

POLICIES & PROCEDURES

CONTENT	PAGE
Administrative Records	4
Allergies/ Immunization Records	8
Administration of Medicine & Anaphylaxis	11-13
Abuse and Neglect	8
Accidents and Serious Illnesses: Care and Reporting	13-16
Building/Play Area	5
Biting	16
Complaints/Grievance	22-24
Children's Records	4
Child Discipline	6-7
Drop off Time	3
Daily Report & Emergency Removal Due to Illness	8-11
Exclusion from Program	10-11
Emergency Evacuation	19-20
Fees	3
General Cleaning	19
Health Care	8
Head Lice/Biting	16
Media Use	20
Nap Time	8
Nutrition/Hygiene	16-19
Offsite Activities	19
Orientation/Tour	3
Outdoor Activities	5
Parking	3
Portable Records	5
Program Evaluation	22
Pick-up Time	3
Parent – Teacher Conference	25
Supervised Care for Sick Children	11
Sign-in/Out	3
Safety	20-21
Smoking	20
Staff/Volunteers/Practicum students/Interns	24-25
Supervision Practices	26-27
Termination of Childcare	4
Transportation	21-22

Parking

Our parking lot is designated for drop-off and pick-up only. Violation will incur a parking ticket from the University of Lethbridge parking security. Ticket is payable to the City of Lethbridge.

Sign-in/Out

It is important that children in attendance are signed in when dropped-off and signed out when picked up daily. This information is vital in case of an emergency evacuation and for families who receive government childcare subsidy. Licensing regulations requires that all children must be signed in on arrival otherwise a program was considered to be in non-compliance.

Drop-off time

Our centre currently opens at 7:00am daily. Future changes will be communicated well in advance. We appeal to parents to be mindful of the routines within our programs especially at nap time. We have a drop off policy which requires parents **drop off latest by 10:00am or after 2:00pm**. Children who come in after 10:00am without prior arrangement will not be received until after 2:00pm. Even though we accommodate children who do not nap within our program, it is easier for children who have been in the program earlier in the day to transition to quiet time than children who just arrive and are more likely to want to engage in active play. Childcare may be terminated if there is an observed trend of violation.

Pick-Up Time

As of November 1st, 2017 our centre closes at 5:30pm daily. We do not encourage late pick-ups. If by 5:45pm a child has not been picked up and/or we are unable to get a hold of parent/alternate contacts to verify the identity of person picking up child, we will call the police and notify the social service office. Childcare may be terminated if there is an observed trend of late pick-ups.

Fees

Payments can be made in cash, or with a debit card (surcharge fees apply), e-transfer to the email acslukcd@gmail.com or by check payable to the 'Kids Campus Daycare'. Effective from 1st of September 2011, childcare fees are due the last working day of previous month. This means child care fees for the month of September are due the last working day in August.

Subsidized families are required to pay a \$500.00, fee prior to the registration date, this amount will be held in trust until the family withdraws from the program. The centre must receive all required payments from the family and or subsidy. Families may choose to make this \$500.00 payment in two installments.

Non-Subsidized families are required to pay a \$500.00, fee prior to the registration date, this amount will be held in trust until the family withdraws from the program. The centre must receive all required payments from the family and or subsidy. Families may choose to make this \$500.00 payment in two installments

Prior to registration all families needing to hold a childcare spot for longer than a one-month period is required to pay a non-refundable holding fee of \$500.00, this holding fee will be applied to the first month of childcare

Orientation & Tour

Families new to our program can arrange to have a tour of our facility. Tours can take place in the morning between 9:30am to 11:00am. Tours may last up to one hour. Parents are welcome to ask as many questions as necessary to help with their decision to enroll their children into our program. To assist new children, settle down we offer a 3-day transition period for families to come in for couple hours at a time. Longer transition periods can be discussed with administrative staff and parents to accommodate child/parents needs. Transitioning start times will be anytime between 8:00-4:00pm daily. We will work with families to draw up a schedule to introduce the different routines in our program. Internal transition from one room to another is scheduled between room staff and parents would be notified in advance.

Termination of Childcare

If the centre gives termination of childcare service, the centre will and MUST GIVE TWO WEEKS written notice.

*Consistent violation of centre policies and procedures, parent handbook and program expectations

*Failure to make childcare payment for more than 10 working days after payment is due

*Failure to pay subsidy fees due to loss of subsidy status

*Uncontrolled child's aggressive behaviors with potential danger to self and others

Challenging Behaviors are sometimes difficult; however, we will make every attempt to work with a child. If there are continual problems with severe disruptive or aggressive behaviors, in which child is a danger to self and to others, parents will be invited for a conference to work out a plan of action and to provide referrals. Our goal is to work together to help your child.

Unsuccessful attempts will lead to removal of a child from our program.

Children's Records

The following records will be maintained on our premises and kept up-to-date:

- Child's name, date of birth, and home address, and a completed registration form
- Child's passport photograph
- Photocopy of parent's driver's license or any government issued photo I.D.
- Parents name, address, and phone numbers (work, cell, home)
- Names of Emergency contact people (local contacts) as well as their address and phone numbers
- Any medication to be administered and a signed consent form
- Any special Health care provided with written consent from parent
- Any relevant Health information
- Immunization Records
- Allergies, Reactions and treatment
- Observation Notes, developmental checklists (ages and stages) provided by parents

- Signed form by Parents that they have read and understood parent handbook, peanut policy and program Policy and Procedures.
- Photograph and video consent
- Copy of Child Custody court order if applicable
- Transportation contract form if applicable
- Research subject consent form

Administrative Records

The following administrative records will be maintained on our program premises and kept up-to-date:

- Daily attendance of each child (arrival and departure times)
- Daily attendance of each staff (arrival, departure and hours in care)
- Staff Certification
- First Aid and CPR Certificates for all staff
- Criminal Record checks and vulnerable sector search for staff, volunteers, practicum and work experience students
- Routine License and Health inspection reports visibly posted
- Food Safety Certification
- Pest Control Inspection report
- Fire Prevention Safety Certificate-Use of fire extinguisher

Portable Records

The telephone numbers of local emergency response service and poison control centers will be included with the portable records.

All children have an “Authorization for Medical Treatment” card that has all their personal information on it. This card is kept in four (4) places: one in the room that the child is in, one in the backpack of the room that the child is in for any off-site trips, one in the office, and one in the kitchen. Also, on each set is a list of all Emergency contact person and telephone numbers. Our program will observe a periodic review of these contacts to keep information current.

All portable records are updated annually, but parents are required to update us with any changes as soon as they happen. The cards are signed and dated by each parent. We require that all contact information we have on file on a child must be current and active. We will notify you of any contact information that we discover is no longer in service for immediate replacement. All portable records will include the following information: the child’s name, date of birth, and home address. They will also include the parents name, address, and telephone number, emergency contact name and their address and telephone number.

P.O.Box address is not acceptable. Families are required to provide address as is on their utility bills.

