



MERRYDALE CHILDCARE

PARENT HANDBOOK

2026

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Welcome to Merrydale Child Care!

This handbook is a guide to inform parents about the policies and procedures for our Early Childhood program.

Please refer all questions to the Director or Supervisor.

Merrydale Child Care is a private daycare and is a for-profit incorporated organization operated by a Director.

Services Offered

We provide an enriched program for both the Toddler and Pre-school aged groupings.

Toddler: 18 months – 2.5yrs

Pre-school: 2.5 – 4yrs (or eligible for JK)

Program Statement

Merrydale Childcare Centre

Ontario Ministry of Education Licensed Child Care Centre

Our Commitment

At Merrydale Childcare Centre, we believe that every child is capable, curious and a competent learner rooted in the guiding framework of the **Child Care and Early Years Act (CCEYA, 2014)** and informed by the principles of “**How Does Learning Happen? Ontario’s Pedagogy for the Early Years.**”. Our program supports the holistic development of each child by fostering a sense of belonging, well-being, engagement and expression.

Drawing inspiration from both the **Reggio Emilia** approach and **Montessori** philosophy, we provide an environment where children are encouraged to explore, ask questions and construct knowledge through meaningful experiences. Our learning spaces are designed to reflect the interests of the children, inviting collaboration, discovery and the expression of ideas through multiple forms of communication. To support this, our staff is provided with on-going learning opportunities and workshops, as we understand the growth of our students is directly correlated to the growth of our educators.

We are deeply committed to inclusiveness, ensuring that every child-regardless of ability, background, or needs – feels seen, heard and valued. Our educators build strong, respectful relationships with families and work together to create individualized supports and opportunities for all children to thrive. We also work with the community to foster authentic relationships with city of Brampton, connecting with surrounding farms, fire stations, art programs etc. to enlighten our families with the importance of “working together.”

Nature is an integral part of our program. We believe that time spent outdoors, in all seasons, fosters resilience, creativity and a sense of connection to the world around us. Whether through community walks, garden exploration or hands-on natural science, our children develop a deep appreciation and stewardship for the environment.

At Merrydale, learning happens through play, inquiry and reflection-nurtured by responsive, enthusiastic educators who view themselves as co-learners alongside the children. Every child and their families are welcomed and celebrated in a safe, joyful and inclusive space and together we become a family.

“Parents plant the seeds; teachers water the minds and together they watch the future bloom.”

Foundations of Our Program

We design and implement our programs based on the four foundational conditions from *How Does Learning Happen?*:

1. **Belonging**

We cultivate a sense of connectedness among children, families, educators, and the community. Children feel valued and form meaningful relationships that foster trust and mutual respect.

2. **Well-Being**

We promote physical, mental, and emotional health through active play, proper nutrition, safety practices, and a focus on self-regulation, emotional expression, and independence.

3. **Engagement**

Children are encouraged to explore their world through inquiry-based, play-centered experiences that stimulate curiosity, creativity, and discovery. Educators observe and document learning to co-construct knowledge with children.

4. **Expression**

Through verbal and non-verbal communication, children express themselves in many ways, including art, music, movement, and storytelling. We support their diverse languages and communication styles.

Goals and Approaches

In accordance with **CCEYA Section 46 (3)**, we aim to:

A. Promoting the health, safety, nutrition, and well-being of children.

→ By offering nutritious meals, maintaining a clean and safe environment, and supporting self-care skills.

→ Promoting children's health and well-being are woven into the compliance of policies and procedures, which include:

- Safe supervision of children
- Child Protection procedures and training
- Menu planning following the Canada Food Guide
- Emergency procedures

B. Supporting positive and responsive interactions among the children, parents, and staff.

→ By fostering warm, responsive relationships between children and educators, and among peers.

- Educators will build a foundation of trust with children by being available, sensitive, responsive, and caring.
- Educators will create an inclusive and respectful environment to foster positive, equitable, and collaborative relationships.

- Educators will interact and communicate with parents daily, sharing observations, documentations, and reflections.

→ Merrydale will create opportunities, such as after school gatherings, for everyone to mingle and create relationships.

C. Encouraging the children to interact and communicate in a positive way and support their ability to self-regulate.

→ By planning based on children's interests, strengths, and observed developmental needs. This includes self-regulation and the development of a sense of self as being capable and able to manage their emotions and behaviour.

→ Approaches implemented by Merrydale staff to set the stage for positive interactions among children include:

- Educators will provide small group experiences that allow for more individualized adult attention.
- Educators will role models inclusive, respectful, and collaborative interactions with children and other adults.
- Educators will ensure that sufficient and appropriate toys, equipment, and materials are always available.
- Educators will ensure that children are given the freedom to make choices.

D. Fostering the children's exploration, play and inquiry.

→ By creating child-led and open-ended play opportunities, both indoors and outdoors

- Children explore their world through their senses, repetition of tasks, imitation, asking questions, and pretending. We believe that our role is to support play so that learning and development flourishes.

E. Providing child-initiated and adult-supported experiences.

→ Encouraging children to engage in dialogue, storytelling, art, and dramatic play. Supporting independence in self-care routines and providing open-ended activities.

→ Approaches used by Merrydale staff to provide child-initiated and adult-supported experiences include:

- Children and parents/guardians are warmly greeted by educators upon arrival, and children are invited to share news of their day.
- Educators will take opportunities to ask the children open-ended questions and engage in a discussion that expands their curiosity, learning, and interests.
- Educators will set up the room with a variety of activities and materials that support the observed interests of the children.

F. Planning for and creating positive learning environments and experiences in which each child's learning and development will be supported and which is inclusive of all children, including children with individualized plans.

→ We understand the importance of the learning environment and planned experiences as an integral part of supporting children's play so that early learning and healthy development is maximized.

→ Merrydale staff will use the following approaches to plan for positive learning environments and experiences:

- Educators will design learning Centres to be flexible and responsive to the needs and interests of all the children, including children with individualized plans.
- Educators will strive to create home-like environments that include soft furnishings, items from nature, family and Centre photographs, and accessories that are intended to make children feel comfortable and confident.

G. Incorporating indoor and outdoor play, as well as active play, rest and quiet time, into the day, and give consideration to the individual needs of the children receiving child care.

→ By adapting our space and materials to support children's interests, independence, and developmental stage in an inclusive environment. Enforcing strategies and visuals to assist learning and encourage expression.

→ Merrydale staff use the following approaches to foster children's play, exploration, and inquiry:

- Educators will be active participants in play.
- Educators will adapt to the environment in response to children's interests and curiosity.
- Educators will encourage children to decide where, when, what and how they play.

H. Fostering the engagement of and ongoing communication with parents about the program and their children

→ By maintaining open communication, welcoming feedback, and honoring each family's role in their child's development. understanding that the child's competence, capacity and potential are maximized.

→ Approaches implemented by staff to foster engagement and communication:

- Educators will communicate with parents/guardians on a regular basis about children's activities and health.

- Educators will share children's artwork, sculptures, creations, and photographs of the children at play.
- Educators will make program plans available that include observations of children's interests, activities, and their connection to learning.

I. Incorporate documentation to assess and support learning

→ By observing, recording, and reflecting on children's play to enhance curriculum and communicate progress to families. Working together to create goals and foster plans and strategies

- Educators will seek out opportunities to share our knowledge and to learn from others in the community through formalized options and informal networking.
- Educators will work in close co-operation with specialized services when required.

J. Supporting staff, home childcare providers or others who interact with the children at a childcare centre or home childcare premises in relation to continuous professional learning.

→ By encouraging the participation of professional development, reflective practice, and collaboration. Providing workshop opportunities and allotted time to work on programming and learning goals.

- Educators will attend a wide spectrum of training sessions throughout their careers with the various workshops offered by the region, including childcare curriculum, legislated training requirements

K. Documenting and reviewing the impact of the strategies set out in clauses (a) to (j) on the children and their families.

→ Merrydale is committed to supporting children to grow to their fullest potential in a safe, caring, and nurturing environment. This Program Statement describes Merrydale specific goals for children's learning and development and the approaches that will be implemented. Each member of the program team holds a role and responsibility in ensuring the approaches in the Program Statement are implemented.

→ Approaches by management, supervisors, and educators in the implementation and monitoring of the Program Statement will follow a specific outline:

- All new educators, students, and volunteers will be oriented to the Merrydale Program Statement before they interact with children. A sign off sheet including signatures of educators, students, and volunteers with witness signature and date of orientation will be kept on file
- Educators, students, and volunteers will be required to formally review the Merrydale Program Statement annually or when there are substantive changes to the Program Statement. Recorded verification of the review will be signed and dated by all educators, students, and volunteers.

→All educators, students, and volunteers will be monitored, and observations documented for the implementation of approaches as set out in the Program Statement. Goals related to the implementation of and observation(s) related to the Program Statement will be incorporated into the ongoing process of performance management.

Merrydale shall ensure that the approaches set out in its program statement are implemented in the operation of its program at each childcare Centre it operates. Subsection 55 (3) of the Child Care and Early Years Act, 2014 (CCEYA) authorizes the Minister of Education to issue policy statements regarding programming and pedagogy for the purpose of guiding licensees of childcare and early years programs and services in developing their programs and services.

Under this authority, the Minister has named How Does Learning Happen? (HDLH) as the common provincial framework to guide programming and pedagogy in licensed childcare settings.

Each classroom at Merrydale is equipped with their own copy of “How Does Learning Happen” to assist and ensure our staff is following ministry approved programming reflecting the pedagogy in our childcare centre. All staff is required to fill out daily program plans that reflect the children's interest-based activity.

HDLH is a professional learning resource that provides a common framework to help licensees focus on knowledge from research, theory, and practice on what's most important for children. It encompasses a broad range of program philosophies and approaches and may look quite different when put into practice in a variety of settings

Prohibited Practices

In compliance with CCEYA, we strictly prohibit:

- Corporal punishment of children
- Physical restraint (except to prevent harm)
- Using harsh, degrading, or threatening language
- Depriving children of food, rest, or basic needs
- Inflicting any form of deliberate punishment
- Excluding children with disabilities and/or medical needs, race, religion or beliefs

Review and Reflection This program statement is reviewed annually and updated as needed. All staff and students review and sign this statement prior to employment and annually thereafter to ensure alignment with the Ministry's expectations and our program's philosophy.

Operations

Arrival and Dismissal

Regular Daycare hours are:

Toddler, Pre-School:

Full Day 7:00 am - 6:00 pm

Half Day 9:00 am -2:30 pm

Please bring your children to the center on time and pick them up promptly at dismissal time. Teachers are responsible for children only during the above hours. *Children must **never** be dropped off and left unattended outside the School building or their assigned classrooms.*

Safe Arrival and Dismissal Policy and Procedures

Purpose

This policy and the procedures within help support the safe arrival and dismissal of children receiving care.

This policy will provide staff, students and volunteers with a clear understanding of their roles and responsibilities for ensuring the safe arrival and dismissal of children receiving care, including what steps are to be taken when a child does not arrive at the childcare centre as expected, as well as steps to follow to ensure the safe dismissal of children.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for policies and procedures regarding the safe arrival and dismissal of children in care.

