kept in separate baskets that are properly labelled

Clean laundry must be stored in a clean dry area.

1. Put on clean gloves and all PPE as required.
2. Collect all dirty laundry in the designated, labelled dirty laundry basket
3. Collect items separately i.e. do not mix and launder dress-up clothes with bed sheets, wash clothes etc.
4. Minimize unnecessary handling of dirty laundry
5. Items soiled with blood and/or body fluids should be placed directly into the washing machine or double bagged, labelled with child's name and returned to the parent. (Do not rinse, soak or wash items in the centre).
6. Sealed bags containing soiled linen and clothing should be stored in an area that is inaccessible to children.
7. Remove PPE using the proper removal and discarding method.

To Retrieve Clean Laundry: Wash Hands, Retrieve into Labelled clean basket. Fold and store in designated area.

## SANITARY PRACTICES

A clean, healthy environment helps to prevent the spread of infectious diseases and creates a bright and pleasant centre. Cleaning is an on-going part of the everyday routine. Many cleaning duties are fulfilled by child care staff and others are fulfilled on a daily basis by Mackenzie Health Environmental Services.

Mackenzie Health Child Care and Early Learning Centre adhere to York Region Public Health Guidelines regarding recommended procedures to maintain a safe and healthy environment and to prevent the spread of infection. The following recommendations are posted and practised throughout the centre:

Recommended Food Safety Procedures

Correct Hand Washing Procedures (Staff, Infants, Toddlers and Preschool children)

Correct Use of Hand Sanitizer

Handling Blood and Bodily Fluids & Cleaning Up Bodily Fluids

Recommended Toileting Routine

Recommended Diaper Change Procedure

Disinfecting In A Child Care Centre

The following are performed according to the requirements of the Child Care and Early Years Act and the Public Health Act.

Clean and sanitize tables used for meals and snacks before the serving of foods.

Clean and sanitize all washroom surfaces at least daily or after being soiled.

Clean and sanitize toys and waterplay equipment daily/weekly.

Clean and sanitize rest mats, cots and cubbies daily/weekly according to attendance.

Clean and sanitize all face clothes, towels, bibs, sheets and aprons as used.

Clean and sanitize floors and others surfaces daily. Vacuum carpets daily.

Clean and sanitize garbage containers and diaper pails weekly

Place soiled clothing in plastic bags and return to parents to be laundered. Do not wash soiled clothing in centre.

Provide liquid soap and single service disposable paper towels.

Implement disposable diaper procedure in accordance with York Region Public Health Department. Apply Universal Precautions in the event of cleaning blood and bodily fluids. Wear single-use gloves. Wash hands before and after procedure.

Use disposable towels, clean and decontaminate spills with disinfectant a dilution of 1:10, leave on surface for at least 10 minutes before wiping and rinsing area. Or use Oxivir Plus Disinfectant Cleaner Concentrate Hospital Issued Disinfectant as per contact time and instructions. Also, Accel wipes, one step surface Cleaner and Disinfectant, Hospital Issued as per contact time and instructions.

In accordance with legislation an informal daily health inspection of children will be conducted upon arrival. Children may be excluded from the program in the event symptoms of ill health are exhibited.

Information from York Region Public Health Department on the incubation and isolation periods of various diseases will be posted. In the event a child is exposed to or is suffering from a communicable disease the parents will be advised with recommendations. Staff will be familiar with general signs and symptoms of infectious communicable illnesses. In the event of an outbreak Mackenzie Health Child Care and Early Learning Centre will adhere to our Outbreak Policy as well as any requirements of York Region Public Health and Mackenzie Health Infection Control. Proper hygiene and handling procedures as well as good supervision and common sense will protect children, parents, staff and visitors from the spread of infections.

\*refer to appendix C and D

## SLEEP POLICIES AND SUPERVISION

The Public Health Agency of Canada recognizes Sudden Infant death Syndrome (SIDS) and other infant deaths that occur during sleep a major public health concern. The Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada is part of the Government of Canada's continuing commitment to raise awareness of sudden infant death and safe sleeping environments.

Mackenzie Health Child Care staff will ensure and provide a safe sleep environment by providing and following the infant sleep room monitoring checklist. (12-18months)

Infants placed on their backs to sleep, for every sleep have a reduced risk of SIDS. The current recommendation set out in the Joint Statement is that children up to their first birthday be placed on their backs for sleep. It is important to note that Joint Statement sets out that once infants are able to roll from their backs to their stomach or sides, it is not necessary to reposition them on their backs.

Periodically (every 15 minutes) for the ages of (12-18months) the staff will monitor the child with direct visual checks of sleeping by being physically present and checking for indicators of distress or unusual behaviours.

There is documentation of the visual checks being conducted on every child.

Looking for any signs or significant change in the child's sleep patterns will be communicated to the parents and any adjustments to be made.

That there is sufficient light in the sleeping area to conduct the visual checks.

Each child will be assigned to their own labelled cot/bed.

At time of enrolment a consultation with parents in respect to a child's sleeping arrangements will be discussed. As well as any information from them parents about the child's sleep preferences, required accommodations, precautions etc. Also, for when a child transitions from one room to another, consultations about each child's sleep will be informed to the staff, students and parents.

Parents and caregivers are encouraged to practice the principles of Safe Sleep at home and in child care settings. Positive partnerships together, providing a safe healthy environment for all.

## SLEEP POLICIES AND SUPERVISION REVISED FALL 2016

Ontario Regulation 137/15 and in conjunction with the Child Care and Early Years Act (CCEYA) require all licensed child care programs to implement and monitor the sleep rooms for all children.

### Subsection 4.13-Sleep Policies and Supervision

- 33.1(2) every licensee shall ensure that, if child care is provided for a child who regularly sleeps at a child care centre the licensee operates,
- (a) an employee periodically performs a direct visual check of each sleeping child by being physically present beside the child while the child is sleeping and looking for indicators of distress or unusual behaviours;
  - (b) there is sufficient light in the sleeping area or room to conduct visual check;
  - and
  - (c) there are written policies and procedures at the child care centre with respect to sleep, and the policies and procedures,
    - i. provide that children will be assigned to individual cots in accordance with this regulation,
    - ii. provide that parents will be consulted respecting a child's sleeping arrangements at the time the child is enrolled and at any appropriate time, such as transitions between programs or rooms or upon parent request,
    - iii. provide the parents of children younger than 12 months will be advised of the licensee's obligation under subsection (1)
    - iv. provide the parents of children who regularly sleep at the child care's centre policies and procedures regarding children's sleep,
    - v. provide that the observance of any significant change in a child's sleeping patterns or behaviours during sleep will be communicated to parents and will result in adjustments to the manner in which the child is supervised during sleep, and



- vi. include details regarding the performance of direct visual checks, including how frequently direct visual checks will be performed and how direct visual checks will be documented.
2. Staff verbally confirms that they perform periodically direct visual checks of each sleeping child by being physically bedside the child while the child is sleeping and look for indicators of distress or unusual behaviours.  
And, there is documentation of direct visual checks being conducted on every child in the child care centre.

These provisions have been added to the regulations to reduce the risk of harm and injury, including death, when infants are sleeping. In addition, monitoring sleeping children reduces the risk of harm/injury because caregivers can look for signs of distress (eg. change in skin colour, change in breathing, and signs of overheating) and react as required.

At Mackenzie Health Child Care & Early Learning Centre, the health/safety and well-being of each child are paramount and our priority. By working together and giving the attention to the safety and well-being of each other, we will meet our shared objective of maintaining a safe sleep environment for all children.

### **SUBSECTION 6.6-PROGRAM REQUIREMENTS RE: REST ONTARIO REGULATION 137/15**

47(2) Every licensee shall ensure that the program in each child care centre it operates is arranged so that,

- (a) each child in a toddler or preschool group who receives child care for six hours or more in a day has a rest period not exceeding two hours in length; and
- (b) a child in a licensed toddler or preschool or kindergarten group is permitted to sleep rest or engage in quiet activities based on the child's needs.

### **Staff Responsibilities**

All staff, students and volunteers are required to read this document and ensure they are implementing it in their perspective classrooms. Each is required to know their students sleep preferences and assign individual cots/beds to each child. Each bed is labelled with the child's first name and last initial (if there are two or more children with the same name).

## Communication

Parents are to be consulted about their child's sleeping arrangements at the time the child is enrolled, during transitioning periods or upon a parent's request. In these cases, parents should receive daily updates on how their nap time is going.

Changes in their sleep patterns: Staffs are required to inform parents of any changes to their child's sleep patterns the same day of the occurrence. They are required to work with the parents to find a suitable solution and adjust the manner in which the child is supervised during sleep.

## Room Set-up

Every room will have sufficient lighting in sleeping areas to conduct direct visual checks and document each visual check.

We will supervise each child during nap hours by observing and/or checking in on them. Each child has their own bedding for rest periods and their own cot in their respective classrooms. Sharing cots are not allowed.

A bed plan will be created for each classroom which maps out where each cot will be placed and the name of the child on each cot. Each bed must contain names to identify the child. Blankets are to be thin and of breathable fabric.

## Sleep Schedules

At Mackenzie Health Child Care & Early Learning Centre staff recognize not all children have set rest/sleep schedules and will need to rest/sleep based on each child's individual needs.

Children who do not sleep: if you do not wish your child to sleep during sleep time, you are required to provide a signed consent form. Children who do not sleep after the first hour are able to engage in quiet activities during nap time.

## Direct Visual Checks

Staff is to document direct visual checks on the Sleep Log Charts provided in each classroom, which are kept in a binder. (12-18months) Need to be performed every 15 minutes or more frequently in the event of a significant change and/or transition.

(18months-up to 6 years) Every half hour are being monitored, on each sheet, staff must indicate (with times, their initials& signage) if a direct visual check was completed for each child. Staff must also record any indicators of stress (if observed).

## PLAYGROUND SAFETY POLICY

### Mackenzie Health Child Care and Early Learning Centre Playground Is a Smoke-Free Play Area.

The playground area is Smoke-Free at all times, including times when children are not in attendance.

**Reviewed /Revised Spring 2016 Reviewed/Revised 2017**

### Playground Safety Policy

#### Overview

The Playground Safety Policy is developed in accordance with requirements of the Ministry of Education. The policy is reviewed with staff and student-teachers prior to commencement of employment and annually thereafter. It includes a written review, signed by staff/students and the child care manager or designate and kept on file for three years from the time of entry. The Playground Safety Policy is reviewed by the Ministry of Education Child Care Quality Assurance and Licensing during the annual license inspection or as deemed necessary.

#### Role of Staff and Supervision Guidelines

Mackenzie Health Child Care staff will provide ongoing, interactive and vigilant supervision of **children** on the child care centre playgrounds at all times. Children will be the focus of planned activity, supervision and interaction. Staff will not be distracted by social conversations with each other. Visitors or persons making contact will be re-directed to the child care office to make appropriate arrangements. Personal cell phone calling or texting is prohibited.

Staff will know the number of children in their care and will count prior to entering and exiting the playgrounds to ensure all children are accounted for and are safe. Staff will position themselves at the beginning and end of the group during transitioning.

Staff will decide **prior** to playground entrance who will be responsible for each area and will post themselves in specific areas which require high supervision or ongoing staff interaction. The outdoor programming staff will set-up the activity and will be posted in the designated area prepared for implementation and daily documentation.

Staff will position themselves in such a manner that ongoing scanning is possible for maximum safe supervision.

One staff member will be the designate to move throughout the play area.

**It is compulsory that CCEYA staff ratios are maintained during outdoor play periods. Staff must be prepared to ensure this is the case.**

Staff will ensure that all personal needs are fulfilled so that they may remain on the playground throughout the entire outdoor play period. Staff will ensure all children have visited washrooms; all clothing articles have been collected etc. prior to playground entry in order ratios will be maintained. **All Epi-Pens/Aller-ject have been collected and are located in the appropriate and accessible location depending on the nature of the allergy and outdoor temperature conditions and restrictions.**

In accordance with the CCEYA staff will provide ongoing program implementation during outdoor periods that will include **active** creative play and inquiry-based focus on the natural environment. There will be a balance of child/teacher-initiated activity time.

This period will focus on large muscle development and will include programmed movement, balance, coordination, stretching and “heart healthy” activity as well as responding to and setting the stage for inquiry-based learning focusing on the natural environment.

### **Designated Playspace**

The licensed child care playground is the designated space adjacent to the child care centre. The north section is designated for toddler use and the southwest section is designated for preschool use although the two areas are interchangeable for all age groups depending on weather, surface area conditions etc.

All equipment is portable. The play spaces, surface areas, picnic area and equipment have been granted approval by the Ministry.

### **Weather Related Outdoor Time**

Legislation requires children to participate in outdoor active play on a daily basis. Extreme weather conditions may impact on the ability to offer this aspect of the program. At times weather advisories are issued for either extreme heat or cold, other precautions may also be necessary for severe thunderstorms or other unforeseen weather events. The centre will follow all weather advisories related to any conditions that might impact the health and safety of the children. At times, severe thunderstorms can present without timely prior warning. Take immediate precautions and proceed to indoors.

In general, the children will participate in outdoor active play on a daily basis, even if this means altering the length of the outdoor period. Common sense will dictate if the scheduled amount of outdoor time must be adjusted due to the

physical reactions of the children (if you are unsure consult with the Manager or Designate for guidance). Be prepared to be outdoors and make sure you and the children have appropriate clothing etc. to enjoy outdoor playtime.

### **Safety Log**

The Playground Safety Log is developed to record and document any conditions which require repair or attention. The person completing the log will complete their inspection prior to any children accessing the playground on a daily basis. (7:30 shift) The 7:15 opening shift staff will remind 7:30 staff of their obligation. In the event a concern is identified the Help Desk **ext. 0** will be called by the person conducting the inspection. Any identified issues will be brought to the attention of the child care manager or designate. If the problem requires additional attention the appropriate hospital department (i.e. facilities/environmental will be notified) 4111 declare department or person for connection. In the event that a concern is unidentified during inspection and is subsequently noticed by any staff, it is the responsibility of the person discovering the issue to report the safety concern. **Safety is the responsibility of All. If YOU identify a safety issue it is YOUR RESPONSIBILITY TO TAKE APPROPRIATE ACTION.**

Inspections will be conducted on a daily, monthly and annual basis. Action plans will be included in the log as well as copies of repair memos. Playground Injury Reports will also be included in this log. A copy of the Injury Report will be kept in the child's file.

Annual inspections conducted by any outside agencies/third party will be kept on file in the child care office.

### **Program and Curriculum**

Staff will prepare, implement, document and evaluate an outdoor program on a daily basis in accordance with an inquiry/play-based learning approach that promotes involvement with the natural environment, active physical movement, endurance and large motor skills. This plan will include activities that will enhance the daily program and will be focused on awareness of nature and physical activity. It will be posted and available for parents, visitors and other staff to review.

### **In the Event of Accident**

Attend to the needs of the injured child immediately as per appropriate procedure. If required remove any hazardous equipment or materials. Complete a (Playground) Injury Report for signing. A copy will be retained in the child's file and a copy is provided to the Parent.

**Inspection Guidelines**

Check surface areas for broken glass, discarded articles etc. Remove all unwanted material carefully and dispose of it in a safe manner. OR call the Service Response Centre at 0 to safely remove any debris.

Do a visual inspection of equipment; look for broken or vandalized equipment. If a problem is discovered remove equipment and order repair.

Complete checklist. Record any need for corrective measure and course of action. Inform the Child Care Manager or Designate.

## Accident Report

Playground \_\_\_ / Indoor \_\_\_ Injury Report Form

### BACKGROUND INFORMATION

Name of Child \_\_\_\_\_ Name of Staff \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_

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### INJURY INFORMATION

#### NATURE OF INJURY

Describe the area and type of injury specifically on the body.

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#### Staff Response and First Aid

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#### Description of Accident

Describe what the child was doing when the accident occurred. What caused the accident/injury

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#### LOCATION ON PLAYGROUND \_\_\_ /PLAYROOM \_\_\_

Describe where the accident occurred, location and surface area.

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Describe where you were in relation to the child when the injury occurred and who else was present.

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#### PREVENTION

Describe how this accident could be avoided in the future

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PERSON COMPLETING THE REPORT \_\_\_\_\_

CHILD CARE MANAGER/DESIGNATE \_\_\_\_\_

PARENT \_\_\_\_\_ Parent Provided Copy \_\_\_ Yes Date \_\_\_\_\_

Playground Daily Safety Inspection Checklist

WEEK OF: \_\_\_\_\_

This inspection is to be completed on a daily basis prior to children having access to the outdoor play areas. Any hazards must be removed (litter, debris, strings, ropes, etc.) prior to use by children.