Outdoor Activities

All children are required to participate in all centre outdoor activities. Studies have consistently shown that children are much healthier and have stronger resistance to illness with outdoors

exercise. We observe outdoor activities twice daily: in the morning between **10:00am -11:30am** and after snack in the afternoon between **4:00pm-5:30pm**. Other offsite activities requiring early drop off times will be communicated via monthly newsletter, or verbally by staff. Past experience has shown that children get upset and feel neglected when they arrive after their group has left for a planned outdoor activity.

Parents are advised to keep a child at home if child is unable to participate in any outdoor activities. We will accommodate a child to stay indoors should we have enough staffing at the time.

Please dress your child appropriately for the current weather, and in play clothes (with shoes that adequately protect the feet). When the weather cooperates, we will spend time outdoors, ranging from a walk to playing in the backyard to getting on the city bus to field trip destination.

- **Summer time:** We will not be going outside should the UV index count be over 8
- **Winter Time:**
- Children Ages 12months-18months will be kept inside if temperature reaches bellow -10 (includes wind chill)
- Children ages 19months- 6 years will be kept indoors for temperatures below -15 degrees Celsius (includes wind chill)

There are exceptions where the weather does not feel what it reads.

Building, Play Area, Materials and Furnishings Policy

Daily inspection is done to ensure that the building, play areas and furnishings are in good repair. The materials and furnishings are hygienically sanitized. There is a checklist that staff must check off and initial to document indoor cleaning and sanitization.

Our building has a net floor area of 3 square meters per child. All indoor and outdoor furnishes are child sized and maintained in good repair, learning materials are safe and developmentally appropriate for children and of sufficient quantity and variety for children. All books, toys, and play equipment support literacy development and are easily accessible for children. Individual beds are provided for all children.

Child Discipline Policy

Any child disciplinary action taken must be reasonable in the circumstances, must not deny or threaten to deny any basic necessity. Staff must not use or permit the use of any form of physical restraint, confinement or isolation. The staff at the Kids Campus Daycare will prevent undesirable behavior by setting good examples, recognizing each child as an individual, appropriately plan the program to all children's needs and interests, plan transitions, and organize the play space to prevent running and boredom. Child discipline methods are communicated to the parents, staff and children through parent handbooks, staff handbooks, policies posted on the Parent Boards. Parents and staff will also verbally communicate successful strategies to maintain consistency at home and at daycare. These are communicated to the children as best as possible and as developmentally appropriate. Any child disciplinary action taken is and will be reasonable in the circumstance at that moment.

In order to provide a safe and supportive learning environment, each child will be supported in developing positive relationships with peers and caregivers through the following strategies:

1. **Redirection:** Children will be redirected to other areas within their classroom/outdoors. Older children will be reminded to use appropriate behavior strategies.
2. **Logical and Natural Consequences:** Children will experience the natural consequences for their behavior. E.g. (A child will be encouraged to pick up their crayons if they knocked them on the floor)
3. **Stating expectations clearly and positively:** Expectations will be stated clearly in language understood by children
4. **Structuring the Environment:** Adequate space, materials, and arrangement of the environment will limit conflict
5. **Modeling:** Caregivers will model appropriate social behaviors and problem-solving skills
6. **Encourage Problem Solving and Choice:** Caregivers will encourage children to solve their own problems whenever possible. Children will be given choices that lead to appropriate behavior.

In order for the above methods to be effective, the caregivers will stay calm, move close to the child, acknowledge the child's feelings, focus on the behavior as unacceptable, and reassure the child that everything is okay and give a hug, redirect the child by offering choices of alternate behavior. Corporal punishment of children, including hitting and spanking, is NOT an appropriate method of discipline. Regardless of the techniques used by parents at home, corporal punishment must NEVER be used in the Daycare. Children need to trust the adults and if they are hitting, then the trust is not there. The children will see the adult out of control and be afraid that they will hurt them. Other discipline methods that are NOT acceptable include, harsh or degrading measures that humiliate or undermine a child's self-respect, isolating a child, or withholding food, shelter, clothing, or bedding.

Time away will only be used when a child has lost control and are unable to reason with. Time away is only a break not a punishment. It will last as long as the child decides she or he has calmed down. A copy of the discipline policy is posted on the Parent Board.

Guidance and Discipline

We stress main patterns of behavior: respect for others, and respect for property. As a result, we don't allow children to hit, shove or verbally abuse others. We also stress that all children treat the materials with respect. There is a difference between playing hard and mistreating the materials. Occasionally, children do not behave in respectful ways. We first communicate that what the child is doing is not appropriate behavior, then ask/tell what they could have done differently. If the behavior is repeated, the child is redirected to another area. If the child behaviour still continues, then a "time away" will occur. When a child is getting too emotional or frustrated by a situation, you can help to teach them to **self-regulate their emotions and reactions** by taking them to a quiet, comfortable "safe" space where they can sit and do something calming (look at books, hold stuffies, squeeze a stress ball, etc.). In time away, a child is the one who should have control of when to leave, when he or she feels calmed down enough to deal with the situation again more appropriately. At that point, it's helpful for them to have an

adult join them in returning to the previously overwhelming situation to ensure that the child is set up for success with the right words, tools, understanding or skills to be able to handle the situation.

Under no circumstances will a child be punished by corporal punishment or verbal abuse.

PLEASE KEEP IN MIND... PARENTS WILL NOT BE ALLOWED ON OUR PROGRAM FACILITY TO USE CORPORAL PUNISHMENT OR VERBAL ABUSE AS WELL... INCLUDING SPANKING, YELLING, SWATTING, BEATING, SHAKING, PINCHING, OR THREATING TO WITHDRAWL BASIC NEEDS.

Positive Behavior

Positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self concepts, problem solving abilities, and self discipline. We:

- Encourage the children
- Reason with and set limits for the children
- Model appropriate behavior for the children
- Modify the environment to attempt to prevent problems before they occur
- Listen to the children
- Provide alternatives for inappropriate behavior
- Provide natural and logical consequences
- Treat the children as people and respect their needs, desires, and feelings
- Ignore minor misbehaviours
- Explain things to the children at their level
- Use short supervised periods of time-away and * Stay consistent

Abuse and Neglect

Our program staff are required by law to report child abuse and neglect. Please be aware, we DO report suspicious/unexplainable marks we see on children. We only need to suspect child abuse or neglect to make a report, and Child Welfare will determine if it is serious or not.

Daily Report

Children will have a daily report sheet completed for parents to read about their child's day. Reports may be in form of a chart up on classroom wall or on a sheet. A parent may request or decline to receive this report and choose to receive updates verbally. Toddler or preschool parents may request to have a daily report if needed.