The safety of the children attending Merrydale Child Care is our top priority. Strong communication is required to ensure all children are where they are supposed to be. We are therefore asking that parents call the centre if their child will be absent.

Parents are requested to inform the Centre in the event the child will be away for sickness, absence, or vacation. If there is no voice mail or written documentation (email or letter), Staff will follow up with families by phone (leaving a message) and email. After three days, should staff be unable to confirm the absence, the staff will contact the local police for a wellness check.

Merrydale Child Care staff will ensure that any child receiving care at the childcare centre is only released to the child's parent/guardian or an individual that the parent or

guardian has provided written authorization for. ALL individuals (including parents) MUST provide a picture ID at pickup, unless they have become familiar with the staff from previous dismissals and can be given the okay by another staff. All supply and new staff will request ID. If no ID is provided when requested, Merrydale has the right to refuse dismissal. . .

Merrydale staff will only dismiss children into the care of their parent/guardian or another authorized individual. The centre will not release any children from care without supervision.

Where a child does not arrive in care as expected or is not picked up as expected, staff must follow the safe arrival and dismissal procedures set out above.

Please drop your children off at the MAIN ENTRANCE of the property. All Families will be given a code to access the locked door upon registration. This code should only be used by parents/guardians listed on the enrollment application. For pre-authorized pickups of a child whom are not the parent or guardian, they must ring the doorbell and provide ID, a staff will proceed to let them in.

Procedures:

Accepting a child into care

1. At the time of drop-off, program staff in the room must:
 - greet the parent/guardian and child.
 - check with the parent/guardian how the child's evening/morning has been and if there are any changes to the child's pick-up procedure (i.e., someone other than the parent/guardian picking up). Where the parent/guardian has indicated that someone other than the child's parent/guardians will be picking up, the staff must confirm that the person is listed in the enrolment package or where the individual is not listed, ask the parent/guardian to provide authorization for pick-up in writing (e.g., note or email).
 - document the change in pick-up procedure in the daily written record.
 - sign the child in on the classroom attendance record.

Where a child has not arrived in care as expected

1. Where a child does not arrive at the childcare centre and there was no communication in change in drop-off, staff in the classroom must:
 - Inform the secretary or supervisor and they must commence contacting the child's parent/guardian no later than 10:00 am. Staff shall call the child's parent/guardian using the contact information provided by parents. Program staff will try all contact numbers.

etc. and ensure that a message is left for the parent.

- o If the program staff has not received a response within 15 minutes from either parent/guardian, they will continue to contact parent/guardian while contacting the emergency/authorized contacts on the list. If no response is received, indicating the child is safe, the program staff will send an email. Program staff will contact emergency/authorized pick-up contacts for assistance in contacting the parent/guardian or to confirm absence.

- o Once the child's absence has been confirmed, program staff shall document the child's absence on the attendance record and any additional information about the child's absence in the daily written record.

2. For children who are not in by 10:00 am on a regular basis, parents are requested to provide a letter to indicate the timeframe the child may come in by. Once this is received, the staff will inform the parent that unless a phone call has been received, the staff will call 30 minutes after the time frame and follow the above procedures.

Releasing a child from care

1. The staff who is supervising the child at the time of pick-up shall only release the child to the child's parent/guardian or individual that the parent/guardian has provided written authorization that the childcare may release the child to. Where the staff does not know the individual picking up the child (i.e., parent/guardian or authorized individual),
 - o confirm with another staff member that the individual picking up is the child's parent/guardian/authorized individual.
 - o where the above is not possible, ask the parent/guardian/authorized individual for photo identification and confirm the individual's information against the parent/guardian/authorized individual's name on the child's file or written authorization.

Where a child has not been picked up as expected (before centre closes)

1. Where a parent/guardian has previously communicated with the staff a specific time or timeframe that their child is to be picked up from care and the child has not been picked up after 10 minutes, the program staff or supervisor shall contact the parent/guardian via phone call and advise that the child is still in care and has not been picked up.

- Where the staff is unable to reach the parent/guardian, staff must call again and leave a message for the parent or guardian. Where the individual picking up the child is an authorized individual and their contact information is available, the staff shall proceed with contacting the individual to confirm pick-up as per the parent/guardian's instructions or leave a voice message to contact the centre.
- Where the staff has not heard back from the parent/guardian or authorized individual who was to pick up the child the staff shall contact emergency contact, wait until program closes and then refer to procedures under "where a child has not been picked up and program is closed").

Where a child has not been picked up and the centre is closed

1. Where a parent/guardian or authorized individual who was supposed to pick up a child from care and has not arrived by 15 minutes after the centre is closed, staff shall ensure that the child is given a snack and activity, while they await their pick-up.
2. One staff shall stay with the child, while a second staff proceeds with calling the parent/guardian to advise that the child is still in care and inquire about their pick-up time. In the case where the person picking up the child is an authorized individual, the staff shall contact the parent/guardian first and then proceed to contact the authorized individual responsible for pick-up if unable to reach the parent/guardian.
3. If the staff is unable to reach the parent/guardian or authorized individual who was responsible for picking up the child, the staff shall contacting authorized individuals listed on the child's file, etc.
4. Where the staff is unable to reach the parent/guardian or any other authorized individual listed on the child's file (e.g., the emergency contacts) by 45 minutes the staff shall proceed with contacting emergency services and the local Children's Aid Society (CAS) 1-800-718-3850. Staff shall follow the CAS's direction with respect to next steps.

Dismissing a child from care without supervision procedures

Staff will only release children from care to the parent/guardian or other authorized adult. **Under no circumstances will children be released from care to walk home alone.**

Drop Off & Pick-Up

Morning drop off at Merrydale Child Care is through the main doors.

At dismissal time, children are picked up from designated areas. This information will be provided to you before the start of school. If, for any reason, your child cannot be picked up on time, the supervisor must be notified in advance.

Please inform the daycare by email or by phone if anyone other than the usual person is to pick up your child. Children will not be allowed to leave with someone who has not been identified.

Calendar

A list of the important School dates, including early closures will be available online and will also be sent out prior to the start of the new year.

The centre will be closed on the following days: New Year's Day, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving Day, Christmas Day and Boxing Day. The centre will be open until 1:00 pm on Christmas Eve and New Year's Eve. There will be 4 PD days throughout the year for staff training and workshops

School Closing – Winter Weather

Merrydale Child Care will follow the lead of the Peel Region District School Board in determining whether buses and/or school is canceled. Messages regarding closures will be sent via email or on the communication app. Parents can easily find the decision on any given day, as all local television and radio stations regularly announce Peel Region cancellations and closures when storms occur. Merrydale will remain open if buses are not running, however, the daycare will close in accordance with the Peel District School Board SCHOOL closings.

Activities Off the Premises

Field trips and walks within the community are part of the program and the child's experiences. When a field trip is planned, you will be asked to sign a permission form. The form will include the date, time and destination of the trip. If parent volunteers are required staff will inform you.

A Vulnerable Sector Screening Police Reference Check is required.

Acceptable Clothing and Items to bring

As there is a great deal of floor play, and messy materials used, please dress your children in comfortable and practical clothing that you wouldn't mind getting stained or dirty. In warmer weather, closed toe/running shoes are preferable.

Please label all clothing items. We are not responsible for lost items that are not properly labeled.

Furthermore, please ensure to also label all supplies sent to school that belong to your child: water bottles, blankets, pillows, sleep stuffies, sunscreen or any other materials such as diapers, wipes, creams, etc. Water bottles will be sent home daily and all items needed to be laundered will be sent home at the end of each week.

Cot and crib sheets will be provided and washed by Merrydale Child Care Centre.

Please do not bring toys from home, unless they are used/approved by the educator to help with transitions or specifically for sleep time.

Emergency Contact

An emergency contact is a person who can be available to pick up the child(ren) in the event of an emergency, accident, or illness, when parents cannot be reached. Parents must provide the emergency contact(s) name, address and telephone number(s) and update as required. An emergency contact must live and/or work in the Peel Area. Emergency contacts must be informed that they are listed on the Merrydale Child Care Emergency Form, and of their obligations as an emergency contact. Emergency contacts must still provide ID upon pick up.

CWELCC

CWELCC is a system which supports quality, accessibility, affordability and inclusivity in early learning licensed childcare serving eligible children. CWELCC is a five-year plan that is based on equity and inclusion.

At the time of this writing, Merrydale Child Care has opted out of the program, although we may consider enrolling in the future.

Parents will be notified of the decision by email if we enroll.

Base Fees

Base fees include all mandatory charges required for a child to participate in the licensed child care program, encompassing daily care, regular program activities, staffing and supervision, classroom materials and equipment, nutrition services such as meals and snacks, and all standard operational costs necessary to deliver the core program.

The daily tuition fee for the new school year 2026/2027 is in the chart below.

Upon acceptance of a spot in Merrydale Child Care, a non-refundable deposit of \$250 per child is required. If your child is withdrawn, the school will not refund this deposit.

In addition to the \$250 non-refundable deposit, please submit your automatic payment information upon acceptance.

Payments are to be made biweekly.

Parents must notify the school in writing of their desire to leave the school 3 weeks before the date of discharge. Fees will be prorated to the end of the month in which they are leaving.

MERRYDALE DAILY BASE FEE:

Toddler Program	Pre-School Program	One-time Registration Fee
\$79.99	\$74.99	\$250

Non Base Fees

Non-base fee: Bank Processing Fees (ex. NSF) \$50

Late fees: you will be given 5 min grace for your first offence, but charged \$5 for the first 5 minutes (6:10pm) and then \$5 for every minute after this.

Ex. If you arrive at 6:15pm you will be charged 30\$.

Please note, if you are continuously late, your admission to Merrydale will be reevaluated, possibly resulting in expulsion.

Trips, Buss fee and fundraisers as they come, ample time and written consent will be given.

Refund, partial refund and non-refund

All child care fees are calculated on a contracted basis, therefore, occasional Absences, Family Vacations, Sick Days, Statutory Holidays, and closures due to Inclement Weather are non-refundable, and full Base Fees will be charged for these days. No refunds will be issued unless under exceptional circumstances, listed below.

Exceptional circumstances are as follows:

- Long term hospitalization: Due to a documented illness or hospitalization, with a doctor's note, a STOP PAYMENT will be issued by the Director's approval for up to 3 months. (Please note, this is NOT a refund, but a stop in payment if approved)
- Cancellation of registration: If the parents pay the enrollment fee for signing up and the first monthly base fee is not paid by the time when parents request for the cancellation of registration, monthly fee will not be charged, but the enrollment fee is non-refundable.
- Any day that the Child Care had to cancel which was not previously stated in the calendar may be refundable depending on circumstances of cancelation.

Methods of Payment

Tuition Method of Payment Options are:

- Postdated cheques
- Bank automatic electronic transfer through Lillio App (Pre authorized agreement)
- Credit card payment through Lillio App (will be charge 3% fee)

PLEASE NOTE: You will receive a Childcare Receipt for your payments at the end of the tax year.