Daily Staff Initial	Surface Area	Fence Gates	Equipment	Debris Litter y/n	Vandalism y/n	Strings Ropes
Mon. _____						
Tues. _____						
Wed. _____						
Thurs. _____						
Fri. _____						

Comments

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Corrective Actions: 1- CALL 0 For Call Centre 2- Inform Manager/Designate

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STAFF SIGNATURE \_\_\_\_\_

Mackenzie Health Child Care and Early Learning Centre  
Playground Policy Review Spring 2016



I \_\_\_\_\_ have read and reviewed the Mackenzie Health Child Care Centre Playground Safety Policy and will implement this policy in accordance with its requirements. I fully understand my responsibilities including but not limited to:

- Providing an appropriate level of planned, posted outdoor play/nature activity on a daily basis in accordance with the curriculum requirements of HDLH, ELECT and the CCEYA and as determined by the needs of the children
- Engaging in shared positioning to maximize interaction and safe supervision and to prevent child contact with lower exterior wall.
- Completing the Daily Safety Inspection and/or Identifying, Reporting and Acting upon any safety concerns in regard to equipment, play structures, surface areas, fencing or any other aspect of the physical environment
- Arriving prepared for participation in outdoor periods on a daily basis despite weather conditions. Making suitable adjustments as per weather advisories/conditions when required. Maintaining ratios at all times as required by the CCEYA.
- Positioning myself in order to achieve the safest level of supervision for the children and maintaining focus on the children in my care at all times. Refraining from the use of cell phones for personal calls or texting.
- Maintaining a Smoke-Free Environment
- Providing appropriate access to Epi-pens/Aller-jects/Medications
- Ensuring safe supervision to and from play areas – Counting as children transition from indoor to outdoor (reverse) environments or exchange of play areas. Conducting an environmental check to ensure all personal information, children’s belongings etc. are gathered for indoors and all toys and equipment is stored in a safe manner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Care Manager/Designate

\_\_\_\_\_  
Date

## WORKPLACE VIOLENCE POLICY

### Mackenzie Health Child Care & Early Learning Centre

#### Commitment Statement

At Mackenzie Health Child Care and Early Learning Centre, the health and safety of our employees is paramount. Priority is given to protecting our employees and our visitors from violence and/or intimidating behaviours. Such conduct interferes with everyone's ability to perform their job and is not in keeping with Mackenzie Health's Core Purpose, Commitment to Caring and the Child Care Centre's philosophy of trust and mutual respect.

By working together, and giving the utmost attention to the safety and well-being of each other, we will meet our shared objective of maintaining a healthy and safe working environment for all.

Child Care employees, client's, parents and all others associated with the centre are entitled to have a work environment free from violence and intimidating behaviours as prescribed by the *Occupational Health and Safety Act*. This policy applies to all employees and agents / representatives of Mackenzie Health Child Care while in the workplace, during work related educational and /or training sessions, field trips, outings, events or travel, or during any work-related and/or social functions.

Employees are expected to assist Mackenzie Health Child Care in its attempts to prevent and eliminate violence in the workplace. Mackenzie Health and its Child Care will treat any form of violence that occurs in the workplace seriously regardless of the alleged perpetrator's position.

Nothing in this policy limits an individual's right to file a complaint with the Ministry of Labour should they feel the situation warrants such action.

#### Definition

The Occupational Health and Safety Act defines workplace violence as:

- The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker;
- An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker;
- A statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

## Forms of Workplace Violence

### 1) Violence by Strangers

- Usually enters the place of work on the pretense of being a customer.
- Normally commits robbery or other violent act.

### 2) Violence by Customers/Clients/Parents

- May be an expected or unexpected situation.

### 3) Violence by Co-workers

- Could include; current employee and manager, former employee and manager, a prospective employee, and may occur inside or outside the workplace.

### 4) Violence by Personal Relations

- This includes spouse, partner, relative, or friend and usually occurs when a personal dispute occurs with the worker and enters the workplace to harass, threaten, injure, or kill the employee.

## Behaviours Constituting Workplace Violence

Such threats or acts include, but are not limited to:

- Harming or threatening to harm any employee or guest;
- Damaging or threatening to damage property or the property of any employee or guest;
- Possessing a dangerous weapon or fire device on property without prior authorization;
- Engaging in stalking behaviour of any employee;

## Responsibilities of Management

- Assess risks of violence at Mackenzie Health Child Care;
- Promote a non-violent workplace;
- Provide employees with information and instruction regarding the workplace policy and program with respect to workplace violence including appropriate steps to be taken and investigation procedures;
- Take every reasonable precaution for the protection of the worker;
- Inform employees of potential risk situations;
- Ensure employees understand who to contact regarding concerns about the policy or when to report an incident;
- Model behaviour, which helps support a positive work environment;
- Ensure the workplace is free from violence;
- Respond to complaints brought to their attention.
- Respect the confidentiality and sensitivity of such issues;

- Respect work refusals if workplace violence is likely to endanger worker;
- Document all information and investigation results;
- Request an investigation into allegations of violent situations;
- If witnessing elements of a corruptive or destructive work environment, take action;
- If an employee is physically hurt due to workplace violence the Ministry of Labour will be contacted.
- A report is submitted annually to the Ministry of Labour via MH Occupational Health & Safety documenting incidence or non-incidence of workplace violence in the child care centre.

### Responsibilities of Employees

- Compliance with this policy is the responsibility of all employees;
- Employees must avoid any behaviour or conduct that could reasonably be interpreted as a violation of this policy;
- Employees must maintain a work environment free from violence, and/or intimidation;
- Call MH Security 6666 or 0-911 if the situation warrants it and you find a peer or yourself in immediate danger;
- Employees have a duty to disclose potentially dangerous situations to Manager (s) or Designate (s)

### Process for Making Violence-Related Complaints

If employees have witnessed or experienced conduct which they believe to be inconsistent with this policy, they have a responsibility to:

- Call MH Security 6666 or 9-911 if the situation warrants it and you find a peer or yourself in immediate danger.
- Make the behaviour/actions known to your Manager/Designate or Director immediately.
- A written record of the action/behaviour should be provided to the Manager/Designate or Director including the dates, times, nature of the action/behaviour, and witnesses (if any).

### Removal of a Person from the Workplace

Any person who makes substantial threats, exhibits threatening behaviour, or engages in violent acts against employees, visitors, guests, or other individuals while on Hospital property and within the premises of the Child Care Centre including the Child Care Centre Playground shall be removed from the premises as quickly and as safely as possible, and shall remain off the premises pending the outcome of an investigation.

Employees are not to remove individuals from the premises. **Assistance must be requested from MH Security and/or the Police.**

### Investigation Process

- All complaints will be investigated promptly.
- All those directly involved and witnesses will be spoken with.
- Notes/statements will be prepared during each interview, reviewed by the person(s) being interviewed and signed for accuracy.
- Records or other documents relevant to the incident being investigated will be reviewed. (this may include safety reports, incident reports, work schedules, suspension forms, injury reports, complaints and observation notes and may involve taking pictures of the scene)
- Relevant collective agreement of employment contract language or organizational policies/ procedures will be reviewed
- Depending on the scope of the investigation, employees may need to seek the assistance of the Operations Director and/or Senior Management.
- A final summary/report of the investigation will be prepared.

### Corrective Action

Any employee found to have engaged in conduct that violates this policy will be subject to discipline, up to and including termination of employment. Allegations of acts of violence are very serious, frivolous complaints found to have been made for improper purposes will result in disciplinary action being taken against the accuser.

### Confidentiality

Employees should feel secure in knowing that their concerns will be handled discreetly and sensitively. As such, employee issues will usually remain between the employee, and their Manager. On occasion, however, an investigation may require consulting with another employee, Manager, Operations Director and Health and Safety Representatives in order to ensure an appropriate resolution. In such cases, the employee will be consulted prior to involving others.

### Reprisals

This policy strictly prohibits reprisals against an employee because s/he has brought forward a legitimate concern or has provided information regarding a concern under this policy. In the event an employee commits or threatens reprisal against another employee for following the Centre's policies in good

faith, the said employee may be subject to discipline, up to and including dismissal for cause.

Reviewed/Revised Spring 2016

## WORKPLACE HARASSMENT POLICY

### Mackenzie Health Child Care and Early Learning Centre

#### Commitment Statement

At Mackenzie Health Child Care and Early Learning Centre, the health and safety of our employees is paramount. Priority is given to protecting our employees and our visitors from harassment and discrimination. Such conduct interferes with everyone's ability to perform their job and is not in keeping with the Centre's philosophy of trust and mutual respect.

By working together, and giving the utmost attention to the safety and well-being of each other, we will meet our shared objective of a healthier and safer working environment for all.

Mackenzie Health Child Care employees and clients are entitled to be treated with dignity and respect and have a work environment free from harassment and discrimination as prescribed by The *Human Rights Code* in Ontario and the *Occupational Health and Safety Act*. This policy applies to all employees and agents / representatives of Mackenzie Health Child Care Centre while in the workplace, during work-related educational and/or training sessions, field trips, outings, events or travel, or during any work-related and/or social functions.

Employees are expected to assist Mackenzie Health Child Care and Early Learning Centre in its attempts to prevent and eliminate harassment in the workplace. Mackenzie Health Child Care Centre will treat any form of harassment that occurs in the workplace seriously regardless of the alleged perpetrator's position.

Nothing in this policy limits an individual's right to file a complaint with the Human Rights Commission or the Ministry of Labour should they feel the situation warrants such action.

## Definition

The Occupational Health and Safety Act define workplace harassment as “engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome.”

Harassment and discrimination can take the following forms including:

### 1. Discrimination-based Harassment

Includes any verbal or physical conduct, that may reasonably be perceived as denigrating or showing hostility or aversion toward an individual because of the individual’s race, colour, religion, gender, sexual orientation, national origin, age, disability, or other status protected by law, or because of the protected status of the individual’s relatives, friends, or associates. This type of harassment includes, but is not limited to:

- a) Epithets, slurs, negative stereotyping, demeaning comments, including comments pertaining to a person’s dress, accent or other cultural differences, or intimidating acts that are based on an individual’s protected status; and/or
- b) Written or graphic material (whether by printed or electronic media circulated within or posted within the workplace that shows hostility toward or is demeaning to an individual or group because of his or her protected status.

### 2. Sexual Harassment

Generally, there are two types of sexual harassment:

- a) Repeated sexual advances or solicitations made by a person where such person knew or ought reasonably to have known that the advance was unwelcome; and/or
- b) A reprisal or threat of reprisal for the rejection of a sexual solicitation or advance made by a person who is in a position to grant or deny a benefit.

## Behaviours Constituting Harassment

- Differential treatment of employees or co-workers based on race, gender, ethnicity, etc.;
- Verbal or written comments, jokes, teasing, and/or other communication of a sexual nature;

- Demeaning language based on gender or sexual preference;
- Graphic comments about an individual's body;
- The use of sexually degrading words to describe an individual;
- The display of sexually suggestive objects and/or pictures in the workplace;
- Foul or obscene language and/or gestures;
- Unwanted physical conduct such as patting, pinching, and/or brushing up against another person's body;
- A promise of better treatment in return for sexual favours; and/or
- Indirect or expressed threats for refusal of a sexual request.

### Responsibilities of Management

- Promote a harassment-free workplace;
- Provide employees with information and instruction regarding the workplace policy and program with respect to workplace harassment including appropriate steps to be taken and investigation procedures;
- Take every reasonable precaution for the protection of the worker;
- Ensure employees understand who to contact regarding concerns about policy or when to report an incident;
- Model behaviour, which helps support a positive work environment;
- Ensure the workplace is free from harassment and discrimination;
- Respond to complaints brought to their attention.
- Respect the confidentiality and sensitivity of such issues;
- Document all information and investigation results;
- Request that an investigation into allegations of harassment be conducted where appropriate; and
- If witnessing harassment or elements of a corruptive or destructive work environment, take action.

### Investigation Process

- All complaints will be investigated promptly.
- All those directly involved and witnesses will be spoken with.
- Notes/statements will be prepared during each interview, reviewed by the person(s) being interviewed and signed for accuracy.
- Records or other documents relevant to the incident being investigated (this may include work schedules, complaints and observation notes, incident and suspension forms and may involve taking pictures of the scene) will be reviewed.



- Relevant collective agreement or employment contract language or organizational policies/procedures will be reviewed.
- Depending on the scope of the investigation, employees may need to seek the assistance of the Operations Director.
- A final summary/report of the investigation will be prepared.

### **Corrective Action**

Any employee found to have engaged in conduct that violates this policy will be subject to discipline, up to and including termination of employment. Allegations of harassment are very serious, frivolous complaints found to have been made for improper purposes will result in disciplinary action being taken against the accused.

### **Confidentiality**

Employees should feel secure in knowing that their concerns will be handled discreetly and sensitively.

As such, employee issues will usually remain between the employee, and their Manager. On occasion, however, an investigation may require consulting with another employee, Manager, Operations Director, and the Health and Safety Representative, in order to ensure an appropriate resolution. In such cases, the employee will be consulted prior to involving others.

### **Reprisals**

This policy strictly prohibits reprisals against an employee because s/he has brought forward a legitimate concern or has provided information regarding a concern under this policy. In the event an employee commits or threatens reprisal against another employee for following the Centre's policies in good faith, the said employee may be subject to discipline, up to and including dismissal for cause.

## MINISTRY REQUIREMENTS

Reviewed/Revised Spring 2016

### Ontario Regulation 137/15

#### **SERIOUS OCCURRENCE Policy and Procedures**

Serious Occurrence Policy and Procedures (Revised late 2016)

Serious Occurrence, Serious Occurrence Notification Form and Serious Occurrence Reporting Policies and Procedures are reviewed with Child Care Staff, volunteers and students, implemented and monitored for compliance and contraventions upon introduction to the centre and on a yearly basis or as directed by the Ministry whenever a substantive change has occurred.

Policies are aligned to reflect Ministry Requirements in accordance with the electronic Child Care Licensing System CCLS

All licensed child care programs are responsible for delivering services that promote the health, safety and well-being of children. Child care operators and staff are accountable to the public and to the Ministry to demonstrate that their services are consistent with relevant legislation, regulations and policies. Serious occurrence reporting provides programs with an effective means of monitoring the appropriateness and quality of service delivery. Parents also benefit from information regarding incidents that occur, including immediate actions taken to respond to incidents and actions taken to minimize the recurrence of incidents.

What is a Serious Occurrence?

A “Serious Occurrence” is defined in Section 1 of Ontario Regulation 137/15 under the Child Care Early Years Act as follows:

- a. the death of a child, who received child care at a home premises or child care centre, whether it occurs on or off the premises,
- b. abuse, neglect or an allegation of abuse or neglect of a child while receiving child care at a home child care premises or child care centre,
- c. a life-threatening injury to or a life-threatening illness of a child who receives child care at a home child care premises or child care centre,
- d. an incident where a child who is receiving child care at a home child care premises or child care centre goes missing or is temporarily unsupervised, or
- e. an unplanned disruption of the normal operations of a home child care premises or child care centre that poses a risk to the health,

safety or well-being of children receiving child care at the home child care premises or child care centre

The CCEYA requires every operator to ensure that:

- a. there are written policies and procedures with respect to serious occurrences that it 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.

Furthermore, Mackenzie Health Child care and Early Learning Centre shall,

- a. conduct an annual analysis of all serious occurrences that occurred in the previous year at each child care centre operated by the licensee and at each premises where the licensee oversees the provision of home child care; and
- b. keep records of the actions taken in response to the analysis.O.Reg.126/16,s.25

This means Mackenzie Health Child Care and Early Learning Centre has a plan to deal with any serious incidents that may affect the health, safety and well-being of children and staff and that these serious incidents are reported, tracked and followed up on.

CCLS requires PIN access. In the event of a Serious Occurrence the following persons have PIN access to the CCLS and submission of required information as distributed will be provided for Ministry notification to:

- 1) Child Care Manager  
OR
- 2) Chief Human Resources Officer  
OR
- 3) President & CEO

In the event that the system cannot be accessed the Program Advisor must be informed either by telephone or email within 24 hours of the incident and complete a Serious Occurrence Report in the CCLS once the system becomes available.

Definition: The Serious Occurrence categories in CCLS are:

Ministry of Education

An occurrence is serious if it falls within the definitions of the following categories applicable to child care and has important or possibly dangerous consequences. The Ministry has identified the following categories of serious occurrences to be reported to the ministry by the licensee:

**CCLS Category #1: Death of child**

Any death of a Child who is enrolled at a child care centre or home child care;

**CCLS Category #2: Allegation of Abuse and/or Neglect**

Allegations of abuse and/or neglect of a child while in attendance at a child care centre or home child care

**CCLS Category #3. Life-threatening Injury or Illness**

A life-threatening injury or illness of a child that is enrolled at a child care centre or home child care; or

- a. Injury
- b. Illness (Caused by Service Provider, Accidental, Self-Inflicted/Unexplained)

**CCLS Category # 4: Missing or Unsupervised Child(ren)**

Missing or unsupervised child(ren) while in attendance at a child care or home child care; or

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

**CCLS Category # 5 Unplanned Disruption of Normal Operations**

Any incident and/or any other unplanned disruption of service that poses a risk to the health, safety, and well-being of the children.

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

### **Duty to Report**

Mackenzie Health Child Care and Early Learning Centre make every effort to ensure the health, safety and well-being of the children. Children are supervised at all times while in our care. We rely on parents to assist us in the provision of safety by ensuring they provide safe supervision of their children at arrival/dismissal and adhere to our signing in/out procedure and inform us of absences. Child care staff is aware of the number of children within their groups and count when movement of the group/individual occurs within classrooms, to/from the playground/outings etc. Staff is aware of their responsibility to inform parents in the event their child is involved in a Serious Occurrence.