Nap Time

Children ages 12months-3years are observed napping. Some older pre-school aged children nap as well. An interrupted nap leaves a child too tired and unable to go back to sleep, become increasingly fussy

and easily upset. Children who do not get the appropriate amount of sleep required to sustain their continual development could suffer illnesses rooted in the fact that the child is simply exhausted. **We appeal to parents to be mindful to observe our nap time by dropping off before 10:00am or after 2:00pm.**

Immunization Record

Please provide us with an up-to-date record of your child's immunizations. If you do not have your children Immunized, there is a waiver form you must fill out to free us from all liability. Parents resident in Alberta can obtain child's immunization records from the Train Station located by the Park Place mall.

Allergies/Diet Preference

Please provide us with a list of medical, food preference, and food allergies your child has, the symptoms that go along with it and treatment. A written consent is required for us to administer any emergency medication for allergic treatments.

Health Care

Our program may provide or allow for the provision of health care to a child only if the written consent of the child's parent has been obtained. A section in our registration form will be provided for parents to provide this consent. When a child requires health care for minor or major injury, usually in form of first aid, caregiver will document on an Incident/Accident Form and sign. Parents will be informed and required to sign form on arrival. Completed form is stored in child's file. Only staff with valid first aid/CPR/AED training will be allowed to provide health care for a child.

Emergency Removal due to Illness

The Child Care Licensing Regulation (AR 143/2008) sections 8 (1) and (2) states that if a child exhibits the signs and symptoms of illness, the license holder or provider must ensure that:

- The child's parent(s) arrange for the immediate removal of the child from the program premises; and
- A child may return to a program if the license holder/provider is satisfied that the child does not pose a health risk to other children or caregivers. A parent may provide to the license holder/provider a physician note or a parent can report to the license holder/provider that the child has been symptom-free for a period of not less than 24 hours.

Signs or symptoms of illness exhibited by a child to initiate cause for immediate removal include:

- Vomiting, fever, diarrhea, or a new, unexplained rash or cough;
- Requiring greater care and attention than can be provided without compromising the care of the other children in the program; or
- Having or displaying any other illness or symptom the staff member knows (or believes) may indicate that the child poses a health risk to persons on the program

If two or more children in a child care program have influenza-like symptoms, such as a sudden high fever, dry cough, headache, muscle ache and feeling very weak and tired that started within 48 hours of each other it is considered to be a potential “outbreak” in the program. All outbreaks, including an outbreak of any of the communicable diseases, must be reported by the child care program to the local Alberta Health Services public health office at 1-403-502-8648. Once a report has been made, Alberta Health Services will provide assistance in assessing and preventing further illness in the child care program. Individual instances of common cold and gastroenteritis or “stomach illnesses” are not reportable unless an outbreak is suspected. Visit the Alberta Health Services website, www.albertahealthservices.ca, to find additional information on flu prevention in child care programs, or call Health Link Alberta Toll free: 1-866-408-LINK

Parents must also inform the staff if their child was in contact with anyone who has a communicable disease. If a child suffers from a communicable disease while at Daycare, the program requires immediate removal by the parent/guardian. If a staff member knows or has reason to believe a child is exhibiting the signs or symptoms of illness that is potentially a risk to others, program will immediately notify parent or guardian and arrange for the immediate removal of child from the program premises. To assess if a child is ill within our program, a Program staff will take child’s body temperature using a thermometer to assess for fever, observe child’s general temperament and play pattern, observe child’s bowel movement type and frequency, and vomiting if any and observe child’s eating during meal times.

A child who is removed from our program for the above reason will not be allowed to return until we are satisfied that the child no longer poses a health risk to other persons on our program premises. Acceptable evidence includes a child is symptom free for at least 24 hours or a parent has a physician’s note.

Program will record and document on file children who are removed because of an illness. Form will provide information about name of child, date the child was observed to be ill, name of staff member who identified the child was ill, time the parent was initially contacted, name of staff person who contacted the parent, time the child was removed from the program, and the date the child returned to the program and evidence provided to warrant return to the program. Document will also include where symptoms/traits have changed if applicable, including where parents are not called to pick up child.

All sick children will be cared for in the classroom or in a place separate from all the other children. A staff will remain with the child until parents arrive. Our office is not a licensed space. In the event that a child is confirmed to have a communicable illness, staff are required to sanitize the entire classroom and toys.

Program will immediately contact the Health Services office should a parent fail to arrange for immediate removal of their child from our program following a confirmed potential health risk to others. A parent meeting with program administrator will be held to discuss this concern and develop an action plan which might require a review of emergency contacts. Parents will be required to sign a policy refractor letter documenting event. A parent faces the risk of termination of child care in our program should this become a pattern of behavior.

Our program will communicate how we manage children who are ill and require immediate removal during parent-child orientation into our program, via email, in parent handbook, and policy and procedures manual.

Other reasons for a child’s exclusion from our Program

We are unable to list all existing communicable illnesses. We will seek advice from a public health nurse on any communicable illnesses we are not familiar with. Parents would be informed to seek alternate child care or keep their child at home if the child is not well enough to participate in the regular activities of our program, if the illness requires greater care from the child care staff than can be provided without compromising the care of the other children in the program, or their child has received one or more of the following diagnoses from a physician or other health professional:

***Chickenpox** (the child can be permitted to return to the program when he or she feels well enough to participate in all activities, regardless of the state of the rash and as long as the child returns to the same group they were with one to two days before the onset of the rash);

***Diarrhea or loose stool** (the child would be excluded for 24 hours until symptoms are resolved or assessed by a physician);

***Hepatitis A** (the child would be excluded until 14 days after onset of illness or seven days after onset of jaundice);

***Impetigo** (the child would be excluded until 24 hours after antibiotic treatment has been initiated);

***Wheezing/Persistent Coughing;** (the child would be excluded until assessed by a physician or the symptoms are resolved);

***Measles** (the child would be excluded until four days after the appearance of a rash);

***Mouth** sores with drooling (the child would be excluded until a physician has determined that the symptoms are non-infectious);

***Mumps** (the child would be excluded until nine days after onset of parotid gland swelling);

***Pertussis, or “Whooping Cough”** (the child would be excluded until five days after antibiotic treatment has been completed, until three weeks after onset of symptoms, or until the coughing has stopped);

***Purulent conjunctivitis, or “Red/Pink Eye”** (the child would be excluded until 24 hours after antibiotic treatment has been initiated);

***Rash, with fever or behavioral change** (the child would be excluded until a physician has determined that the symptoms are non-infectious);

***Rubella** (the child would be excluded until at least four days after onset of the rash, or up to five to seven days at the option of local health authority);

***Scabies, Head Lice, or other Infestation** (the child would be excluded until appropriate treatment has been completed);

●**Strep throat or other Streptococcal Infection** (the child would be excluded until 24 hours after appropriate antibiotic treatment and cessation of the fever);

●Symptoms of Possible Severe Illness, such as **lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing** (the child would be excluded until assessed by a physician or the symptoms are resolved);

●Temperature, with a **fever of 38.0 degrees C** or higher ;(the child would be excluded for 24 hours until symptoms are resolved or assessed by a physician)

●**Tuberculosis** (the child would be excluded until a physician has approved his or her return); or

●**Vomiting** – with two or more episodes of vomiting in the last 24 hours (the child would be excluded for 24 hours until symptoms are resolved or assessed by a physician)

Supervised Care for Sick Children

All sick children will be cared for in a quiet area of their classroom and kept as far away as is practicable from the other children. A child will be removed from other children if the child is believed to be ill from an infectious disease and supervised by a primary staff until the arrival of parents or guardian. Our program will ensure that the sick child is directly supervised by a primary caregiver, who will provide the appropriate care needed to keep the child comfortable until their parents /guardian arrives.