Admission and Discharge Policy

Admission Process

1. BOOK A TOUR

2. SUBMIT AN APPLICATION

You will need to upload copies/scans of the following documents:

- A copy of your child's birth certificate
- If not a Canadian citizen, a copy of your child's passport/ visa
- A copy of your child's immunization record
- A recent photograph of your child

3. CONFIRMATION AND NOTIFICATION

You will receive an acknowledgement of receipt of application and deposit via email.

Dismissal Process

- Parents must notify the school in writing of their desire to leave the school at least 3 weeks before.
- Fees are prorated from the latter of the last day attended
- If the parents paid in full, they will be reimbursed for the remainder of the balance.

Waiting List Policy and Procedures

Name of Child Care Centre: Merrydale Childcare Centre

Date Policy and Procedures Established: June 1st 2024

Date Policy and Procedures Updated: June 1st 2024

Purpose

This policy and the procedures within provide for waiting lists to be administered in a transparent manner. It supports the availability of information about the waiting list for prospective parents in a way that maintains the privacy and confidentiality of children.

The procedures provide steps that will be followed to place children on the waiting list, offer admission, and provide parents with information about their child's position on the waiting list.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for a child care centre that maintains a waiting list to have related policies and procedures.

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

Policy

General

- Merrydale Childcare Centre will strive to accommodate all requests for the registration of a child at the child care centre.
- Where the maximum capacity of a program has been reached and spaces are unavailable for new children to be enrolled, the waiting list procedures set out below will be followed.
- No fee will be charged to parents for placing a child on the waiting list.

Additional Policy Statements

Before being placed on a waitlist, families will be offered other accommodations that may be available, such as a part time position that could range from 1 day to 4 days a week.

Procedures

Receiving a Request to Place a Child on the Waiting List

1. The licensee or designate will receive parental requests to place children on a waiting list via email, telephone or an in-person meeting

Placing a child on the Waiting List

1. The licensee or designate will place a child on the waiting list in chronological order, based on the date and time that the request was received.
2. Once a child has been placed on the waiting list, the licensee or designate will inform parents of their child's position on the list.

Determining Placement Priority when a Space Becomes Available

1. When space becomes available in the program, priority will be given to children who are currently enrolled and need to move to the next age grouping, siblings of children currently enrolled, and children of staff
2. Once these children have been placed, other children on the waiting list will be prioritized based on program room availability and the chronology in which the child was placed on the waiting list.

Offering an Available Space

1. Parents of children on the waiting list will be notified via telephone and/or email that a space has become available in their requested program.
2. Parents will be provided a timeframe of 2 weeks (10 business days) in which a response is required before the next child on the waiting list will be offered the space.

3. Where a parent has not responded within the given timeframe, the licensee or designate will contact the parent of the next child on the waiting list to offer them the space.

Responding to Parents who inquire about their Child's Placement on the Waiting List

1. The supervisor or a designated staff member will be the contact person for parents who wish to inquire about the status of their child's place on the waiting list.
2. The supervisor or a designated staff member will respond to parent inquiries and provide the child's current position on the list and an estimated likelihood of the child being offered a space in the program.

Maintaining Privacy and Confidentiality

3. The waiting list will be maintained in a manner that protects the privacy and confidentiality of the children and families on the list and therefore only the child's position on the waiting list will be provided to parents.
4. Names of other children or families and/or their placement on the waiting list will not be shared with other individuals.

Additional Procedures

Consider including additional procedures, as applicable, e.g. what to do if a parent contacts the child care centre after the timeline to respond, when a family may be removed from a waiting list (e.g. due to inability to contact parents after multiple attempts), etc.

If a parent contacts the centre after the 2 weeks has expired, they will have to forfeit the spot, however they will be placed back at the top of waitlist. Also, a child will be removed from the waitlist if their age exceeds the limit of 4 years old or their parents display unacceptable behavior when communicating with the centre.

Glossary

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

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

Sleep Supervision Policy and Procedures

Name of Child Care Centre: Merrydale Childcare Centre

Date Policy and Procedures Established: June 1st 2024

Date Policy and Procedures Updated: June 1st 2024

Purpose

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

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

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

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

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

Policy

General

- All children will be provided with the opportunity to sleep or engage in quiet activities based on their needs.
- Children under 12 months of age will be provided time to sleep based on their individual schedules, and will be assigned to a crib/cradle. Children between 12-18 months of age, who receive child care for six hours or more, will be assigned to a crib/cradle or cot in accordance with written instructions from a child's parent.
- Only light, breathable blankets will be used for infants.
- Children 18 months or older but younger than 30 months, who receive child care for six hours or more, will be provided time to sleep for a period of no more than two hours each day, and will be assigned to a cot.
- Children 30 months or older but younger than six years old, who receive child care for six hours or more, will be provided with a cot unless otherwise approved by a director.

- Children 24 months or older but younger than five years old and in a licensed family age group, who receive child care for six hours or more, will be provided with a cot unless otherwise approved by a director.
- Where children are sleeping in a separate sleep room or area, their names will be listed on the attendance and sleep chart so that staff can immediately identify which children are present in the room/area.

Placement of Children for Sleep

- Children under 12 months of age will be placed in their assigned cribs/cradles for sleep.
- All children who are younger than 12 months of age will be placed on their backs to sleep in accordance with the recommendations set out in Health Canada's document entitled "Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada", unless other instructions are provided in writing by the child's physician. Parents of these children will be advised of the centre's obligation to place their child(ren) to sleep on their backs.
- Children between 12 and 18 months of age will be placed in their assigned cribs, cradles or cots for sleep.
- Children over 18 months of age who sleep will be placed on individual cots for sleep.
- Children will only sleep with the pillows, blankets and stuffed toys provided by their parents.

Consultation with Parents

- All parents of children who regularly sleep at the childcare centre will be advised of the centre's policies and procedures regarding sleep at the time of their child's enrolment and/or any time the policies and procedures are revised, as applicable. This information will be available to parents in the parent handbook and on the childcare website.
- The supervisor will consult with parents about their child's sleeping arrangements at the time of enrolment and at any other appropriate time (e.g. when a child transitions to a new program or room, or at the parent's request).
- Written documentation will be kept in each child's file to reflect the sleep patterns identified by their parent, and updates to the documentation will be made whenever changes are communicated to the childcare centre.
- All sleep arrangements will be communicated to program staff by the supervisor after meeting with the parent/guardian.
- Parents will be advised by the supervising staff of any significant changes in their child's behaviours during sleep and/or sleeping patterns.
- Staff will document their observations of changes in a child's sleep behaviours in the daily written record or verbally to the parent upon pickup.
- Any changes in sleep behaviours will result in adjustments being made to the child's supervision during sleep time, where appropriate, based on consultation with the child's parent.

- Parents will be provided with resources and suggestions about sleep patterns, upon request

Direct Visual Checks

- Direct visual checks of each sleeping child who is in a licensed infant or toddler age group or is in a licensed family age group and is younger than 24 months will be conducted to look for indicators of distress or unusual behaviours. Direct visual checks will be documented by staff by signing their initials on a sleep chart in 30 minute intervals.
- Direct visual checks are not required for children engaging in quiet activities, but these children will be supervised at all times.
- For infants (children under 18 months of age), direct visual checks will be completed at a frequency based on consultation with each parent and may be increased based on the observed sleeping patterns and/or medical needs of each infant.
- The frequency of direct visual checks and the steps to complete them will depend on the typical sleep patterns of each child and their age, as identified in the sleep supervision procedures provided in this policy.
- Staff will ensure that all sleep areas have adequate lighting available to conduct the direct visual checks of sleeping children.

Use of Electronic Devices

- Where electronic devices are used to monitor children's sleep, staff will:
 - **not use electronic sleep monitoring devices to replace direct visual checks;**
 - check the monitor daily to verify that it is functioning properly (i.e. it is able to detect and monitor the sounds and, if applicable, video images of every sleeping child); and
 - actively monitor each electronic device at all times

Procedures

Age Group	Frequency of Direct Visual Checks*
Toddler	Every 30 minutes
Preschool	Every 30 minutes

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

Procedures for Completing Direct Visual Checks

1. Staff must:

be physically present beside the child;

check each child's general well-being by looking for signs of distress or discomfort including, at a minimum:

- laboured breathing;
- changes in skin temperature;
- changes in lip and/or skin colour;
- whimpering or crying; and
- lack of response to touch or voice.

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

Where the child wakes up, staff must:

attend to the child's needs;

separate the child from other children if the child appears to be ill;

document the incident in the daily notes and in the child's symptoms of ill health record, where applicable.

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

perform appropriate first aid and CPR, if required;

inform other staff, students and volunteers in the room of the situation;

contact emergency services or, where possible, direct another individual to contact emergency services;

separate the child from other children or vice versa if the child appears to be ill;

inform the supervisor/designate of the situation; and

contact the child's parent;

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

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

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

follow the serious occurrence policies and procedures, where applicable;

document the incident in the daily written record; and
document the child's symptoms of illness in the child's records.

3. Staff must:

adjust blankets as needed;
ensure the child's head is not covered;
ensure there are no other risks of suffocation present;
document the date, time and initial each direct visual check on the room's sleep chart; and
verbally inform other staff in the room that the check has been completed, where applicable and possible.

Glossary

Adequate lighting: Classroom should be dark enough to promote a comfortable sleep/rest environment for the children, but still have some lighting for staff to move easily through the cots and perform safe visual checks. Night lights, lamps, string lights, and projector lights are examples of adequate lighting during sleep time.

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

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

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

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

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

Supervision of Students and Volunteers Policy

Name of Child Care Centre: Merrydale Childcare Centre

Date Policy and Procedures Established: July 1st 2025

Date Policy and Procedures Updated: July 1st 2025

Purpose

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

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

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

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

Policy

General

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

Additional Policy Statements

- Clear guidelines will be addressed at an initial meeting between student/volunteer and supervising educator, where expectations will be defined between both parties and then communicated with the Supervisor/Director

Student and Volunteer Supervision Procedures: Roles and Responsibilities

The licensee/designate must:

- Ensure that all applicable policies, procedures and individual plans are reviewed with students and/or volunteers before they start their educational placement or begin volunteering, annually thereafter and when changes occur to the policies, procedures and individualized plans to support appropriate implementation.
- Ensure that all students and/or volunteers have been trained on each child's individualized plan.
- Ensure that all students and/or volunteers have a health assessment and immunization as directed by the local medical officer of health.
- Ensure that a vulnerable sector check (VSC) and annual offence declarations are on file for all students and/or volunteers in accordance with the child care centre's criminal reference check policy and procedures and Ontario Regulation 137/15.
- Ensure that expectations are reviewed with students and/or volunteers including, but not limited to
 - how to report their absence;
 - how to report concerns about the program;
 - how to report concerns about their supervising educator
- Inform students and/or volunteers that they are never to be included in staff to child ratios or left alone with children.
- Appoint supervising staff to the students and/or volunteers, and inform them of their supervisory responsibilities.
- Inform students and/or volunteers of their duty to report suspected child abuse or neglect under the Child and Family Services Act.

The supervising staff must:

- Ensure that students/volunteers are never included in staff to child ratios.
- Ensure that students/volunteers are supervised at all times and never left alone with children.