Some serious occurrences, most notably an allegation of abuse or neglect, will give rise to a duty to report that a child may be in need of protection. In accordance with the Child and Family Services Act Section 72, child care staff is cognizant of their legal responsibility is to directly report any concern that a child is, or may be, in need of protection, they must report this to the local Children's Aid Society. This is not a third-party report and staff cannot rely on anyone else to make a report. In this case, the licensee does not file a Serious Occurrence.

A report to a children's aid society will be made for all situations where a child is, or may be, in need of protection, no matter where the alleged abuse or neglect took place.

However, Mackenzie health Child Care & Early Learning Centre is only required to notify the program advisor of a serious occurrence if the alleged abuse or neglect occurred while the child was receiving care at the centre.

It is also important to note that registered early childhood educators (RECEs) are expected to be accountable for their actions as early childhood educators and to abide by the College of Early Childhood Educators Code of Ethics and Standards of Practice as well as applicable legislation, regulations, by-laws and policies that are relevant to their practice.

The Early Childhood Educators Act, 2007 and the Professional Misconduct Regulation state that it is an act of professional misconduct to “[contravene] a law, if the contravention has caused or may cause a child who is under the member’s professional supervision to be put at or remain at risk.” RECEs should familiarize themselves with reporting requirements under the Child and Family Services Act, and abide by them as the failure to do so is contrary to the law and may constitute professional misconduct.

For more information on the Child and Family Services Act and the duty to report, see Reporting Child Abuse and Neglect: It's Your Duty.

(<http://www.children.gov.on.ca/htdocs/English/documents/childrensaid/Reportingchildabuseandneglect.pdf>).

For more information about responsibilities of an RECE, please visit the College of Early Childhood Educators website (<https://www.college-ece.ca/en>).

### Procedure

The staff or any witness must report the occurrence to the Child Care Manager or designate who will:

1. Following providing immediate medical attention and addressing any continuing risks to the health and safety of the child/children/others, contact the parents of the child/children.
2. Ensure all persons having knowledge of the occurrence remain on the premises until excused.
3. Notify all applicable parties as required based on the nature of the occurrence i.e. MOH, CAS etc.  
Contact the Chief Human Resources Officer or the Senior On-Call Hospital Administrator (Dial 4111 state position or request Locating.)
4. Contact the Ministry of Education within a 24 hour period by completing and electronically filing the Serious Occurrence Report Information as required by the CCLS. This report will be filed by one of the following persons who have PIN access to the system: 1) the Child Care Manager, or in her absence 2) the office of Chief Human Resources Officer or 3) the office of President and CEO.

**Follow the guideline of the Report. To help support the protection of privacy and personal information, no child or staff names, initials, and age or birthdate of child will be used. No age group identifiers will be used, e.g. preschool room; infant/toddler room.**

Any further follow-up reporting will be accessed through the same CCLS and requires PIN access

**REPORTING NOTE:** re filing both a CCLS Serious Occurrence Report and a Serious Occurrence Notification Report. These reports may require supporting documentation and a possible update of information within 10 days of the incident as additional information is known or required by Ministry staff. In the event the Serious Occurrence has been closed and updating is necessary a new report must be filed. All reporting is submitted electronically. A copy of the report will be saved or printed in the event additional follow-up occurs or is required.

The Manager or designate will complete a **Serious Occurrence Notification Form**, including any allegation of abuse or neglect as prescribed by the CCLS to communicate information to parents about the serious occurrence. The form will include system some populated information i.e. Program Name, Date, and Date of Occurrence, based on the original SO report. The person completing the report will enter a one sentence Description of the Occurrence, Action/Outcome and any Update and Signature or other Ministry stipulated required information. The form will protect the privacy and personal information of all individuals and as such will not identify names, initials, age, group etc. The Serious Occurrence Notification Form will be posted in a conspicuous place in the centre at or near an entrance commonly used by parents. The form will be posted near the Child Care License and Licensing Summary chart.

The Serious Occurrence Notification Form is updated as additional actions or investigations are completed.

The Serious Occurrence Notification Form is posted within 24hours of becoming aware of the occurrence for a minimum of 10 business days, including any allegation of abuse or neglect. In the event the form is updated with additional information the form remains posted for 10 days from the date of the update.

The Serious Occurrence Notification Form is retained by the child care centre and is available for current and prospective parents, licensing and municipal children's services staff upon request for at least three years from the date of the occurrence.

#### Serious Occurrence Posting Exceptions Regarding Allegations of Abuse or Complaints

Allegations of abuse will be posted when the following have been concluded:

The Children's Aid Society (CAS) has concluded its investigation and the allegation is either verified or not verified; or

CAS has determined that an investigation will not be conducted; and the Ministry has investigated any associated licensing non-compliances.

Upon completion of the investigation the form will provide clear, concise information including possible CAS/ Ministry investigation, verification/non-verification of allegation, directions provided by CAS and actions taken, any associated non-compliance licensing items to be addressed and actions taken.

In the event a Serious Occurrence has been filed regarding a Verified Complaint: The Serious Occurrence Notification Form will be posted regarding a complaint within 24 hours of the occurrence once the complaint has been verified and action has been taken to address the issue. In the event a Serious Occurrence has been reported to the Ministry regarding a non-verified complaint and no action has been taken, the occurrence will not be posted within 24 hours. Once the complaint has been verified or not verified, the Serious Occurrence Notification Form is posted.

### **Serious Occurrence Annual Summary and Analysis**

Mackenzie Health Child Care & Early Learning Centre is required to conduct an annual analysis of all serious occurrences that occurred in the previous year.

The annual analysis is to be used as a method of identifying issues, trends and actions taken. The analysis and record of actions taken in response to the analysis must be kept on file at Mackenzie Health Child Care & Early Learning Centre. In addition to ongoing reviews and follow up to serious occurrences, licensing ministry staff will review the serious occurrence annual analysis during the licence renewal inspections.

This summary will be retained on file for review during the licensing inspection for a period of three years. All Serious Occurrence Notifications - Reports and Summaries must be retained on file for a minimum of three years.

The local Ministry of Education Quality Assurance and Licensing Unit Program may be contacted at 1-877 -510 - 5333 in the event there is uncertainty regarding the posting of the Serious Occurrence Notification Form.

Ministry of Education  
Child Care Quality Assurance and Licensing  
Barrie Region  
1091 Gorham Street, Suite 211  
Newmarket ON L3Y 8X7



Any information released to the Police or other Authorities must remain within the policies set by the hospital. Please refer to Policy AK 1100 Releasing Information to Police/Other Authorities. A Copy of AK 1100 can be accessed on Mackenzie Health Intranet. Please confer with Chief Human Resources Officer or Hospital Administrator On-Call. Mackenzie Health Confidentiality Policy must be followed.

On-call Senior Administrator (Dial 4111 request Locating)

Mackenzie Health Child Care & Early Learning Centre Mandatory Reporting Obligations

In 2015 changes to the Early Childhood Educators Act, 2007 (ECEA) came into effect. Included in these changes are new requirements for Mackenzie Health Child Care & Early Learning Centre to submit mandatory reports to the College of Early Childhood Educators.

In addition, the legislative changes specify required time lines for reporting and set out information the college must provide to Mackenzie Health Child Care & Early Learning Centre in response to any reports that are received. For more information, please visit the Ontario e-laws website (<https://www.ontario.ca/Laws>) to view the ECEA (<https://www.ontario.ca/laws/statute/07e07>) and visit the College of Early Childhood Educators website (<https://www.college-ece.ca/en>)

### Recommendation

It is recommended that Mackenzie Health Child Care & Early Learning Centre develop a protocol for staff to respond to a situation where a child has gone missing while receiving care at a child care centre.

These guidelines should take into consideration the age of the child who is missing, and can include steps to:

- Alert all staff
- Immediately search the child care premises, including outdoor areas (e.g. playground)
- Have a staff member who is not searching the premises immediately alert the child's parents (in case parents have additional information about the child's whereabouts)
- Advise the police by telephone

## SUPERVISION POLICY FOR EARLY CHILDHOOD EDUCATION STUDENT-TEACHERS AND VOLUNTEERS

The following policy applies to students fulfilling practicum requirements from an educational institution. It does not apply to summer student assistants or student assistants who are hired as program assistant employees of Mackenzie Health Child Care and Early Learning Centre. The policy is reviewed with child care staff, student-teachers and volunteers prior to supervised access to children and annually thereafter. This policy requires acknowledgement of review, dated signing is retained in individual staff and student/volunteer files.

Our centre provides a field placement experience for Early Childhood Education students from Community Colleges and Universities. The majority of students in this centre are enrolled in the School of Early Childhood Education at Seneca College. From time to time the centre may also serve as a practicum site for students from a variety of educational institutions. The centre seeks to provide students with the optimum learning environment. Students will receive positive modelling and mentoring while guided by our Registered Early Childhood Educators as they engage with children in the implementation of the Early Learning Framework and ECE Professional Practices. The placement experience offers the students the opportunity to integrate theory into practice. Students demonstrate competencies in a supportive environment that offers professional, constructive feedback and on-going student progress reports are provided to the student's assigned faculty advisor. The centre limits volunteer involvement in the program due to the large student-teacher enrolment. If volunteers are assigned to the centre they must access the program through Mackenzie Health Volunteer Services. All volunteers must meet the criteria set by Volunteer Services, the CCEYA and the child care centre. Students/volunteers do not have direct unsupervised contact with children while in attendance or on any outings or occasions associated with the centre. The centre reserves the right to terminate the student/volunteer placement at any time.

The legislation that governs the operation of the centre applies to anyone having direct contact with the children including volunteers and student-teachers. Our centre has traditionally adhered to a comprehensive program regarding the orientation, supervision, observation and evaluation of student-teachers. The centre adheres to all legislation and to the Code of Ethics and Standards of Practice of the College of Early Childhood Educators.

As of September 6, 2011, all licensed programs were required to develop and implement a policy for the supervision of volunteers and placement students. In accordance with Ministry guidelines the intent of the policy is to: support the safety and well-being of children in licensed child care and to provide direction

to child care staff, students and volunteers regarding assigned roles and the supervision of placement students and volunteers.

Ontario Regulation 137/15 states: Every licensee shall ensure that every child who receives child care at a child care centre is supervised by an adult (a person who is 18 years of age or older) at all times, whether the child is on or off the premises. **The CCEYA is very clear that the children must be in the care of the centre's employees who meet all eligibility criteria to fulfill their assigned roles in the centre. Only Mackenzie Health child care centre employees are eligible to provide direct unsupervised access to the children and may be counted to maintain staffing ratios. Placement students or volunteers may not be counted in staffing ratios in our centre nor are they permitted direct access to children unless under the supervision of MH child care employees. Child care staff will provide modeling and guidance of positive interaction, best practices and will monitor all interactions of students/volunteers on an ongoing basis. Students/volunteers are never permitted direct unsupervised access to children.**

All Student-Teachers and Volunteers assigned to Mackenzie Health Child Care and Early Learning Centre are required to attend a comprehensive Orientation Session at the commencement of the placement in which required legislation and other relevant information shall be reviewed. This session is conducted by an experienced Registered Early Childhood Educator. At this session the student will be introduced to the centre's philosophy, program statement, professional code of conduct, prohibited practices, copies of all relevant policies and procedures, parent handbook, needs of individual children – including any relevant and specifics regarding dietary, medical or developmental areas. Students are also instructed regarding allergies, anaphylaxis policies, individual health care plans and appropriate emergency procedures.

In addition to the above Ministry required legislation the additional following policies and procedures as well as the student/volunteer role in relation to these policies are reviewed (see appendices)

- Cell Phone/Centre Telephone Use
- Dress Code
- Anaphylactic Policy
- Sanitary Practices Policy

- Program Statement Implementation Policy
- Confidentiality
- Playground Policy
- Smoke Free Policy
- Water Flushing
- Health & Safety (Medication, Fire Emergency & Codes)
- Supervision of Volunteers and Students policy
- Serious Occurrence
- Serious Occurrence Notification Form
- Sleep Supervision Policy
- Parent Issues and Concerns Policy & Procedures
- Emergency Management Policies & Procedures

### **Roles and Responsibilities of the Learning Institution:**

The college or university faculty advisor collaborates as a partner with the centre to arrange for the placement and establish the evaluation visiting schedule. The learning institution will provide liability insurance covering students and advise students that they will adhere to all to the policies and practices of the centre. Prior to the commencement of the placement the College/University will ensure students have received all appropriate screening and a copy of required documentation is provided to the child care centre to be retained in the student files. The following documents will be available: the College Student Agreement, evaluations and assignment schedules, due dates etc. and as required by the legislation - medical clearance and criminal reference checks and policy acknowledgement. The faculty advisor will collaborate with the assigned classroom host teacher regarding the student's progress in relation to setting appropriate goals, learning plans, addressing challenges and facilitating student success.

### **The Role of the Student-Teacher:**

All students are required to adhere to the Hospital's Code of Conduct, Core Purposes and Commitment to Caring, Centre Policies and Professional Best Practices. Students are expected to practice ECE professional behaviors and to fulfill all placement related requirements as assigned by their learning institution and classroom host teacher. Students must present learning plans to the host classroom teacher for approval a week prior to implementation. Students are cognizant that they must be supervised by child care staff at all times and that they are not counted within classroom ratios.

It is understood that all information revealed during the placement experience will remain confidential except where child welfare/protection concerns exist as required by The Child and Family Services Act, Section 72. All

students/volunteers are required to sign a Confidentiality Agreement. Personal cell phone use will be restricted to break times and students are not permitted to take any photographs of children without written prior consent from the child's parent(s).

### **Policy Implementation and Compliance**

Implementation of this policy is monitored by the Child Care Centre Manager/Designate.

Policy implementation is effective immediately upon commencement of placement, evaluation and revision will occur annually or as required by the Ministry of Education.

In addition to specific policies students/volunteers are required to sign the following acknowledgement at the commencement of their placement experience.

Reviewed/Revised Spring 2016

## MACKENZIE HEALTH CHILD CARE AND EARLY LEARNING CENTRE SUPERVISION POLICY FOR EARLY CHILDHOOD EDUCATION STUDENT-TEACHERS AND VOLUNTEERS

This is to acknowledge that I \_\_\_\_\_  
Print Name and Position

have read and understand the centre's policy regarding the supervision of volunteers and students at Mackenzie Health Child Care and Early Learning Centre. I am fully cognizant of all aspects of the policy including roles and responsibilities of all parties, all applicable legislation of the CCEYA and College of Early Childhood Educators Standards of Practice.

I am aware that:

- children must be supervised at all times by a child care employee who is a minimum of 18 years of age and who meets all centre qualifications and criteria.
- students/volunteers will not have direct unsupervised access to children in attendance at the centre
- students/volunteers may not be counted in staffing ratios in the child care centre
- all students/volunteers are required to produce copies of required health and criminal reference check documentation prior to gaining supervised access to the children in the centre
- all students/volunteers are required to attend an orientation session at which all centre policies and procedures are reviewed including promoting positive interactions, prohibitive practices and all individual needs of children including individual plans for anaphylaxis/health and developmental needs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager/Designate

\_\_\_\_\_  
Date

Reviewed Spring 2016

## REPORTING OF CHILD ABUSE

### Mackenzie Health Child Care & Learning Centre Child Abuse Policy Spring 2016

Mackenzie Health Child Care & Early Learning Centre is committed to taking a pro-active position regarding the prevention of child abuse through;

- Ongoing observation of the children in our care;
- Professional education with respect to early identification, effective response and adherence to legal obligations, including reporting;
- Keeping abreast of developments in legislation and relevant issues;

The following policies and procedures are designed to make staff, students, and volunteers aware of their responsibilities for the recognition, documentation and reporting of suspicions of child abuse.

### LEGAL REQUIREMENTS

A child is defined as a person from birth until his/her 16th birthday.

#### **The Child and Family Services Act (Section 72)**

#### **Duty to Report**

In accordance with the Child and Family Services Act, it is the responsibility of every person in Ontario, including a person who performs professional or official duties with respect to children, to immediately report to a Children's Aid Society if s/he suspects that child abuse has occurred or if a child is at risk of abuse. This includes any operator or employee of a child care centre. **An individual's responsibility to report cannot be delegated to anyone else. The report must be made by the person who suspects neglect or abuse.**

#### **Failure to Report**

It is an offence under the Child and Family Services Act for a professional to contravene one's reporting responsibilities. A legal penalty emphasizes that a child's safety must take precedence over all other concerns.

#### **Confidentiality**

The duty to report suspicions of child abuse overrides the provisions of confidentiality in any other statute, specifically those provisions that would otherwise prohibit disclosure by a professional or official. The only exception to this is solicitation and client privilege.

### Protection from Liability

All persons making a report of suspected child abuse are protected against civil action, unless that person is proven to have acted "...maliciously or without reasonable grounds for the belief or suspicion..."

### The Child Care and Early Years Act

The Act requires that an affirming approach guides staff in daily interactions. Policies and procedures are in place in regard to legislated prohibited practices. These policies are reviewed by staff at commencement of employment, on an annual basis or whenever substantive changes occur. It is also a requirement under this legislation, that if a staff person is suspected of abusing a child, Children's Aid will be immediately notified and a Serious Occurrence Report will be filed within 24 hours. The specifics regarding serious occurrences are found in the Mackenzie Health Child Care & Early Learning Centre Policies.