Administration of Medicine

If a child is on medication or a herbal medicine and it needs to be administered while he/she is at daycare, the medicine must be prescribed by a physician, in the original container and labelled with the child's name, name of medicine, dosage, and exact time to be taken. Consent form will also state the last time the parent administered the medication. All medications will be administered according to the labelled directions. We will have a medication consent form for parents or guardian to sign giving us permission to administer the medication. The staff who administers the medication must document by writing name of medication, time and dosage amount, and initial. After medication administration, staff must wait to observe child for an allergic reaction before leaving child. Only staff with valid First Aid/CPR/AED training may administer medication to a child in our program.

All medications will be stored in a medication lock box. If it is not a refrigerated medication, it will be stored in a lock box in the top cupboard in child's room. All emergency medication such as an Epi-pen will be stored away in an easy to find location for quick access. Regularly administered medications must be taken back home at the end of each day. **We will not give any child cough drops.** The same medicine administration protocol is also applicable in the administration of herbal remedies.

Please note we will not administer Tylenol, Advil or any other medication that is not prescribed by a doctor.

Anaphylaxis Policy

Kids Campus University Daycare is committed to the health and safety for all participants in our program. The purpose of this policy is to minimize the risk of exposure for children or staff with severe allergies to potentially life-threatening allergens without depriving any child or staffs with severe allergies of normal interactions or placing reasonable restrictions on the activities of other children or staff in the facility. The policy also explains the management of an anaphylactic reaction.

Epinephrine is the first line medication, which will be used, in the emergency management of a person who is having a potentially life-threatening allergic reaction. In studies of individuals who have died as a result of anaphylaxis, epinephrine was underused, not used at all, or administration was delayed. Epinephrine should be injected in the muscle on the outer side of the thigh.

Kids Campus University Daycare is a nut FREE facility. Individuals who have nut and, or food allergies must be aware that we will be extremely sensitive to all allergies. The Child Care Manager/ child Development Supervisor will ensure that in-service is provided (by Alberta Health Services) to child care staff and volunteers when children prone to anaphylaxis are enrolled on how to recognize and treat anaphylactic reaction. Training on how to use an Epi-Pen, Twinject, or other auto-inject devices will also be provided if a child has it.

All existing and new staff will be required to watch the DVD that comes with the Epi-Pen trainer. Information will be included in the Staff Orientation List and subject to review/revision and updates as a part of the annual review process. Staff will ensure all medication required in a possible anaphylactic reaction is taken on outings or emergency evacuations. All medications will be stored unlocked, and accessible to adults, NOT children. Temperature and exposure to light while medication is stored will be adhered to according to instruction label on the device.

ANAPHYLAXIS REACTION

Caregivers will be trained on how to recognize a suspected emergency reaction and calls to other team members to alert them of the situation. In case of an ANAPHYLAXIS reaction:

1. Each staff is pre-designated to complete a task related to the emergency at hand. Staff who recognizes the reaction will stay with the child until relieved by EMT. This staff will try and move to a safe space to administer the Epi-Pen and maintain a calm atmosphere for the other children.

- Child Care director or designate will call 911 to request for an ambulance service for a possible anaphylactic reaction. The same staff will stay on the phone with the 911 operator unless otherwise instructed to hang up.
- If a third staff is available, that person will be responsible for supervision of the other children until the crisis is over.
- If no other staff is available, Child Care director or designate will administer the epinephrine and call 911 while a second staff maintains supervision of the children. If there is only 1 staff, they will administer medication, and call 911, while staying calm.
- Instructions will be followed by the 911 operator, and EMT's. Parents or Emergency contact person will be contacted as soon as possible that their child has received an injection of epinephrine and taken to the hospital via ambulance.
- Staff is not responsible for direct care of reactor and will gather and give to the EMT's, as well as the ANAPHYLAX ACTION PLAN, used Epi Pen, and recorded time that it was administered. Also, the copy of the child's Emergency care should accompany the child to the hospital.

2. Written record of events and actions will be completed by all caregivers involved.

3. Licensing Authority will be notified of the incident.

4. Policies and Procedures will be reviewed and updated, as well as debriefing session will be conducted within 24 hours of the incident.

Accident or Serious Illness

Staff must immediately call 911 if warranted - this occurs prior to consultation with the program supervisor or consultation with parents.

In case of an Emergency, the parents/guardians will be contacted by telephone immediately. If these people are unavailable, alternate contact person on the emergency cards or on registration forms will be contacted by phone. Parents will be immediately notified by phone of any serious incident or accident leading to a major injury. The same will be done in case of a serious illness requiring removal or immediate medication attention.

If a child requires immediate medical attention, parents will be immediately notified and then all necessary precautions and arrangements will be made. Our program will also document event in our incident/accident form for parent or guardian to sign on arrival. This form will contain how incident happen, time of accident, place, and type of medical or first aid treatment administered.

If there is more than one staff at time of incident, a staff will be designated to coordinate the first aid procedures while a support staff calls out for support, advice child's parents or guardian, and to maintain supervision. Staff designated to coordinate first aid treatment must have a valid current first aid/CPR training posted onsite.

Attending staff must determine the nature of illness whether it requires administration of an emergency medication or not. A chart of children requiring emergency medical treatment is maintained in each classroom.

A staff must use his/her discretion to call for additional medical help if he or she believes that it is in the best interest of the child to do so. The emergency contact person for child must be notified as soon as possible if emergency services have been contacted. Sometimes the emergency contact person will question whether an ambulance is warranted. The first aider must ensure he or she has acted in line with his or her training.

- Supporting staff can start up completing an incident report form to document incident and treatment
- A toll-free telephone number to the health link is available onsite for staff to call and consult with a health nurse about possible treatment for a child.
- If illness does not require emergency medication administration, attending staff will assess child's current condition by taking body temperature using an onsite thermometer or assess child's current activity level.
- Parents of the ill child must be contacted immediately to share child's medical condition with the option to come in to check on child or pick-up
- Staff is required to document an ongoing child's medical condition with the intent to contact parent/guardian or while awaiting the arrival of a parent or guardian.
- An incident involving blood must be immediately communicated via the telephone to child's parent or guardian.
- Attending staff must maintain all precaution when providing a first aid care for blood related incidents.
- Bruises, bites and scratches must be treated with an ice pack or a cold cloth
- A staff must call for immediate medical assistance if a child is observed with the following symptoms following an incident:
 - has experienced unconsciousness or who has an altered conscious state
 - is experiencing difficulty breathing
 - is showing signs of shock
 - is experiencing severe pain, bleeding, or who is vomiting blood or passing blood
 - has slurred speech
 - has injuries to the head, neck or back
 - could have broken bones.