- Introduce students and/or volunteers to parents/guardians.
- Provide an environment that facilitates and supports students' and/or volunteers' learning and professional development.
- Provide students and/or volunteers with clear expectations of the program in accordance with the established program statement and program statement implementation policy.
- Provide students and/or volunteers with feedback on their performance.
- Work collaboratively with the student's practicum supervising teacher.
- Monitor and notify the centre supervisor/director of any student and or volunteer misconduct or contraventions with the centre's policies, procedures, prohibited practices or individual plans (where applicable) in accordance with the child care centre's written process for monitoring compliance and contraventions.
- Observe the student/volunteer in the classroom during program time at least twice during their placement

Students and/or volunteers must:

- Maintain professionalism and confidentiality at all times, unless otherwise required to implement a policy, procedure or individualized plan.
- Notify the supervisor or designate if they have been left alone with children or have any other concerns about the child care program (e.g. regarding staff conduct, program statement implementation, the safety and well-being of children, etc.).
- Submit all required information and documentation to the licensee, supervisor or designate prior to commencing placement or volunteering, such as a valid VSC, health assessment and immunization.
- Review and implement all required policies, procedures and individualized plans, and sign and date a record of review, where required.
- Review allergy lists and dietary restrictions and ensure they are implemented.
- Respond and act on the feedback and recommendations of supervising staff, as appropriate.
- Report any allegations/concerns as per the "Duty to Report" under the *Child and Family Services Act*
- Complete offence declarations annually, no later than 15 days after the anniversary date of the last VSC or offence declaration (whichever is most recent) in accordance with the child care centre's criminal reference check policy.

- Provide an offence declaration to the supervisor/designate as soon as possible any time they have been convicted of a Criminal Code (Canada) offence.

Additional Procedures

- Post a picture and small introduction paragraph in a visible area inside or outside of the classroom for parents and other staff to read
- Introduce themselves to parents and children
- Provide activity plans and documentation to supervising educator at least 2 days before implementation
- Take initiative in supporting with educator/staff duties, ensuring staff room and washroom is clean and maintained, supporting with kitchen requirements (washing dishes, taking trays to and from classrooms) gathering and switching laundry

Glossary

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

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

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

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

Parent Issues and Concerns Policy and Procedures

Name of Child Care Centre: **Merrydale Childcare Centre**

Date Policy and Procedures Established: **JAN. 18th 2025**

Date Policy and Procedures Updated: **JAN. 18th 2025**

Policy

Merrydale Childcare views all parent issues and concerns with the outmost importance and will be dealt with in an urgent manner. We strive to build strong relationships with all our families and always provide open communication and availability. All issues and concerns are addressed in the moment or within one day of expression. The issue and/or concern will be evaluated and then a meeting or phone call will be arranged with all parties involved to further discuss the matter.

Concerns about the Suspected Abuse or Neglect of a Child

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

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

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

Procedures

Nature of Issue or Concern	Steps for Parent and/or Guardian to Report Issue/Concern:	Steps for Staff and/or Licensee in Responding to the Issues/Concerns:
Program Related Ex: schedule, program activities, menus	Express/discuss your concerns with the classroom teacher directly, if they are unavailable, you can connect with the supervisor via email or phone connect@merrydalechildcare.com	-Issues of concern should be addressed at the time that it is raised, -If matter is more extensive, a meeting will be scheduled with the parents/guardian as soon as possible

Nature of Issue or Concern	Steps for Parent and/or Guardian to Report Issue/Concern:	Steps for Staff and/or Licensee in Responding to the Issues/Concerns:
Centre Operations Related ex: fees, placement	Express/discuss concerns directly with the supervisor via email or phone. connect@merrydalechildcare.com	-Issues of concern should be addressed at the time that it is raised, -if matter is more extensive, a meeting will be scheduled with the parents/guardian as soon as possible
Educator or centre support staff related	Express/discuss concerns directly to the supervisor All issues and concerns regarding educators and/or support staff that puts a child's health, safety and well-being at risk must be reported to the supervisor immediately.	-Issues of concern should be addressed at the time that it is raised, -if matter is more extensive, a meeting will be scheduled with the parents/guardian as soon as possible -document the issues/concerns in detail and email them to supervisor. Documentation should include: • Date and time the issue/concern was received • The name of the person who received the issues • The name of the person reporting the issue • The details and any steps taken to resolve the issue • Any information given to the parent/guardian regarding the next steps

Nature of Issue or Concern	Steps for Parent and/or Guardian to Report Issue/Concern:	Steps for Staff and/or Licensee in Responding to the Issues/Concerns:
Placement student and volunteer related	Express/discuss concerns directly to the supervisor. All issues and concerns that put a child's health, safety and well-being at risk must be reported to the supervisor immediately.	-Issues of concern should be addressed at the time that it is raised, -if matter is more extensive, a meeting will be scheduled with the parents/guardian as soon as possible -document the issues/concerns in detail and email them to supervisor documentation should include: • Date and time the issue/concern was received • The name of the person who received the issues • The name of the person reporting the issue • The details and any steps taken to resolve the issue • Any information given to the parent/guardian regarding the next steps

Drug and Medication Administration Policy and Procedures

Name of Child Care Centre: Merrydale Childcare Centre

Date Policy and Procedures Established: Aug. 18/2024

Date Policy and Procedures Updated: Aug. 18/2024

Purpose

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

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

- Prescription, intended for acute, symptomatic treatment; and

Note: The following items are not considered drugs or medication for the purposes of this policy, except where the item is a drug, as defined in the *Drug and Pharmacies Regulation Act*, prescribed for a child by a health professional:

- Sunscreen
- Moisturizing skin lotion
- Lip balm
- Insect repellent
- Hand sanitizer
- Diaper cream

These over-the-counter products may only be administered in accordance with the following rules:

1. Must have written authorization by a parent.
This can be in the form of a "blanket authorization" on the enrolment form. It does not require an Authorization for Medication Form, described in this policy.
If a parent does not provide written authorization for the use of these items at the child care centre, licensees must communicate this to their staff (e.g. information will be included on the centre's allergy list where applicable or a separate list of names of the children where written authorization was not given by the parent will be provided).
2. Must be stored in accordance with the instructions for storage on the label and the container or package must be clearly labelled with the child's name and the name of the item.
3. A container or package does not need to be labelled with a child's name where items are shared (if appropriate), such as hand sanitizer located at entrances and exits.
4. Must be administered to a child only from the original container or package and in accordance with any instructions on the label and any instructions provided by the parent of the child.

- Over-the-counter, intended for acute, symptomatic treatmentThis policy and procedures document support children's health, safety and well-being by setting out measures to:
- ensure children receive only those drugs or medications deemed necessary and appropriate by their parents;

- reduce the potential for errors;
- ensure medications do not spoil due to improper storage;
- prevent accidental ingestion;
- administer emergency allergy and asthma drugs or medications quickly when needed; and
- safely administer drugs and medications according to established routines.

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

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

Policy

Parental Authorization to Administer Medication:

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

- Authorization for Medical Administration Forms will be reviewed with parents every 6 months to ensure the dosage continues to be accurate (e.g. based on the child's age or weight).

Drug and Medication Requirements

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

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

Drug and Medication Handling and Storage:

- All drugs or medications will be kept inaccessible to children at all times in a locked container or area (e.g. in a refrigerator, cabinet, cupboard or drawer). There are exceptions for emergency medications as outlined below:
 - Emergency medications will never be locked up and will be made easily accessible to all staff while being kept out of the reach of children, including during outdoor play periods and off-premises activities.
 - Where a child has written permission to carry their emergency allergy or asthma medication, precautions will be taken to ensure that these medications are not accessible to other children (e.g., in cubbies or backpacks that are unattended).
- In case of an emergency, all staff, students and volunteers will be made aware of the location of children's emergency medications at all times.
- Emergency medications will be brought on all field trips, evacuations and off-site activities.
- Any topical products or drugs/medication in the first aid kit will not be used on children to clean or treat wounds. Children's cuts and wounds will be disinfected in accordance with local public health recommendations.
- All drugs and medications for children will be stored in accordance with the instructions for storage on the label. Medication requiring refrigeration will be stored in the refrigerator in a locked container.
- Where drugs or medications are past their expiry date, they will be returned to the parent of the child, where possible, and this will be documented on the Authorization for Medication Administration Form.
- Any drugs or medications remaining after the treatment period will be returned to a parent of the child, where possible, and this will be documented on the Authorization for Medication Administration Form.
- Where attempts have been made to return a drug or medication to a parent and the parent has not taken the medication home, the person in charge of drugs and medications will ensure that the efforts made to return the drug or medication have been documented in the appropriate staff communication book (e.g. daily written record), and the drug or medication be returned to a pharmacist for proper disposal.

Drug and Medication Administration:

- Drugs or medications will be administered according to the instructions on the label and only with written parental authorization.

- The supervisor is in charge of all drugs and medications to reduce the potential for errors, whether on or off the premises. Where the person(s) is absent, they will delegate this responsibility to another individual. The name of the individual who has been delegated and the duration of the delegation will be documented in the appropriate staff communication book (e.g. daily written record).
- A drug or medication will only be administered from its original container as supplied by a pharmacist or its original package, and where the container is clearly labelled as outlined under the Drug and Medication Requirements section of this policy.
- A drug or medication will only be administered using the appropriate dispenser (e.g. syringe, measuring spoon/cup, etc.).
- To support the prompt administration of emergency medication:
 - Emergency medications may be administered to a child by any person trained on the child's individualized plan at the child care centre; and
 - Children will be allowed to carry their own asthma or emergency medication in accordance with this policy, the drug and medication administration procedures, and the child's individualized plan, where applicable.
- Drugs or medications that are expired (including epinephrine) will not be administered at any time.
- Parents must provide the new emergency medication 1 day prior to the expiry of the existing medication. If the parent fails to do so, the child will not be allowed back at the centre until the medication is supplied.

Record-Keeping:

- Records of medication administration will be completed using the Records of Medication Administration (the form in Appendix B may be used) every time drugs or medications are administered. Completed records will be kept in the child's file.
- Where a child's medication administration form includes a schedule setting out specific times to administer the medication and the child is absent on a day medication would have been administered, the child's absence will be documented on the medication administration record to account for all days during the treatment period (excluding weekends, holidays and planned closures).
- If a dose is missed or given late, reasons will be documented on the record of medication administration and a parent will be notified as soon as possible as it may impact the treatment schedule or the child's health.
- Where a drug or medication is administered 'as needed' to treat specific symptoms outlined in a child's medication administration form or individualized plan and emergency procedures for an anaphylactic allergy (e.g. asthma, fever, allergic reaction), the administration and the reason for administering will be documented in the appropriate staff communication book

(e.g. daily written record) and in the child's symptoms of illness record. A parent of the child will be notified.

- Copies of the records of medication will be supplied to parents upon request.
- Information about a child's medical needs will be treated confidentially and every effort will be made to protect the privacy of the child, except when information must be disclosed for the purpose of implementing the procedures in this policy and for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children's Aid Society).

