



PARENT HANDBOOK

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INTRODUCTION

Welcome to Something Special Children's Centre! This package has been compiled to provide you, the parent/guardian, with general information about our Centre. You will find information regarding the daily operation, requirements for payment of fees, policies regarding holidays, illness, Prohibited Practices, health and nutrition, as well as the administration of medications.

The Centre is licensed by the Ministry of Education (EDU) to provide quality care for children from infancy through twelve (12) years of age. Our programs are developmentally oriented, taking into consideration each child's strengths and needs. We provide stimulating and loving experiences, from which the child will gain self-confidence and trust to explore and expand his/her environment, both physically and mentally.

The Before/After School Care program is for ages 4-12 years. The morning program offers a mixed group with the other children and breakfast and/or a morning or afternoon nutritious snack. After-School children participate in a variety of activities at Something Special Children's Centre (SSCC). When planning activities, we plan for fun and entertaining activities, as these children have already spent a busy day at school. Science experiments, music, art, and cooperative games are used to develop skills in a way that the children are continuing to learn without feeling as if they are still in school. The program is a weekly plan based on the children's interests running in conjunction with the Kindergarten Curriculum. We offer some flexibility in order to offer activities to the children who attend both alternate days and daily. SSCC also has a Summer Program for ages 4-12, which involves many walking trips downtown.

The children attending SSCC are from diverse ethnic backgrounds, representing families of assorted creed and varying socio-economic status in our community. SSCC is regulated by a Board of Directors comprised of parents and community members and is a not-for-profit charitable, unionized organization. As a Charity, donations can be designated to SSCC if parents desire to do so. Parents are welcome to attend Board Meetings and are encouraged to attend the Annual General Meeting, which is when the Board of Director's Election is conducted. This usually takes place in early October.

If you should have any questions, concerns or general comments you would like to share with us, we urge you to do so. Your input is important to us and will only serve to enhance what we believe to be an excellent childcare program.

We are regulated by the KFL & A Health Unit and you can reach them at 613-549-1232 ext 256 if you have any questions or concerns.

The Something Special Children's Centre Community is very important to us. Each year we plan family dinners for Easter, Thanksgiving, and Christmas. Santa hosts a party for the children. Gifts for parents are made by the children to celebrate family days, i.e.: Mother's Day, Father's Day, Easter, and Christmas. Special Visitors are invited to the share exciting information with the children, and our classrooms are set up to encourage intellectual growth and optimum socialization experiences. Artwork is displayed on the classroom bulletin boards throughout the Centre. A Satisfaction Survey is provided for parental input each year, and a Suggestion Box is available at the entrance to the Toddler Program. Newsletters are distributed at least quarterly to all parents, and learning Stories are posted throughout the Centre for you to read. We fundraise throughout the year to buy quality toys and equipment for use in the centre.

Our website can be found at: <http://somethingspecialchildrenscentre.com>. Here, you will find further detailed information about our organization and the programs we offer.

OUR VISION STATEMENT

We celebrate life. We encourage curiosity of the wonders of life. Our program offers a stimulating environment in which all children are able to explore in a safe child oriented facility. We provide an atmosphere of caring, nurturing and stability in which all children may thrive in all areas of development.

OUR MISSION STATEMENT

We celebrate life and we realize this objective by:

- Helping children discover and share the wonder of life by providing a nurturing environment where all can play, explore and be.
- Our educators are RECE, (registered with the College of Early Childhood Educators of Ontario), qualified or are trained in other child-related studies and have agreed to attain RECE qualifications; Standard First Aid and CPR training are required of our staff. Police Clearances are submitted annually to the Centre by our staff.
- Planning educational meetings with parents and educators and/or parent groups to share experience, increase skills in child management and establish goals as the need arises.
- Providing an integrated child care program in a multi-cultural setting, where positive role modeling enables the child to learn and appreciate the differences possessed by all human beings irrespective of cultural, social, economic backgrounds or various levels of ability.
- Providing developmentally appropriate programming, thereby facilitating physical, emotional, social and intellectual development, enhancing the child's strengths and increasing their abilities.
- Providing program plans for the child with special needs in both the pre-school setting and the home environment, thereby enhancing the child's strengths and needs in each area of development.
- Assisting with the co-ordination of services for child and family in the community.
- Encouraging the scheduling of visits by therapists, involving direct therapy, play-based therapy and/or the use of naturally occurring situations.

OUR CURRICULUM

Something Special Children's Centre actively supports the belief that all children have the right to be included in quality early learning settings and that the benefits of peer related experiences are essential for positive growth and development.

Our curriculum has been developed to ensure a high quality program, enhanced with a strong focus on developmental programming and child development. We ensure this quality by periodically reviewing and modifying our program to best meet the needs of every child. We use the ELECT document and "How Does Learning Happen?" (HDLH) as our base curriculum. We enhance our program with Wings of Discovery (Science & Math) and Jolly Phonics (Language & Music).

As always, if you have any questions about the program, we would be pleased to discuss it with you.

PARENT INFORMATION

Age of Children:

Care for children birth to 12 years of age. Our license is posted in the office and hallways.

Sign In/Sign Out:

We request that all parents/guardians sign their child in and out of care. This procedure ensures that there is a clear understanding as to the supervision of the child at any given time.

Drop Off:

Our drop off area is adjacent to the children's playground (two entrances) at the front of the building. We have a security lock on our front door which works with the FOB which will be provided to you upon enrollment. This FOB is provided to you at a refundable cost of \$15.00. If your FOB is lost, it will cost \$15.00 for the lost care and another \$15.00 to replace it. Secondary cards are available at a cost of \$15.00 which also has the same "lost" policy. When your child withdraws from SSCC, we request that you return all cards, at which time your upfront costs will be reimbursed. We believe that this system has been very beneficial and trust that you will feel the same.

ALL CHILDREN MUST BE ESCORTED TO AND LEFT IN THE CARE OF A STAFF MEMBER.
PLEASE ALSO KEEP OUR GATE CLOSED AND LATCHED AT ALL TIMES.

Release of Children:

Only those persons authorized by the parent/guardian may pick up a child. Picture ID will be requested if the staff member does not know the person who is requesting release of the child. The parents' authorization for the release of their child to individuals, other than themselves, MUST be either in written form or expressed and confirmed via telephone with two employees with the use of their code word. IN THE EVENT THAT A SITUATION OCCURS WHEREBY THIS PROCEDURE IS NOT FOLLOWED, THE CHILD SHALL REMAIN AT THE CENTRE UNTIL SUCH TIME AS A PARENT OR OTHERWISE AUTHORIZED PERSON IS CONTACTED. *IF A PARENT HAS SOLE CUSTODY OF A CHILD, A COPY OF THE CUSTODY PAPERS MUST BE PROVIDED. THESE PAPERS SHALL BE KEPT IN THE CHILD'S FILE.* Please inform us of any changes in enrolment information as they occur (legal custody arrangements, address, business phone contact for parents, authorization for pick up, emergency numbers, etc.

Alcohol Consumption and/or Substance Abuse:

If a parent/authorized person arrives at the Centre to pick up a child and appears to be under the influence of alcohol or any other drug which has apparently affected the judgment of the person/parent, based on the opinion of the care giver, the interest of the child/children will be the primary consideration. If a parent/authorized person is driving, we shall assist the parent/authorized person in finding alternate means of transportation. However, in case of a dispute, the local police authorities will be contacted to discharge any legal obligation the Centre may have under the law. The Children's Aid Society may also be contacted as per our obligation under the Child and Family Services Act.

Clothing:

Please dress your child appropriately for the planned physical activities, the season, anticipated weather conditions, and provide sufficient changes of clothing (especially during times of toilet training). All clothing should be labeled with your child's name to allow for easy recognition as many children have the same clothes.

Toys from home are not necessary and often become lost. We provide appropriate toys and are always open to suggestions.

Please allow enough time for dressing and undressing your child when arriving and leaving the Centre. If you are pressed for time, the educators are more than willing to offer assistance.

Parent Involvement:

Parents are welcome to join their children and educators during the day. A family's cultural heritage and tradition is a valuable learning experience, which we hope that you will share with us. Program Plans are posted in each classroom and outline the activities the children will be involved in on a daily basis. Educators are available to speak to you regarding your child's progress and individual meetings can be arranged at a parent's request.

Outings:

During outings we maintain or exceed child/staff ratios as designated by the Ministry of Education. Notice of outings will be posted in advance to provide parents with the opportunity to join us as their schedule permits. Outings are usually in the morning and are always within walking distance, no more than 20-30 minutes from the Centre. We use ropes (children hold on to the rope in a line with educators guiding them.), strollers, and wheelchairs. A list of the group is left in the office outlining the destination and time of return before going on the trip.

Emergency Shelter:

In the event that we have to evacuate the building, we will walk the children to our temporary emergency shelter: Providence Manor (Senior Citizen's facility) located at 275 Sydenham Street, Kingston; on the corner of Sydenham & Ordnance Streets (613-549-4164).

Upon arrival at Providence Manor we will call you to pick up your child.

Fees:

Fees are established at the time of enrollment. Full fee and subsidized spaces are available. Our Centre has a limited number of subsidized spaces for parents or guardians requesting assistance with their fees. Fees are paid monthly by cheque, certified cheque, money order, or cash and are due on or before the first day of the month for the following month's care. Invoices are distributed at the beginning of each month. Accounts not paid by the 15th of each month are subjected to a \$25.00 administrative fee. As a not-for-profit organization, we rely on the timely payment of fees. For your convenience, post-dated cheques are accepted. NSF of \$25.00 per instance will be charged and subsequent NSF cheques will result in the NSF fee as well as the requirement of cash payment or certified cheques for future payments. Payments may be made in person with the Director or Floor Coordinator or left in the office through the slot in the door. Staff are not responsible for accepting payments from parents. Official receipts for tax purposes are issued annually at year-end or when a child leaves our care.

S.S.C.C. requires a non-refundable \$50.00 deposit to hold any space. This deposit is credited towards the first month's fees when the child(ren) begin attending.

Payment of fees is required on the first day of each month. Fees can be submitted bi-weekly upon arrangement with the Director however must be paid in full each month. Parents are required to pay the child's daily fees should sick or vacation days occur. We do not offer sick or vacation day credits.

Fee Policy Calendar:

The program operates 52 weeks per year and recognizes the following Statutory Holidays and will be closed on these days.

Full fees are required for each Statutory Holiday that your child would normally attend daycare:

New Years Day
 Family Day
 Good Friday
 Victoria Day

Canada Day
 Civic Holiday
 Labour Day

Thanksgiving
 Christmas Day
 Boxing Day

***LATE PAYMENTS MAY RESULT IN THE IMMEDIATE TERMINATION OF YOUR CHILD'S DAY CARE SPACE.**

At the beginning of each year, in January, parents will be informed if SSCC will close for two weeks during the upcoming year. The possible weeks are the weeks coinciding with Civic Holiday and during Christmas Break. You will be advised in advance if a closure will occur during that period.

July 1, 2016- December 31, 2016

Half days are 6:30 a.m. –12:00 p.m. or 12:00 p.m. – 5:30 p.m.