A staff is not allowed to transport a sick or injured child to receive medical services in personal vehicle. Child's parent or guardian must first be contacted and informed of intent to get child emergency medical services through an ambulance. A staff may accompany child in an ambulance.

Our program will put in place a tally system in each room to track type, cause and frequency of incidents occurrence. A periodic summary of tally will be made and assessed to identify trends and causes to put in place a plan to minimize or eliminate future re-occurrence

In case of an Emergency, the parents/guardians will be contacted by telephone immediately. If these people are unavailable, alternate contact person on the emergency cards or on registration forms will be contacted by phone. Parents will be immediately notified by phone of any serious incident or accident leading to a major injury.

If a child requires immediate medical attention, parents will be immediately notified and then all necessary precautions and arrangements will be made. Our program will also document event in our incident/accident form for parent or guardian to sign on arrival. This form will contain how incident happen, time of accident, place, and type of medical or first aid treatment administered.

Our program has a tally system posted in each room to track type, cause and frequency of incidents occurrence. A periodic summary of tally will be made and assessed to identify trends and causes to put in place a plan to minimize or eliminate future occurrence.

Minor Injury

Minor cuts and abrasions suffered while at the centre will receive proper care -- specifically, they will be washed out with warm water and properly bandaged. Treatment will be logged in our incident/accident form and we detailed information about how and when the injury occurred. Parent/guardian will be required to sign this form on arrival. We are also required to log any injuries we observe on your child which have occurred outside the centre.

Major Emergency

Staff must immediately call 911 if warranted - this occurs prior to consultation with the program supervisor or consultation with parents.

If a serious accident occurs, parents/guardian will be contacted immediately. If unreachable, we will contact the emergency contact people listed on child's emergency card. If necessary, we will call 911 and an ambulance will take child to the Hospital. While waiting for medical help, we will have a program staff trained in first aid, administer basic first aid treatment to comfort child.

If the emergency is of an allergic reaction where we have to administer an Epi-Pen or other prescribed emergency medical treatments, parents/guardian will be notified and child will be taken to the hospital by an ambulance. Our program requires parents to provide us with an up to date contact for themselves and alternate contacts in case of an emergency.

Incident/Accident Reporting

Our program will maintain an onsite incident/accident reporting form to report any occurrence for any child. Descriptors on form will include name of child, date of birth, time at which incident/accident happened, what was the incident or accident, where it happened, how it happened, form of first aid applied if applicable, who administered first aid treatment, time

parents were notified of incident or accidents. Reporting staff will sign and date form, program director will read, sign and date form, and parent/guardian will read, sign and date form as well. Parents will receive immediate telephone call to inform them about any bodily harm or injury to their child before arrival.

All incidents/Accidents which occurs in our program will be analyzed annually and a report, using the prescribed form (CDEV0001), is submitted to the regional child care office (Annual submission is considered the license expiry date or anniversary of the license expiry date.)

Critical Incident Reporting

This includes emergency evacuation, unexpected program closure; intruder on program's premises; serious illness or injury that requires the program to access emergency medical attention or require overnight hospitalization of child; error in administration of medication; death of a child; unexpected absence of a child from the program(example: missing or lost child); child removed from program by non-custodial parent or guardian; allegation of physical, sexual, emotional abuse and or neglect by a staff member or volunteer; commission of offence by a child; child left on premises after program has closed). If any of the above listed critical incidents occur, program Staff must immediately call 911 where warranted- this occurs prior to consultation with the program supervisor or consultation with parents. Then followed by an immediate report to licensing office at (403-381-5543) during day time hours or after work hours at 1800 638 0715

Program will submit a complete a critical incident report form available onsite and fax it to (403) 381-5791 within 2 working days marked "urgent." Incidents will be reported immediately to regional child care office using the prescribed form. All incidents which occurs in our program are analyzed annually and a report, using the prescribed form (CDEV0001), is submitted to the regional child care office (Annual submission is considered the license expiry date or anniversary of the license expiry date.)

Head Lice

We will immediately remove all play materials that may spread head lice to prevent spread. All such materials will be washed and then bagged away until the lice situation is fully dealt with. Parents will be notified if their child is found to be with head lice and advised about treatment options. Other parents will also be notified of confirmed cases of head lice. A child will not be allowed admittance into our program if staff confirms the presence of eggs, or live bugs.

Biting

Staff will be alert and ready to watch for any bites. If a child continues to bite after several attempts to stop, a parent conference would be set up to work out achievable strategies. A child will be removed from the centre after unsuccessful attempts to stop or minimize biting.

Nutrition

We serve morning snacks about 9:00am and afternoon snacks at about 3:00pm, and also provide hot lunches on Fridays. Hot lunch consists of main meals, parents desiring to send other side meals can do so. Lunch is served at about 11:30am daily. Parents are responsible for providing

lunch for their children on other days or alternate lunch on Friday. All snacks and lunches will follow the Canada Food Guide, and are reviewed on a regular basis to support children's healthy development and food preferences. A note will be made on snack calendar in the event that a planned menu is not served. Each meal includes a drink of milk and sweets are served occasionally. Parents are required to ensure that meal portions are well cut up in safe bites to avoid choking hazards. All lunches brought in will be checked by staff daily to ensure it is nut free. When necessary, a note with list of healthy lunch ideas would be provided. We do not force children to eat; we only encourage more eating using different fun approaches.

Hot foods will be kept hot and cold foods will be kept cold to prevent food poisoning. Lunches will be stored in the fridge and brought out just before lunch time and heated up using the microwave we have onsite. This ensures all lunches are kept cold until it is time to eat.

Please label your child's lunch bowls and lunch boxes for easy identification.

We will NOT serve any foods that may contain nuts

We will NOT serve left over meals/snack from a previous day to the children.

We will post a monthly snack menu on the Parent Board, and in our monthly newsletter.

We will never force a child to finish what is on his/her plate, **BUT** encourage each child to try one or two bites of everything. Sometimes they are surprised by what they like!!

Program staff is responsible for food storage and some light preparation of snacks for the children. All food preparation surfaces and utensils will be sanitized after each use.

Manner of Feeding

All children will be seated while eating or drinking. Children (defined as 12moths-18 months) will be helped if needed, but encouraged to eat on their own. All children 19 + months, will be encouraged to eat on their own, but if help is needed, we will use the hand over hand method.

No beverages will be provided to children while they are napping.