Additional Policy Statements

- Children with anaphylactic allergies must have emergency medicines on site to be admitted into the centre. There will only be exemptions to this rule if a doctors note, and a written/signed letter is supplied by the parents stating their awareness and consent for the situation.
- If a child experiences anaphylaxis or any other medical situation without having medication or and individualized plan, staff are encouraged to follow their first aid/cpr training.
- Non-emergency medications and drugs will be kept in lock boxes in the kitchen fridge (if refrigeration necessary), or in the highest cupboard of the corresponding classroom of the child. Staff will keep the keys to these lock boxes labeled and in visible area, out of reach from children.
- Emergency medications will be stored in pouches worn by the room staff, as long as child is present. The pouches will then be stored in the classroom backpack when the child is dismissed. The backpack and pouch are hung up, out of reach of the children.
- Homemade medications are not permitted at the centre. Holistic and homeopathic medications will only be permitted with a valid prescription, label and doctors note.

Drug and Medication Administration Procedures

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

Roles and Responsibilities

4. Staff must:

- i. provide the parent with the appropriate form to complete to obtain written authorization to administer the medication from Appendix A as applicable;
- ii. verify that drug or medication:

- is accompanied by a doctor's note (for over-the-counter medications);
 - is in its original container as prescribed by the pharmacist or in the case of over-the-counter medications is in its original package; and
 - is not expired.
- iii. obtain the appropriate dispenser, where applicable;
 - iv. review the medication administration form and (and doctor's note, where applicable), and the label to verify that all sections are complete and accurate, and that the information in the authorization matches the medication label.
- Where errors are found on the form or the label is incomplete, the form/medication must be returned to the parent to make and initial corrections;
- v. sign the form once it is complete and accurate;
 - vi. take the drug or medication and dispenser and store it in the designated locked storage space in accordance with the instructions for storage on the label; and
 - vii. log the receipt of the authorization form and the drug or medication for the child in the appropriate staff communication book (e.g. daily written record).

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

Roles and Responsibilities

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

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

Roles and Responsibilities

1. **Where a non-emergency medication must be administered**, the person in charge must:

prepare the medication dosage in a well-lit area in the appropriate measuring device, where applicable (e.g. do not use a household spoon for liquid medications);

where possible, remove the child from the activity area to a quiet area with the least possible interruption;

administer the medication to the child in accordance with the instructions on the label and the written parental authorization;

document the administration of the drug or medication and any comments/observations on the medication administration record after it has been administered (see Appendix B);

store the medication in the designated storage space in accordance with the instructions on the label and the parental authorization received on the medication administration form; and

where applicable, document any symptoms of ill health in the child's records.

Where a medication is administered on an "as needed" basis, notify a parent of the child.

Where a child is absent, document the absence on the Record of Drug/Medication Administration (Appendix B).

2. **Where an emergency allergy medication must be administered due to a severe allergic reaction**, the staff who becomes aware of the emergency situation must immediately:

administer the emergency medication to the child in accordance with the emergency procedures on the child's individualized plan;

administer first aid to the child, where appropriate;

contact, or have another person contact emergency services, where appropriate; and

contact, or have the supervisor/designate contact a parent of the child.

After the emergency situation has ended:

document the administration of the drug or medication on the medication administration record (see Appendix B);

document the incident in the appropriate staff communication book (e.g. daily written record).; and

document any symptoms of ill health in the child's records, where applicable.

3. **Where a child is authorized to self-administer their own drug or medication**, the person in charge must:

supervise and observe the child self-administer the drug or medication to ensure that the proper dosage and procedure for administration is being followed;

where the child asks for help, assist the child in accordance with the parent's written authorization;

document the administration of the drug or medication and any comments/observations on the medication administration record after it has been administered (see Appendix B);

store the medication in the designated storage space in accordance with the instructions on the label and the parental authorization received on the medication administration form, unless the child is authorized to carry his/her own emergency allergy medication (in such cases, follow the steps outlined in Scenario C [a child is authorized to carry their own emergency allergy medication]);

where applicable, document any symptoms of ill health in the child's records; and

where there are safety concerns relating to the child's self-administration of drugs or medications, notify the centre supervisor/designate and the child's parent of these concerns, and discuss and implement mitigating strategies. Document the concerns and resulting actions in the appropriate staff communication book (e.g. daily written record).

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

Roles and Responsibilities

1. Where adverse symptoms appear upon medication administration, the person in charge must immediately:

- administer first aid to the child, where appropriate;
- contact emergency services, where appropriate and send the drug/medication and administration information with the child if they are leaving the premises to seek medical attention;
- notify a parent of the child;
- notify the supervisor/designate;
- document the incident in the appropriate staff communication book (e.g. daily written record); and
- document any symptoms of ill health in the child's records, where applicable.

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

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

Roles and Responsibilities

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

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

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

Roles and Responsibilities

1. The person in charge must immediately:

where applicable, follow the steps outlined in Scenario D (a child has a reaction to administered medication); and
contact the parents of the children affected to report the error;
report the error to the supervisor/designate;
document the incident in the appropriate staff communication book (e.g. daily written record);
and
administer the medication to the correct child per Scenario B (a drug or medication must be administered to a child).

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

SCENARIO: Surplus or expired medication is on site.

Roles and Responsibilities

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

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

Glossary

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

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

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

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

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

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

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

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

PROHIBITED PRACTICES

Merrydale Child Care is committed to protecting our staff, volunteers and the students in the school. The purpose of this policy is to outline how contraventions of prohibited practices involving employees, volunteers and students are monitored, recorded and addressed at Merrydale.

Here is a list of the prohibited practices at Merrydale Child Care:

- Corporal punishment of the child.
- 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.
- Locking the exits of the child care centre for the purpose of confining the child, or confining the child in an area or room without adult supervision, unless such confinement occurs during an emergency and is required as part of the licensee’s emergency management policies and procedures.
- 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.
- Depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding.
- Inflicting any bodily harm on children including making children eat or drink against their will.

How contraventions will be addressed

- a) The staff, volunteer or student in question will meet with the Supervisor and/or Director to address the contravention.
- b) Merrydale will report: A serious occurrence to the ministry, within 24 hours of becoming aware of the incident through CCLS

The ECE Supervisor or Director will ensure that they are available at all times to determine when an incident may require Serious Occurrence Reporting. They have access to CCLS and can submit a report.

Emergency Management Policy and Procedures

Name of Child Care Centre: Merrydale Childcare Centre

Date Policy and Procedures Established: October 1st 2025

Date Policy and Procedures Updated: October 1st 2025

Purpose

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

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

Definitions

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

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

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

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

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

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

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

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

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

Policy

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

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

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

For situations that require evacuation of the childcare centre, the **meeting place** to gather immediately will be located at:

the plaza parking lot of 11655 Mcvean Drive.

If it is deemed 'unsafe to return' to the childcare centre, the **evacuation site** to proceed to is located at:

12 Merrydale Crt. Brampton Ontario L6P0H4

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

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

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

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

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

Additional Policy Statements

Staff will stay up to date and knowledgeable with emergency plans by

- Participating in monthly fire, emergency evacuation and lockdown drills
- Checking and refilling (if necessary) the emergency bags and first aid kits

Phase 1: Immediate Emergency Responseemergency Situation	Roles and Responsibilities
Lockdown When a threat is on, very near, or inside the child care centre. E.g. a suspicious individual in the building who is posing a threat.	1) The staff member who becomes aware of the threat must inform all other staff of the threat as quickly and safely as possible. 2) Staff members who are outdoors must ensure everyone who is outdoors proceeds to a safe location. 3) Staff inside the child care centre must: • remain calm; • gather all children and move them away from doors and windows; • take children's attendance to confirm all children are accounted for; • take shelter in closets and/or under furniture with the children, if appropriate; • keep children calm; • ensure children remain in the sheltered space; • turn off/mute all cellular phones; and • wait for further instructions. 4) If possible, staff inside the program room(s) should also: • close all window coverings and doors; • barricade the room door; • gather emergency medication; and • join the rest of the group for shelter. 5) The supervisor or acting supervisor will immediately: • close and lock all child care centre entrance/exit doors, if possible; and • take shelter. Note: only emergency service personnel are allowed to enter or exit the child care centre during a lockdown.

Hold & Secure When a threat is in the general vicinity of the child care centre, but not on or inside the child care premises. E.g. a shooting at a nearby building.	1) The staff member who becomes aware of the external threat must inform all other staff of the threat as quickly and safely as possible. 2) Staff members who are outdoors must ensure everyone returns to their program room(s) immediately. 3) Staff in the program room must immediately: • remain calm; • take children's attendance to confirm all children are accounted for; • close all window coverings and windows in the program room; • continue normal operations of the program; and • wait for further instructions. 4) The supervisor or acting supervisor must immediately: • close and lock all entrances/exits of the child care centre; • close all blinds and windows outside of the program rooms; and • place a note on the external doors with instructions that no one may enter or exit the child care centre. Note: only emergency services personnel are allowed to enter or exit the centre during a hold and secure.
Bomb Threat A threat to detonate an explosive device to cause property damage, death, or injuries E.g. phone call bomb threat, receipt of a suspicious package.	1) The staff member who becomes aware of the threat or supervisor must: • remain calm; • call 911 if emergency services is not yet aware of the situation; • follow the directions of emergency services personnel; and • take children's attendance to confirm all children are accounted for. A. Where the threat is received by telephone, the person on the phone should try to keep the suspect on the line as long as possible while another individual calls 911 and communicates with emergency services personnel. B. Where the threat is received in the form of a suspicious package, staff must ensure that no one approaches or touches the package at any time.

Disaster Requiring Evacuation

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

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

2) Staff must immediately:

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

3) If possible, staff should also:

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

4) Designated staff will:

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

5) If possible, the site designate must conduct a walk-through of the child care centre to verify that everyone has exited the building and secure any windows or doors, unless otherwise directed by emergency services personnel.

Disaster – External Environmental Threat

An incident outside of the building that may have adverse effects on persons in the child care centre. E.g. gas leak, oil spill, chemical release, forest fire, nuclear emergency.

- 1) The staff member who becomes aware of the external environmental threat must inform all other staff of the threat as quickly and safely as possible and, according to directions from emergency services personnel, advise whether to remain on site or evacuate the premises.

If remaining on site:

- 1) Staff members who are outdoors with children must ensure everyone who is outdoors returns to their program room immediately.
- 2) Staff must immediately:
 - remain calm;
 - take children's attendance to confirm all children are accounted for;
 - close all program room windows and all doors that lead outside (where applicable);
 - seal off external air entryways located in the program rooms (where applicable);
 - continue with normal operations of the program; and
 - wait for further instructions.
- 3) The supervisor or acting supervisor must:
 - seal off external air entryways not located in program rooms (where applicable);
 - place a note on all external doors with instructions that no one may enter or exit the child care centre until further notice; and
 - turn off all air handling equipment (i.e. heating, ventilation and/or air conditioning, where applicable).

If emergency services personnel otherwise direct the child care centre to evacuate, follow the procedures outlined in the "Disaster Requiring Evacuation" section of this policy.