	Full Day	Monthly	Hourly	Half Days
Infants:	\$59.00/day	\$1278.33	N/A	N/A
Toddler:	\$51.25/day	\$1110.42	\$10.00	\$36.25
Preschooler	\$43.25/day	\$ 937.08	\$10.00	\$31.25
B/A school	\$19.00/day		\$9.50 AM or PM	
Kindergarten PA, School Holidays \$43.25 daily		Hourly \$9.50 (Before/After School)		

Payment of Late Pick Up Fees:

A Late Fee is charged by the last educator after 5:30 p.m. and is payable in cash directly to the last educator upon your arrival. Late fees are established as follows:

- Up to 30 minutes \$10.00
- Over 30 minutes but less than 60 minutes \$15.00
- Over 60 minutes but less than 90 minutes \$20.00

Hours of Care:

Hours of operation are 6:30 a.m. to 5:30 p.m.

Parent/guardian's eligible hours of care shall be determined by hours of employment or hours of attending an educational facility if parent/guardian is a student. The hours of care are established at the time of enrolment. We offer one half hour for dropping off and picking up the child. For example, if hours of employment are 9:00 a.m. to 5:00 p.m. care will be 8:30 a.m. to 5:30 p.m.

Enhanced Hours:

**Children who are *occasionally* in daycare in excess of 10 (ten) hours will be charged at a rate of \$9.00 per hour per child and it is payable at the time of the extra hours occur.

***This needs to be arranged in advance with the Executive Director or designate. ***

Withdrawal Policy

We require two weeks written notice for withdrawal of your child from the Centre including the reason for withdrawal. Fees paid in advance of the two weeks' notice will be refunded in the form of a cheque and will be mailed to the parent who paid the fee.

PROHIBITED PRACTICES POLICY

All staff and children have the right to work and play in an environment in which they feel safe, secure, and comfortable. All people involved in Something Special Children's Centre (staff, caregivers, children, employees, volunteers, community agents, parents, guardians, members of children's families) are expected to adhere to our Prohibited Practices Policy. Everyone is expected to speak in a polite tone of voice and to use appropriate words to convey messages in a positive and respectful manner. Loud voices, physical confrontations and demeaning comments are not acceptable.

Consequences for inappropriate interactions are outlined in our Prohibited Practices Policy. Steps will be taken by the Executive Director and/or Board of Directors to ensure that the Prohibited Practices Policy is followed by all. The Childcare and Early Years Act 2014 requires that Child Care agencies develop policies and procedures for Prohibited Practices. Below are the policies of our center.

General Information:

Interactions used by educators with children are:

- Portrayed in a positive and consistent manner
- Implemented as soon as possible after the inappropriate interactions
- Appropriate to the developmental level of the child
- Related to the inappropriate interactions
- Designed to assist the child to learn appropriate interactions
- Discussed with a parent(s) if a difficult situation arises with the child

Preferred Practices:

Staff, caregivers/employees, students, and volunteers are expected to use the following Preferred Practices when necessary:

- Channeling the child's energy to another area – diversion
- Ignoring inappropriate interactions (where appropriate)
- Positive verbal reminders regarding the inappropriate interactions
- Redirection to a closely supervised activity
- Positive reinforcement of desired interactions – both verbal and non-verbal
- A discussion and explanation between the child and educator will occur as soon as (and where) appropriate.

Prohibited Practices:

The following forms of Prohibited Practices **will not** be tolerated on the premises for any reason. If anyone (by anyone we mean: staff, caregivers, employees, students, volunteers, children enrolled at the S.S.C.C., children not enrolled at the S.S.C.C., parents, guardians, friends or family members of the children enrolled at S.S.C.C.) is observed to perform such an act, the consequences described under Contravention of Prohibited Practices and/or Discharge Policy will be implemented.

- [48](#). No licensee shall permit, with respect to a child receiving child care at a child care centre it operates or at a premises where it oversees the provision of child care,
 - (a) corporal punishment of the child;
 - (b) deliberate use of harsh or degrading measures on the child that would humiliate the child or undermine his or her self-respect;
- **Note: On August 29, 2016, clause 48 (b) of the Regulation is revoked and the following substituted: (See: O. Reg. 126/16, s. 34)**
- (b) physical restraint of the child, such as confining the child to a high chair, car seat, stroller or other device for the purposes of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing a child from hurting himself, herself or someone else, and is used only as a last resort and only until the risk of injury is no longer imminent;
 - (c) depriving the child of basic needs including food, shelter, clothing or bedding;
- **Note: On August 29, 2016, clause 48 (c) of the Regulation is revoked and the following substituted: (See: O. Reg. 126/16, s. 34)**
- (c) locking the exits of the child care centre or home child care premises for the purpose of confining the child, or confining the child in an area or room without adult supervision, unless such confinement occurs during an emergency and is required as part of the licensee's emergency management policies and procedures;
 - (d) locking the exits of the child care centre or home child care premises for the purpose of confining the child; or
- **Note: On August 29, 2016, clause 48 (d) of the Regulation is revoked and the following substituted: (See: O. Reg. 126/16, s. 34)**
- (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) using a locked or lockable room or structure to confine the child if he or she has been separated from other children.
- **Note: On August 29, 2016, clause 48 (e) of the Regulation is revoked and the following substituted: (See: O. Reg. 126/16, s. 34)**
- (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 Prohibited Practices:

Everyone including staff, caregivers, employees, students, volunteers, parents, guardians, temporary guardians, people who pick up and drop off the children and family members of the children enrolled at the S.S.C.C. are expected to comply with the program's stated policies and procedures and the requirements of the Childcare and Early Years Act 2014.

When determining which disciplinary measure will be taken, the following criteria will be considered by the Supervisor/Board:

- The seriousness of the offense
- The actual or potential risk, or harm to the child
- The frequency of occurrence
- The past and recent performance of the employee
- Previous disciplinary action taken

For Students and Volunteers:

- Verbal warning
- Termination of placement

For Others, including: parents, guardians, temporary guardians, people who pick up and drop off the children, and family members of the children enrolled at the S.S.C.C.

Any or all of the following actions may be required depending on the severity of the incident.

Verbal Warning:

- Verbal warning and the requirement that the person responsible leave the premises immediately.
- Requirement that help be sought by the parent from an appropriate community agency in order to continue the child's enrollment at the Centre.
- Other action as deemed appropriate by the Executive Director including but not limited to the person not being permitted on the premises.

Where action is necessary for a contravention of Prohibited Practices by staff, caregivers, employees, students, volunteers, parents, guardians, temporary guardians and family members of the children enrolled at the S.S.C.C., it will be taken IMMEDIATELY by the Executive Director or Designate of S.S.C.C. and the situation will be explained to the Board of Directors at the next regularly scheduled meeting.

Where action is necessary for a contravention of Prohibited Practices by the Executive Director, it will be taken by the Board of Directors.

DISCHARGE POLICY

Criteria:

Discharge of a child from the S.S.C.C. Program could result if any of the following conditions exist:

- A parent voluntarily withdraws child from the program.
- Non-payment of fees.
- Where the child presents a safety and/or health risk to the care provider and/or other children in care, the following procedure will be implemented.

Procedure:

The Centre promotes a collaborative approach to problem solving that is supportive and fair to the parent and the caregiver. The caregiver will begin documenting the child's interactions in the Prohibited Practices Log when the interaction is observed. Parents will be informed by the caregiver (s) of the child's interactions as it occurs depending on the severity or at the end of the day. The caregiver will provide this log to the Executive Director to keep the Executive Director informed. In circumstances where the caregiver determines that a child in care may present a safety and/or health risk to other children, the following actions may be implemented to attempt to resolve the situation.

- Caregiver will contact the Executive Director and describe the safety and/or health risk that the child presents.
- The Executive Director will assess the situation and may immediately contact the parent(s) and request to meet with the caregiver and the parent to discuss strategies to address the identified health/safety risk.
- The Executive Director may contact the parent(s) and require that the child be immediately suspended from the Centre for the remainder of the day.
- The Executive Director, in collaboration with the parent(s) and caregiver, may explore identified strategies to address the concern. A requirement that the parent request assistance from such services such as Pathways or CDC may be required in order to continue the child's enrollment at S.S.C.C. Depending on the risk to the other children, it may be necessary to suspend attendance while outside assistance is sought or to discharge the child.

Monitoring Prohibited Practices:

The following practices are in place to help ensure that only preferred practices are used:

- A comprehensive discussion with each staff, caregiver, employee, student, and volunteer's Prohibited Practices philosophy is completed during the hiring process to ensure compatibility with the Child Care Centre's philosophy and the Childcare and Early Years Act 2014 requirements.
- Staff, caregivers, employees, students and volunteers are to be made aware of the agency's policies and procedures through the review and sign-off procedures outlined below, through in-service training sessions and staff meetings which include discussions of any unusual disciplinary problems.
- The supervisor observes each staff, caregiver, and employee at least four times a year and completes an annual staff performance appraisal.
- The supervisor is observed annually by a Board member and given a performance appraisal.

All complaints regarding Prohibited Practices made by anyone including parents, children, staff, care givers, employees, students and volunteers will be investigated and acted upon by the Supervisor and, if necessary, the Board of the child care agency. Serious Occurrence(SO) procedures will be followed when required.

Prohibited Practices Log:

- A log (or record) of the monitoring of Prohibited Practices is kept. This log will include factual statements only and is kept in a secure location for reasons of confidentiality.

Review and Sign Off:

- The Prohibited Practices Policies and Procedures are reviewed prior to working with children for the first time and at least annually thereafter with each staff, caregiver, employee, student, and volunteer. After reviewing the policies and procedures, each person signs and date that they have read the policy and agree to follow it.

Protection of Children:

- The local Child & Family Protection Service must be notified of all suspected abuse cases as required by the Child and Family Services Act 1984, Section 68 (2), (3), and (4). Failure to report suspicion of child abuse is subject to legal action.

HEALTH AND SAFETY

Rest Time/Nap Time/ Outdoor Play:

As per Childcare and Early Years Act 2014, Regulation 0810-08:

The daily plan is so arranged that;

- a) Each child from infancy through five years of age that is in attendance for six hours or more in a day;
 - i) Has a rest period not exceeding two hours in length following the mid-day meal. A child unable to sleep during the rest period is not kept in bed for longer than one hour and is permitted to engage in quiet activities. Rest should not be of such duration that normal sleep patterns at home are disrupted. More mature children do not sleep in the afternoon. An hour-long rest is sufficient to provide quiet relaxation. Beyond this length of time, children who remain awake are provided with

quiet, supervised activity.

ii) Is outdoors for sleep, play, or both for a period of up to two hours each day, weather permitting, unless a physician or parent of a child advises otherwise in writing. Written instructions are signed by the parent/guardian.

b) Infants require:

i) A baby monitor and night-light in sleep room. Each infant is also provided with an approved crib with individualized bedding (no blankets for infants) as approved by the Ministry of Education. Infants are supervised at all times and the sleep rooms are designed to accomplish this.

ii) Outdoor activities two hours in duration per day (weather permitting)

NOTE: Exceptions to sleep or outdoor play routines will be documented in the daily log. The log entry will identify the alternate planned activity.

Something Special Children's Centre Safe Sleep Policy 2016:

New Sleep Supervision and Position Requirements (Section 33.1) CCEYA 2014:

- Ensure that children under 12 months old are placed for sleep in a manner consistent with the recommendations set out in the **Joint Statement of Safe Sleep**, unless a child's physician recommends otherwise in writing.