Hand Washing Protocol for Staff and Children

All staff practice thorough hand-washing routines, using warm water and soap before and after eating and food preparation and handling; before and after feeding a baby or small child; after diapering and toileting; after wiping noses and whenever hands are dirty. Where hand washing is not possible, hand sanitizer is used. All children in our center are required to participate in daily hand washing routine. It is required that children wash their hands with soap and under clean running water and then dry with a clean cloth or disposable paper towel. ***Children practice thorough hand-washing routines using warm water and soap before and after eating and food preparation and handling; after diapering and toileting; after playing in the sand; after coming inside from outside after wiping noses, sneezing or coughing and whenever hands are***

dirty. This practice will greatly minimize the spread of communicable diseases in our center, especially during a Flu Season. Our goal is to maintain a safe and healthy environment and encourage children to continue this habit at home.

General Cleaning

Daily cleaning done by our staff includes sanitizing the bathroom, sweeping, vacuuming and mopping the floors. Periodic deep scrubbing and floor sanitizing is done through the daycare.

Laundry

All blankets, cot sheets, crib sheets, stuffed animals, dress-up clothing, and any other cloth like materials are washed once a week in our onsite laundry machine. We prefer to have children's clothing bagged home due to detergent allergies or clothing getting mixed up or lost. Soiled clothing from bowel movement will be bagged home.

Toy Cleaning

We have a commercial dish washer which also sanitizes. Toys are bagged into a mesh bag and washed in it. Individual rooms adopt varying cleaning routine. Large items that can not fit into our machine are sprayed down with sanitizing solution (quats or bleach).

Cross-Contamination Policy

Regular cleaning disinfecting of the furnishings and play materials are noted on a weekly schedule. There is a checklist in place that the staff follows. Diapering surfaces and potty chairs are sanitized after each use. Soiled diapers, linens, and garbage are stored in closed containers. Each child uses his or her own-labeled cot for sleeping. Our center does not use bottles and grooming items. Used paper towels are discarded after each use. Staff understands their responsibilities with respect to preventing the spread of infectious diseases thorough hand washing practices, safe food handling, disinfecting surfaces and sleep areas.

Offsite Activities

A list of locations and addresses of frequently visited places are provided in our parent handbook.

All off-site activities require a written consent by the parents otherwise a child will not be allowed to participate. You are advised to read offsite consent forms which should include place, purpose of activity, mode of transportation, estimated departure and arrival time, supervision plan and a waiver. For all off-site activities, staff will have a backpack with portable emergency records of all the children and a simple first aid kit. Staff also carry a personal cell phone in case of emergency to contact parents, daycare centre, and other Children and or staff requiring use of an emergency allergic treatment will also have this in the bag.

Additional Adults may accompany the group for off-site activities. Safety rules are reviewed with children and their chaperones prior to each field trip as developmentally appropriate. Staff will prepare children for outings by explaining where they are going, what will happen, and who they will see and who they need to listen to. In the event that children are driven in a vehicle, all safety rules will comply with Transport Canada Guidelines. We will always use the city bus or

walk. Parents will be advised of any off-site activity, including our method of transportation and the supervision arrangements.

Onsite-Outdoor Play Supervision

Staff will ensure that a head count is done before taking children out and also at the end of playtime to account for all the children. Also, staff must check play areas to ensure that no child is left behind after an outdoor play session.

Emergency Evacuation

Program will observe monthly an onsite fire drill to develop an emergency awareness in case of a real evacuation. A designated staff will be responsible for fire drills. Primary childcare staff will ensure that they take the backpack which is equipped with the emergency cards of all the children and first aid materials. Staff will be notified when a fire drill is scheduled. Staff will be informed about fire drill expectation and emergency evacuation procedures during orientation. Emergency evacuation procedures will be known to all staff and children. Where developmentally appropriate, staff will inform children about fire drills, exit route, need to do a head count, need to follow leading staff, need to stay together with the group.

In the event that an Emergency Evacuation happens we will first assemble on the south side of our program facility and then move down to the University of Lethbridge Library where we would begin making phone calls to parents to alert them of evacuation order and request for pick up. For our Fire Drills, children will be taken to the field on the south end of the centre. A Fire Safety Checklist will be posted in the office to document when a drill takes place.

We use our AED (Automated external defibrillator) as a fire alarm. Each room will take out children and follow emergency exit route. Designated staff then joins group at meeting point and declares it is all clear for group to return. Time duration of evacuation and total number of children and adults is noted and documented.

Program will ensure that all emergency exit routes are free of obstacles. When notified, primary staff will ensure that children are ready by having on appropriate clothing, especially during winter months. In each room, program staff are required to do a quick head count before leaving. The last staff leaving room must check the washroom to make sure no child is left behind. On evacuation, each room staff must do another headcount to check that all children who evacuated building are still present before proceeding to re enter program premise after receiving an all clear signal. Each classroom has posted on wall, evacuation route out of our program premises.

Smoking

No person shall be allowed to smoke on program premises. This includes staff, parents, guardians or any one working on the facilities. No staff member shall smoke where childcare is being provided. We will have on the entrance to our program site a sign stating:

“SMOKING IS NOT PERMITTED ANYWHERE NEAR THE CHILDREN OR BUILDING”

Media Use:

- Use is limited to only when we have special events
- Parents must have signed consent on behalf of their child
- Consent form would provide purpose, date, time, title, and duration
- Duration would not be more than 15 minutes
- Children under 2 years are not allowed to participate media activities
- There must be a hands-on activity following as an extension of what was watched

Safety

An inspection is done daily to ensure that the building, play areas and furnishings are in good repair. Classroom materials and furnishings are hygienically sanitized using quart or bleach solution. There is a classroom checklist that all staff must check off and initial to document indoor cleaning and sanitization.

All indoor and outdoor furnishes are child sized and maintained in good repair, learning materials are safe and developmentally appropriate for children and of sufficient quantity and variety for children. All books, toys, and play equipment support literacy development and are easily accessible for children. Individual beds are provided for all children. Children under 12 months old have separate cribs.

A checklist is posted and maintained to indicate that a routine daily maintenance and safety inspection of the outdoor play space has been completed to ensure that potential hazards are addressed immediately.

All outdoor play structures comply with the standards outlined in the current edition of *A Guideline on Children's Play spaces and Equipment, CSA Standards*.

Our outdoor play area is free of toxic plants.

Outdoor sand box has a tightly fitting cover, which is kept on when the box is not in use

Children's wading pools are drained and stored up-ended when not in use.

The Center provides a daily schedule of opportunities for outdoor play in a safe, stimulating and developmentally appropriate environment.

The use of pesticides (indoors and outdoors) when children are present is avoided. Children are kept away from indoor areas where pesticides have been applied recently, or kept indoors if pesticides are being or have recently been sprayed in the area around the centre, for as long as recommended by the Local Health Authority.

Only non-toxic arts and craft supplies are used.