Natural Disaster: Tornado / Tornado Warning	1) The staff member who becomes aware of the tornado or tornado warning must inform all other staff as quickly and safely as possible. 2) Staff members who are outdoors with children must ensure everyone who is outdoors returns to their program room(s) immediately. 3) Staff must immediately: • remain calm; • gather all children; • go to the basement or take shelter in small interior ground floor rooms such as washrooms, closets or hallways; • take children's attendance to confirm all children are accounted for; • remain and keep children away from windows, doors and exterior walls; • keep children calm; • conduct ongoing visual checks of the children; and • wait for further instructions.
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Natural Disaster: Major Earthquake	1) Staff in the program room must immediately: • remain calm; • instruct children to find shelter under a sturdy desk or table and away from unstable structures; • ensure that everyone is away from windows and outer walls; • help children who require assistance to find shelter; • for individuals in wheelchairs, lock the wheels and instruct the individual to duck as low as possible, and use a strong article (e.g. shelf, hard book, etc.) to protect their head and neck; • find safe shelter for themselves; • visually assess the safety of all children.; and • wait for the shaking to stop. 2) Staff members who are outdoors with children must immediately ensure that everyone outdoors stays away from buildings, power lines, trees, and other tall structures that may collapse, and wait for the shaking to stop. 3) Once the shaking stops, staff must: • gather the children, their emergency cards and emergency medication; and • exit the building through the nearest safe exit, where possible, in case of aftershock or damage to the building. 4) If possible, prior to exiting the building, staff should also: • take a first aid kit; and • gather all non-emergency medications. 5) Individuals who have exited the building must gather at the meeting place and wait for further instructions. 6) Designated staff will: • help any individuals with medical and/or special needs who need assistance to go to the meeting place (in accordance with the procedure in a child's individualized plan, if the individual is a child); and • in doing so, follow the instructions posted on special needs equipment or assistive devices during the evacuation. • If individuals cannot be safely assisted to exit the building, the designated staff will assist them to Click here to enter text. and ensure their required medication is accessible, if applicable; and • wait for further instructions. 7) The site designate must conduct a walkthrough of the child care centre to ensure all individuals have evacuated, where possible.
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Phase 2: Next Steps During the Emergency

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

List of Emergency Contact Persons:

Local Police Department: Peel Regional Police 22 Division – (905) 453-3311 ext 2200

Ambulance: Peel Regional Paramedic Services – (905) 791-7800

Local Fire Services: Brampton Fire Station 211 – (905) 874-2700

Fire Monitoring: Fire Monitoring of Canada – 1-800-563-3840

Advanced Security: SMC Monitoring Corporation – 1-800-591-7374

Site Supervisor: Candace Roy – (647)990-2211 connect@merrydalechildcare.com

Licensee Contact(s): Candace Roy

Child Care Centre Site Designate: Allan Roy – (647) 462-2122

Landlord/Maintenance: Gerald Gayah – (416)200-1799

Ministry of Education Program Advisor – Michelle McMichael michelle.mcmichael@ontario.ca

(289) 971-8529

- 4) Where any staff, students and/or volunteers are not on site, the supervisor or acting supervisor must notify these individuals of the situation, and instruct them to proceed directly to the evacuation site if it is not safe or practical for them return to the child care centre.

The director, supervisor or acting supervisor must wait for further instructions from emergency services personnel. Once instructions are received, they must communicate the instructions to staff and ensure they are followed.

- 5) Throughout the emergency, staff will:
 - help keep children calm;
 - take attendance to ensure that all children are accounted for;

- conduct ongoing visual checks and head counts of children;
- maintain constant supervision of the children; and
- engage children in activities, where possible.

6) In situations where injuries have been sustained, staff with first aid training will assist with administering first aid. Staff must inform emergency personnel of severe injuries requiring immediate attention and assistance.

8a) Procedures to Follow When “All-Clear” Notification is Given	
Procedures	1) The individual who receives the ‘all-clear’ from an authority must inform all staff that the ‘all-clear’ has been given and that it is safe to return to the child care centre. 2) Designated staff who have assisted individuals with medical and/or special needs with exiting the building will assist and accompany these individuals with returning to the child care centre. 3) Staff must: • take attendance to ensure all children are accounted for; • escort children back to their program room(s), where applicable; • take attendance upon returning to the program room(s) to ensure that all children are accounted for; where applicable; and • re-open closed/sealed blinds, windows and doors. 4) The Director, supervisor or acting supervisor will determine if operations will resume and communicate this decision to staff.
Communication with parents/guardians	1) As soon as possible, the director, supervisor or acting supervisor must notify parents/guardians of the emergency situation and that the all-clear has been given. A group email and/or text will be sent out from the supervisor/acting or director. 2) Where disasters have occurred that did not require evacuation of the childcare centre, the director, supervisor or acting supervisor must provide a notice of the incident to parents/guardians by sending out an email and being available to answer follow -up questions by email or phone. 3) If normal operations do not resume the same day that an emergency situation has taken place, the director, supervisor or acting supervisor must provide parents/guardians with information as to when and how normal operations will resume as soon as this is determined. This will be provided in a detailed email, as well as posted outside of the centre doors. Parents/guardians are encouraged to call and /or email if they have further concerns or questions.

8b) Procedures to Follow When “Unsafe to Return” Notification is Given	
Procedures	1) The individual who receives the ‘unsafe to return’ notification from an authority must inform all staff of this direction and instruct them to proceed from the meeting place to the evacuation site, or the site determined by emergency services personnel. 2) Staff must take attendance to confirm that all children are accounted for, and escort children to the evacuation site. 3) Designated staff who have assisted individuals with medical and/or special needs with exiting the building will assist and accompany these individuals to the evacuation site. 4) A designated staff will post a note for parents/guardians on the front door of the centre entrance with information on how to contact the supervisor and director to gain more information about the evacuation as well as notifying them to check their emails and/or the Lillio app. 5) Upon arrival at the evacuation site, staff must: • remain calm; • take attendance to ensure all children are accounted for; • help keep children calm; • engage children in activities, where possible; • conduct ongoing visual checks and head counts of children; • maintain constant supervision of the children; • keep attendance as children are picked up by their parents, guardians or authorized pick-up persons; and • remain at the evacuation site until all children have been picked up.
Communication with parents/guardians	1) Upon arrival at the emergency evacuation site, a designated staff will notify parents/guardians of the emergency situation, evacuation and the location to pick up their children. 2) When possible, the supervisor or acting supervisor will update the childcare centre’s voicemail box to inform parents/guardians that the childcare centre has been evacuated, and to check their emails and/or the Lillio App for location and step by step instructions. They can also refer to their parent handbook for standard protocols.

Additional Procedures for Next Steps During an Emergency

- All events during an emergency evacuation must be documented in detail by 2 more designated staff, to account for all aspects of the emergency
- The documentation is then reviewed with staff to go over what worked and what can be improved in the event of another emergency.
- Professional support is contacted if necessary. A fire and emergency rep is also contacted to do an updated safety inspection.

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

Procedures for Resuming Normal Operations	The director and supervisor will review all emergency and evacuation plans/procedures issued by the fire department in to make sure all necessary precautions are taken care of and proceed with any cleaning or maintenance needed before re-opening. Inspections will be scheduled accordingly and then the director will then contact the Ministry of Education program advisor to let them know that the centre is re-opened.
Procedures for Providing Support to Children and Staff who Experience Distress	The director and/or supervisor will conduct a staff meeting to debrief the events and allow everyone to express their thoughts and feelings. We will also discuss the best and appropriate ways to encourage conversation about the emergency with the children, ex: activities, books, first responder visits. If staff or children need further support, professionals will be contacted.
Procedures for Debriefing Staff, Children and Parents/Guardians	The director or supervisor must debrief staff, children and parents/guardians after the emergency. For further inquiries or follow up questions, the director and supervisor will create time for in-person meetings, phone call conversations and/or emails. Professional support will be contacted if deemed necessary for all parents, staff or children. Debriefs will take place during the next staff meeting with all staff.

Anaphylactic Policy and Procedures

Name of Child Care Centre: **Merrydale Childcare Centre**

Date Policy and Procedures Established: **Sept. 2nd 2024**

Date Policy and Procedures Updated: **Sept. 2nd 2024**

Purpose

Anaphylaxis is a serious allergic reaction that can be life-threatening. It requires avoidance strategies and immediate response in the event of an emergency. These policies and procedures are intended to help meet the needs and save the lives of children with severe allergies and provide relevant and important information on anaphylaxis to parents, staff, students, volunteers and visitors at the child care centre.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for an anaphylactic policy for child care centres. The requirements set out in this policy align with Sabrina's Law, 2005.

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

Policy

Individualized Plans and Emergency Procedures for Children with Life-Threatening/Anaphylactic Allergies

- Before attending the child care centre, the supervisor/designate will meet with the parent of a child to obtain information about any medical conditions, including whether the child is at risk of having or has anaphylaxis.
- Before a child attends the child care centre or upon discovering that a child has an anaphylactic allergy, an individualized plan and emergency procedures will be developed for each child with anaphylaxis in consultation and collaboration with the child's parent, and any regulated health professional who is involved in the child's care that the parent believes should be included in the consultation (the form in Appendix A may be used for this purpose).
- All individualized plans and emergency procedures will include a description of symptoms of an anaphylactic reaction that are specific to the child and the procedures to be followed in the event of an allergic reaction or other medical emergency based on the severity of the child's symptoms.
- The individualized plan and emergency procedures for each child will include information for those who are in direct contact with the child on a regular basis about the type of allergy, monitoring and avoidance strategies and appropriate treatment.
- All individualized plans and emergency procedures will be made readily accessible at all times to all staff, students and volunteers at the child care centre and will be kept posted on the wall in each classroom, kitchen and in the classroom binders.
- **All** individualized plans and emergency procedures will be reviewed with a parent of the child every year to ensure the information is current and up to date.
- Every child's epinephrine auto-injector must be carried everywhere the child goes.
- The educator will keep the child's epinephrine in a pouch/fanny pack, which will be always kept on them as long as the child is present.

Strategies to Reduce the Risk of Exposure to Anaphylactic Allergens

The following strategies to reduce the risk of exposure to anaphylactic causative agents must be followed at all times by employees, students and volunteers at the child care centre.

- Do not serve foods where its ingredients are not known.
- Do not serve items with 'may contain' warnings on the label in a room where there is a child who has an individualized plan and emergency procedures specifying those allergens.
- Ask the caterer or cook to provide the known ingredients for all food provided. The ingredients will be reviewed before food is served to children to verify that causative agents are not served to children with anaphylactic allergies.

- Encourage parents who serve foods containing allergens at home to ensure their child has been rid of the allergens prior to attending the child care centre (e.g. by thoroughly washing hands, brushing teeth, etc.)
- Do not use craft/sensory materials and toys that have known allergens on the labels.
- Share information about anaphylaxis, strategies to reduce the risk of exposure to known allergens and treatment with all families enrolled in the child care centre.
- Make sure each child's individual plan and emergency procedure are kept-up-to-date and that all staff, students, and volunteers are trained on the plans.
- Refer to the allergy list and ensure that it is up to date and implemented.
- Update staff, students, and volunteers when changes to a child's allergies, signs and symptoms, and treatment occur and review all updates to individualized plans and emergency procedures.
- Update families when changes to allergies occur while maintaining the confidentiality of children.
- Update or revise and implement the strategies in this policy depending on the allergies of children enrolled at the child care centre.
- Update photo of child on individualized plan every 6 months

Outside Food

- Parents are in no way permitted to send any food with their children.
- Merrydale will provide all meals and snacks
- If food is found in the child's belongings, it will be immediately confiscated, stored in a safe place and returned to the parents upon pick up. (unless otherwise disposed with permission)

Communication Plan

The following is our communication plan for sharing information on life-threatening and anaphylactic allergies with staff, students, volunteers, parents and families.