### REPORTING PROCEDURES

1. Any staff/student/volunteer who suspects that a child has been abused or is at risk for abuse should inform the Child Care Manager/Designate of the intention to immediately call York Region Children's Aid (CAS) at (905) 895 2318 or 1 800 718 3850 or to the affiliate as provided within this text if the religious affiliation applies. (Consult York Region Children's Aid Society)
2. If necessary, access immediate medical attention if a child has sustained injuries. Where injuries have been suspected to have been caused by child abuse, do not inform the parent of the intention to access medical care for the child, until you have spoken with a Children's Aid worker and have been directed to do so.
3. If there are any concerns or doubts regarding making a report of suspected abuse, the staff/ student/volunteer will be encouraged by the Manager/Designate to consult with a CAS caseworker. If the allegation is against another child in the centre, the Manager/Designate will consult with a Children's Aid worker as to how to best protect, supervise and support both the alleged victim and abuser, and other children.
4. It is the responsibility of the person who suspects child abuse to follow through on the report to the Children's Aid Society, and the Manager/Designate will provide support and direction. When making the report, give your name, the centre name, your position and phone number to the Children's Aid worker.



5. No person will advise someone not to report suspicions of child abuse, or to try to stop the person from reporting or consulting with a Children's Aid Society. There will be no sanctions or reprimands for anyone who consults/reports suspicions of child abuse. However, disciplinary action will result if there is an attempt to stop someone from following through on the legal duty to report.
6. If a staff/student/volunteer has any further suspicions of abuse or new information with respect to a child, s/he must immediately make another report to the appropriate Children's Aid Society, regardless of any previous reports.
7. Information considered confidential cannot be kept in confidence if it is related to a suspicion of child abuse - all staff/students/volunteers must follow through on the legal duty to report.

### **Making a Report of Suspected Child Abuse**

Suspicions of child abuse must be reported "forthwith" (i.e., immediately) to a Children's Aid Society. If the child's religious affiliation is known, consult York Region Children's Aid for referral and the report can be made directly to the society of the appropriate religious affiliation if applicable.

- Children's Aid Society
- Catholic Children's Aid Society
- Jewish Family and Child Service
- Native Child and Family Services

If the child's religious or cultural affiliation is not known, or is not Catholic, Jewish or Native, the report can be made to York Region Children's Aid Society.

The telephone numbers of York Region Children's Aid is (905-895-2318 or 1-800 -718 -3850) and York Region Police 1-866-876-5423 are posted on the emergency telephone numbers.

A report to all Children's Aid Societies can be made any day, at any hour. However, if reporting after regular business hours, you will likely be required to leave a message, your name and return telephone number with an answering service. Indicate if your call is urgent. You will then need to wait for a return call from an after-hours protection worker. Leaving a message with an answering service is not considered a report - you must speak directly to a Children's Aid worker. If the staff/student/volunteer thinks the child is in immediate danger, do not wait to be called back - phone the police.

### Discussing the Situation with a Parent/Caregiver

A staff/student/volunteer who suspects abuse will not tell a parent/caregiver or child about the suspicion, the intention to report or that a report has been made until after consultation with a Children's Aid Society and confirmation that it would be appropriate to tell. Discussing any suspicions of child abuse with a parent/caregiver/child before consulting with a Children's Aid worker could jeopardize the child and/or contaminate the investigation.

In situations where the cause of the child's injuries, the nature of the child's disclosure, or the behaviors observed are not clear, consult with a Children's Aid worker before speaking to a child/parent, to discuss the appropriateness of clarifying a situation and to obtain direction. If it is appropriate to clarify any information this should be done in a non-threatening casual way. For example, asking a child "How did you get that bruise?", or asking a parent "Sharon said that you and she are going on a trip. Where are you going?"

1. Use an interested and concerned tone of voice.
2. Avoid accusatory questions or statements.
3. Ask what happened, and how it happened, rather than why.
4. Ask open-ended questions.

If someone other than the parent/caregiver is the suspected abuser, consult with the Children's Aid Society as to who should notify the child's parent/caregiver. If it is decided that it is appropriate for the staff person to inform a parent(s) of the report, emphasize to the parent both the concern for the child and the legal obligation to report suspicions of child abuse.

### DOCUMENTATION

In the event that a staff/student/volunteer suspects child abuse, a "Suspected Child Abuse Reporting Form" will be completed as soon as possible in the individual's handwriting, using pen only. If applicable, this includes identifying bruises/injuries on the child's body. i.e. bruised area on the child's left shoulder. Document only the facts - do not include how you are feeling about the incident or personal thoughts about what might have happened.

- Include the name(s) and phone number (s) of the individual(s) you spoke with at a Children's Aid Society and/or police service and any direction you were given.
- Do not make a rough copy and then rewrite in good - the original recording of the facts is your documentation. If you make a mistake, do not use white-out - cross out and initial any errors, and then continue on.
- Sign and date the documentation.

- Documentation is to be completed every time a staff/student/volunteer has reason to suspect that child abuse has occurred.
- All documentation is to be forwarded to the Manager to be kept in a secure cabinet, separate from the child's general file.

### **What to Report to a Children's Aid Society**

The staff/student/volunteer making a report of suspected child abuse to a Children's Aid Society may not have access to all the information listed below. If this is the case, do not conduct an investigation to search it out. Remember, it is imperative that the staff/student/volunteer report the information to a Children's Aid Society as soon as possible. The following is a list of information, if known, that the staff should be prepared to provide to the Children's Aid Society in making a report of child abuse.

#### **INFORMATION ABOUT THE CHILD(REN)**

- Identifying information (e.g. name and address of child, primary caregiver).
- Current whereabouts of the child/family.
- Present physical and/or emotional condition of the child.
- Any special vulnerabilities, medical conditions, communication issues.
- The name of the centre attended.

#### **CIRCUMSTANCES WHICH PROMPTED THE REPORT**

- What was it that led to the report being made today?
- What are the sources of the information for the report?
- What are the details regarding concerns, or the incident which precipitated making the report today?
- Do you know of any other relevant incidents or have any other information?
- What actions, if any, have you taken prior to reporting the matter to the Children's Aid Society?

#### **INFORMATION ABOUT THE CHILD'S FAMILY AND THE ALLEGED OFFENDER**

- Parents: Names, Dates of Birth, Address (es), Telephone Numbers, Places of Work.

- Alleged Offender: Name, Date of Birth. If not the parent: the alleged offender's relationship to the child, address, phone number, place of work.
- Current whereabouts of the alleged offender.
- Does the alleged offender have access to the child, siblings or other children?
- What is the parents' awareness of/admission/reaction to the suspected abuse and the child's disclosure?
- What is the language spoken by the parents, the alleged offender?
- Are there any cultural considerations?
- The name of the child's/family's physician.
- Any concerns for family members with respect to mental health, physical illness, substance abuse, weapons and/or violence?
- Names and addresses of extended family members and others who could be supportive to the child and family.

#### **OTHER INFORMATION**

- Who else has direct knowledge of the incident being reported?
- Who else may have observed the child, or other incidents?
- Who else knows this family well?
- What other professionals or agencies may be involved with the child and family?

#### **IF A STAFF/STUDENT/VOLUNTEER IS SUSPECTED OF CHILD ABUSE**

1. If a staff/student/volunteer/parent suspects another caregiver in the centre of abusing a child (ren) in care, s/he should inform the Manager/Designate of the intention to call a Children's Aid Society. If the allegations are made by a parent, inform the parent of his/her duty to report to a Children's Aid Society, and the Manager's obligation to also speak with a child protection worker. The staff person with whom the parent spoke will immediately inform the Manager of the parent's allegation. If the staff person suspected of abuse is the Manager, then the Chief Human Resources Officer should be informed.
2. The staff/student/volunteer making the allegation will follow the reporting procedure outlined above and will complete the necessary documentation.
3. The person suspected of abuse will not be told by anyone about the suspicion, the intention to report or that a report has been made until after the Manger/Designate has consulted with a Children's Aid worker for direction.

4. The Manager/Designate will consult with a child protection worker as to what, if anything should be done to protect a child (ren) at the centre from further contact from the alleged abuser.

5. The Manager/Designate will notify a Ministry of Education program adviser within 24 hours of the occurrence and file a CCLS Serious Occurrence Report. All Serious Occurrence Policies including additions will be followed as per the Serious Occurrence Policy & Serious Occurrence Notification Protocol. In situations of allegations of abuse by centre employees/students a Serious Occurrence Notification Form will be posted when the following have been concluded: The CAS has conducted its investigation and the allegation is either verified or not verified or CAS has determined that an investigation will not be conducted and the Ministry has investigated any associated licensing non-compliance. Upon completion of the investigation the form will provide clear, concise information including possible CAS/ Ministry investigation, verification/non verification of allegation, directions provided by CAS and actions taken, any associated non-compliance licensing items to be addressed and actions taken.

In the event a Serious Occurrence has been filed regarding a Verified Complaint: The Serious Occurrence Notification Form will be posted regarding a complaint within 24 hours of the occurrence once the complaint has been verified and action has been taken to address the issue. In the event a Serious Occurrence has been reported to the Ministry regarding a non-verified complaint and no action has been taken, the occurrence will not be posted within 24 hours. Once the complaint has been verified or not verified, the Serious Occurrence Notification Form is posted.

The local Ministry of Education Quality Assurance and Licensing Unit Program Advisor may be contacted at 905 895 4150 or 1-877 -510 - 5333 in the event there is uncertainty regarding the posting of the Serious Occurrence Notification Form.

6. The Manager/Designate will immediately notify the Chief Human Resources Officer, who in consultation with the Manager, Children's Aid Society and if required legal counsel will determine what action, if any, will be taken with respect to the suspected person's job responsibilities.

7. The operator will immediately contact the Hospital's Risk Manager when abuse by a staff member is suspected.

8. The Child Care Manager will meet with the suspected person to discuss any procedures for a change in duties, responsibilities, etc. In consultation with the Chief Human Resources Officer the Child Care Manager will follow-up with a written confirmation of any decisions and the reasons for such, a copy of which is to be given to the suspected person, and a copy retained on file.

### **When the Children's Aid Society/Police Conduct an Investigation at the Centre**

When child abuse has been reported, the investigative team may request permission from the Child Care Center to interview a child on the premises. All efforts will be made by staff to cooperate with the police/child protection worker in order for the investigation to be completed in such a way as to provide the least disruption to the day-to-day operations of the centre. Should the investigative team's request to interview the child at the centre be refused by the Manager/Hospital Official for any reason, the child may be apprehended (with or without a warrant) and removed from the centre.

1. If the authorities have told any staff/student/volunteer of the intention to come to the centre, the Manager is to be notified immediately.
2. The Manager will arrange for an appropriate private location for the interview to be conducted. When the authorities arrive, the Manager will ask for identification upon their arrival.
3. If a Children's Aid worker/police officer arrives unannounced, the Manager will ask for identification and call his/her respective offices to confirm that s/he is a representative of a child protection/police service.
4. The police/child protection worker may determine that it would be in the best interests of the child to conduct an interview without the prior knowledge of, and without the child's parent(s) present. All staff involved must respect this decision, and not speak to the parent(s) until further notice.
5. The Manager will prearrange with the investigative team, if a support person from the centre can be present when the child is being interviewed. Any support person who agrees to attend the interview will be reminded by the Manager, that s/he may be required to attend and testify in court proceedings related to the case.
6. If, after interviewing a child, the investigative team feels it is necessary to apprehend the child, the Manager/staff/students/volunteers will cooperate. The

Manager will clarify with the investigative team who will be responsible for contacting the parent(s).

7. The Manager will document the names of the investigative team, the date, time, how long the authorities were at the centre, and any relevant outcome. The documentation will be kept in a secure cabinet, separate from the child's general file.

### **When the Children's Aid Society/Police Conduct an Investigative Telephone Inquiry**

Should a staff member receive a call from a child protection worker and/or police officer who telephones the Child Care & Early Learning Centre to gather information with respect to the protection of a child, that staff person will follow the steps outlined below.

1. Ask the person on the telephone for his/her full name, telephone number and name of the agency that s/he represents.
2. In order to ensure that the person calling is a child protection worker/police officer, the staff member will inform the person calling that s/he will be called backed immediately.
3. The staff member will immediately call the person back, confirming that the telephone number is that of a Children's Aid Society and/or police division, and that the individual inquiring about a child is a representative of said agency.
4. A staff member may answer questions posed by a child protection worker/police officer and provide information over the telephone as long as the information is related to suspicions of child abuse and the protection of the child.
5. The staff member is to immediately inform the Manager of any telephone conversations that have occurred between the staff member and a child protection worker/police officer.
6. The staff member will document the telephone call, including the date, time and length of the call, and the name of the child protection worker/police officer. All documentation is to be forwarded to the Manager to be kept in a secure cabinet, separate from the child's general file.

### Further Consultation with a Children's Aid Society

Further contact with a Children's Aid Society may be initiated by the Manager/staff/student/volunteer in the following circumstances:

- A worker has not responded to the individual's initial call/message;
- The individual believes that the concerns reported on behalf of the child have not been fully understood by the worker, and a second opinion from a supervisor at the Children's Aid Society is desired;
- Any further suspicions of abuse occur;
- Changes in the family situation or that of the alleged abuser are discovered;
- The child or alleged abuser transfers out of the centre; and/or
- The child does not return to the centre when expected.

The manager will be notified if a staff/student/volunteer re-contacts a Children's Aid Society. The person who re-contacted a Children's Aid Society is responsible to complete the documentation.

### Confidentiality and Disclosure of Information to Others

Any information related to a suspicion or report of child abuse is confidential between the person directly involved, the person making the report and a Children's Aid Society. The Manager, in consultation with a Children's Aid Society, will give direction regarding the appropriate sharing of information with staff/students/volunteers/ and/or Hospital Officials. Discussing any information with others related to a situation of suspected child abuse outside the designated individuals is a breach of Mackenzie Health confidentiality.

In a case where a child has been apprehended by a Children's Aid Society, the Manager will speak to a worker to determine whether or not the child will return to the centre as scheduled.

### Students on Placement at the Centre

When a student is on placement at the centre, s/he is expected to follow the centre's Policies and Procedures Regarding Child Abuse.

### Policy Implementation

Before commencing employment/placement/volunteering, staff/ students/volunteers will be asked to sign a form stating that all the policies and procedures with respect to child abuse have been read, understood and will be followed. Updated policies and procedures will be brought to the attention of all staff/students/volunteers for their advisement and signature.



### **Policy Review**

The policies and procedures with respect to child abuse will be reviewed annually by the Manager, and updated accordingly.

**SUSPECTED CHILD ABUSE REPORTING FORM GUIDE**

Name of the child:

Date &amp; time of observation:

Describe fully the incident, situation, statement, or behavioral and/or physical indicators of abuse including dates and times. Describe fully, using the child's words, the interaction between the child and the person to whom the child disclosed.

Describe fully the physical condition of the child, including injuries, burns, welts, and/or signs of illness.

Describe fully the emotional condition of the child, including any behavioral problems, and the child's response upon disclosure. Are there any noticeable changes in the child's behaviour patterns?

If known, describe fully the risks of further abuse to the child, including the access of the alleged abuser to the child.

Describe fully the action taken on behalf of the child, including any advice/instructions from a Children's Aid Society.

Date & time reported to  
Children's Aid Society:

Outcome of call:

Worker's name:

Phone number:

Signature of person:  
completed:

Date &amp; time documentation

## Child Abuse Policy

This is to confirm that I have read and fully understood the 2015 Child Abuse Policy.

I am aware of my roles and responsibilities in regard to such policy and am prepared to fulfill them.

Name \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

The Ontario Child and Family Services Act (CFSA) Section 72(1)(3) requires professional persons to report a child's need for protection.

"The Act recognises that persons working closely with children have a special awareness of children who may be in an abusive or neglectful situation. Thus the legislation gives these professionals a particular reporting responsibility.<sup>3</sup> The Act includes physical, sexual and emotional abuse and neglect.

A professional or official who in the course of his/her duties with respect to a child has reasonable grounds to suspect that a child is or may be suffering or may have suffered abuse or neglect shall report forthwith the suspicion and the information upon which it is based to a Children's Aid Society."

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<sup>3</sup> Reporting Child Abuse Ministry of Community and Social Services

Queen's Printer for Ontario, 1995

In the event Child Care Staff suspect child abuse or neglect as a result of disclosure by the child, behaviour(s) or evidence of suspected abuse the following procedure will be implemented:

1. The staff person will immediately consult with the Child Care Manager.
2. The Manager will provide guidance on whether or not a report should be made to the Children's Aid Society.
3. The Manager will indicate to the staff involved whether or not the Manager will report the incident.
4. If the Manager does not report, there remains a legal responsibility on the part of the staff member to report any suspicions still unanswered directly to the Children's Aid Society and the area office of the Ministry of Children and Youth Services.

This is a very difficult process for all involved. It is a legal responsibility and like all matters of a sensitive nature in the centre reporting will be held in strict confidence.