The following sleep procedures are implemented in our Centre:

- Children are assigned to individual cots or cribs (or mats where ministry approval has been granted for children 18 months to 5 years old).
- Parents are consulted respecting a child's sleeping arrangements at the time of enrollment and at any other appropriate time, such as at transitions between programs or rooms, or upon a parent's request.
- Parents of children younger than 12 months are advised of the licensee's obligation to ensure that children under 12 months old are placed for sleep in a manner consistent with the recommendations **set out in the Joint Statement of Safe Sleep** (ss.33.1), (i.e., placed on their backs).
- Parents of children who regularly sleep at the Centre are advised at the time of enrollment of the centre's or agency's policies and procedures regarding children's sleep,
- Parents are provided information with respect to the observance of any significant changes in a child's sleeping patterns or behaviours during sleep that will result in adjustments to the manner in which the child is supervised during sleep, and are given 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. The Centre's blank sleep chart is available for parent's to review.

Joint Statement of Safe Sleep:

Infants placed on their backs to sleep, for every sleep, have a reduced risk of SIDS. Prone and lateral sleeping positions are linked to increased rates of SIDS, even for infants who regurgitate. (7,9,15,20,27,28,29) Infants who normally sleep on their backs and are then placed to sleep on their stomachs are at a particularly high risk.

(27) This reinforces the importance to consistently place infants on their backs to sleep at home, in child care settings, and when travelling. Sleep positioners or any other infant sleep positioning devices should not be used as they pose a risk of suffocation.

(30) Once infants are able to roll from their backs to their stomachs or sides, it is not necessary to reposition them onto their backs. Infants will benefit from supervised tummy time, when they are awake, several times every day, to counteract any effects of regular back sleeping on muscle development or the chance of developing plagiocephaly, commonly referred to as flat head.

(31,32) Preventing exposure to tobacco smoke, before and after birth, reduces the risk of SIDS. Maternal smoking during pregnancy is an important risk factor for SIDS. (5,7,12,20,33) The more a woman smokes during pregnancy, the higher the risk of SIDS. (7,34,35) Women who reduce the amount of cigarettes smoked during pregnancy can reduce the risk of SIDS for their infants, and women who stop smoking can further reduce the risk. (7,8,14) It is estimated that one third of all SIDS deaths could be prevented if maternal smoking was eliminated.

(36,37) Infants who are exposed to second-hand smoke after birth are also at a greater risk of SIDS, and the risk increases with the level of exposure.

(8,12) The safest place for an infant to sleep is in a crib, cradle, or bassinet that meets current Canadian regulations. When infants sleep on surfaces that are not designed for them, such as adult beds, sofas, and armchairs, they are more likely to become trapped and suffocate, in particular when the surface is shared with an adult or another child. (15,20,26,38,39) Other than a firm mattress and a fitted sheet, there is no need for any extra items in a crib, cradle, or bassinet. Soft bedding such as pillows, duvets, quilts and comforters, as well as bumper pads increase the risk of suffocation. (15,21,22,23,24,25,26)

Overheating is a risk factor for SIDS. (40) Infants are safest when placed to sleep in fitted one-piece sleepwear that is comfortable at room temperature and does not cause them to overheat. Infants do not require additional blankets as infants' movements may cause their heads to become completely covered and cause them to overheat.

(41) If a blanket is needed, infants are safest with a thin, lightweight, and breathable blanket. Strollers, swings, bouncers, and car seats are not intended for infant sleep. When sleeping in the sitting position, an infant's head can fall forward and their airway can be constricted.

(42) This risk reinforces the importance to move an infant to a crib, cradle, or bassinet to sleep, or when the destination is reached. Infants who share a room with a parent or caregiver have a lower risk of SIDS. Room sharing refers to a sleeping arrangement where an infant's crib, cradle, or bassinet is placed in the same room and near the parent or caregiver's bed. Infants who share a room have a lower risk of SIDS and will benefit from room sharing for the first 6 months during the period of time the risk of SIDS is highest.

(12,38,43) Room sharing facilitates breastfeeding and frequent contact with infants at night. Bed sharing describes a sleeping arrangement where an infant shares a sleeping surface such as an adult bed, sofa, or armchair with an adult or another child. Sharing a sleeping surface increases the risk of SIDS and the risk is particularly high for infants less than 4 months of age.

(12,20,38,44,45) Sharing a sleeping surface with an infant also increases the risk of entrapment, overheating, overlaying, and suffocation.⁴⁴ The risk of SIDS and other unintentional deaths that occur during sleep increase further when an infant shares a sleeping surface with a parent or caregiver who smokes, has consumed alcohol, is under the influence of sedating drugs, or is overly tired.

(12,20,43,46) *Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada* The term co-sleeping can refer to a range of sleeping practices that include both bed sharing and room sharing. Definitions of this term are not consistent enough to make it universally acceptable. Breastfeeding provides a protective effect for SIDS. Any breastfeeding for any duration provides a protective effect for SIDS, and exclusive breastfeeding offers greater protection.

(47,48) It is estimated that exclusive breastfeeding for the first 6 months, during the period of time the risk of SIDS is highest, may reduce the risk SIDS by up to 50%.

(47) Successful breastfeeding is not dependent on sharing a sleeping surface.(12,20) However, for women who may bring their infant into bed to breastfeed, the risk of SIDS is not increased when the infant is placed back to sleep in a crib, cradle, or bassinet following the feeding.
(20,46) Pacifiers appear to provide a protective effect for SIDS.

(24,49,50,51,52) No solid evidence demonstrates that pacifier use impairs breastfeeding, however delaying the introduction of a pacifier is best left until breastfeeding is well established.
(53) Infants who accept a pacifier should have one consistently, for every sleep; however, a pacifier is not required to be reinserted if it is expelled during sleep. The Public Health Agency of Canada has produced the *Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada* for health practitioners so they may provide parents and caregivers with information and support to prevent deaths due to SIDS and unsafe sleeping practices. Parents and all caregivers are encouraged to practice the principles of safe sleep at home, in child care settings, and when travelling.

Ensure that staff in child care centres and home providers in the home child care premises are periodically performing direct visual checks of sleeping children by being physically present and checking for indicators of distress or unusual behaviours. Ensure that there is sufficient lighting in the sleep room or area to conduct the direct visual checks

Please see the Centre's sleep chart template on the following page.

LEGEND	"→" Time Nap Starts				"←" Time Nap Ends				"v" Sleep Check			
DATE _____												
7:30 AM												
7:45												
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Playground Safety Policy:

The playground is checked for hazards before the children are permitted to enter the play yards.

Staff are to be vigilant in their efforts to provide a safe environment for the children to play and create. In doing so, outdoor activities are rewarding, educational and fun for everyone. Outdoor plans are designed to promote the child's curiosity about nature, and enhance gross motor development and social interactions in collaboration with the daily program plans. These plans are posted in the classroom. The children are encouraged but not required to participate in planned outdoor activities. These activities involve aspects of creative nature: gross motor, sensory, sciences and social interactions.

Please ensure that you latch our gates when you enter/leave the premises.

Playground Supervision:

- Child staff ratios are maintained at all times in accordance with the Childcare & Early Years Act. (<http://www.ontario.ca/document/child-care-rules-child-care-and-early-years-act>)
- All staff is trained in Standard First Aid and Child CPR.
- When the yard is too slippery during the winter, the children will not play in the yard.
- Educators practice playground evacuations with the children through the use of the emergency whistle. From this, the children learn to line up immediately when the whistle is blown.
- Children are NOT allowed to open the gate or climb the fences at any time. Please discourage your child from doing so.
- Strings on mitts are not to worn in the yard due to the possibility of strangulation should the child become caught, scarves are to be crisscrossed over the chest rather than tied.
- Please check your child's pockets for articles and/or food that may be of potential risk to other children.

Playground Accident Log:

- All accidents/injuries are recorded in the Outside Accident Log and reported to the parent by the educator who witnesses the incident and who provides treatment due to the injury. Our playground is inspected annually by a certified playground safety inspector, and on a daily basis by our educators.

MEDICAL PROCEDURES

Procedure for Administration of Drugs:

The administration of non-prescription drugs and medications to a child (such as over-the-counter drugs) are not permitted.

Preparations such as sunscreen, moisturizing lotions, and diaper creams are not considered medications; however, written parental permission is mandatory before application. Medical forms are used for all drugs, medications, and skin preparations.

The acceptance of a medication or drug(s) from parents or guardians for administration will only be allowed when:

1. The medication or drug has been prescribed by a physician and when a parent or guardian has given written authorization for the administration of the drug or medication including a schedule that clearly identifies the time(s) at which the drug or medication is to be administered and the amount(s) to be administered.
2. Parents must hand deliver the medication or drug to a staff member in its original container.

3. The reason for taking the medication or drug must be clearly written on the authorization form. Any sided effect(s) must also be clearly identified.
4. All medications or drugs prescribed by a physician must have:
 - The child's name
 - The name of the medication
 - The required dosage
 - The date the medication was dispensed
 - Instructions for storage
 - The prescribing physician's name
5. A starting date and an ending date must be on all medication forms for medication being administered and must not be longer than two weeks **unless it is a long term medication.** In the event that the medication is long term, a medication consent form must be filled every 6 (six) months. A note from the doctor indicating that the drug or medication is for long-term use must be given to the staff before medication is administered. Children's Tylenol and Advil will only be given when supported by a doctor's note stating the reason for the medication, the dosage to be given, the time frame to be given in and the duration to be administered (number of days). These medications will not be given for more than two days for pain.

Immunization:

In compliance with Health Unit regulations proof of up-to-date immunization must be provided prior to acceptance of your child into our program. Please visit the Health Unit on Portsmouth Avenue (613-549-1232) to receive the "Green Pass" card from them and bring it to the daycare with a copy of your child's immunization. Please provide proof of dates of subsequent immunizations as your child receives them. A child may only be excused from immunization for medical, conscience or religious reasons. The parent/guardian can access these forms through the Health Unit. **The exemption form must be completed, notarized, and given to the Local Health Unit.** A copy of this form *must also be kept at the Centre.* If an outbreak of disease occurs, the Medical Officer of Health may order the exempted child out of the day care until the outbreak is over. This is for their protection. Children may be excluded from the day care if immunization information is not complete.

ILLNESS

The parent(s) are to be notified if a child becomes ill at day care and there are other health concerns that the parent(s) **need** to be aware of and/or if the parent(s) have asked to be informed.

- Vomiting (exclusion period: symptom free for 48-hours)
- Fever – with accompanying symptoms (exclusion period: 24-hours symptom and medication free)
- Red or discharging eyes or ears
- Acute cold, severe coughing
- Undiagnosed skin rash or infections
- Unusual irritability, restlessness
- Diarrhea (exclusion period: symptom free for 48-hours)
- In the event of minor accidents and major injury
- Suspicion of contagious disease
- Seizure Activity

A child displaying any of these symptoms should be isolated, if possible, from the other children until parents arrive to take the child home.

Vomitting:

If a child arrives at daycare (with no previous symptoms or signs of illness) and vomits we will:

- Call the parent(s) and make the child comfortable.
- Monitor the child for other symptoms (i.e., fever, diarrhea, discomfort) until a parent/guardian arrives.

OR if there is a noticeable decline in health while in attendance at the daycare the educator will:

- Call the parent(s) and ask that the child be picked up and we may request that the child receive further medical attention.