- Parents are not permitted to bring any food into the childcare centre
- Parents and families will be informed about anaphylactic allergies and all known allergens at the child care centre through email or another communication application.
- A list of all children's allergies including food and other causative agents will be posted in all cooking and serving areas, in each play activity room, and made available in any other area where children may be present.

- Each child with an anaphylactic allergy will have an individualized plan and emergency procedures that detail signs and symptoms specific to the child describing how to identify that they are having an allergic reaction and what to do if they experience a reaction.
- Each child's individualized plan and emergency procedures will be made available and accessible wherever the child may be present while receiving child care.
- The caterer, cook, individuals who collect groceries on behalf of the child care centre and/or other food handling staff, where applicable, will be informed of all the allergies at the child care centre, including those of children, staff, students and volunteers. An updated list of allergies will be provided to the caterer or cook as soon as new allergies are identified. The supervisor or designate will communicate with the caterer/cook about which foods are not to be used in food prepared for the child care centre and will work together on food substitutions to be provided.
- The child care centre will communicate with the Ministry of Education by reporting serious occurrences where an anaphylactic reaction occurs in accordance with the established serious occurrence policy and procedures.
- This communication plan will be continually reviewed to ensure it is meeting the needs of the child care centre and that it is effectively achieving its intended result.

Drug and Medication Requirements

- Where drugs or medications will need to be administered to a child in response to an anaphylactic reaction, the drug and medication administration policy will be followed including the completion of a parental authorization form to administer drugs or medications.
- Emergency allergy medication (e.g. oral allergy medications, puffers and epinephrine auto-injectors) will be allowed to remain unlocked or carried by children with parental authorization so that they can be administered quickly when needed.

Training

- The supervisor will ensure that all staff, students and volunteers receive training from a parent of a child with anaphylaxis on the procedures to follow in the event of a child having an anaphylactic reaction, including how to recognize the signs and symptoms of anaphylaxis and administer emergency allergy medication.
- Where only the supervisor/designate has been trained by a parent, the supervisor/designate will ensure training is provided to all other staff, students and volunteers at the child care centre.
- Training will be repeated annually, and any time there are changes to any child's individualized plan and emergency procedures.
- A written record of training for staff, students and volunteers on procedures to be followed for each child who has an anaphylactic allergy will be kept, including the names of individuals who have not

yet been trained. This will ensure that training is tracked and follow-up is completed where an individual has missed or not received training. The form in Appendix B may be used for this purpose.

Confidentiality

- Information about a child's allergies and medical needs will be treated confidentially and every effort will be made to protect the privacy of the child, except when information must be disclosed for the purpose of implementing the procedures in this policy and for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children's Aid Society).

Procedures to be followed in the circumstances described below:

Circumstance	Roles and Responsibilities
A) A child exhibits an anaphylactic reaction to an allergen	3. The person who becomes aware of the child's anaphylactic reaction must immediately: - implement the child's individualized plan and emergency procedures; - contact emergency services and a parent/guardian of the child, or have another person do so where possible; and - ensure that where an epinephrine auto-injector has been used, it is properly discarded (i.e. given to emergency services, or in accordance with the drug and medication administration policy). 4. Once the child's condition has stabilized or the child has been taken to hospital, staff must: - follow the child care centre's serious occurrence policies and procedures; - document the incident in the daily written record; and - document the child's symptoms of ill health in the child's records.
B) A child is authorized to carry his/her own emergency allergy medication.	5. Staff must: - ensure that written parental authorization is obtained to allow the child to carry their own emergency allergy medication; - ensure that the medication remains on the child (e.g., fanny pack, holster) and is not kept or left unattended (e.g. in the child's cubby or backpack); - ensure that appropriate supervision is maintained of the child while carrying the medication and of children in their close proximity so that other children do not have access to the medication; and Where there are safety concerns relating to the child carrying his/her own medication (e.g. exposure to other children), notify the centre supervisor/designate and the child's parent of these concerns, and discuss and implement mitigating strategies. Document the concerns and resulting actions in the daily written record.

Additional Policy Statements

- In case of an event where a child experiences anaphylaxis and does not have epinephrin or an individualized plan, staff must call 911 and follow their first aid and cpr training.

Glossary

Anaphylaxis: a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock. Symptoms can vary for different people, and can be different from one reaction to the next, including:

- Skin: hives, swelling, itching, warmth, redness, rash
- Breathing (respiratory): coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness/swelling, hoarse voice, nasal congestion or hay fever-like symptoms (runny nose and watery eyes, sneezing), trouble swallowing
- Stomach (gastrointestinal): nausea, pain/cramps, vomiting, diarrhea
- Heart (cardiovascular): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- Other: anxiety, feeling of “impending doom”, headache, uterine cramps, metallic taste in mouth

(Source: <http://foodallergycanada.ca/about-allergies/anaphylaxis/>)

Causative Agent (allergen/trigger): a substance that causes an allergic reaction. Common allergens include, but are not limited to:

- eggs
- milk
- mustard
- peanuts
- seafood including fish, shellfish, and crustaceans
- sesame
- soy
- sulphites which are food additives
- tree nuts
- wheat
- latex

- insect stings

Epinephrine: A drug used to treat allergic reactions, particularly anaphylaxis. This drug is often delivered through an auto-injector (e.g. EpiPen or Allerject).

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

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

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

Police Record Check Policy and Procedures

Name of Child Care Centre: Merrydale Childcare Centre

Date Policy and Procedures Established: Aug. 19/2024

Date Policy and Procedures Updated: Aug. 19/2024

Purpose

The purpose of this policy and the procedures outlined is to provide clear and transparent rules and processes for regularly collecting and using information in police record checks, offence declarations and attestations for staff, students and volunteers and other persons who provide child care and other services to children.

This policy is intended to help protect the health, safety and well-being of children, families and those involved with the child care centre by setting out measures to verify that individuals involved in providing child care in positions of trust are not prohibited doing so under the *Child Care and Early Years Act, 2014* (CCEYA) and do not have a criminal history that may put children in care at risk.

This policy sets out additional measures to protect children while a vulnerable sector check is being obtained, which help to reduce risk where there is a gap between the time an individual starts interacting with children and the time they provide their vulnerable sector check (VSC).

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for staff screening and police record checks for a child care centre.

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

Policy

Vulnerable Sector Checks (VSCs)

- Merrydale Childcare Centre will obtain a VSC from the following individuals in accordance with the timelines indicated below.

Individual

Employees, volunteers and students who interact with children

Timeline

- Before beginning employment or otherwise interacting with children;
 - On or before the 5th anniversary after the date the most recent VSC;
 - After any break in the relationship with the licensee that has lasted 6 or more months, before the relationship resumes; and
 - After any break in the relationship with the licensee that has lasted less than 6 months, only if a VSC would have been required during the break, before the relationship resumes.
- All VSCs will be reviewed by the Supervisor to ensure that they are:
 - conducted by a police service from the city or town in which the person lives, where applicable;
 - prepared no earlier than six months before the day it was obtained by the child care centre, for employees (see exception below for students and volunteers);
 - the original documents (i.e. not a photocopy, see exception below for students and volunteers);
 - not altered;
 - clear and legible;
 - provided in English (otherwise a certified translated copy into English must be provided);
 - complete (i.e. no information missing or cut off);
 - inclusive of all information required about Criminal Code (Canada) convictions as set out in section 9 of the CCEYA.
 - The following exceptions will apply to volunteers and students only:
 - VSCs for volunteers and students that are performed more than six months before the day they are provided to the child care centre will be accepted as long as the VSC is less than 5 years old from the date it was performed to the child care centre. In these cases, the volunteer/student will also be required to provide the child care centre with an offence declaration addressing the period since the day the VSC was performed.

- The child care centre will accept a photocopy of a VSC from a volunteer or student as long as it is less than 5 years old from the date was performed.
- A criminal record check (CRC) will only be accepted in the place of a VSC where:
 - any statute of Ontario or Canada prohibits the disclosure of information contained in a VSC in respect of a person (e.g. information about persons under 18 years of age, pardoned offences, etc.);
 - a police service will only issue a CRC, not a VSC, for an individual; and/or
 - a licensee is a corporation and the director or officer does not interact with children at the child care centre.
- A Criminal Record and Judicial Matters Check will be accepted in place of a CRC but will not be accepted in place of a VSC.
- Any person who turns 18 while in a position where they interact with children at the child care centre will be asked by the supervisor to provide a statement disclosing every previous finding of guilt under the Youth Criminal Justice Act (YCJA) if they received an adult sentence. Where the individual confirms that there are no such findings, the supervisor will document the request and the individual's confirmation in their file.
- Any person who turns 19 while in a position where they interact with children at the child care centre will be asked by the supervisor to apply for a VSC within one month after their 19th birthday. That person must provide the child care centre with evidence that they have submitted a VSC application.
- All VSCs provided to the child care program must be intended for the position that the individual will hold (i.e. employee and volunteer positions). Where the VSC has not been provided for the correct position, it will not be accepted.
- There will be no exceptions made for individuals to obtain a police record check (e.g. for medical reasons).

Offence Declarations (ODs)

- The supervisor is responsible for obtaining an OD from the following individuals in accordance with the timelines indicated below.

Individual

Employees, volunteers, students (including international students)

Timeline

- Annually, no later than 15 days after the anniversary of the most recent VSC or OD;
- Where a VSC has been provided by a student or volunteer that is more than 6 months old and less than 5 years old before the individual starts interacting with children; and
- After any break in the relationship with the licensee that has lasted less than 6 months, only if an OD would have been required during the break, before the relationship resumes.

Individual

Other persons who provide child care or other services to children at the child care centre

Timeline

- if an attestation is not otherwise provided, prior to interacting with children; and
- annually, no later than 15 days after the anniversary date of the most recent OD or attestation (if the person continues to provide such child care/other services).
- ODs will be obtained from the individuals mentioned above every calendar year except if the individual has to provide a VSC that year.
- Any individual from whom the child care centre is required to obtain a VSC must provide ODs to the supervisor at the child care centre as soon as reasonably possible any time they are convicted of any offence under the Criminal Code (Canada).
- Where the templates in Appendix A are not used, the supervisor will ensure that every OD includes all of the following information:
 - the name of the individual who is making the offence declaration;
 - the date of the last VSC or OD, or date of 18th birthday (whichever is most recent);
 - a list of all of the individual's convictions for offences under the *Criminal Code* (Canada), if any, from the date of the last VSC or OD (whichever is most recent), or a statement that the individual has not been convicted of any offences under the *Criminal Code* (Canada);
 - the date the OD was made; and
 - the signature of the individual who is making the offence declaration.
- The supervisor who received an OD from an individual will review it and keep it on file at the child care centre in a secure location for three years after it was created.