Transportation Service

Program supports families who need assistance to transport children enrolled into other local neighboring programs for a fee. Please check with us for fees and schools we transport to and for spots availability as spots are limited. We reserve the right to cancel transportation services to any local school program for any semester or school year. Parents will be notified to make

alternate arrangement on days when we feel that the weather is unsafe for a staff to transport a child. We currently transport to kindergarten programs only.

Parents are required to sign a transportation contract and inform us of any changes to their pick-up or drop off schedule. Transportation contract form includes name of child (ren), school year, and specific school name, drop off and pick up time. Parents will be informed about type of transportation provided, all stops within the transportation routine if applicable, and staff-child supervision arrangements. Transporting staff will have no more than 5 children to transport at one same time. Relevant portable records will always accompany the transporting staff in respect of each child to be taken off our program premises.

Program maintains an onsite list of all children to be transported, name and telephone numbers of local schools attending, days attending, drop-off and pick up time. Program Owners who are responsible for transport must have a driving record abstract on file, and emergency contact cards of each child to be transported on self at all times during this transition.

Program Owners transporting will walk down with children to the schools and into transporting vehicle during drop off and pick-up. No child will be left in transporting vehicle during transporting routine stops. This practice is to ensure that all children are accounted for. Unless, advised by parent/guardian, transport staff is always informed of the number of children to expect during pick-up or drop-off on each school day. Parents are encouraged to call in to inform program of any changes. Program owners transporting will introduce self to attending schools and personally meet and get familiar with children's specific classroom teachers.

In the event that a child fails to show up at the centre on a regular school day for drop-off, transport staff is required to call parent to confirm child's attendance. If a child fails to show up at the arranged pick-up time or location, an inquiry is made with the attending school to confirm child's attendance. A parent may be called to clear any miscommunication or informed about a potential risk of child's disappearance. Appropriate authorities will also be immediately contacted to alert of a removal of child without parental consent.

Program will communicate supervision policies in our policy and procedures manual, monthly parent-staff meetings, and during orientation. Ongoing reminders will be done anytime we observe inconsistent practice with parents or incidents that can potentially compromise child's safety. Reminders are also provided to all our program staff about supervision expectations.

Program Evaluation

Program evaluation is ongoing. Parents and staff are free to communicate a concern, or suggestions. Concerns are immediately addressed, discussed and a plan of action is put in place in response. Communication can be in form of emails, telephone calls, in person, anonymous notes placed in a suggestion box located at program entrance, annual survey, through a parent representative or at monthly meetings.

Parents and Staff have input into developing and updating of program handbooks annually, notice will be sent out by email well in advance to encourage participation. Updated versions or amendments will be dated and sent out via email and a hardcopy will be available onsite.

- Staff members have opportunities to provide feedback at staff meetings or anytime either verbally or in writing by email or a note in our suggestion box. Policies are communicated to staff and families verbally and via email. Staff and parents are free to ask questions about centre policies and how they are connected to daily program practices. Parents and staff can open up discussions to further explain policies during monthly meetings.
- Ongoing Monthly Review of our QEP (Quality Enhancement Plan) is done at our Parent-Staff Meeting. We look at goals that have been met, and goals that are still needing to be met. We discuss any changes that we want to make to the QEP including adding goals and or removing ones we do not see working for our program.

Smoking

Complaints & Grievance

The program encourages positive relationships between families and staff. Every parent/families have the right to a positive and sympathetic response to their concerns. Solutions are sought to resolve all disputes, issues or concerns that impact or affect the day to day well being of the program in a fair, prompt and positive manner.

How the Policy will be implemented (Specific Policies & Procedures):

- Every parent is provided with clear written guidelines detailing grievance procedures, included in the Parent Handbook and displayed on the parent board.
- All confidential conversations/discussions with parents/families will take place away from children, other parents and staff who are not involved.
- The Complainants names will remain confidential between the owner/director and the person/s to whom the complaint is directed.
- The name address and phone number of Southwest Alberta Child and Family Services is provided below
- All unresolved complaints or concerns dealing with children's health and welfare will be reported to the Southwest Alberta Child and Family Services within 48 hours
- A current copy of the Child Care Regulations is available in the centre for parents to read at any time.

Complaint & Grievance Procedure

Grievance procedure is the process by which problems or issues are sought to resolve disputes in a fair, equitable and prompt manner. Grievances should be resolved as informally and quickly as possible by the parties involved. When grievances are not able to be resolved informally by the persons directly involved, a formal grievance process should be provided.

1. Procedure for Dealing with Parent-Staff Conflict

- The parent should discuss the problem with the relevant staff member concerned.
- If the parent still feels action is necessary after discussion with relevant staff member they should take the matter up with the Director.
- If the parent is still unhappy with the situation the Director can offer to take the matter to the Owner for guidance.
- OR, the parent can write/email directly to the Owner or Director at acslukcd@gmail.com to explain the problem.
- If the parent is still unhappy with the situation the Director can offer to take the matter to the Monthly Program Meeting, held on the first Thursday of each month. Families are able to attend the first half hour of the meeting (6:45-7:15pm) to bring up any grievances.

2. Procedure for Dealing with Parent/Management Conflict

- The parent/families can discuss all problems with the Director.
- If the parent still feels action is necessary after discussion with Director, they may ask to present the problem with the Owner. The parent can write directly to the Owner to explain the problem. acslukcd@gmail.com
- Owner will advise the Director of any decision and the Director will submit the solution to the family/parent concerned in one week from day of grievance. Owner will write directly to the parent concerned to advise of their decision. The Director will also be advised of the decision in one week from the day of the grievance.
- If the parent is still unhappy with the situation they can request a meeting with the Director or Owner to discuss the matter further. After this meeting the Director or Owner will write directly to the parent to advice of their final decision and why this was made.
- If the parent is still unhappy with the situation the Director can offer to take the matter to the Monthly Program Meeting, held of the first Monday of the month. Families are able to attend the first half hour of the meeting (6:00-6:30pm) to bring up any grievances.
- If still unsatisfied with the situation you may contact our licensing officer:
Rhonda Peake Email: Rhonda.peake@gov.ab.ca Tel: 403-388-3109

Staff

All staff members and volunteers are required to hand in a recent Criminal Record Check including a vulnerable sector search upon starting or within 8 weeks of starting their position. This is in the staff Handbook. The Criminal Record Check including a vulnerable sector search will be submitted and dated no earlier than 6 months prior to the date of commencement with our program and then resubmitted every 3 years after that date.

Prospective employee must complete our program application form and submit a resume for review. Applications submitted in person may result in immediate interview depending on program staffing needs.

All applicants will be interviewed in person and questions will be asked to verify information provided on resume. Applicants may also submit a written reference with their application. Reference checks are also done by telephone.

A second interview may be required if all persons involved in hiring were not in attendance at initial interview. Our program also accepts recommendations from parents or current employees. Each staff will have a file to save all hiring documents which includes but not limited to the following: application form, offer of employment, resume, criminal record check, first aid/CPR, terms of employment agreement form, oath of confidentiality, policy/procedure/handbook agreement form, pea nut policy, and orientation checklist.