## CRIMINAL REFERENCE CHECK POLICY

### Vulnerable Sector Screening

Ontario Regulation 137/15 of the Child Care and Early Years Act (CCEYA) require all licensed child care programs to implement a criminal reference/vulnerable sector screening check for individuals considered for employment or students/volunteers participating in the operation of the agency. This screening applies to all individuals 18 years of age and older who will be in direct contact with the children at Mackenzie Health Child Care and Early Learning Centre. 137/15 as of September 2015 all child care staff reference checks were updated and are on file. Staff is required to obtain and submit a new VS check every five years. Staff and students are required to provide offence declarations for every year that a vulnerable service check is not required.

“Criminal reference checking is a precautionary measure designed to ascertain whether employees/student-teachers/volunteers providing direct service to children have a criminal history which could potentially make them unsuitable for certain positions of trust.”

Mackenzie Health Child Care & Early Learning Centre requires that all staff members, supervisors, teachers, assistants, parents, caregivers and volunteers, who have direct contact with children, must have a Criminal Reference vulnerable sector screening through the applicants local Police Department/Service before beginning work or volunteer service.

The cost of the reference check is the responsibility of the person obtaining the criminal reference check.

Reviewed and Revised January 2017

### Other Persons at Child Care Centre

Other Persons at Child Care Centre: Any person who provides child care or other services to a child who receives child care at the child care centre, other than an employee, volunteer or student.

Ontario Regulation 137/15

61.1(1) Every licensee of a child care centre shall obtain, in respect of any person who provides child care or other services to a child who receives child care at the child care centre, other than a person described in subsection 60(1),

(a) an offence declaration from the person; or

- (b) an attestation forms the person's employer or from the person or entity who retained the person's services that,
  - (i) the employer, person or entity has obtained and reviewed a vulnerable sector check from that person,
  - (ii) the vulnerable sector check was performed within the last five years, and
  - (iii) the vulnerable sector check did not list any convictions for any offences under the *Criminal Code* (Canada) listed in subparagraph 1 ii of subsection 9(1) of the *Child Care and Early Years Act, 2014*.
- (2) A licensee shall obtain the offence declaration or attestation described in subsection (1) in respect of a person,
  - (a) before the person begins interacting with children at the child care centre; and
  - (b) every year thereafter, no later than 15 days after the anniversary date of the most recent offence declaration or attestation, if the person continues to provide such child care or other services

This provision supports the licensee in promoting the health, safety, and well-being of children in their program by requiring all persons entering the centre and working directly with children to provide the necessary screening.

Definitions:

**Criminal Reference Check:**

A document concerning an individual that was prepared by a police force or service from national data on the Canadian Police Information Centre system, contains information concerning the individual's personal criminal history, and may include criminal convictions and findings of guilt under the Youth Criminal Justice Act.

**Offence Declaration:**

A written declaration signed by an individual that lists all of the individual's convictions for offences under the Criminal Code (Canada), if any, during the period specified in the declaration.

**Other Persons at Child Care Centre:**

Any person who provides child care or other services to a child who receives child care at the child care centre, other than an employee, volunteer or student.

**Police Record Check:**

A search of entries that are held in police databases pertaining to a specific individual. The two types of police record checks referenced in the CCEYA are criminal reference checks and vulnerable sector checks.

**Vulnerable Sector Check:**

An enhanced type of police record check that may include criminal convictions, findings of guilt under the Youth Criminal Justice Act, outstanding charges, arrest warrants, certain judicial orders, absolute discharges, conditional discharges, other records as authorized by the Criminal Records Act, findings of not criminally responsible due to mental disorder, record suspensions (pardons) related to sexually-based offences, and non-conviction information related to the predation of a child or other vulnerable person (i.e., charges that were withdrawn, dismissed or stayed, or that resulted in acquittals).

A vulnerable sector check is conducted in cases where an individual would be in an employment or volunteer position of trust or authority over children or other vulnerable persons.

**Timing for New Criminal Reference Check and Offence Declaration**

Regulation 137/15 states:

62(1) Every licensee of a child care centre shall obtain, from each person from whom it has previously obtained a vulnerable sector check,

- (a) A new vulnerable sector check, on or before every fifth anniversary after the date of the most recent vulnerable sector check; and
- (b) An new offence declaration, in every calendar year except a year in which a vulnerable sector check is obtained.

(2) Each offence declaration shall address the period since the most recent offence declaration or vulnerable sector check and must be obtained by the licensee no later than 15 days after the anniversary date of the most recent offence declaration or vulnerable sector check.

(3) Subsection (1) applies only if the person continues to be in a position where he or she interacts with children receiving child care at a child care centre.

- (4) Any person from whom a licensee is required to obtain a vulnerable sector check is required to provide the licensee with an offence declaration, as soon as reasonably possible, any time he or she is convicted of an offence under the Criminal Code (Canada).

**Terminology:** An offence declaration is a written declaration signed by an individual that lists all the individual's convictions for offences under the Criminal Code (Canada), if any, up to the date of the declaration, that are not included in the most recent police vulnerable sector check obtained by the licensee.

**Subsection 7.2 – Exceptions (E) Additional Measures:** The following requirements as set out by the regulations would be put into effect if a staff was required prior to obtaining a vulnerable sector check.

61(1) ..... A licensee may permit a person who has not provided a vulnerable sector check to start their employment .... Or otherwise start interacting with children at a child care centre.....if,

- (a) The licensee requires the person to apply to obtain a vulnerable sector check as soon as reasonably possible;
  - (b) The length of time required to obtain a vulnerable sector check justifies it; and
  - (c) The employer puts additional measures in place to protect children who interact with the person until the vulnerable sector check is obtained.
- (E) Where a vulnerable sector check has not yet been obtained and the person has already started interacting with children:
- 1) There is written evidence (e.g. receipt) from the local police force that confirms that a request for a vulnerable sector check was submitted. Or... There is a written plan for obtaining the vulnerable sector check that includes an estimation of the length of time it will take to obtain the vulnerable sector check.
  - 2) Additional measures to support children's safety have been implemented, such as:
    - a. Not leaving children alone /unsupervised with the individual until a vulnerable sector check is obtained
    - b. A declaration from the new hire requiring a vulnerable sector check that the person does not have any previous offences that would contravene Section 9 of the Act; and
    - c. Following any other measure identified in the licensee's criminal reference check policy.
    - d. Staff verbally confirm that the additional measures are followed



Sections 61(2) (3) (4) refer to employees under 18 years turning 19 years of age.

**Mackenzie Health does not hire staff under 18 years as child care centre employees.**

Process for Obtaining and Submission:

Upon meeting all other requirements for the position candidates will be informed of the purpose and intent of the policy and will be required to provide written and signed consent for a **Vulnerable Sector Screening** criminal reference check which will be obtained from the local police. This information may be used only for hiring purposes.

The Criminal Reference Check must be:

- a) Conducted by a police force; and
- b) Prepared no earlier than six months before the day it is obtained by the centre

In accordance with the legislation the centre shall obtain a vulnerable sector check from:

- a) Every employee, before the person begins their employment;
- b) Every volunteer or student who is on an educational placement with the licensee, before the person begins interacting with children at the child care centre.

Students may provide a true copy of a vulnerable sector check except that: If more than 6 months but less than 5 years have passed since the day the vulnerable sector check was performed, the student must also provide an offence declaration that addresses the period since that day; and

The centre may not accept a copy of a vulnerable sector check if more than 5 years have passed since the day it was performed, and in this case the student must provide a new vulnerable sector check or true copy.

The centre may terminate a person's employment or student position after receiving the vulnerable sector check if the vulnerable sector check identifies past convictions that cause the centre to believe the individual is unfit to work with children, including convictions for any offence set out in Section 9 of the CCEYA.

## Confidential Protection

(C) The obtained, verified information will be confidential and a true copy will be secured in the candidate's personal file in Human Resource Services. Upon hiring, the original, embossed copy will be maintained in the staff or VSC file within the child care centre for Ministry Inspection.

In the event of a negative criminal reference check the hiring process will continue at the discretion of the employer.

In the event of a positive criminal reference check the employer will review the nature and circumstances surrounding the charges and convictions on an individual basis and will employ discretion regarding hiring. All other relevant information i.e. references from past employers, rehabilitative programs and subsequent efforts made by the candidate will be considered.

If the candidate is deemed inappropriate, human resource services management will notify the individual of the decision. If the necessity arises that a conditional job offer is made and the candidate is required to work during the period the criminal reference check is being processed the candidate will have supervised access to children. The centre will retain the right to terminate employment should it be considered appropriate once the results are received.

In the event a candidate refuses to consent to a criminal reference check this would result in immediate disqualification for the position.

## Procedures:

(A) Employment postings and advertisements for child care centre positions will indicate criminal reference checks will be mandatory.

The candidate will complete a Vulnerable Sector Screening Request Form when being considered for employment in the child care centre.

All expenses incurred will be the responsibility of the candidate.

(B) The applicant will provide Human Resources with the verified (embossed seal) form returned by the police. Human Resources will retain a true copy and the original will be retained in the child care centre.

(C) Upon receipt of a negative response, indicating there is no criminal record the recruitment process will proceed at the discretion of the Human Resources Director.

Upon receipt of a positive response, indicating the existence of a criminal record the Director of Human Resources will obtain details from the prospective employee and will determine further procedure as deemed appropriate. All factors i.e. the nature and circumstances of the positive results will be considered.

The following circumstances would automatically disqualify a candidate for employment, volunteer or student placement consideration:

Subsection 7.6 Past Conduct

Staff Screening Measures:12.1-12.7

CCEYA, 2014

9(1) i.,ii.,iii. set out a number of offences and convictions that prohibit an individual from providing child care ...as well as

9(2) an individual found guilty of professional misconduct resulting in revoked membership or restricted practice by their professional regulatory body.

## EMERGENCY MANAGEMENT POLICY AND PROCEDURES

Name of Child Care Centre: Mackenzie Health Child Care & Early Learning Centre

Date Policy and Procedures Established September, 2017

Date Policy and Procedures Updated: \_\_\_\_\_

Mackenzie Health Child Care & Early Learning Centre

Please also see Hospital Emergency Management Policies and Procedures

### Policy

This policy was created to ensure in the event of an emergency, staff and children are aware of procedures & evacuation protocols. To take immediate action & ensure the safety of all children and staff in the child care centre.

The following is our off-site meeting place in case of evacuation:  
Mackenzie Health (10 Trench Street) Designated area within the hospital Or  
Alexander Mackenzie High School  
300 Major Mackenzie Dr.W  
Tel: 905-884-0554

### Procedures

<p><b>Roles and Responsibilities of Staff During an Emergency</b></p>	<p><b>Emergency-</b> at a child care centre means an urgent or pressing situation in which immediate action is required to ensure the safety of children and adults in the centre.</p> <p>Each Staff in each classroom will have a role to direct the children to safety.</p> <ol style="list-style-type: none"> <li>1. In the event of an emergency the supervisor or senior staff will call the emergency hospital number 5555 or 9-911 and advise them of situation.</li> <li>2. CEO/Manager/Administrator-on-Call/Shift Manager' Supervisor, assess and will contact appropriate emergency team contact. (Police, Fire etc.)</li> <li>3. Staff A will calmly gather children within the classrooms, count/take attendance, to make sure all are accounted for.</li> <li>4. Staff B will collect all children's daily attendance record, emergency files, first aid kits, epipens and any medications that may be required for immediate attention.</li> <li>5. Staff will provide extra help to assist children with special needs if required.</li> <li>6. Supervisor or delegated staff will search the area</li> </ol>
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	<p>to ensure all children were received.</p> <ol style="list-style-type: none"> <li>7. Staff will follow evacuation procedure and evacuate outside onto the playground area, wait for further instruction from emergency delegate team.</li> <li>8. Staff will take attendance with children again, once outside.</li> <li>9. Once given designated shelter area, staff will calmly assist children to walk over to area.</li> <li>10. At emergency designated space, staff will supervise children ensure safety and well-being.</li> <li>11. Supervisor or delegated staff will start to contact/notify all families.</li> </ol>
<p><b>Providing Additional Support for any Child or Adult who Needs it in Case of an Emergency</b> (including the consideration of special medical needs)</p>	<ol style="list-style-type: none"> <li>1. Staff will help assist any child/adult who requires extra support, whether by carrying the child or by providing a wagon easier for transportation. Based on the individual child's/adults needs, ensure safety and support.</li> <li>2. Staff will have collected EpiPens or any medications that may be required for emergency attention.</li> </ol>
<p><b>Ensuring Children's Safety and Maintaining Appropriate Levels of Supervision During an Emergency</b></p>	<p>Mackenzie health Child Care Centre all staff has been instructed as to his/her responsibilities in the event of an emergency and or evacuation before commencing work. All staff are responsible to read/ review the policy and sign-off.</p> <ol style="list-style-type: none"> <li>1. All staff is to supervise all children and communicate between their team members.</li> <li>2. The supervisor or delegated staff will do a walkthrough at the child care centre to ensure all children are accounted for during/ or shortly after evacuation outside.</li> <li>3. Emergency response teams, police, fire fighters etc. help with providing the staff support/direction as to next steps (eg.Evacuation) and the staff can calmly continue to provide/support children.</li> </ol>
<p><b>Communication with Parents</b></p>	<ul style="list-style-type: none"> <li>• In the event of an emergency that may or may not require the evacuation of the centre, such as fire, power outages, no heat, bomb threat, gas leak, flood etc.</li> <li>• Arrangements have been made to take the children to alternate temporary designated location. Either in Mackenzie Health Hospital or Alexander Mackenzie High School.</li> <li>• Every attempt will be made to notify the parents</li> </ul>

	<p>that an evacuation has occurred.</p> <ul style="list-style-type: none"> <li>• Supervisor and or delegated Staff will contact parents by phone and if available by emails too.</li> <li>• As we have a lot of Mackenzie Health Employees children in attendance...the hospital intercom is also a way of communication to some of the parents, whose children are in attendance. This will let the parents know if an emergency occurred and we evacuate, where their children will be and their safety/well-being.</li> </ul>
<p><b>Contacting Appropriate Emergency Response Agencies</b></p>	<ol style="list-style-type: none"> <li>1. At Mackenzie Health Child Care Centre for all emergencies, either the supervisor or senior staff first call's 5555 or 9- 911 and provides the information on what is the emergency. (Fire, Gas Leak, bomb threat etc.)</li> <li>2. CEO/Manager/Administrator-on-Call/Shift Manager' Supervisor, assess and will contact appropriate emergency team contact. (Police, Fire etc.)</li> <li>3. All emergency contact information is located in every classroom, and accessible as well as in our emergency files.</li> <li>4. Staff could also refer to the back of their ID tags for all emergency codes.</li> </ol>
<p><b>Addressing Recovery from an Emergency</b></p>	<ol style="list-style-type: none"> <li>1. After the emergency and in recovery, management collaborates and evaluate how good/ bad the situation went/was with staff, parents and other support teams (Security Occ. Health etc.)</li> <li>2. Precautions that are discussed can be documented and put into place to help minimize the effects of an emergency moving forward.</li> </ol>
<p><b>Debriefing Staff, Children and Parents After an Emergency</b></p>	<p>It can be beneficial for staff, children and parents to be debriefed after an emergency. Each can be expressed differently or the same (simplify for children). Staff can use circle time with puppets, books, activities to help with explaining and understanding what occurred.</p> <p>Partnerships with families to strengthen support the physical and emotional health, safety, and well-being are our primary consideration for children, family and educators. A notice may be posted for everyone as well.</p> <ol style="list-style-type: none"> <li>1. Receiving an explanation</li> <li>2. Receiving information and situation-based reminders of context</li> <li>3. Reflection of performance and opportunities to</li> </ol>

	<p>interactively between all participants.</p> <ol style="list-style-type: none"> <li>4. Self- reflection</li> <li>5. Provide resources to staff, children and parents if requested. (Occ.Health, Kids help Phone, Kinark Child &amp; Family Services etc.)</li> </ol>
<p><b>Resuming Normal Operations of the Child Care Centre</b></p>	<p>At Mackenzie Health Child Care Centre we are committed to fostering a positive sense of self, well-being and healthy development in each child.</p> <ol style="list-style-type: none"> <li>1. Manager or senior delegate will communicate verbally, written or by phone to reach out to families, staff and or students as to returning back to the child care centre. To offer reassurance of the safety and well-being of everyone. To provide support &amp; guidance if needed to all affected.</li> <li>2. Staff, children and parents resume to normal day to day operations (as routines will help).</li> </ol>
<p><b>Supporting Children and Staff Who May Have Experienced Distress During an Emergency</b></p>	<p>A range of support services for children, families and staff can be accessed through the York Region website. <a href="http://www.york.ca">http://www.york.ca</a></p> <p>If staffs are in need of support, the Supervisor and/or Occupational Health unit can help with setting up /supporting individual needs (best resolution for situation).</p> <p><b>Contact and external resources are made available:</b></p> <p>Mackenzie Health Richmond Hill Hospital Main Line (905) 883-1212 MH Hospital Security Urgent X 6666 Stat MH Non-Urgent Security X 2310 Occupational Health Unit X 7290</p> <p>York Region Public Health Connection <a href="http://www.york.ca">www.york.ca</a> <a href="mailto:HC@york.ca">HC@york.ca</a> 1.800.361.5653</p> <p>Blue Hills Child and Family Services York Region <a href="http://www.bluehillscentre.ca">www.bluehillscentre.ca</a> <a href="mailto:bluehills@bluehillscentre.ca">bluehills@bluehillscentre.ca</a> 905.773.4323</p> <p>York Region Public Health, Infectious Diseases Control Division Inspection/Outbreak 1877-464-9675x73588</p>

## FIRE EMERGENCY PROCEDURE

### Mackenzie Health Child Care and Early Learning Centre

IN ADVANCE OF EMERGENCY, STAFF WILL **If Developmentally Appropriate:**  
Teach the children an immediate response when the emergency signal is heard –  
STAND, FACE THE TEACHER, LINE UP AT THE DOOR, Prepare for possible  
EXIT OF THE BUILDING THROUGH THE CLOSEST EXIT OR **IN INFANT &  
TODDLER AREAS – GATHER CHILDREN TOGETHER IN SAFE LOCATION**

IN THE EVENT OF FIRE OR FIRE DRILL:

THE PERSON WHO DISCOVERS THE FIRE WILL:

**Keep Calm and .....R E A C T**

- R**     **Remove** anyone in the room / area of the fire.  
              Shout out **“Code Red”** and give the location for assistance.
- E**     **Ensure** the door(s) is closed to confine fire and smoke.  
              Close other doors and windows in the fire zone.
- A**     **Alarm**  
              Activate the nearest fire alarm pull station.
- C**     **Call the Switchboard at 5555.**  
              Give the exact location and nature of the fire.
- T**     **Try** to extinguish the fire (if safe to do so)  
              or concentrate on further evacuation.