Attestations

- The supervisor is responsible for obtaining an attestation from the following individuals in accordance with the timelines indicated below.

Individual

Other persons who provide child care or other services to children at the child care centre

Timeline

- If an offence declaration is not otherwise provided, prior to interacting with children; and
- Annually, no later than 15 days after the anniversary date of the most recent OD or attestation (if the person continues to provide such child care/other services).
- All attestations will be from the person's employer or the person/entity who retained the person's services (e.g. a child's parent).

- Where the template in Appendix B is not used, every attestation will include the following confirmations:
 - the employer, person or entity has obtained and reviewed a VSC from that person;
 - the VSC was performed within the last 5 years; and
 - the VSC did not list any convictions for any offences under the Criminal Code of Canada which are listed in subparagraph 1 ii of subsection 9 (1) of the CCEYA.
- The staff who received an attestation from an individual will review it and keep it on file at the child care centre in a secure location for three years after it was created.

Where an individual needs to keep their original attestation, the supervisor will review the attestation and create a true copy to keep on file at the child care centre.

Using Information Revealed in a VSC, OD and/or Attestation and Confidentiality

- No individual will be hired as an employee, accepted as a volunteer or student, or be allowed to otherwise interact with children at Merrydale Childcare Centre if their VSC, OD and/or attestation reveals any of the following findings:
 - Any conviction for an offence under the CCEYA;
 - Any conviction under the following sections of the *Criminal Code* (Canada):
 - Section 151 (sexual interference);
 - Section 163.1 (child pornography);
 - Section 215 (duty of persons to provide necessities);
 - Section 229 (murder); and/or
 - Section 233 (infanticide);
- In addition, a person with other convictions under the Criminal Code (Canada) for offences that pose a high risk to the health, safety and well-being of children, families and other representatives of the child care centre will not be hired or kept as an employee, accepted or kept as a volunteer or student, or be allowed to otherwise interact with children at the child care centre. These include, but are not limited to:
 - Physical or sexual abuse or assault;
 - Manslaughter;
 - Indictable criminal offences for child abuse;
 - Convictions for any violent offence, whether or not it involved weapons;
 - Offences which indicate a pattern of behavior which could create risk in terms of the role the individual is expected to play; and
 - Current prohibitions or probation orders forbidding the individual to have contact with children under 16 years of age.
- Any person with a work permit or work visa that indicates that the individual is not permitted to work with children will not be hired or kept as an employee, accepted or kept as a

volunteer or student, or be allowed to otherwise interact with children at the child care centre.

- Information about an individual's criminal record and history will be treated confidentially and every effort will be made to protect the privacy of staff, students, volunteers and any other person mentioned in this policy except when information must be disclosed for the purpose of implementing the procedures in this policy and for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children's Aid Society).
- All CRCs, VSCs, ODs, attestations and statements of findings of guilt under the YCJA will be kept in the individuals file in a locked cabinet in the office.
- Depending on the severity of the findings, appropriate consequences and actions will take place, upon review

Additional Measures to Protect Children

- Where appropriate, a person who has not provided a VSC will be allowed to start their employment or volunteer position, or otherwise start interacting with children if they apply to obtain a VSC as soon as possible and provide evidence of their application to the supervisor.
- Until a VSC is obtained, the child care centre will put additional measures in place to protect children who interact with a person who has not yet provided their VSC. Examples of the additional measures that will be used may include, as appropriate:
 - verifying of the candidate's credentials (e.g. their standing with regulatory bodies) and three references;
 - obtaining an offence declaration from the individual until a VSC is obtained;
 - ensuring all interactions between the person and children are supervised at all times by an employee who has provided a clear VSC;
 - monitoring and documenting the individual's behaviour and interactions with children on a weekly basis, at a minimum, by the supervisor, designate or lead RECE in the program room(s) in which the individual works, where appropriate;
 - ensuring the individual is not left alone with children; and
 - conducting informal interviews with staff who work with the individual at the child care centre to collect their observations of the individual's behaviour with children, parents and colleagues.
- If a VSC is not provided within a week of their start date, the childcare centre will suspend their employment, except in extenuating circumstances where evidence is provided that indicates that the delay for obtaining a VSC is out of the individual's control.
- All staff are responsible for obtaining their VSC on their own accord

Police Record Check Procedures

A. Obtaining a PRC (i.e. VSC or CRC as applicable)

Process and Responsibilities

6. The person from whom a PRC is required must:
 - apply for a PRC from the local police department where the individual resides, submit the required fee for a PRC; and
 - provide the evidence of application (where there is a delay in processing the application) to the supervisor ; or
 - provide the original PRC to the supervisor for review prior to starting the position or otherwise interacting with children, or within 3 days if the person has been allowed to start their position or interact with children.
7. Upon receipt of a PRC, the supervisor must:
 - confidentially review the PRC to ensure that it meets the requirements outlined in this policy; where the individual needs to keep their original PRC, create a true copy of the document to keep on file at the child care centre for three years after the true copy was created; and
 - place the PRC (original or true copy, where applicable) in a secure location at the child care centre with limited access.
8. 6 months before a new VSC is required, the supervisor must:
 - notify the individual(s) who need to provide a new VSC in writing and require them to apply for a new VSC; and
 - obtain a new VSC from the individual(s) no later than the 5-year anniversary date of the most recent VSC.

How to create a true copy of a PRC:

9. Make a complete and legible photocopy of the original PRC;
10. Make a true copy statement on the photocopy by:
 - Writing "Original received and reviewed by:" and printing the full name of the individual who received and reviewed the original PRC;
 - Writing "Date received and reviewed:" and printing the full date the PRC was received and reviewed; and
 - Signing the true copy statement (the signature must be that of the individual who received and reviewed the PRC).

B. Submitting an Offence Declaration

Process and Responsibilities

11. The supervisor or designate must:

Make the OD template available at all times at the child care centre to individuals who are required to complete an OD; and

When the anniversary date for a previous OD is approaching provide a reminder to the individual in writing and the OD template.

12. The individual who is required to provide an OD must:

Complete either the template available online or at the child care centre, or complete their own OD that contains all the required information;

Provide the completed OD to the supervisor no later than 15 days after the anniversary date of the most recent OD.

13. Upon receipt of an OD, the supervisor must:

confidentially review the OD to ensure that it meets the requirements outlined in this policy; and

Place the OD in a secure location at the child care centre with access limited.

C. Obtaining an Attestation

Process and Responsibilities

14. The supervisor must inform any 'other person' that an attestation is required prior to interacting with children.

Upon receipt of an attestation, the supervisor must:

confidentially review the attestation to ensure that it meets the requirements outlined in this policy; and

Place the attestation in a confidential file in a securely locked cabinet with access limited to the licensee or designate only.

Where the immediate health and safety of the children are a concern (e.g. a PRC, OD or attestation reveals that an individual has been convicted of child pornography), the licensee or designate will:

- follow the serious occurrence policies and procedures;
- notify the local Children's Aid Society immediately in accordance with "duty to report" obligations under the *Child, Youth and Family Services Act, 2017* or subsequent legislation; and

- notify other authorities (e.g., College of Early Childhood Educators, Consolidated Municipal Service Manager/District Social Services Administration Board, local police service, local public health, etc.), as applicable.

Glossary

Attestation: A written declaration provided for an 'other person' who provides child care or other services to children in a child care centre, completed by the person's employer or the person or entity who retained the person's services (e.g. a parent/guardian of a child). See the Attestations section of this policy for information on what needs to be included in an attestation.

Break in a Relationship with the Licensee: The ending of a relationship between the licensee and an individual from whom a VSC is required (i.e. employee, student or volunteer) that is later restarted. Examples of breaks in relationship include, but are not limited to:

- The end of an employee's contract and the start of a new contract after a period of time has passed.
- A student's placement ends and the student is hired as an employee the following week.
- A volunteer completes their volunteer hours and starts volunteering again after a period of time has passed.

Breaks in relationship do not include vacations, parental leaves or sick leaves where the person intends to return to their position after a period of time.

Certified Translated Copy: A copy of a police record check that is signed and dated by a translator certified with a body belonging to the Canadian Translators, Terminologists and Interpreters Council (CTTIC), that certifies that the translated copy is a true copy of the original document.

Police Record Check: A document concerning an individual that was prepared by a police service or service from national data on the Canadian Police Information Centre system and contains information concerning the individual's personal criminal history. There are three types of police record checks: (1) Criminal Record Checks (2) Criminal Records and Judicial Matters Checks (3) Vulnerable Sector Checks.

5. *Criminal Record Check (CRC):* A basic type of police record check that is not intended for people who are seeking positions working with vulnerable persons.
6. *Criminal Records and Judicial Matters Check:* A type of police record check that may include criminal convictions, findings of guilt under the Youth Criminal Justice Act (Canada), outstanding charges, warrants and judicial orders, absolute discharges, conditional discharges and other records as authorized by the Criminal Records Act (Canada). This check is not intended for people who are seeking positions with vulnerable persons and cannot take the place of a vulnerable sector check.
7. *Vulnerable Sector Check (VSC):* An enhanced type of criminal record check for persons who may hold positions of trust or authority over vulnerable persons, that is performed at the request of an organization responsible for the well-being of a child or vulnerable person to protect children and vulnerable persons, as governed by section 6.3(3) of the Criminal

Records Act (Canada). A VSC verifies whether an individual has a criminal record and any record suspensions for sexual offences and local police records for information relevant to the VSC.

Employee: An individual paid directly by the licensee (not a third party) to provide a service in the child care program (e.g. program staff).

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

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

Offence Declaration (OD): A written declaration signed by an individual that lists all of their convictions for offences under the *Criminal Code* (Canada), if any, during the period stated in the declaration.

Other person providing child care or other services to children at the child care centre ('other person'): Any person who provides child care or other services to a child who receives child care at the child care centre, other than an employee, student or volunteer (e.g. resource teachers, nurses, occupational therapists, speech pathologists, entertainers, sport/activity instructors, etc.). This would not include Ministry of Education program advisors, fire/health inspectors, CAS investigators, quality assurance analysts or other inspectors.

Student: An individual who is on an educational placement with the child care centre and interacts with children in care.

True Copy: A photocopy or digital copy of an original document that is signed and dated by the individual who reviewed it, confirming that the original was reviewed and that the photocopy matches the original document. **True copies may be kept in hardcopy or electronically.**

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

Vulnerable Person: A person who, because of his or her age, disability or other circumstances, whether temporary or permanent is:

- a) in a position of dependency on others; or
- b) is otherwise at a greater risk than the general population of being harmed by a person in a position of trust or authority towards them.

[enter additional definitions here]

Appendix A: Templates for Attestations and Offence Declarations

A template for **offence declarations for employees, students and volunteers** is available for download and printing at the following link:

[http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/3038E~1/\\$File/3038E.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/3038E~1/$File/3038E.pdf)

A template for **offence declarations for other persons who provide child care or other services to children** at the child care centre is available for download and printing at the following link:

[http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/3038E~1/\\$File/3038E.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/3038E~1/$File/3038E.pdf)

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