The child must be free from vomiting for 48-hours before returning to daycare.

This is in the best interest of the ill child, and the other children and staff in attendance at the daycare

Special consideration is given to infants who are adjusting to a variety of new foods as well as solid food if it is determined in writing by a physician that the child is not contagious.

Fever:

A body temperature of 38° Celsius is considered a fever; 24-hour exclusion is required in compliance with the Ill Health Policy (KFL&A Health Unit) for any child or staff with a temperature of 38°. The individual must be excluded until fever free and without fever reducer medication for a 24-hour period.

There are a number of factors, which cause body temperature to rise, such as:

- Overdressing
- Strenuous exercise or play
- The time of day (temperature is normally highest in late afternoon)
- Vaccinations
- Infection: teething, ear infection

It is important to note that children may be seriously ill and not have a fever.

Diarrhea:

Special consideration is given to infants whose loose stools are the result of consuming a variety of new foods.

Action to be taken:

Parents will be contacted to pick up the child if the child has two bouts of diarrhea (watery, loose, foul smelling stools) resulting in an exclusion period of 48-hours until symptom free. If the Centre is experiencing an outbreak of gastroenteritis, then one bout of watery diarrhea would result in the above exclusion period.

Follow Up:

The child may return to daycare **after 48 hours have passed since the last bout of watery diarrhea.** If diarrhea persists, the parent must provide a written statement from a doctor (Doctor's Note on our website or from the educators), in order for the child to return to daycare. The note must state that no contagious viral, bacteriological, or parasitic conditions exist.

Contagious Disease:

Children are excluded from the Centre while they are infectious as defined by the K.F.L. & A. Health Unit. Parents may be requested to provide medical documentation before the return of the child to the

Centre. The K.F.L. & A. listing of Childhood Diseases is posted in each classroom and is available on their website. Fact Sheets are also available for parent reference. Notices of all confirmed cases of communicable diseases are posted at each entrance. Fact Sheets can be found at this link: <http://www.kflapublichealth.ca/Search.aspx?q=fact%20sheet> or discussed over the phone by calling the Health Unit at 613-549-1232.

Something Special Children's Centre requests that the chicken pox blisters on the face and hands not be oozing and that the child is well enough to attend and participate in regular activities. This policy is to protect the child with chicken pox from getting an infection and to prevent transfer of an infection.

Policy for Human Bites That Cause Bleeding:

If an adult or child is bitten and there is bleeding, the main concern is infection. Therefore, we will:

1. **Immediately** wash the wound well with soap and water.
2. Check immunization records to ensure up-to-date with tetanus immunizations. If the immunization is **not** up-to-date, he/she may need a booster.
3. Parents/guardians (of all children involved) will be informed of what action has been taken. There is a very low risk of transmission Hepatitis B, Hepatitis C, or HIV from human bites. Parents may wish to discuss the need for blood testing with their doctors.
4. If over the next few days' redness, swelling or other evidence of infection develops, the individual should see their doctor.

NOTE: If there is no broken skin or bleeding, **no** medical follow-up is necessary. If you have further questions, please contact the K.F.L. & A. Health Unit at 613-549-1232

Asthma:

Children have varying degrees of asthma. If your child has asthma, you are required to fill out an Asthma Medication form for all asthma medications necessary for your child while in daycare.

An Emergency Plan will also be established to ensure proper care. If your child has an attack, a staff member will notify you as soon as reasonably possible.

Nutrition:

The children receive a snack in the morning and afternoon, and a full meal at mid-day which is prepared by the cook or designate. The weekly menu is posted in each classroom and on the bulletin boards at each entrance. Nutritional meals and snacks are prepared in accordance with the Canada Food Guide. All food is stored, prepared, and served in a manner to retain maximum nutritive value and to prevent contamination. We are involved in a Pilot Project with the local health unit to enhance our Nutritional and Physical Activities for all the children.

We understand that some parents may want to show their appreciation for the excellent care their children receive in our Centre. We ask that if you do offer some form of appreciation, that it not be anything with nuts or nut products included.

Birthdays:

Regulations set out by the Ministry of Education and the Health Unit state that daycares shall not provide sugary foods more than once a month. Therefore, we serve Birthday Cakes prepared by our cook once a month to celebrate all the birthdays of the month. We cannot accept candy or food of any kind for the

children. If you wish to mark your child's birthday, we would be delighted if you would consider donating a book for the library in your child's classroom. When the book is read, the educators will announce that the book was donated by your child.

Please be sure to advise if your child has any type of food allergies or food restrictions.

We request that parents provide all necessary food items for special dietary/alternate food needs. All such foods must be provided in a container with the child's name clearly labeled. We will assist with food alternatives where possible.

CHILDREN'S FOOD ALLERGIES:

It is common to have children in care who suffer allergic reactions to certain foods. The outcome of this may be serious.

Prevention:

Allergy Lists are posted in each classroom, the emergency/outdoor bags and in the kitchen. All staff refer to this list before preparing and serving food to the children. A list of known allergies is determined at the time of enrollment and added to as allergies become identified.

SOMETHING SPECIAL CHILDREN'S CENTRE ANAPHYLAXIS EMERGENCY PLAN POLICY

(Please read carefully)

Anaphylaxis:

Anaphylaxis (anaphylactic shock) is a severe reaction to an allergen. Symptoms include one or more of the following: swelling of the eyes and face, hives all over the body, difficulty breathing, vomiting, diarrhea, and loss of consciousness. Symptoms can all happen at the same time and they often occur in less than ten minutes. If the child is not given adrenaline (epinephrine) immediately, he or she could die.

Severe reactions can occur "out of the blue"; that is, the child has had no signs or symptoms of a reaction in the past. In this case, call 911 for emergency treatment.

What Causes Anaphylaxis?

Someone who is highly sensitive could become anaphylactic by:

- eating a substance (e.g., nuts, tree nuts)
- inhaling a substance (e.g., pollen)
- touching a substance (e.g., peanut butter, milk)
- being bitten or stung by an insect (e.g., a bee)

Someone who does not receive appropriate treatment for an asthma attack could become anaphylactic.

Overview:

In our Centre, we have at times children and staff who are at risk for potentially life-threatening allergies. Anaphylaxis is a severe allergic reaction that can be caused by foods, insect stings, medications, latex, or other substances. While anaphylaxis can lead to death if untreated, anaphylactic reactions and fatalities can be avoided. Education and awareness are key to keeping children and staff with potentially life-threatening allergies safe.

Our Centre's anaphylaxis plan is designed to ensure that:

- Children and staff at risk are identified.
- Strategies are in place to minimize the potential for accidental exposure.
- Staff, students, and volunteers are trained to respond in an emergency.

Note: use of the word staff throughout this document includes supply staff.

Identification of Children and Staff at Risk:

At the time of completing our registration forms, parents are asked about medical conditions, including whether children are at risk of anaphylaxis and asthma. All parents, guardians, staff, students, volunteers, and visitors are informed in our parent/employee handbooks, verbally, and through signs at entrance doors, that SSCC is an “allergy-safe” environment. All staff, students, and volunteers must be made aware of these children.

In the case of staff: an Individual Anaphylaxis Form is completed by the staff member and reviewed with staff members.

It is the responsibility of the parent to:

- 1) Inform the Centre supervisor of their child’s allergy (and asthma)
- 2) Complete medical forms (Individual Anaphylaxis Emergency Plan) and the Anaphylaxis Emergency Plan, which includes a photograph of the child, description of the child’s allergy, emergency procedure, contact information, and consent to administer the medication **before the child attends the Centre**. The Anaphylaxis Emergency Plan is posted in key areas such as in the child’s playroom, the office, and the food preparation and serving areas, and a copy attached to the child’s emergency card.
- 3) Ensure that updated medications are provided to the Centre before existing medications reach their expiry date.
- 4) Advise the Centre in writing if their child has outgrown an allergy or no longer requires an epinephrine auto-injector. A note from the child’s allergist or physician is also required.
- 5) Parents are encouraged to have their child wear medical identification (e.g. Medical Alert bracelet). This identification could alert others to the child’s allergies and include if the child needs or carries an epinephrine auto-injector. Information accessed through a special number on the identification jewelry can also assist first responders, such as paramedics, to access important information quickly.

Availability and Location of Epinephrine Auto-injectors:

- Store out of reach of children but make easily accessible to staff directly in the child’s classroom or with the staff if the child is moved throughout the building (i.e. not locked). Staff working directly with the child will carry the auto-injector in a “fanny pack” with the child in the yard or on a field trip. All staff must know the location of the auto-injectors.
- Posters which describe signs and symptoms of anaphylaxis and how to give an epinephrine auto-injector will be placed in relevant areas, e.g. playrooms, office, staff room, food serving and preparation areas.
- Auto-injectors are to be brought on field trips. If the location is remote, it is recommended that the organizer of the field trip carry a cell phone and know the location of the closest medical facility.

Emergency Protocol:

- An individual Anaphylaxis Emergency Plan must be signed by the child’s parent and physician. A copy of the Plan will be placed in designated areas such as the playroom, office, and food preparation and

serving areas. A copy will also be attached to the child's emergency card.

- Adults need to listen to the concerns of the child at risk, who usually know when a reaction is occurring, even before signs appear.
- In order to respond effectively during an emergency, a routine has been established and will be practiced, similar to a fire drill. During an emergency:
 1. One adult stays with the child at all times
 2. One adult goes for help or calls for help
 3. Before administering epinephrine, check for:
 - The right medication
 - The right child
 - The right dose
 - The right route of administering
 4. Administer epinephrine at the first sign of reaction. The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if in turn, epinephrine was not required. Note time of administration on the emergency medication form and the secondary survey form that goes with the child to the emergency facility.
 5. Call 911. Have the child transported to an emergency room even if symptoms have subsided. Symptoms may recur hours after exposure to an allergen. If the child has a back-up epinephrine auto-injector, it should also be taken along.
 6. Contact the child's parent(s).
 7. One calm and familiar adult must stay with the child until the parent or guardian arrives.

Training:

- Staff will review and sign the anaphylactic policy before they are employed at the Centre and at least annually thereafter. Students and volunteers will review and sign the anaphylactic policy before they begin to provide care or guidance at the Centre and at least annually thereafter.
- When a child with an anaphylactic allergy is enrolled in the Centre, there will be training provided for staff, students and volunteers. This training will provide a review of the child's individual Anaphylaxis Emergency Plan, which includes: monitoring and avoidance strategies for the child, signs, and symptoms of an anaphylactic reaction, the emergency procedures to be followed in the event of an anaphylactic reaction, and a demonstration on the administration of epinephrine for the child.
- The training will be provided by the parent of the child with the anaphylactic allergy, a physician, a designate from the health unit or another individual who has certification as an epinephrine auto-injector instructor. As there are standard methods of administering epinephrine, it is not necessary that this part of the training be provided for the staff, students, or volunteers who have received training in the administration of epinephrine within the year.
- When a child with an anaphylactic allergy is enrolled in the Centre, the training outlined above will be provided for staff before they are employed at the Centre and at least

annually thereafter. Students and volunteers will be provided with the training before they begin to provide care or guidance at the Centre and at least annually thereafter. Parents are to update the child's policy annually, or as changes occur, and train staff in the correct procedure for their child.