**IN EACH PLAYROOM:**

#### **STAFF (A)**

WILL BE READY TO DIRECT THE CHILDREN TO THE SAFEST AND CLOSEST EXIT.

#### **STAFF (B)**

WILL RETRIEVE MEDICATION, EMERGENCY INFORMATION CARDS,  
AND THE CURRENT ATTENDANCE RECORD. AN ATTENDANCE RECORD  
WILL BE TAKEN TO ENSURE ALL CHILDREN ARE ACCOUNTED FOR.

**INFANT ROOM STAFF – IN ADDITION TO STATED DUTIES PLACE  
CHILDREN IN EVACUATION CRIB IF NECESSARY**

THE MOST SENIOR DESIGNATED STAFF WILL SEARCH THE PREMISES TO  
ENSURE ALL PERSONS ARE IN THEIR DESIGNATED SECTOR OF THE  
CHILD CARE CENTRE and will turn off any electrical appliances.

IF NECESSARY GO TO CODE GREEN AND EVACUATE TO THE DESIGNATE  
SHELTER LOCATION: **EMERGENCY DESIGNATED HOSPITAL SPACE**  
**Or ALEXANDER MACKENZIE HIGH SCHOOL.** NOTIFY PARENTS.



## Emergency Telephone Numbers

**Fire** ..... **Dial 5555**  
**Announce Code Red**  
**Be prepared to provide exact location of the fire.**  
**Maintain an open line. DO NOT HANG UP.**

**Ambulance** *Dial 9 Ask for 911 Keep an Open Line*

**Police** *Dial 9 Ask for 911 Keep an Open Line*

Fire Non-Urgent	(905) 883 5444
Police Non-Emergency	(905) 773-1221
Mackenzie Health Richmond Hill	
<b>Hospital</b> Main Line	(905) 883-1212
<b>MH Hospital Security Urgent</b>	<b>6666 Stat</b>
<b>MH</b> Non-Urgent Security	2310
Occupational Health Unit	7290

<b>Poison Information Centre</b>	<b>1-800-268-9017</b>
Poison Information Centre	(416) 813-5900 (Poison)
Hospital for Sick Children	(416) 813-1500 (Med. Info)
Telehealth Ontario	1-866-797-0000

<i>York Region Public Health Connection</i>	<i>1-800-361-5653</i>
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*York Region Community & Health services Department (905) 762 - 2090*

York Region Health Inspector	
Terry Ho	(905) 762-1282 x 74692
Samantha Tan	(905) 762-1282 x 74661

<i>York Region Public Health, Infectious Diseases Control Division</i>		
Inspection/Outbreak		1-877-464-9675x73588
After	Hours	905-953-6478
TAXI		(905) 477-2227

MINISTRY OF EDUCATION

*Child Care Quality Assurance and Licensing Branch Barrie Region*

Toll free- **1-877 -510 - 5333**

**Serious Occurrence MCSS Reporting**  
**CCLS Reporting – Office of Stav D’Andrea or Office of Altaf Stationwala**  
**MH Administer On -Call 4111 Locating**

# Covid-19 New Health and Safety operational measures, for Mackenzie Health Child Care & Early Learning Centre

The government of Ontario has announced licensed child care centres will be permitted re-open starting June 12, 2020. To support preparations for this re-opening, we are required to follow all existing health and safety requirements as directed by local medical officer of health, the Child Care and Early Years Act, 2014 (CCEYA) and other policies issued by the Ministry of Education.

For this document, is to identify and improve preparedness and management of covid-19 through the development of policies and procedures, adherence to infection prevention and control practices and appropriate response planning to ensure the health and safety of staff, children, parents/guardians.

Date Policies and Procedures established: August, 2020

Date Policies and Procedures Updated: November 2020

**Pandemic Policy and Health Safety Requirements** \*Refer to Appendix A

**Health Screening Procedure Policy** \*Refer to Appendix B

**Enhanced Cleaning & Sanitization Policy** \*Refer to Appendix C

**Equipment & Toys Disinfecting Procedure Policy** \*Refer to Appendix D

## Pandemic Policy

Development date: August 26, 2020

Ministry Approval Date: TBD

*Mackenzie Health Child Care & Early Learning Centre* (herein after referred to as “MHCC&ELC”) to provide support and services to families and children in an environment that is as safe and healthy as possible. We will make every effort to continue to operate our services and protect employees and parents/guardians from emergency situations including pandemics.

In the event of a pandemic, our goal is to remain available as much as possible until authorities dictate otherwise.

The purpose of this policy is to provide a framework for MHCC&ELC to mitigate risk and prepare for the potential impacts of a pandemic from reduced services to potential closures.

### WHAT IS A PANDEMIC?

A pandemic is a global event. A flu pandemic starts with a new strain of virus to which people have little or no immunity. To be considered a pandemic, the new virus must be able to spread easily from person to person and cause illness in many of the people who are infected. When it spreads around the world, it is called a pandemic. The World Health Organization (WHO) sets the pandemic alert level globally. The pandemic level is set based on the spread of the virus, not the severity of the illness.

### POLICY

MHCC&ELC is required to follow guidelines set out by the Public Health Agency of Canada, Ontario Ministry of Health, and the Regional Public Health/Medical Officer of Health for proper infection prevention. Our responsibility is to ensure infection prevention practices are carried out properly to prevent the spread of illness among employees, placement students, children, and volunteers. Policies and procedures are assessed and monitored to ensure our employees, placement students, and volunteers are consistently and carefully carrying them out.

MHCC&ELC will ensure our pandemic plan and service continuity and interruption plans align with the all the Public Health Agency of Canada, Ontario Ministry of Health, and the Regional Public Health/Medical Officer of Health plans.

### IMPACT PLANNING

MHCC&ELC will review and plan for the following:

- Sudden increase in employee and child absenteeism
- Maintaining staffing ratios

- Interruption of supplies and services (food, paper product, cleaning products)
- Regular program services and supplies scaled back or not available (transportation, field trips, etc.)
- Maintenance/cleaning services reduced or cancelled
- Administration activities are changed, reduced, or cancelled
- Cross training additional employees to ensure organizational stability in case the manager is unable to be in charge (designate)
- Reduction of outside supports (consultants, children's services etc.)
- Temporarily or permanently laying off employees
- Potential closure (short term and long term)
- Financial loss due to decreased revenue, funding, and increased or additional costs
- Potential changes or additional duties for employees
- Spread of the infection within the centre and within the community
- Communication of the plan with employees, families/clients, funders, and community
- Re-opening of the organization after a shutdown
- Occupational health and safety implications

## **INFECTION PREVENTION**

MHCC&ELC will take all steps required to ensure a safe and healthy environment in all our programs including:

- Early identification of ill employees and children
- Isolating children who become ill during the program until they are picked up
- Sending employees home should they become ill during the day
- Sending children home if they have been exposed to an identified contagion
- Sending staff home if they have been exposed to an identified contagion
- Following all governmental/public health recommendations related to removing staff, children, and parents from the program if they have been exposed to a potential health risk.
- Requiring an employee, who has been placed in quarantine or has a contagious illness to acquire a fit for duty or medical clearance before they return to the workplace
- Requiring an employee, who has travelled or been in contact with someone who has travelled to areas deemed a health risk to follow government guidelines regarding self-isolation (i.e. quarantine for a number of days)
- Requiring employees to sign a declaration stating they have not traveled during a pandemic or have been in contact with someone who has travelled to areas deemed a health risk or travel advisory.

## **EMERGENCY COMMUNICATION**

The Senior Leadership Team and Manager of the Centre oversee implementing the organizations emergency communication plan. Internal communication to all employees, families/clients will be by phone or email, signs will be posted on all entrances/exits.

Information will be specific to the nature of the situation:

- Safety and well-being of everyone at the centre
- Reduction of services and programs
- Changes in delivery of services and programs
- Shutdown of the organization
- Refund/no refund policy to be shared with clients
- Status updates
- Evacuation plan/location
- Reopening of the organization

External communication to the municipal, regional, licensing bodies, and the community will be conducted by the manager. The external contact information for the following agencies/individuals are located/posted by each phone in each classroom.

## **AUTHORITY TO SHUTDOWN THE ORGANIZATION**

MHCC&ELC will follow all directions and recommendations from Ontario Public Health officials and the Provincial/Federal Government should a pandemic be declared. The Public Health Act and The Emergency Measures Act authorize all levels of government to order a shutdown of services during a pandemic.

## **PROCEDURES**

MHCC&ELC will proactively develop a contact list of alternatives to provide supports and services to the organization. The list of names and contact information will be kept in our policy handbook.

- Supply staffing
- To deliver additional supplies (cleaning, program, personal protection equipment, etc.)
- To provide cleaning services
- To authorize funds to acquire emergency supplies

If a pandemic is declared and the organization remains open:

- Secure staffing to maintain ratios and safety utilizing all available part-time, supply and/or an outside agency staff
- Ensure additional staff are available to provide relief where required
- Modify shifts where required

- Identify which programs can be modified to accommodate possible increased or decreased needs
- Ensuring shared spaces and structures can be cleaned and disinfected
- Secure additional cleaning supplies, routine-care supplies, and program supplies
- Ensure extra personal protection supplies are available
- Ensure policies and procedures are updated including health and safety
- Ensure food service is secure
- Secure/access reserve funding for additional expenses
- Ensure families/clients are informed as per the organization's communication plan
- Ensure any other reporting requirements (licensing, municipal, etc.) are done

If MHCC&ELC is ordered to close:

- All parents and guardians will be contacted via email to pick up their children
- Provide a letter or send out an email with specific details including refund policy
- Ensure families/clients who are absent are informed
- Inform the required regulatory bodies
- Inform all employees who are not present
- Initiate emergency closure plan
- Ensure all confidential information, records and files are secured and locked
- Implement business continuity plan

#### **PANDEMIC BUSINESS CONTINUITY PLAN**

Pandemics will have an impact on MHCC&ELC's continuity of the organization and may not be evident immediately however it is important to have a plan to deal with the financial losses due to decreased revenues and increased or additional costs.

It is important for MHCC&ELC to continue to manage basic functions should the organization face reduced operations or complete closure. The purpose of developing a business continuity plan is to identify critical areas that require immediate decisions to reduce/minimize the financial risk to the organization. To ensure MHCC&ELC will be able to carry on operations in the event of a disaster or pandemic.

The following areas will require decisions to be made in the best interest of the organization and its families/clients based on the length of limited services or complete closure:

- Operating costs
- Payroll obligations (short-term)
- Temporary layoffs
- Receiving grants and subsidies
- Collecting fees
- Payment of utilities (phone, internet, hydro etc.)

- Payment of suppliers and services (food, cleaning etc.)

### **PREPARING FOR POTENTIAL CLOSURE**

In the case of a mandatory closure an off-site can be set up by the Executive Director. An electronic file of essential services and contacts is ready to be taken off-site and includes:

- Access to essential services
- Contact information, account numbers, for financial institution
- Contact information and policy for the insurance company
- Contact information for the accountant and lawyer
- Ensuring continued access to payroll, finances, and accounting systems
- Current list of families/clients
- Current list of employees
- Current list of suppliers, services, and service agreements
- Keys and passwords

### **SECURING RECORDS AND BACK-UP OF ALL INFORMATION**

- Ensure all records, documents, and computer files are backed-up to a hard drive
- Keep a back-up copy of the computer's operating system, and critical software off-site
- Ensure all filing cabinets, facilities and office are locked

### **COMMUNICATION AND MONITORING**

MHCC&ELC will establish the following system to communicate with employees and with clients/families. The organization will provide timely updates regarding the status of the closure by email.

MHCC&ELC will monitor information and updates from the local Officers of Health, and the Provincial Government.

### **RECOVERY**

MHCC&ELC will follow the directions of the Government, Public Health, and the school boards regarding reopening the centre(s) once the shutdown has been lifted. The manager meet regarding establishing priorities and assess what needs to be done to restore the premises, resume services and programs that were interrupted or affected by the pandemic.

MHCC&ELC will review their Return to Work/Recall Policies including their Risk Assessment as programs and services may not return to their previous format and should consider:

- Possible changes in staffing/children ratios
- Clients/parents who do not return
- Changes in enrolment patterns

- Increase or reduction in space requirements
- Additional costs in requiring new personal protection equipment, sanitizing equipment, cleaning services etc.
- Developing procedures for drop-off and pick-up are in line with physical distancing measures outlined by Public Health
- Reviewing policies and procedures to reflect any updating requirements under the Ministry of Health, Ministry of Labour, and Ministry of Education

Under the Health and Safety Act the obligation to provide a safe and health work environment includes:

- We will ensure the premises have been thoroughly cleaned and disinfected before reopening the centre
- The Director and/or Supervisor will confirm with staff and families/clients once the premises are ready to be opened
- We will ensure critical supplies (cleaning products, disposable gloves, face masks etc.) are re-stocked to protect both staff and children
- Recall employees to review policies around changes in routines, cleaning protocols, ill children, and sick leave policy for staff
- Have employees read and sign return to work declaration stating they have not travelled during a pandemic nor have they been in contact with someone who has travelled to areas deemed a health risk or have a travel advisory

## **BEST PRACTICES**

MHCC&ELC Families Returning to the centre

- MHCC&ELC will send out an email, welcoming families/clients and thanking them for their understanding during a very difficult and challenging time
- The invitation to return will include specific details regarding start dates and what has changed
- We assure our MHCC&ELC Community that new practices will be put in place and how suspected illnesses will be handled
- Existing policies in the Parent Handbook may have to be updated, and if so, parents will be advised via email
- MHCC&ELC families will be required to read and sign a return declaration stating they have not tested positive of the pandemic virus; they are not feeling symptoms associated to the pandemic virus; they have not been in contact with someone who has tested positive for the pandemic virus; they have not traveled during a pandemic or have been in contact with someone who has travelled to areas deemed a health risk or have a travel advisory



## Health and Safety Requirements during a

**Pandemic** Development date: August 26, 2020

Approval Date: TBD

MHCC&ELC is required to follow all existing health and safety requirements as directed by the local medical officer of health and as outlined in the Child Care and Early Years Act, 2014 and other policies and guidelines issued by the Ministry of Education. Plans must also be in place to respond should any staff, children, or parents/guardians be exposed to COVID-19.

### REQUIREMENTS FOR HEALTH AND SAFETY

**MHCC&ELC will ensure all current infection prevention and control practices are adhered to, this includes but is not limited to:**

- Ensuring all toys used at the centre are made of material that can be cleaned and disinfected (e.g. avoid plush toys and soft books);
- Increasing the frequency of cleaning and disinfecting objects, toys and frequently touched surfaces to every four hours, or as needed;
- Any items that a child has placed in their mouth, will be removed immediately and disinfected;
- All frequently touched surfaces will be cleaned and disinfected at least twice a day, including door knobs, light switches, toilet handles, and tabletops;
- We will use disinfectants that have a Drug Identification Number (DIN).
- MHCC&ELC will check expiry dates of products used and always following manufacturer's instructions;
- Performing proper hand hygiene, a minimum of 20 seconds (including assisting children with hand hygiene); and,
- Incorporating additional hand hygiene opportunities into the daily schedule (before and after meals; after play time and after washroom routine).

### Encourage more physical space between children:

- As of September 1, 2020, childcare settings may return to maximum group size.
- Each cohort will remain together throughout the day;
- Cohort groups will not mix with other cohort groups;
- Spreading children out into different areas of the room;
- Staggering, or alternating, lunchtime and outdoor playtime
- Incorporating more individual activities or encourage activities that will allow more space between children;

- We will follow CCEYA ratios;
- MHCC&ELC staff is encouraged to only work at MHCC&ELC during a pandemic;
- Director and Supervisor will limit their movement between rooms; Supply staff will be assigned to specific cohorts and not mix with other cohorts

3. For sensory materials, such as playdough, water, sand, etc. we are permitted for single use, to be used by one child for the day only. Each material must be labelled with the child's name. All sensory materials must be discarded at the end of the day.