Staffing Plan

With five classrooms, we will operate our program with 9 full time primary caregivers excluding program director in the following Certification Levels:

- 3 Early Childhood Development Supervisors
- 3 Early childhood Development Workers
- 3 Early Childhood Development Assistants

Staff-Child Supervision Ratios by Rooms

- 12-18months old: 1 to 4 children (8 licensed spaces, 2 staff minimum)
- 19-35 months old: 1 to 6 children (24 licensed spaces, 4 staff minimum)
- 36+ months: 1 to 8 children (18 licensed spaces, 3 staff minimum)
- 36+months (Monkey Room): 1 to 6 children (6 licensed spaces, 1 staff minimum)

We will always have a program supervisor on program premises at all times between 8:30am and 4:30pm daily. Our program will have onsite relief staff to assist with lunch breaks, nap time routines, and other duties to support smooth operation of our program routine. We will always meet the minimum staffing standards set out by the Licensing Regulations. During nap times, our ratio doubles. However, our program will strive to have 2 staff member supervision during nap times whenever possible or needed especially in cases where we have children who do not nap for very long or children who do not nap at all. Staff members take their lunch breaks during nap time.

Practicum Students

Our program provides support to higher educational institution within our community to students who need practicum experience to complete their course requirements. Practicum duration is usually for six weeks at a time and students are primarily engaged in their school assignment. Students and their instructors do not count in our staff-child ratio and must not be left alone to supervise a child.

As part of practicum requirement, students do observations on the children by taking photographs, or video tape interactions using practicum student's cell phone video device. Observation is specifically for feedback purposes. Only children with written consent are photographed or recorded. Photographs are taken using our program camera and pictures are confidential and shared only between student and instructor. Practicum students are required to immediately delete recorded video on completion of observation report.

International Internship

We accept international students desiring work experience as part of their academic program. We have had students from France and Mexico in the past years. Qualified students are required to provide a valid criminal record check including vulnerable search sector obtained within 6 months of commencement date.

Volunteers and Work Experience Students

- Must have a valid criminal record check including vulnerable search sector obtained within 6 months of application date
- Must obtain a volunteer contract from program administrator stating duration, hours available and supervisor
- Maintain daily attendance log as required by all adult's present and working with children in our program
- Model appropriate behaviour and language and not left alone or counted in ratio
- Assist with light cleaning
- Follow instructions from the Director or Alternate Director

Parent – Teacher Conference

Parent conference may be requested to set goals for a child, to follow up child's developmental progress, or discuss concerns. Parents are welcome to request a conference with primary caregiver and or with program administrator as needed and vice versa. All parent conferences will be documented.

Supervision Policy and Practices

Caregivers will always:

- Position themselves so as to ensure clear sight lines throughout the entire play space. Exceptions to the policy may include occasions where caregivers may be required to assist a child with toileting and diapering routines or in assisting a child in need of quiet or one on one care. In these instances, caregivers need to ensure communication of their absence to remaining caregivers so as to support increased momentary supervision challenges.

- Will inform their coworkers whenever they are leaving the room or playground
- Situate themselves equally around the play space either indoors or outside-carefully avoiding congregating or grouping together due to increased supervision needs during active play. Caregivers should wherever possible be actively engaged with children and facilitate interactions at the child's level as appropriate.
- Will strive to continually scan the playroom and/or playground, being alert to any potential issues that may increase risk of effective supervision or safety of children.

Staff in our program will be made aware of the above guidelines and required to acknowledge content by signing.

To ensure that staff effectively observes children's play and behaviors both indoors and outdoors, reminders about appropriate staff supervision of children during play both indoors and outdoors will be done during staff meetings and as needed throughout the day. Staff will also have opportunities to attend professional development training on varied topics such as programming, child guidance, and effective supervision of children plays both indoors and outdoors throughout the year. Staff in our program will receive periodic evaluations and a face to face feedback about work performances and expectations to ensure understanding about child supervision. Updates shared by childcare licensing regulations about child supervision will be passed on to all staff to support their work.

All staff in our program will be made aware of the importance of staff child ratio to ensure adequate supervision during play indoors and outdoors. To ensure that staff effectively observes children's play and behaviors both indoors and outdoors, reminders about appropriate staff supervision of children during play both indoors and outdoors will be done during staff meetings and as needed throughout the day. Staff will also have opportunities to attend professional development training on varied topics such as programming, child guidance, and effective supervision of children plays both indoors and outdoors throughout the year. Staff in our program will receive periodic evaluations and a face to face feedback about work performances and expectations to ensure understanding about child supervision. Updates shared by childcare licensing regulations about child supervision will be passed on to all staff to support their work.

All staff in our program will hold a minimum childcare certification of Level 1 (Child Development Assistant) Staff without childcare certification will not be left alone to supervise children. All staff will maintain required staff- child ratios in mixed age groups to ensure adequate supervision during outdoor play activities. Program staff is required to guide and model to children on how to safely interact with both indoors and outdoors toys to prevent hurting self or other children.

Program administrator will ensure that all staff actively engage in developmental and age appropriate program planning in their classrooms. Staff is expected to have program planning posted to demonstrate that activities are planned for children to engage in interested play activities to minimize unwanted behaviors indoors and outdoors. Outdoor program planning is also required to provide varied developmentally appropriate outdoor gross motor play opportunities for the children.

All staff will be given the responsibility to daily check for and remove damaged toys within their rooms. Staff is to daily observe all room furniture and fixtures within room for damaged or repair needs and alert program administrator immediately. Outdoor play equipments are also checked daily by staff for damages or need for repairs. Damaged outdoor play structure will be removed and items needing repairs will also be removed until properly fixed. Program staff are given a walkthrough of the entire indoor and outdoor program facility during orientation to make sure all staff are aware of our indoor and outdoor physical environment layout. Each classroom will have an outdoor floor map identifying different outdoor play structures, locations and exits to support outdoor program planning.

Individual classroom maintains a classroom attendance sheet to account for the number of children in attendance daily. Staff are required to do a head count before, during and at the end of any outdoor activity to ensure that all children are accounted for both on and off program premises. The same practice is observed when children are entering or leaving program premises and especially during field trips requiring bus rides, a supervising staff is required to carry out a head count before entering and after leaving vehicle or bus. Program owners are responsible for transporting children from our program to other programs, and are required to observe the same safety caution with the children.

Program supervision policy meets children developmental needs by maintaining required staff-child ratios at all times, observing and ensuring that all toys are developmentally and age appropriate for the children, damaged toys are completely removed from our premises and toys needing repairs are removed until repaired. Staff in children's supervision are all certified in early childhood certification levels, have a valid first aid/CPR/AED training, receive fire extinguisher training, and all must have a clear criminal record check and vulnerable sector check, staff are also well informed about our program's policies and procedures and know whom to communicate any questions they have for clarity.