- All staff, students and volunteers who provide or may provide care for a child with an anaphylactic allergy for any period of time (e.g. coverage during rest period, supervision at lunch, in blended groupings at arrival and departure times, supply staff), as well as other staff whose work may be impacted by a child's anaphylactic allergy (e.g. a cook by severe food allergy, a cleaner by a severe bleach allergy) will review the anaphylaxis policy and be provided with training by the parent or health care practitioner in the details of children's Individual Anaphylaxis Emergency Plan. They will also be provided with training in the administration of epinephrine to be able to respond in the event that a child has an anaphylactic reaction.
- Staff who will never be involved in the care of any child, such as custodian (cleaner) maintenance worker, bookkeeper etc. are exempt from this requirement.
- They will also be provided with training for the administration of epinephrine to be able to respond in the event that a child has an anaphylactic reaction. Staff, students, and volunteers will have opportunities to practice using an auto-injector trainer, (i.e device used for training purposes) and are encouraged to practice with the auto-injector trainer throughout the year, especially if they have a child at risk in their program.

Creating an Allergy-Safe Child Care Environment:

Special care is to be taken to avoid exposure to allergy-causing substances. Parents are asked to consult with the staff or supervisor before sending food to the Centre. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, children with a food allergy must be highly supervised and encouraged to follow certain expectations:

- Wash their hands before and after eating.
- Not share food, utensils or containers.
- Place food on a napkin, wax paper or plate rather than in direct contact with a table.

Staff responsibilities:

Staff reinforces the requirement of an allergen free environment by discussing the issue with anyone who attempts to bring an allergen product into the Centre. They are asked to remove the item and the hands and surfaces of all areas touching the product are washed well. If the product is found in a knapsack or bag, it is secured in an airtight container and removed from the premise and the person who brought it into the Centre is asked not to bring such items into the Centre for the well-being of all children and staff with life threatening allergies. A "No Sharing" policy for children with allergies is enforced by staff. Children who have food allergies sit at a table, which has been designated "allergy safe". Staff ensures that procedures for proper hand washing and clean up are being followed.

All staff must know:

- Which children have potentially life-threatening allergies or conditions (such as nuts, milk, egg, sesame) and stinging insects; and which may require adrenaline.
- Discussions with parents to determine which allergens or conditions may result in

- anaphylaxis.
- What symptoms the child has experienced in response to allergens or conditions in the past.
- When to administer the medication.
- Location of medication (Epinephrine Auto-injector) and where the Individual Anaphylaxis Emergency Plan is kept.

This information must be recorded, in detail, on the “Individual Anaphylaxis Emergency Plan” form.

At the Child Care Centre:

If we suspect or know that a child has an allergic reaction when the child is in our Centre’s care we will:

- Document it (date and time, suspected substance, symptoms).
- Inform the child’s parents.
- Ensure that the child avoids the (potentially) allergic substance again.

A mild reaction one time may be a severe reaction the next time

Storage and Disposal of Medication:

- Store medications according to the instructions given on the label.
- Adrenaline (epinephrine) is light sensitive and must be stored in the container provided. Store the medication at room temperature. Do not refrigerate. Before using, check to make sure solution is not discoloured and does not contain a precipitate. Check the expiry date. Do not give expired medications.
- Store out of reach of children but easily accessible to staff (i.e., not locked). All other medications must be kept locked in accordance with the Childcare and Early Years Act 2014 [s37 (b), 0811-08]. Take emergency medications in the first aid kit on field trips and other outings.

Procedures for the Administration of Emergency Medications:

Adrenaline is given for severe reactions such as difficulty breathing or anaphylaxis. It is given by injection or inhaler. Instructions for use are included with the medication. All staff must be familiar with the procedures to administer emergency medications.

Ensure you have the following upon enrolment:

- The prescribed medication in the original container with the pharmacist’s label clearly marked with:
 1. The child’s name
 2. The name of the medication
 3. The dose
 4. The date the medication was dispensed
 5. Instructions for storage and administration
 6. Expiry date

We do not accept medications which appear to have been dispensed in the past or that are for other children. The parent/guardian must provide written instructions on the Emergency Medication Information and Consent Form. This includes the reason the medication is to be administered, when the medication is to be administered, i.e., symptoms indicating a reaction. Each child and each reaction may be different.

The Emergency Medical Information and Consent Form is an ongoing consent for up to six months. Parents must give written consent bi-annually.

For Each Medication Administered:

Before giving each dose, check:

1. The right medication
2. The right child
3. The right dose
4. The right route of administration (e.g., oral, inject-able)

Read both the medication sheet and the label, twice.

Check the expiry date. Do not give expired medications.

After administration, **the child must go to the hospital**, as follow up treatment may be necessary.

Complete the Emergency Medication Information and Consent Form and Serious Occurrence Report.

INDIVIDUAL HEALTH CARE PLAN

Our Centre uses an Individual Health Care Plan for all other serious medical and/or developmental conditions that we should be made aware of, in order to meet your child's individual needs. Parents are to fill in the forms for their child's plan, which will be reviewed by the child's physician at least once per year, and reviewed by the Centre every six months.

The following information is included in each Individual Health Care Plan: specific information about the condition, health history, precautions and things to watch for, and the procedure to follow. As well, information regarding any medications and side effects, specialized equipment, positioning and dietary requirements/restrictions, and toileting needs. There is also an emergency plan page with child and situation-specific instructions, should a medical emergency arise.

All staff members sign-off after they have fully read and reviewed each Individual Health Care Plan. Each plan is implemented by the RECE's in the classroom of the child and throughout the Centre. It is the parents' responsibility to ensure that the Centre is immediately informed of any relevant changes to the information provided in the Individual Health Care Plan.

SUPERVISION OF STUDENTS AND VOLUNTEERS

As part of our professional role, Something Special Children's Centre is committed to the mentoring and training of ECE students. We further recognize that students and volunteers from a range of disciplines can enrich the learning environment and experience for everyone.

For these reasons, each year we may choose to host a limited number of students and volunteers. This is done at our discretion based on the needs of the children, the staff, and those of the Centre in general. This policy for the supervision of volunteers, work study students and placement students is in place to help support the safety and well-being of the children attending the Centre, and to clearly define roles and responsibilities.

Policy:

- No child will be supervised by any person less than 18 years of age.
- Volunteers and students are not allowed to be left alone with the children, as there is to be no direct unsupervised access to children permitted for persons who are not employees of Something Special Children's Centre.
- Volunteers and students are not counted in our staffing ratios
- All students and volunteers are subject to the Criminal Reference Check (CRC), Vulnerable Persons Check policy and will provide a clear original City of Kingston CRC and vulnerable sector screen before they are interviewed for potential placement. They will also be required to provide

proof of current immunization. Non ECE students and volunteers will be required to provide a resume, two professional references, and a statement of why they are interested in volunteering or having a placement with us.

Roles and Responsibilities:

Placement of students and volunteers is the responsibility of the Executive Director or Floor Coordinator. Initially, the Floor Coordinator meets all volunteers and students. Students and volunteers will be given a review of the policy handbook, a letter of welcome and a page outlining expectations. The Floor Coordinator will review policies and procedures including Prohibited Practices policies, any/all individual emergency plans for children at risk for anaphylaxis and the expectations for the placement/volunteer experience before the student or volunteer begins and annually thereafter. All policies must be signed off on before the student or volunteer placement begins. Students and volunteers will be given a tour of the indoor and outdoor spaces and a review of the emergency evacuation procedures.

Volunteers and Students are directly responsible to the teaching staff in each group; the staff will orient the student and volunteer and complete the emergency procedures checklist. They will then act as the student or volunteer supervisor and mentor. As appropriate, the staff member will have a discussion with the student or volunteer regarding the needs of individual children (e.g. special needs, allergies, custodial restrictions). The staff will monitor student practices including Prohibited Practices and report any concerns to the Floor Coordinator. In the case of ECE students, one staff will be assigned the primary responsibility for formally mentoring the student and completing the written assessments, however, general guidance or feedback could come from anyone on the teaching or management team.

Note: Students or volunteers who do not meet the expectations of the placement, who fail to comply with our written policies or who fail to attend or give appropriate notice of absence will be dismissed from their placement.

Something Special Children's Centre
Kingston, ON
K7K 6B8

Volunteer Consent Form

I, _____ parent/guardian of

do hereby consent to allow _____

to work in a volunteer capacity with my child. This work could include playing with my child, documenting interactions, assisting with implementation of the prohibited practices and conferring with staff. I understand that all interactions between my child and the volunteer will be under the guidance and supervision of the regular RECE staff.

Signature: _____

Relationship: _____

Date: _____

TRIP POLICY

From time to time throughout the year, educators take the children on Field Trips. In order to manage these trips in a safe and successful manner, the following steps will continue to be used by our Centre:

1. Field Trips are posted in the classroom at least one day before the trip.
2. No child will attend any trip without a signed permission form allowing the child to attend the specific trip and thus acknowledging the timeframes away from the centre that were established when the form was signed.
3. Children are to be dropped off and picked up at the centre. The rationale for this is that children may become confused if they do not have consistent rules to follow and may bolt across a street if they see their parent(s). Secondly, it is too hard to manage the coming and going of children while on a trip.
4. Children who arrive late for a trip will not join the trip group. Their late arrival may mean that there is no space for the child until the group returns, or the child may be placed in another program until the group arrives back in the centre.
5. On non-attending days, parents are welcome to join the group at their destination and are solely responsible for their child at all times.
6. If the parent joins the group at the trip destination, and wants their child to attend the daycare after the trip, only the parent will transport the child to the centre and sign in their child into the centre before leaving their child in S.S.C.C.'s custody.

HiMAMA



Our RECE's use a very exciting software program called HiMama (<https://www.himama.com/>) for daily interactions with the children. This program is very childcare friendly and will provide lots of information and communication for you about your child's day at SSCC.

Your consent is required to add your child. All of the information we submit is stored in the "Cloud".

- Terms of Service <https://www.himama.com/terms>
- Internet Safety <https://www.himama.com/internet-safety>
- Privacy Policy <https://www.himama.com/privacy>

As always, if you have any questions about the program, we would be pleased to discuss it with you.

Parental Consent:

Example only: Separate sheet provided with enrollment package

I consent to my family information being collected under the legal authority of Something Special Children’s Centre, for the purpose of providing my family with a mechanism for accessing the HiMama Childcare Program, through this web based application.

1. I acknowledge my family information will be shared within the childcare centre and stored in the Cloud.
2. I consent to my family information being shared and/or viewed with the following parties on a need to know basis:
 - A) The Ministry of Education
 - B) The childcare staff of Something Special Children’s Centre.
 - C) HiMama, in their capacity as the application vendor, data custodian and technical support of this application and in the course of providing technical maintenance and support of the application.

I acknowledge that the Something Special Children’s Centre and HiMama, as an agent of the daycare, are governed by and required to adhere to the freedom of Information and protection of privacy legislation including the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), Personal Information Protection and Electronic Documents Act (PIPEDA) and the Personal Health Information Protection Act (PHIPA)”.