4. We will not be offering field trips or special visitors to the centre until further notice;

5. We will not use community playgrounds; except our outdoor playground and have only one (1) cohort per playground;

6. Increase the distance between nap mats, if possible. If space is tight, we will place children head-to-toe or toe-to-toe. Cots and cribs will be disinfected after each use.

7. Linens will be provided by parents and taken home every day for laundering and returned the morning after;

8. **No home food will be allowed during pandemic**, unless there are extreme accommodations that need to be met; **all baby bottles will be labelled and placed in the child's cubby**. MHCC&ELC provides **all the sippy cups** for the entire centre. We ask parents to please not send.

Parents are responsible for washing their child's bottles and returning to MHCC&ELC the morning after. Children will not share soothers, bottles, sippy cups, facecloths, etc. Parents are responsible for labelling all personal items with the child's name to discourage accidental sharing. (A small nap sac labelled with all extra clothing articles & shoes to bring and take home each day).

9. MHCC&ELC will reinforce "no food sharing".

10. Meals and snacks will be provided to each child and will be served on their own plate, with their own utensils.

11. Pick-up and drop-off of children will happen in the main foyer entrance of the centre. Parents are asked to follow the social distance signage and markings accordingly as they enter at the front door and then exit through foyer doors.

12. Screening staff will be wearing all (PPE) including a face shield, mask, gown and gloves.

13. We will clearly communicate to parents to check their child's temperature before coming to MHCC&ELC. If the temperature is equal or greater than 37.8 degrees Celsius or if the child/children have any cold-like symptoms or vomiting and/or diarrhea, they must stay home.

15. Volunteers and students will not be permitted at MHCC&ELC during a pandemic.

## SCREENING

16. All individuals, including children, parents/guardians, staff, visitor, must be screened upon arrival using the criteria below. Entry will be denied to any person including the child of a parent/guardian who meets the following criteria:

- Signs or symptoms of respiratory infection, such as cough, shortness of breath, sore throat, and/or fever.
- Anyone who has travelled outside of Canada in the last 14 days.
- Anyone has come into contact with anyone who has a positive testing of COVID-19 in the last 14 days.

17. A touchless thermometer will be used for screening of children at time of arrival and departure. Each classroom has a thermometer that has a protective cover for each child; after each use, the protective cover and thermometer will be sanitized.

18. MHCC&ELC will not permit children who are ill to attend childcare.

19. Screening staff will wear the proper PPE, including face shield, face mask, gown and gloves.

20. A record of the following will be completed and made available to all authorities when required: Date of Attendance, Name of Child, Time of Arrival, temperature at time of arrival and temperature 4 hours later, and temperature at time of departure.

21. If a child is showing any symptoms, such as cough, shortness of breath, sore throat, and/or fever, will be placed in isolation in the office with an administrator. The administrator will be equipped with a face shield, mask, gown and gloves. If the child is over 2 years, the child will be provided with a disposable mask. Parents will be contacted by telephone immediately and request for an immediate pick up. Parents will be requested to seek medical attention or call the local public health for further guidance. The child may not return to our program unless we have a physician's note and/or the child tested negative for COVID-19. If the child continues to show symptoms, the child cannot return until after 24 hours of being symptom free.

## Management of children with possible COVID-19

22. If a child begins to experience symptoms of COVID-19 while attending childcare, it is recommended that:

- Symptomatic children are immediately separated from others in the office area until they can go home. In addition, where possible, anyone who is providing care to the child should maintain a distance of 2 metres;
- If a 2-metre distance cannot be maintained from the ill child, the administrator and the ill child will wear a face shield, mask, gown and gloves.
- The child, if older than 2 years old, will be provided with a disposable face mask
- Tissues will be provided to the child for proper respiratory etiquette, with proper disposal of the tissues and proper hand hygiene.
- Environmental cleaning of the space the child was separated will be sanitized once the child has been picked up.
- Administration will contact the local public health unit to notify them of a potential case and seek input regarding the information that should be shared with other parents of children in the childcare centre.
- Children with symptoms will be excluded from childcare for 14 days after the onset of symptoms.
- Children or staff who have been exposed to a confirmed case of COVID-19 or symptomatic person(s), will be excluded from the childcare setting for 14 days.

## Health and Safety

23. MHCC&ELC will screen all staff members and visitors upon entering our centre. Each staff member and visitor must wash their hands once their temperature is checked. Each staff member will be provided with a disposable face mask and visitors will be provided with a disposable mask while in the centre. Our staff will be required to wear their medical mask and eye protection while caring for children while inside the child care premises.

24. If a childcare worker is suspected to have or diagnosed with COVID-19, the childcare worker must remain off work until symptoms are fully resolved and negative laboratory tests have been confirmed.

25. MHCC&ELC administration will consult with the local public health unit to determine when the care provider can return to work.

26.26.

## Health and Safety Guidelines

Development date: August 26, 2020

Approval Date: TBD

MHCC&ELC is required to follow all existing health and safety requirements as directed by the local medical officer of health and as outlined in the *Child Care and Early Years Act, 2014* and other policies and guidelines issued by the Ministry of Education. Plans must also be in place to respond should any staff, children, or parents/guardians be exposed to COVID-19. All staff will be properly updated and trained on all new Pandemics.

### Guidelines and Procedures prior to reopening

#### Enhanced Cleaning and Sanitizing

MHCC&ELC will ensure all current infection prevention, control practices and guidelines are adhered to, this includes but is not limited to:

- All toys used at the centre are made of material that can be cleaned and disinfected (e.g. no plush toys, no soft books and no area rugs will be permitted);
- Increased frequency of cleaning and disinfecting objects, toys and frequently touched surfaces to every four hours, or as needed; staff will use water and soap to wash all toys and materials; once rinsed, items will be sanitized with disinfected and air dried overnight.
- Any items that a child has placed in their mouth, will be removed immediately and disinfected;
- All frequently touched surfaces will be disinfected at least every 4 hours, including doorknobs, light switches, toilet handles, and tabletops; this will be recorded by the staff member on duty;
- A disinfecting log will be kept in each cohort tracking and monitoring clean schedules;
- In addition, staff will continue to use our regular disinfecting schedule;
- The disinfectant of preference is Oxivir Plus Disinfectant Cleaner Hospital Issued Disinfectant ; & Accel Intervention Wipes, One step surface Cleaner and Disinfectants per contact time and instructions.
- Performing proper hand hygiene: a minimum of 20 seconds of washing hands with soap and water (including assisting children with hand hygiene).
- Staff must continue to wear gloves and mask during washroom/diaper routines;
- Incorporating additional hand hygiene opportunities into the daily schedule (before and after meals; after play time and after washroom routine);

- MHCC&ELC will be fogged with an approved disinfectant every night.

## 2. Staff of MHCC&ELC

- Staffing will be based on qualifications and enrollment;
- <sup>2</sup> Staff will be required to read and sign off the Return to Work Declaration;
- Staff will be required to read and sign off the Pandemic Policy;  
Each staff member with the intention of returning to work at MHCC&ELC, will be required to attend a staff meeting, where proper training and guidelines on the health, safety and operational measures will be outlined; cleaning procedures and use of equipment instructions will be provided; and how to keep records;
- Staggering times for each staff member will be allocated to allow time between screening;
- Staff will be encouraged to social distance during breaks;
- Staff is required to have indoor shoes when working at MHCC&ELC;

## 3. Personal Protective Equipment (PPE)

*Masks and face shields are required at all times.*

- Screening staff will use all PPE, including face shield, mask, gown and gloves;
- All staff are required to wear medical masks and eye protection (i.e. face shield) while inside the childcare premises, including hallways (reasonable exceptions for medical conditions).
- Washroom – mask, shield and gloves
- Serving meals – mask, shield and gloves
- Diaper routine – full PPE required
- When cleaning and disinfecting blood or bodily fluids – full PPE required
- And if a child is showing any symptoms of illness – full PPE required
- When wearing a mask, you should wash your hands before donning the mask and before and after removing the mask.
- Use of mask outside not required if physical distancing of at least 2 metres can be maintained between individuals.

## 4. Social Distancing at MHCC&ELC and Space Set Up

Staff will encourage more physical space between children by spreading children out into different areas and incorporating individual activities with space between children; especially during meal and dressing time:

- Using visual cues to promote physical distancing;

- Alternating outdoor playtime (only 1 cohort group will make use of the outdoor playground at a time);
- No singing until further notice.
- Where cohorts are using the same indoor space (for example, the common room), the director or supervisor will ensure that the space is disinfected before the next cohort group comes to use the room.
- During rest/sleep period, cot beds will be increased in spacing from one another. Also cots are to be disinfected daily after use.

### **5. Equipment, toy usage and restrictions**

- Toys in each cohort will be made of materials that can easily be cleaned and disinfected;
- No plush/stuffed toys will be permitted during this time;
- All area rugs will be removed;
- Mouthed toys will be cleaned and disinfected immediately after the child is finished using it;
- Each cohort will have their own designated toys and equipment in their classroom, therefore there is no sharing between cohorts;
- For sensory materials, such as playdough, water, sand, etc. we are permitted to for single use, to be used by one child for the day only. Each material must be discarded at the end of the day.

### **6. Water Play**

- Indoor water play is permitted, and any material used will be single use for that child only. Water will be discarded after use;
- Outdoor water play (such as a water sprinkler) will be allowed; however, children must be a minimum of two (2) meters apart.

### **7. Field Trips & Indoor Gatherings**

- We will not be offering field trips until further notice;
- No special visitors/guest will be allowed in the centre;(other than essential services, such as special needs services).
- No celebration gatherings at the centre until further notice;

### **8. Outdoor Play Areas**

- Children will only use our outdoor playground;
- Each cohort will be permitted to use their own separate playground ;
- Playground structure and toys in playground will be disinfected after each cohort uses it.

## 9. Nap/Sleep Time

- Increase the distance between nap mats, if possible. If space is tight, we will place children head-to-toe or toe-to-toe. Cots and cribs will be disinfected after each use;
- Bedding linens must be placed in child's bag after nap, so it will be sent home at the end of the day for laundering;
- Cots and crib mattresses will be disinfected after each use.

## 10. Food & Supplies

- Children are not permitted to bring food from home during a pandemic; unless there are extreme accommodations that need to be met.
- Children are not permitted to bring any personal items from home, such as toys.
- All baby bottles must be labelled and placed in the child's cubby; (we provide sippy cups).
- At the end of day, place all personal items such as blankets and bottles in cubby as parents are responsible for washing their child's bottles and returned to MHCC&ELC the morning after;
- Children will not share soothers, bottles, sippy cups, toothbrushes, facecloths, etc. Parents are responsible for labelling all personal items with the child's name to discourage accidental sharing;
- Staff must reinforce "no food sharing";
- Meals and snacks will continue to be catered and then prepared on-site and delivered to the classrooms, door by door;
- Each child must be served on their own plate, with their own utensils.

## 11. Communication with Parents

- Parents will be requested to take their child's temperature before coming to MHCC&ELC;
- If the temperature is equal or greater than 37.8 degrees Celsius or if the child/children have any cold-like symptoms or vomiting and/or diarrhea, they must stay home;
- Parents will be advised prior to reopening of all new policies and procedures via email.



## 12. Screening & Drop Off and Pick Up Procedures

- Pick-up and drop-off of children will occur via the main entrance foyer for drop off, and for exit;
- Signage and markings will be posted outside to support social distancing, screening checklist etc. at main entrance;
- Staff will enter from the foyer as well;
- Screening staff will be wearing full PPE (i.e. face shield, mask, gown and gloves);
- Parents will not be permitted into the centre, beyond foyer for pick-up and drop-off;
- Masks and eye protection are mandatory for entering the centre for both staff and parents;
- Parents **must** wear masks for pick-up and drop-off;
- All individuals, including children, parents/guardians, staff, visitor, caterer's will be screened upon arrival using the criteria below. Entry will be denied to any person including the child of a parent/guardian who meets the following criteria:
- Signs or symptoms of respiratory infection, such as cough, shortness of breath, sore throat, and/or fever.
- Anyone who has travelled outside of Canada in the last 14 days.
- Anyone has come into contact with anyone who has a positive testing of COVID-19 in the last 14 days.
- All staff, children and visitors into the centre will sanitize their hands upon entering the centre.
- Upon entering your classroom, staff, children and visitors must wash their hands with soap and water.
- A touchless thermometer will be used for screening of parents and children at time of arrival and departure.
- MHCC&ELC will not permit children who are ill to attend childcare.
- If a child is showing any symptoms, such as cough, shortness of breath, sore throat, and/or fever, staff must notify the Supervisor immediately;
- the child will then be placed in isolation in the office with the manager or designate staff. The manager will be equipped with a face shield, mask, gown and gloves. If the child is over 2 years, the child will be provided with a disposable mask. Parents will be contacted by telephone immediately and request for an immediate pick-up;
- Parent will be requested to seek medical attention or call the local public health for further guidance. The child may not return to our program unless we have a physician's note and/or the child tested negative for COVID-19. If the child continues to show symptoms, the child can not return until after 24 hours of being symptom free.

## 13. Attendance Records

A daily record of the following will be completed and made available to all authorities when

required:

- Date of attendance,
- Name of child,
- Time of arrival,
- Temperature at time of arrival, and
- Temperature four (4) hours later, and
- Temperature and time of departure;
- A daily record will be kept by administration of all visitors (special needs support team) entering the centre and the approximate length of their stay;
- Records will be kept at the centre in our attendance binder.

#### **14. Management of children with possible COVID-19**

If a child begins to experience symptoms of COVID-19 while attending childcare, it is recommended that:

- Symptomatic children are immediately separated from others in the office or extra classroom area until they can go home. In addition, where possible, anyone who is providing care to the child should maintain a distance of 2 metres;
- If a 2-metre distance cannot be maintained from the ill child, the staff or manager with ill child will wear a face shield, mask, gown and gloves.
- The child, if older than 2 years old, will be provided with a disposable face mask.
- Tissues will be provided to the child for proper respiratory etiquette, with disposal of the tissues and proper hand hygiene.
- Environmental cleaning of the space the child was separated will be sanitized once the child has been picked up.
- Manager will contact the local public health unit to notify them of a potential case and seek input regarding the information that should be shared with other parents of children in the childcare centre.
- Children with symptoms will be excluded from childcare for 14 days after the onset of symptoms.
- Children or staff who have been exposed to a confirmed case of COVID-19 or symptomatic person(s), will be excluded from the childcare setting for 14 days.

#### **15. Occupational Health & Safety**

- MHCC&ELC will screen all staff members and essential workers, visitors (special needs resources) upon entering our centre.
- Each staff member and visitor must wash their hands once their temperature is checked.
- Each staff member will be provided with a face mask, eye protection and essential

workers or support staff (Special needs resources) will be provided with a disposable mask while in the centre.

- All adults in child care setting (i.e., child care staff, visitors,) are required to wear medical masks and eye protection (i.e. face shield) while inside the child care premises, including in hallways.
- If a childcare worker is suspected to have or diagnosed with COVID-19, the childcare worker must remain off work until symptoms are fully resolved and negative laboratory tests have been confirmed.
- MHCC&ELC manager will consult with the local public health unit to determine when the care provider can return to work.
- If the staff member's illness is determined to be work-related: In accordance with the Occupational Health and Safety Act and its regulations, MHCC&ELC manager will provide a written notice within four days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, including an occupational infection, to the: Ministry of Labour, Ministry of Education and Public Health.

## **16. Provision of Special Needs Resources Services (SNR)**

- In-person special needs services in our centre will continue as needed.
- All SNR and Enhanced Staff members will be screened upon entering the centre and provided with a disposable face mask and eye protection.
- They will be logged into our visitor's attendance record of their time spent in our centre.
- SNR's and Enhanced Staff are not included in our cohort ratio.
- If and when a SNR and/or Enhanced Staff is scheduled to enter our centre, an email will be sent to all families to advise them of this fact.

## **17. Serious Occurrence Reporting**

MHCC&ELC has a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act. MHCC&ELC will contact our local public health unit to report a child or staff member suspected to have COVID-19. We will follow any and all specific guidelines provided by the health unit on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children.

If a child, parent, or staff member is suspected (i.e. has symptoms and has been tested) of having or has confirmed case of COVID-19, the Director or Manager will report this to the ministry as a serious occurrence.

If a room, or the centre closes due to COVID-19, the Director or Manager will report this to the ministry as a serious occurrence. The serious occurrence notification will be posted as required under the CCEYA, unless the local public health advises otherwise.

## Extended Closure Policy

Mackenzie Health Child Care & Early Learning Centre (herein after referred to as “MHCC&ELC”) strives to provide a safe, healthy environment for your child(ren). However, despite our best efforts there may be times when the centre may have to be closed for an extended period. Decisions to close for an extended period are made based on recommendations by one or more of the following ministries, the provincial and federal ministries of health, education, labour, as well municipal departments of health and childcare licensing bodies.

The reasons for an extended closure may include but are not limited to; faulty construction, mold, flooding, serious illness outbreak, pandemic, etc.