For Questions about Something Special Children’s Centre’s collection, use, disclosure and disposal of information, please contact Lorraine Peters, RECE, Executive Director, 10 Chapman Street, Kingston, Ontario, K7K 6B8, 613-544-8367

Signature: _____ Date: _____

Child(ren)’s names

SERIOUS OCCURRENCE REPORTING PROCEDURES

Revised June 2016

Purpose:

Service Providers delivering services that are funded or licensed by the Ministry of Education are responsible for delivering services which promote the health, safety and welfare of the children being served. This responsibility in turn requires the Service Provider to be accountable to the Ministry, specific to demonstrating that their service delivery is consistent with relevant legislation, regulations and/or Ministry policy.

The *Childcare and Early Years Act 2014* requires that:

- S.35 (a) "there are written policies and procedures with respect to serious occurrences in each day nursery operated by the operator and in each location where private home day care is provided by the operator, and
- S.35 (b) 'a Program Advisor' is notified of any serious occurrence in any day nursery operated by the operator or any location where private home day care is provided by the operator within **twenty-four hours of its happening.**"

Definitions:

Within the parameters of the following definitions, the service provider is responsible for determining whether an incident is deemed to be a serious occurrence as defined by these procedures and whether, therefore it must be reported to the Ministry.

The following Serious Occurrences will be reported to the Ministry:

Serious Occurrence means:

1. The death of a child who received childcare at a home child care premises or childcare Centre.
2. 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.
3. 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.
4. 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
5. 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; ("incident grave").
6. Any complaint concerning the operational, physical or safety standards of the service, that is considered by the Service Provider to be of a serious nature, including any report of adverse water quality or a lead exceedance report for a "flushed" water sample.

7. Any complaint made by or about a child, or any other serious occurrence concerning a child, that is considered by the Service Provider to be of a serious nature.

*With regard to children, see CFSA Sections 37 and 72, with respect to a child in need of protection and the duty to report.

Procedures:

A. Serious Occurrence Response – Immediate Actions by Service Provider

Actions to be taken if a serious occurrence has occurred or is suspected include the following:

1. The child will be provided with immediate medical attention when warranted.
2. Appropriate steps will be taken to address any continuing risks to the child's and/or other children's health or safety.
3. If there is reason to suspect that a child has been abused and/or is in need of protection, the Supervisor/Director or designated person will ensure immediate contact with the Children's Aid Society, and/or police. It is the person who has reasonable grounds to suspect that a child is or may be in need of protection, who is legally obligated to make a report to the CAS.
4. In all cases involving death, regardless of the location or circumstances, the local Coroner is notified immediately.
5. The staff or any other person witnessing or having knowledge of the occurrence shall report the matter to the Supervisor/Director or the person designated by the Supervisor/Director to conduct a serious occurrence inquiry.
6. The Supervisor/Director or designated person shall immediately begin a serious occurrence inquiry, in accordance with the following steps. The purpose of the inquiry is to gather information regarding actual or alleged occurrence(s).
7. The inquiry information gathered by the designated person will form the basis of the later *Serious Occurrence Initial Notification Report (IN) and the Inquiry Report (IR)*, and therefore should include as many of the following details as possible at this time:
 - Description of the occurrence
 - Person's allegation (if applicable)
 - Date, time, place where it occurred
 - Time occurrence was reported
 - Reason for the occurrence (if known)
 - People involved
 - Action taken
 - Current status
 - Parties notified (president, police, CAS, Coroner, parents/others as appropriate)
 - Further action recommended
 - Specific to the immediate situation; and/or
 - Related to potential underlying factor (e.g. review of particular internal policy/procedure, review of program, staff training need, modification of physical plant etc.)

B. Normal Serious Occurrence Reporting Process – Within 24 Hours

When a serious occurrence is deemed to have taken place, the Service Provider shall ensure that:

The parent or guardian of the child is informed immediately, unless the person to be notified is alleged to have abused the child.

Within 24 hours inform the Ministry’s regional office by completing the SO form on the CCLS system. Based on the information input into the CCLS system, the system will flag an S.O. as a “critical issue” e.g. police/fire/ambulance involved and will prompt for additional information.

C. Serious Occurrence Notification Form – Within 24 Hours

1. Within 24 hours post a *Serious Occurrence Notification Form* near the child care license to communicate information to parents about the serious occurrence. **The exception is in the case of allegations of abuse or unverified complaints, which are to be posted at the completion of follow-up/investigation.* The notification form will be generated by the CCLS system.**
2. *Update the Serious Occurrence Notification Form* as additional actions or investigations are completed. This form will be posted for **a minimum of 10 business days**. If the form is updated with additional information, it will remain posted for 10 days from the date of the last update.*

***Note:** Refer to Serious Occurrence Notification Form Guidelines in Appendix B attached.

- B. Upon a review of *Part 2, Inquiry Report (IR)*, the Ministry may request additional information or a further review by the Service Provider of the incident. The Service Provider will then submit any related follow-up or outcome report(S) to the Ministry, in accordance with the timelines provided by the Ministry. If required, the Ministry may also initiate its own review.

Summary and Analysis:

A summary and analysis report will be reviewed by the Ministry annually during licensing for the reporting period January 1st to December 31st of the previous year. It is required to be completed even if there have been no serious occurrences during the year. The report to complete is called *Serious Occurrence Reporting Procedures, Annual Summary and Analysis Report*.

The annual report will be reviewed by the Ministry as to the Service Provider’s management of serious occurrences, including the Service Provider’s analysis of any patterns which suggest a need for training, support or internal policy modifications, and the identified steps to address any of these needs. Upon reviewing the report, the Ministry may also identify possible issues or actions that could require follow-up by the Service Provider.

In the event of any follow-up action being requested after review of the annual report by the Ministry, the Service Provider must submit an outcome report upon completion of the identified action within the timelines provided.

Ongoing Monitoring:

The Service Provider is expected to monitor their performance in-year, on an ongoing basis, with respect to the reporting, management, and follow-up of serious occurrences. Ministry staff will also monitor Service Provider performance and are available for support or assistance, where required.

Compliance will be reviewed at license renewal time.

Staff Training:

These procedures will be reviewed with all staff upon employment and at least annually thereafter.

Please note: The following serious occurrence forms are part of this policy and procedure package.

Appendix B

SERIOUS OCCURRENCE NOTIFICATION FORM GUIDELINES

Parents benefit from information about the incidents that occur in licensed child care programs, the immediate actions taken to respond to incidents and any longer term actions the Service Provider has taken to minimize the recurrence of the incident. For each serious occurrence reported to the Ministry, a high-level Serious Occurrence Notification Form will be posted at the child care centre.

POSTING PROCESS AND TIMELINES

1. Following the submission of the *Child Care Serious Occurrence Report* to the Ministry and **within 24 hours of becoming aware of an occurrence or when the Service Provider deems the occurrence to be serious**, the Supervisor/Director or designated person will complete a *Serious Occurrence Notification Form* to communicate information to the parents about the serious occurrence that has occurred in the child care centre.
 - a. **The exception is in the case of allegations of abuse or unverified complaints, which will be posted at the completion of follow-up/investigation (see page 7).**
2. *Serious Occurrence Notification Form* is to 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
3. The *Serious Occurrence Notification Form* is updated as the additional actions or investigations are completed.
4. The *Serious Occurrence Notification Form* is posted for a **minimum of 10 business days**. If the form is updated with additional information such as additional actions taken, the form remains posted for 10 days from the date of the update.
5. *Serious Occurrence Notification Forms* will be retained for at least two years from the date of the occurrence. The forms will be available for current and prospective parents, licensing and municipal children's services staff upon request.

PROTECTION OF PERSONAL INFORMATION AND PRIVACY

- Service Providers must ensure the information posted in the *Serious Occurrence Notification Form* protects personal information and privacy.

- To help support the protection of privacy and personal information, no child or staff names, initials and age or birth date of a child are to be used on the *Serious Occurrence Notification Form*.
- No age group identifiers are to be used, e.g. preschool room; toddler room.

INSTRUCTIONS FOR COMPLETING THE SERIOUS OCCURRENCE NOTIFICATION FORM

The purpose of the *Serious Occurrence Notification Form* is to provide a brief overview of a serious occurrence for parents. The following are instructions for filling out the categories on the form.

Program Name:	Provide the name of the child care centre.
Date:	Provide the date that the <i>Serious Occurrence Notification Form</i> is posted on site.
Date of Occurrence:	Provide the date that the serious occurrence happened.
Type:	Provide the type of serious occurrence, according to the definitions set out in the <i>MCSS / MCYS 2009 Serious Occurrence Reporting Procedures</i> . Use one of the following terms: <ul style="list-style-type: none"> • Death of a child • Serious injury caused by service provider • Serious injury – accidental • Serious injury – self-inflicted/unexplained • Alleged abuse/mistreatment • Missing child • Disaster on the premises • Complaint about service standard • Other – complaint made by or about a child, or any other serious occurrence
Description:	Provide a non-identifying one sentence description of the occurrence.
Action Taken by Operator / Outcome: (add update if applicable)	Provide a description of the action taken by the Service Provider. This section will include the longer term plans and additional outcomes to minimize recurrence of the occurrence. If an update is made to add additional actions taken/outcomes, the Service Provider will indicate the date of the update.
Signature:	The Service Provider or designate (e.g. the child care centre supervisor) signs the <i>Serious Occurrence Notification Form</i> .

ALLEGATIONS OF ABUSE

Timing of posting:

Serious Occurrence Notification Forms pertaining to the allegations of abuse are posted when the following have been concluded:

- The Children's Aid Society (CAS) has concluded its investigation and 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.

Information to be included:

- Once investigations are completed, the form should provide clear, concise information for the parent.
- The Description section will include information about whether CAS conducted an investigation into the report, and identify that the ministry conducted an investigation into compliance with related licensing requirements.
- The form will identify whether:
 1. CAS verified the allegation;
 2. CAS has not verified the allegation;
 3. The Service Provider has taken action on any other directions given by CAS, if applicable;
 4. The Service Provider has addressed any associated licensing non-compliances identified by the Ministry, if applicable.

Complaints:

Timing of posting:

- When the operator has filed a serious occurrence report about a complaint, verified the complaint and has taken actions to address the issue, the *Serious Occurrence Notification Form* is posted within 24 hours of the occurrence.
- When an operator has filed a serious occurrence report to the Ministry about a complaint, but has not taken action because the complaint has not yet been verified, the serious occurrence will not be posted within 24 hours.
- Once the complaint has been verified or not verified, the *Serious Occurrence Notification Form* is posted.

If Service Providers are unsure when to post the *Serious Occurrence Notification Forms*, they are encouraged to contact their local Ministry office.

Reporting Child Abuse:

It is the day care's legal responsibility to report any suspicions of Child Abuse to the proper authorities i.e. the Children's Aid Society. No staff member can delegate his/her responsibility/duty to report.

Staff must immediately report to the Executive Director/Floor Coordinator

1. any drastic changes or chronic problems with a child's health or interactions;
2. direct quotations related to child abuse from a child;
3. if the staff member is going to report a child to the Children's Aid Society.

The Executive Director/Floor Coordinator will not try to talk the staff member out of reporting.

Possible Indicators of Abuse:

Physical Abuse:

- unusual bruises and/or welts;
- burns (e.g. cigarette, electric iron or stove burner);
- human bite marks.

Sexual Abuse:

- trauma to genitals, rectal area or breasts;
- vaginal infections;
- torn, stained or bloody underwear;
- difficulty in going to bathroom, sitting down, or walking;
- enlarged vaginal opening.

Child Neglect:

- poor hygiene;
- malnutrition;
- failure to thrive;
- consistently inappropriate or dirty clothes.

Emotional Abuse:

- poor self-esteem and self-image;
- unusual fears for punishment;
- extreme interactions (e.g. aggressive, demanding, infantile interactions, etc.);
- poor socialization with peers;
- extreme depression - talk of suicide.



Program Statement

10 Chapman Street, Kingston, Ontario
Annual January Review

Something Special Children's Centre (SSCC) follows a play based educational program that aligns with the Ministry of Education's How Does Learning Happen and ELECT document (Early Learning for Every Child Today). We also incorporate Wings of Discovery (Science and Math based) and Jolly Phonics (Language and Music based) into our daily program. We use the following Ontario Ministry of Education resources and documents (www.edu.gov.on.ca/childcare/pedagogy.html) to guide our professional growth and reflective practice:

- How Does Learning Happen: Ontario's Pedagogy for the Early Years
- Think, Feel, Act: Lessons from Research about Young Children
- Early Learning for Every Child Today: A Framework for Ontario Early Childhood Settings

We use all of these resources to support a well-rounded, pedagogical environment for our children to explore the wonders of life while discovering exciting new curiosities.

We also use HiMama, a web based software that aids our staff in document management and increases parent involvement and engagement with our centre.

Our motto at SSCC is "We Celebrate Life". Our program offers a stimulating, high quality educational environment in which all children are able to explore in a safe, child-oriented facility, where healthy risks are encouraged. This policy statement, together with the Ministry of Education's regulations that guide program development, pedagogy and practice, strengthens the quality of our program. High quality experiences lead to positive outcomes in children's learning, development, health and well-being, while attending SSCC and into their futures. We celebrate life and we realize this objective through our belief that children are competent, capable, curious and rich in potential.

We want you, the parent, to understand what we do and how we implement our Program Statement. All daycares in Ontario are required to have a Program Statement that meets the Minister of Education's requirements. We prepared our statement by incorporating each section of the Minister's Statement on How Does Learning Happen and divided it into segments. In each segment, we detail what our objectives are to ensure that we meet all of the objectives and to show you, the parent, how we accomplish our goals. You are likely wondering what the word pedagogy means.

Pedagogy is in simple terms considered to be the teaching method that an educator uses in order to "supports pedagogy and program development in early years' settings that is shaped by views about children, the role of educators and families, and the relationships among them. It builds on foundational knowledge about children and is grounded in new research and leading-edge practice from around the world."

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

Reading through this document, you will notice that the role of each member of our staff is different, but the overall objective of our goals remain consistent.

Fostering Children's Exploration, Play and Inquiry

Our educators support child initiated and adult supported play through: observation, the set up our programs which provide a positive learning environment, and experiences that match the children's growing interests. Educators discover these interests by noticing and documenting children's play, interactions, observations and inquiries. Through reflection, props and learning tools are provided to support the children's growing interests. In essence, the educator follows the child's lead.

Our educators get involved. They have dress up and silly days, play in the mud days, crawl around on their hands

and knees; and get on the children's level to see what they see, and they ask open ended questions of the children. Educators and children have fun together through playing and learning. Through observations, educators know the children well and are able to pick up on children's cues; they know what is bothering them, what excites them, what they need simply by where they are looking. They verbally label these cues for the children to encourage language development and communication.

How we accomplish our goals of fostering children's exploration, play and inquiry

At SSCC we use "How Does Learning Happen" as our guiding principle for children's learning. We believe educators are capable, competent and able to self-reflect. The Floor Coordinator and/or Director meet with educators on a regular basis to reflect on their understanding of the Four Foundations of Learning: belonging, well-being, engagement, and expression. These core principles do not change, no matter the age of the child. We also use the six ELECT principles as guides in our programs:

- Principle 1: Positive experiences in early childhood set the foundation for lifelong learning, behavior, health and well-being.
- Principle 2: Partnerships with families and communities are essential.
- Principle 3: Respect for diversity, equity, and inclusion is vital.
- Principle 4: An intentional, planned program supports learning.
- Principle 5: Play and inquiry are learning approaches that capitalize on children's natural curiosity and exuberance.
- Principle 6: Knowledgeable and responsive RECE and other early learning practitioners are essential to Early Childhood settings.

At SSCC we respect and value our educators' opinions and knowledge. Through listening and respectful discussion, everyone learns how to include and introduce new activities which foster curiosity and supports children's future potential for learning. Collaboration and cooperation amongst team members allows trust and friendships to develop, thus creating a healthy work environment.

Plans are established through observations which are on based on the children's budding interests, to capture next stages in learning. Documentation by educators on a daily and weekly basis leads to improved delivery of programs, developing an awareness of our environment, and allows for changes to our props based on supporting documentation and weekly teaching.

Health, Safety, Nutrition and Well-being

Health and Safety

The safety of our children is our most important concern. We provide a variety age appropriate equipment and materials that are safe, and in good repair. Toys and equipment are selected based on the age and development of the children who will use them. Educators closely supervise the children's activities, both inside and outside the building.

While at play, through observation of the children's use of toys, equipment and interactions with others, educators plan their next activities. We allow children to take age appropriate safe risks in our yards, while still maintaining recognized/required rules for our Centre. In doing so, children are encouraged to learn how to problem solve, self-regulate what actions they will take, and determine if they feel they will be safe in an activity. Educators are close by to discuss options with children to help them make safe choices, and to interact in a friendly manner with

others. In doing so, they are creating friendship, sympathy, empathy for others, developing emotional intelligence, and self-expression. Safe risks could be walking on a log, going down the slide without holding the sides, riding a bike backwards, and standing on a step ladder to reach something with an educator's physical support. Educators are aware of and follow child care regulations regarding safe environments for child care centres. We conduct two playground checks per day before the children enter our yards. We have a checklist for leaving and entering the building to ensure all children are safe and accounted for. We have a Health and Safety Committee, and we conduct monthly and annual checks of our building and playground. We follow the Health Unit's requirements for immunization and exclusion criteria.

How we accomplish our goals of health and safety

The health and safety of the children we care for and our educators is paramount at SSCC. Educators and management play vital roles in ensuring we have a safe and healthy environment at SSCC.

Educators will:

- Be certified in Standard First Aid and Infant Child CPR
- Hold a valid vulnerable sector CPIC/VSC
- Review and sign off on and comply with our internal health and safety policy
- Report to parents/guardians if a child is unwell or injured
- Work with Management to coordinate emergency medical care
- Duty to Report to protective services within required guidelines

When inside, educators will:

- Screen visitors to the centre via security system and alert supervisors of the person's presence in the building
- Watch where the person goes
- When deem necessary, educators will take children to a safe area on their floor or exit the building
- Follow the Health and Safety Policy protocol when a stranger/parent is considered dangerous

1. In the case of an unknown person arriving to pick up a child: educators will:

- a) Upon arrival of an unknown pickup person, educators request that individuals provide proof of identity before releasing the child to the person.
 - b) Educators check our emergency pickup list to ensure that the person has parental/guardian permission to take the child.
 - c) Educators call the parent if the person is not on the list
 - d) Educators comply with court orders that designate access
- Read the classroom log and communicate changes that will occur for a child within their team or late shift staff
 - Pass on changes to emergency pickup lists to the office for updating files
 - Educators regularly count their groups to ensure all children are present
 - Children must have adult supervision in the bathrooms or any other room out of an educator's vision

When outside, educators will:

- Conduct two daily playground checks before the children enter the yards.
- Prepare the checklist for leaving and entering the building to ensure all children are safe and accounted for.
- Promote children's safety outside by locking playground gates.
- Visually check who is entering the yard, maintain a safe playground and provide appropriate toys.
- Whistle blows are used when there is a danger in the yard, such as a stranger. Children are taught to line up immediately upon hearing the whistle and wait for instructions from their educator.
- Educators are aware of our protocol for using a safe room when the children or educators are in danger.

Management will:

- Duty to Report to protective services within required guidelines.
- Ensure the building is equipped with security cameras which record motion at the doors and on the stairs.
- A fire system is installed and checked monthly by management, and annually by professionals.
- Monthly fire drills are conducted to ensure children know what to do in the case of a fire.
- Maintain a Health and Safety Committee and conduct monthly and annual checks of the building and playground.

In the case of disaster in the building, we proceed to Providence Manor, located at 175 Sydenham Street, for shelter. Once there, we call parents to advise them of the reason for evacuation and to request that their child be picked up at Providence Manor. We advise the Ministry of Education of the serious occurrence within 24 hours of the evacuation and include the expected outcome.

Nutrition / Meals

At SSCC children receive breakfast, a snack in the morning and afternoon, and a full meal at mid-day, which is prepared by the cook or designate. The weekly menus are posted on the bulletin board at the main entrance, in the kitchen and on HiMama. We offer a four-week menu rotation which changes in the winter and summer. Well-balanced, nutritional meals and snacks are prepared in accordance with the Canada Food Guide, and are reviewed and approved by the Kingston Frontenac Lennox and Addington (KFL&A) Health Unit's dietician.

All food is stored and prepared on site by our cook, and served quickly to retain maximum nutritive value, and to prevent cross contamination. We offer a variety of foods based on the multicultural dietary requirements of our children. During mealtimes, the focus is on conversations with the children about their food, where it comes from, how it is grown and cooked. This is a social time where the children are not rushed. Children are never forced to eat what they do not want and are able to have as much as they want of any particular food group. At SSCC we also encourage children to try new foods. During this time, positive child-caregiver interactions promote friendship and trust.

How we accomplish our goals of nutrition

Balanced nutrition is a pillar in our program at SSCC and something we take pride in as the foundation of how children grow. To ensure we're fostering healthy eating and nutrition educators and management at SSCC play critical roles.

Educators will:

- Record each child's intake/meals are for parents to review, allowing them to plan a balanced diet when preparing meals at home.
- Complete daily activities, including: outside time, rest time, and bathroom routines, etc.
- Report to parents when a child does not eat or feels unwell.

Management will:

- Enlist the help of the local Health Unit to ensure menus are following the Canada Food Guide and are reviewed by their dieticians.
- Source fresh food whenever possible from local distributors.
- Prepare all meals on site by the cook or designate.
- Follow the Health Unit's requirements for immunization and exclusion criteria in order to keep all children and staff healthy.

Well-being and Sense of Belonging

At SSCC comfort is offered to children with hugs and sitting on an educator's knee or holding an educators hand. Educators greet the children and parents on arrival, taking children from parents to help with transitions and wave good bye from the window. Transitions are set to manage the flow of the children's day, and are completed in smaller groups to lessen anxiety for children who have difficulty with change. Smaller groups allow for teaching moments of self-help, independence and confidence.

Fostering a sense of independence is important at SSCC. Children learn to button, zipper, put on coats, boots, and hats, all in preparation for outside time. Children are not rushed and are given verbal cues that an activity is going to change. They are given time to finalize an activity as all children learn at their own pace. When challenging behaviours occur, the educators reflect on what happened to cause the issue and work to alleviate the catalyst. Redirection is most helpful in these situations and an educator assists the child to become involved in another activity. This opportunity is used to discuss the event at the child's level of understanding thus creating empathy for others and enables the children who are listening to feel safe and supported. We believe that children's health is related to the need to engage in physical activities. They enjoy both indoor and outdoor gross motor activities, such as riding bikes, playing on the climber and in the tree house, and ball games and action games.