In the event of a serious illness outbreak or pandemic, you may be required to sign a declaration confirming that you and your child have not been exposed to the identified contagion.

Based on recommendations by the federal, provincial or municipal departments of health, you may be asked to remove your child from the program for a specified period of time, if they or any family member residing in the home, have been exposed to an identified contagion.

If your child has been removed from the program for any of the above health reasons, you may be required to provide a doctor’s letter confirming that your child is fit to return to the program.

In the event of absences due to the above reasons, the following refund policy will apply:

For closures lasting two weeks or less, no refund will apply. If you are on a bi-weekly schedule payment plan, you are still responsible for the current monthly payment.

For closures lasting longer than two weeks, enrollment fees will resume once the centre is re-opened.

We will make every effort to reopen the centre as quickly as possible. Your child’s spot in the program will not be affected by the closure.

Should you inform MHCC&ELC in writing that you wish to relinquish your child's spot in the program while the centre is closed, no refunds or withdrawal fees will apply.

### MHCC&ELC Client/Parents Travel Declaration

In accordance with Mackenzie Health Child Care & Early Learning Centre, (hereinafter referred to as "MHCC&ELC") Pandemic Policy all families/clients are required to sign the following declaration form in the event of a pandemic event. The purpose of the travel declaration is to ensure the health and safety of the staff and families/clients of MHCC&ELC. We will only request that you sign the travel declaration in the event that the Public Health Agency of Canada, Ontario Ministry of Health, and/or the Regional Public Health/Medical Officer of Health are requiring that individuals who have travelled or have been exposed locally to a virus that is spread easily from person to person requires self-isolation.

I, \_\_\_\_\_ declare that I and/or no member of my immediate family, who reside with me, have not travelled to any areas deemed a health risk or travel advisory by the Canadian Government in the last 14 days.

I, \_\_\_\_\_ declare that I have not been visited in my home by anyone who has visited any areas deemed a health risk or travel advisory within the last 14 days.

I, \_\_\_\_\_ declare that I have travelled to \_\_\_\_\_ within the last 14 days. I agree to abide by the following stipulations outlined by the Public Health Agency of Canada, Ontario Ministry of Health, and the Regional Public Health/Medical Officer of Health and my child(ren) not return to the program until \_\_\_\_\_

I, \_\_\_\_\_ declare that I have family members in my home who have been in \_\_\_\_\_ within the last 14 days. I agree to abide by the following stipulations of self-quarantine for 14-days outlined by the Public Health Agency of Canada, Ontario Ministry of Health, and the Regional Public Health/Medical Officer of Health and my child(ren) will not return to the program until.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

## APPENDIX B

### Health Screening Procedure Policy

Mackenzie Health Child Care & Early Learning Centre is committed to providing a safe and healthy environment for children, families and employees. MHCC&ELC will take every reasonable precaution to prevent the risk of communicable diseases at the centre.

#### Purpose

In order to help reduce the risk of respiratory infections (including COVID-19), a health screening for potential risks is an essential step for everyone who enters the program. All individuals, including parents/guardians, staff, visitor, (essential workers) and any other persons that enter the premise and engage in the programs, must adhere to the following procedures. The screening will ensure the safety and well-being of staff, children and families.

#### Policy

Everyone who enters at MHCC&ELC must be screened prior to entering the centre. MHCC&ELC will be administering health screening for all individuals, including parents/guardians, staff, visitors (essential workers), who enter the location, in addition to any authorized visitors such as Public Health, and Ministry of Education.

MHCC&ELC will confirm all details of the health screening set up prior to opening and ensure the following are completed:

- Complete the health screening training with all employees
- Identify/set up the location and staffing of the screening table
- Place at front entrance outside (weather permitting) foyer entrance into the centre.
- Only ONE entrance/exit is to be used, to ensure that each person is screened.
- Maintain a minimum of 2 meters distance between staff conducting screening and the person being screened.
- Employees conducting the screening and escorting the children into the program must be wearing full Personal Protection Equipment (PPE) including disposable gowns, gloves, masks and shields/goggles.
- Dropping off of children should be staggered between to avoid long lines when waiting to be screened. MHCC&ELC may require parents to wait in cars and will call parents forward as they arrive.

- MHCC&ELC will provide visual guides to assist with physical distancing (e.g. markings on the floor & fence area) in the event that a line-up forms while parents and their children are waiting to be screened prior to entering the child care centre.
- MHCC&ELC will place front entrance signage identifying the screening process outside and directly inside child care centre doors. Procedures will also be sent to families prior to reopening. It is suggested that the procedures are all shared with any one dropping off or picking the child.
- Hand sanitizer will be placed at the screening table, as well as a dispenser on the exterior wall. It will be placed in a visible spot for all employees and clients entering the building. No one will be allowed into the building without sanitizing their hands.
- MHCC&ELC will ensure that the health screening area is disinfected regularly throughout screening and the day.
- Health screening questions are for the parent/guardian to answer on their and their child's behalf, and for staff. This information will be collected and stored in a manner that protects the privacy of the individuals. The information will be required for any Public Health visits or Ministry of Education visits.
- Parents/guardians are not permitted past the health screening line to ensure physical distancing. Only one parent/guardian is permitted into the screening area
- Employees are not permitted past the health screening line until they have been cleared to enter the child care centre.
- Attendance records including the time arriving and the time departing. Temperatures will be taken at arrival and 4 hours later, and at time of departure.
- Parents/guardians are not permitted into the child care centre.
- MHCC&ELC will have any York Region Public Health resources available for anyone who does not pass the screening.

### Screening Procedure

All individuals, including children, parents/guardians, staff, visitor (essential workers) must be screened prior to being admitted into the program. Employees must follow the screening checklist for each person and record the outcome (pass or fail)

### Screening questions are for Employees and families

All children will be greeted into the program in a friendly and calm manner. The questions will be asked and will require a yes or no answer.

- Do you/the child, or any member of your household have any of the following symptoms: fever/feverish, new or existing cough and difficulty breathing?
- Have you or the child travelled outside of Canada within the last 14 days:
- Have you/the child had close contact with a confirmed or probable COVID-19 case?
- Have you/the child had close contact with a person with acute respiratory illness who has been outside Canada in the last 14 days?

Employees performing the screening and escorting the children to their program must complete hand hygiene (hand washing or hand sanitizing), put on gloves, a mask and a shield or goggles. Hand sanitization between each child/adult must be completed before moving on to the next child.

#### Employees will

- Take temperature, record the information to the questions, remove gloves, and complete hand hygiene (hand washing or hand sanitizer). Disinfect thermometer and wait appropriate contact time.

#### Responses to the Screening questions:

- If the individual (for his/herself or for their child) answers NO to all questions, and does not have a fever (37.8 degrees C and above), they have passed the screening and can enter the building. The Employee will inform the parent/employee that the individual is cleared to enter the program.
- If the individual answers YES to any of the screening questions, refuses to answer, and/or has a fever (37.8 degrees Celsius or greater), they have failed the screening and cannot enter the building.
- The Employee will thank the parent for their patience and inform the parent that unfortunately based on the answers, MHCC&ELC is not able to let the individual enter the child care centre. MHCC&ELC will review the self-assessment tool on the Ministry of Health website to determine if further care is required.
- If any of the answers were YES, MHCC&ELC will provide families and employees with a hand out of resources and/or the Public Health contact information.



- MHCC&ELC will ensure that door handles, and any other surfaces the individual has touched, are disinfected immediately. Personal protective equipment (PPE), a mask and gloves, must be worn for this, with hand hygiene performed before and after donning and doffing the gloves and mask

#### Policy and Procedure Review

- This policy and procedure will be reviewed and signed off by all employees before commencing employment and at any time where a change is required.



## APPENDIX C

### Enhanced Cleaning & Sanitizing

Mackenzie Health Child Care & Early Learning Centre (MCCC&ELC) is committed to providing a safe and healthy environment for children, families and employees. MHCC&ELC will take every reasonable precaution to prevent the risk of communicable diseases.

#### Purpose

To ensure that all employees are aware of, and adhere to, the directive established by York Region Public Health regarding cleaning and disinfecting at MCCH&ELC.

All employees, students and any other persons that enter the premise and engage in the programs must adhere to the following procedures.

#### Procedures

A cleaning and disinfecting log will be kept demonstrating cleaning schedule. Each cohort will also keep a log of disinfection of toys, classroom and washrooms.

To stop the chain of transmission, cleaning and disinfection of surfaces and items play an important role.

- Items that need to be sanitized can be cleaned using disinfectants (DIN approved) that are routinely used at Mackenzie Health Child Care & Early Learning Centre.
- Frequently touched surfaces will be cleaned, and disinfected at least twice per day or more often as required. This may include learning materials, tables, chairs, door knobs, light switch etc.
- Increased frequency of cleaning and disinfecting objects, toys and high touch surfaces.
- Efforts will be made to limit the sharing of items, and will be cleaned and disinfected, after each use.
- Enhanced hand washing routines will be encouraged throughout the day (following proper public health guidelines).
- Ensure that all toys used at the centre are made of material that can be easily cleaned and disinfected. All plush toys and cloth items will be removed.
- Mouthed toys will be disinfected immediately after each use.
- Group sensory will be discontinued. Individual sensory items such as playdough and goop must be individual and discarded after use. (Playdough can be stored in an individually labelled bag for the child to use for that day. It can never be shared with another child).



- Toys/supplies that have been used by the children and require sanitation should be placed in a bin and disinfected at a later time. Toys/supplies should not go back on the shelf once they have used until they have been sanitized and dried.

### **Cleaning and Disinfection frequency requirements**

- Clean and disinfect upon ENTRY to childcare: Any hard surfaces such as water bottles, travel mugs, cell phones, staff lunch containers.
- Clean and disinfect upon children's ENTRY to childcare: Any hard surfaces such as water bottles containers, bags.
- Washrooms will be disinfected after each use for employees and for each child. If a cohort is doing a full washroom routine, the whole area will be disinfected before the next cohort is able to use the washroom.
- Items that may be shared between teachers in the cohort, should be disinfected right after each use.

### **Clean and disinfect frequencies for other surfaces and items:**

- Cleaning and disinfecting routines must be increased as the risk of environmental contamination is higher.
- Tables and counter tops: used for food preparation and food service must be cleaned and disinfected before and after each use.
- Tables and chairs must be cleaned and disinfected before and after serving food as well as after each use.
- Spills must be cleaned and disinfected immediately.
- Hand wash sinks: staff and children washroom areas must be cleaned and disinfected at least two times per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids)
- Floors: cleaning and disinfecting must be performed as required, i.e., when spills occur, and throughout the day when rooms are available, i.e., during outdoor play.
- Any garbage bins that need emptying during the day, will be removed and disposed of through our environmental services team.



- No Carpets in MHCC&ELC – Only at foyer entrances, the cleaning and disinfecting must be performed throughout the day and at a minimum of twice daily. (Evening MHCC&ELC will be fogged with an approved disinfectant every night).
- Outdoor play equipment: must be disinfected before each group uses it, and additionally as required (e.g., visibly dirty). Any outdoor play equipment that is used must be easy to clean and disinfect. It is recommended to limit the amount of outdoor play equipment in use.
- High-touch surfaces: any surfaces that are touched will be disinfected at least every 4 hours, including doorknobs, light switches, toilet handles, shelving and cubbies etc. These surfaces should be cleaned at least twice per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids).
- Other shared items: e.g., phones, computers, attendance binders etc., must be disinfected between users.
- All items that cannot be cleaned (paper books, cardboard puzzles) should be removed and stored in a sealed container for a minimum of 7 days after use.

#### **Clean and disinfect daily:**

- Low-touch surfaces (any surfaces at your location that has minimal contact with hands), must be cleaned and disinfected daily (e.g. Window ledges, doors, sides of furnishings etc.)
- Sleeping cots and linens must be cleaned and disinfected daily. Children's blankets will be placed in a bag after nap, so it will be sent home at end of day for laundering. MHCC&ELC will wash in HOT water the linens supplied for the cots.

#### **Disinfection and containment of items & room when isolating a child**

- Employees MUST wear full PPE when disinfecting items used by a symptomatic child.
- Any contaminated articles belonging to the symptomatic child must be cleaned and disinfected at outbreak level disinfection immediately.
- Any articles belonging to the symptomatic child including soiled clothing are to be sent home immediately for cleaning. Do not rinse or launder at the centre. Place items in a plastic bag taking care not to contaminate the area)

#### **Additional Infection Prevention and Control Practices for Hygiene Items**

- It is preferred that children not use their pacifiers in the program. If pacifiers are necessary, please ensure that they are individually labelled and stored separately in the child's nap sack. A small nap sack labelled with extra clothing articles & shoes to go home with the child each day.
- The pacifier must be washed in soap and water upon arrival to the centre and must not be shared with any other child.



- For creams and lotions during diapering, staff will not put their hands directly into lotion or cream bottles. A tissue or single-use gloves will be used. We encourage you to provide a container of the lotion/cream to remain at the program. If a bottle/container is coming from home, employees will wipe the cream/lotion container with a disinfecting wipe
- Linens must be washed on the “hot” setting.

### Definitions

**Cleaning:** refers to the physical removal of foreign material (i.e. dust, soil) and organic material (i.e. blood, secretions, microorganisms)

**Disinfecting:** describes a process completed after cleaning in which a chemical solution is used to kill most disease-causing microorganisms. To be effective disinfectants must be left on a surface for a period of time (contact time by Drug Identification Number used). Any items children may come into contact with, requires a final rinse after the required contact time is observed.

### Policy and Procedure Review

This policy and procedure will be reviewed and signed off by all employees before commencing employment and at any time where a change is required.

## APPENDIX D

### Equipment & Toys and Disinfecting Procedure Policy

Mackenzie Health Child Care & Early Learning Centre (MHCC&ELC) is committed to providing a safe and healthy environment for children, families and employees. MHCC&ELC will take every reasonable precaution to prevent the risk of communicable diseases within all our locations.

#### Purpose

The disinfection of toys is vital to ensuring the health and safety of children as it reduces and mitigates the potential spread of germs and viruses among children and those who may come into contact with them.

#### Policy

To ensure that all employees are aware of, and adhere to, the directive established by York Region Public Health regarding cleaning and disinfecting of toys at Mackenzie Health Child Care & Early Learning Centre.

All employees, students and any other persons that enter the premise and engage in the programs must adhere to the following procedures.

#### Procedures

All toys that are plush will be removed and not used in play, these include, stuffed animals, hand puppets, cloth toys etc. In addition, all communal sensory play is suspended. All porous toys or materials that cannot be effectively cleaned and disinfected must be removed and not used in play.

#### **Cleaning and Disinfection of Toys**

A Bin Method for Disinfecting Toys is used following the York Region Public Health 4 steps when cleaning and disinfecting toys using our approved Oxivir Plus Disinfecting (DIN) contact times and as per instructions of product.

To ensure consistent and proper dilution of our disinfectant, the MHCC&ELC is fortunate to have it dispensed already premixed from our laundry room, for filling up our bottles and or larger bins. Staff will be assigned to prepare the bottles each morning and or evening. The staff will ensure that they are wearing appropriate PPE when collecting the solution.

## **Cleaning and Disinfecting Large Toys/Equipment In-Place**

Large toys, wooden toys, cots, etc. that cannot be immersed in a disinfectant solution will use this method for washing. Equipment will be cleaned with soap and water using a cloth. Use a clean wet cloth to rinse. The area will be disinfected by spraying Oxivir Tb Ready-To-Use (RTU) or wipes Accel Intervention (One Step Surface Cleaner & Disinfectant) with disinfectant wipes and let it sit for required contact time. Do not spray product to toys and surfaces when children or other staff are nearby. A final rinse is required using a single-use wet paper towel. Allow to air dry

### **Considerations:**

- Community playgrounds will not be used. Centre owned outdoor equipment and play structures must be disinfected between cohorts. Employees will use Oxivir Plus (RTU) to sanitize the equipment.
- No outdoor sandboxes or water tables will be used.
- Sprinklers may be used with each cohort
- If the classroom does not have a sink, the employee will fill a bucket only to a level that is comfortable for transporting to the area for disinfecting toys – a trolley can also be used to assist with transporting.
- Refer to the manufacturers label for disinfectant used to ensure proper usage.
- All products used must have a DIN (Drug Identification number) and a Safety Data Sheet (SDS).
- Toy cleaning schedules will be posted in each area and updated daily by the employee responsible
- Toys, including large toys, cots, equipment and high touch items will be cleaned and disinfected at least two times per day and as often as necessary i.e., when toys/items are visibly soiled or when toys/items have been contaminated with body fluids.
- Toys and items such as electronic devices should be cleaned and disinfected between users prior to redistributing.
- Toys that have become visibly dirty or that have come into contact with body fluids (e.g. toys that have been mouthed) should be taken out of circulation immediately, cleaned, and disinfected immediately. Toys that cannot be cleaned and disinfected immediately should be placed in a designated dirty toy bin. The bin should be clearly labelled and inaccessible to children.

Environmental Services help support at least twice a day, entering the program space to remove garbage and soiled diapers a day.

### **Policy and Procedure Review**

This policy and procedure will be reviewed and signed off by all employees before commencing employment and at any time where a change is required.