Our Learning Environment

While engaged in child-initiated activities, which are adult supported, children develop social interactions that will help them be cooperative friends, teammates and collaborators. Our educators are engaged as play partners, providing opportunity for children to explore their environment, the elements of nature, and engage in creativity.

Each child is given individual attention by our educators throughout the day by actively engaging in activities the children are interested in. The educators take notes, and then add them to the program plan for the next day/week based on those observations. Through reflection and follow up, the children's interests continue to be enhanced by providing additional props that evolve further exploration. The educators are supportive, engaged, encouraging, and consistent in expectations. Children are taught how to use and respect toys and books.

During sleep time children are helped to fall asleep while having their backs rubbed by their educators. Each child sleeps on their own crib/cot which is placed in a calm area with soothing music, with comfortable sheets and blankets. When they awake, they are offered quiet activities which allow the other children to continue to rest. Each classroom has areas that depict family (pictures), cubbies for personal belongings, bulletin boards which often include picture documentation learning stories, and areas where special items from home are kept. We celebrate birthdays by singing Happy Birthday at lunch and making a birthday crown to wear all day. They get to be the leader on their birthday, fostering self-worth and pride.

We also give children a voice by encouraging them to communicate with their peers in order to make themselves understood and heard by another. This is done through self-regulation, language, voice-tone, and body language. We support this by helping them to know what to say, what to do and how to interact in a positive manner while retaining personal dignity and self-worth.

How we accomplish our goals of well-being, belonging and our learning environment

At SSCC, fostering a child's sense of well-being and belonging in our learning environment is crucial. Educators and management both play important roles in ensuring we're supporting these goals.

Educators will:

- Promote self-esteem, empathy and self-worth through respect and recognition of children's efforts.
- Foster friendships with peers through play and conversation.
- Encourage a sense of belonging by establishing areas that promote comfort, family pictures and items from home.

- Be a play partner by engaging in child-initiated activities, which are adult supported, to promote the development of social interactions that will help them be cooperative friends, teammates and collaborators.
- Participate as a play partner, thus teaching the children how to interact, promoting the development of emotional intelligence and sympathy for others.
- Set up individual cubbies for each child's belongings.
- Send home art creations for parents to post at home.
- Modify their classroom routine based on the needs of the children.

Management will:

- Provide training and research links for educators to increase their continuous professional learning and practice.
- Review quality of performance with each educator to promote self-reflections and growth.
- Report to protective services within required guidelines
- Provide planning time to set up programs, research and organize materials for prepare learning stories.
- Offer professional development support to learn new skills.

Contravention of Prohibited Practices

Educators will:

- Comply with the prohibited practices guidelines for the Ministry of Education, the Collective Agreement and the Prohibited Practices Policy.
- Comply with all established guidelines for child protection based on Duty to Report.

Management will:

- Monitor educators' involvement with children through observations and written record.
- Ensure that contravention of SSCC's prohibited practices is dealt with swiftly within the guidelines of the Ministry of Education and the Collective Agreement of the Centre, as well as the internal policy for prohibited practices.
- Investigate allegations of prohibited practices and report findings to appropriate authorities.

Educators / Parent Relationships and Involvement

Our Registered Early Childhood Educators (RECE) are registered with the College of Early Childhood Educators (CECE) or educators with other qualifications. We believe in the importance of communication with our families. We see families as competent, as able, and as active participants in all aspects of the program. We see educators as competent, capable and rich in experience. To maximize our contact and involvement with parents at SSCC we use a variety of resources including:

- Using HiMama to provide parents daily up to date reports on the activities in which their children were involved
- Sending pictures of them actively involved in play.
- Posting learning stories in our classrooms for all to review and display the progression of play and development.
- Engaging our families through our Facebook page, and newsletters,
- Inviting parents to special dinners throughout the year.
- Involving them in field trips and invite special visitors to the centre.
- Providing our families with our Parent Handbook upon enrollment, and inform them of revisions as they occur.
- Post our Parent Handbook on our website and update parents as changes occur.
- Ensuring they receive all memos using HiMama, paper and email.

We strongly believe face to face communication is also very important and we strive to speak with every parent every day. When this is not possible, we communicate by phone, HiMama or email. We view ourselves as partners with our families in the care of their children, and respect family values. Annually, we ask parents to complete a survey of our services to revamp our programs, change our menus, to promote change and to ensure our hours of care are adequate for our families. We use this survey to make changes where needed and to share all the good things we have accomplished with our educators.

Supporting Educators in Continuous Professional Learning

We hire our Registered Early Childhood Educators (RECE's) and teaching assistants with strong consideration given to personality, skill, education and particularly their personal interactions with children and parents. Our educators are dedicated and caring individuals who put children's needs first. All of our educators review the daycare's operational policies and our program statement before starting work with the children. Annually we host ECE students and volunteers, and our RECE's act as cooperating teachers and provide guidance and feedback. SSCC supports our educators with weekly planning time for documentation, program development and research. We offer professional development in a variety of ways, including educators meetings, video seminars (Ministry of Education website) How Does Learning Happen and resource materials (books and articles from the Association of Early Childhood Educators Ontario [AECEO], Ontario Coalition for Better Child Care [OCBCC] and College of Early Childhood Educators [CECE] Association of Daycare Operators, Ontario [ADCO] websites). We document and review through educator programming sheets, reflection of developmental skills recorded on HiMama and through the progression noted on our Program Plans posted in our classrooms. We are also involved with the City of Kingston's, Professional Learning Group. Through this monthly seminar, we are able to provide up to date information to our educators on *How Learning Happens* and supporting them in their program development.

Our educators are committed to continuous professional learning and remain up-to-date with the changes in key values in their field. Each of them are engaged in completing professional requirements to continue to hold RECE credentials through the College of ECE's. We meet regularly, as a group, to study and learn about current research and best practices in the field of early childhood education.

Professional reflections on a variety of topics are completed by our educators. They come from various backgrounds and ethnicities and as such implement their own interests into the program. We empower them to modify their program schedules based on the current needs of their group. For instance, outside time may be adjusted because a classroom activity is so exciting that the children are fully engaged and a break in activity would be disappointing for the children. Our educators have many great ideas, years of experience and support each other's professional growth by sharing ideas, resources and tips.

How we accomplish our goals of supporting our educators

Formal annual and bi-annual reviews are conducted by the Director which focuses on the educator's strengths and growth. Quarterly observations of educators in action are recorded by the Director and/or Floor Coordinator. Conversations, observations and interactions with children, parents and team members are all areas that the Director and Floor Coordinator documents while monitoring staff interactions. This reviews are presented during a private consultation with the Director or Floor Coordinator and all parties sign off on the review.

At SSCC we encourage feedback from our educators. They regularly contribute ideas and knowledge in our centre to enhance our children's experience.

Our Educators are given the opportunity to attend outside workshops that are offered in the community when they are offered. This also includes conferences in other cities that relate to Early Childhood Education. By providing the opportunity for professional development they continue to develop their skills and thus ensures that our staff are comfortable with changes in our curriculum and teaching methods. They have support of our senior Floor Coordinator who attends monthly Kingston Frontenac Professional Learning Community seminars and brings that information back to our educators in the form of printed material, videos and presents the information to all staff during staff meetings. SSCC mentors ECE students from St. Lawrence College and in doing so, continues to keep our educators up to date on changes in curriculum and also how to enhance our classrooms for continuous

learning both for our educators and for the children. All Early Childhood Educators have made a commitment to abide by the standards of their profession as set out in the College of Early Childhood Educators Code of Ethics and Standards of practice. All Early Childhood Educators hold themselves accountable, and use the Code of Ethics, the Standards of practice and the CCEYA to guide their decisions and practice. As members of the College of Early Childhood Educators, each educator must prepare a portfolio detailing their professional development and skills that they are working on. This portfolio is a living document that is a requirement to continuing to practice in Early Childhood work environments.

Community Partners

At SSCC, we actively collaborate with other child care centres and are involved in many events in the childcare community. In doing so, we are able to stay current with changes that are happening and implement new things in our childcare centre. We work with Community Living Kingston to develop and follow individual plans for children who have special needs and our local health unit for dietary requirements and physical activities.

We are also involved in a pilot project that promotes physical development and activities in childhood as well as a nutritional project involving menus for child care centres. We are partners with the City of Kingston's, Childcare Programs. We value the relationships and connections we have in the community with a variety of agencies that provide learning and support to our educators, children and families. These include:

Community Living Kingston

Pathways for Children and Youth

KFLA Public Health

Early Expressions Speech and Language

Child Development Centre

Local School Boards

Kingston Literacy

Kingston Fire and Rescue

Family & Children's Services

City of Kingston Child Care Programs

Ontario Early Years Centres

St. Lawrence College ECE Program

Documentation and Review of Impact

To ensure the ideas and methods described in our program statement have a positive impact on the lives of our children and families, our centre adheres to the following:

1. Ongoing pedagogical documentation of the children's learning and progress.
2. Consultation with families on strategies specific to their own children.
3. Observations and documentation of educator's interactions with children.
4. Monthly staff meetings to continue to learn about and discuss the implementation of the program statement.
5. Online and paper version of family survey.

Program Statement Review

Parents will be asked to review the program statement prior to enrolling their child(ren) with our centre. As a part of the registration process, parents will be required to sign that they have reviewed this document. The Director or Floor Coordinator of the centre will meet with all new families and engage in dialogue about the program statement to ensure parents understand what it means for their child and that all of their questions have been answered.

Every employee, student, and volunteer will also review and sign off on the program statement prior to interacting with children, at any time when the program statement is modified, and at least annually thereafter. Together, the Board of Directors and the Executive Director shall review the program statement annually to ensure that it is being followed in daily operations and programming, and make necessary updates as required.

How we accomplish our goals and monitor our program review

Our goal is to ensure all staff and parents are aware and clearly understand our program statement and what is required to implement it. In order to accomplish this, we review our program statement with all who will interact with the children. All staff read and signs the program statement, as well as all policies when they start employment, prior to interacting with the children. It is then reviewed and signed annually thereafter.

SSCC's policies and procedures are read by new staff, volunteers and students before they are involved with the children. Each person is required to sign off on all policies as changes occur. Parents are given a copy of the program statement within our Parent Handbook. This statement is reviewed with parents upon enrollment and the parent is asked to sign that they have read and understand the program statement objectives.

Our Director or Floor Coordinator reviews the sign off binder with the person and witnesses' signatures as they occur. Parents are required to sign off on the Parent Agreement within the enrollment package given to them upon enrollment. The program statement is reviewed by the Board of Directors and the Director annually to ensure all updates and/or changes are included in a revised version.

Program Statement Review

This Program Statement will be reviewed, updated, signed and dated on an annual basis by the Board of Directors. New employees, Students, and Volunteers will read/review and sign off on the program statement before engaging in any activity with the children and at any time when the program statement is modified, and at least annually thereafter. A running record of all signatures will be kept in the office.

SSCC's Program Statement is a living document. As such, as changes occur during the year, this statement will be updated to keep our centre up to date. New regulations will come into effect in September 2017. Before these regulations come into force, SSCC will update this statement and incorporate changes that will occur at that time.

Board of Directors Signature('s): _____

Date of current review: _____, _____