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# Fort Saskatchewan Child Care

## <u>Administrative Policies</u> and Procedures

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#### **Child Discipline Policy**

Guiding children's behaviour is an important part of the primary staff member's role. Staff recognizes that each child is unique in his/her development considering child's age, developmental stage, temperament, cultural or other features. By encouraging children's self-respect, respect for others, and respect for property, primary staff members help children develop self-control and sensitivity in their interactions with others and treat material possessions with respect. The positive relationships and bonds that develop between the caregiver and the children are the foundation of successful experiences in childcare

Two types of strategies should be practiced when guiding a child's behavior: preventative strategies that are used to increase the chances of achieving a wanted behavior and intervention strategies that will stop or redirect undesirable behavior when it occurs.

- 1. Some of the former strategies are role modelling, praising, recognizing, discussing, and activities that center on positive behavior and contributions. Some of the latter strategies are staying calm, gaining the child's attention by stating his or her name, establishing eye contact, and speaking in a calm controlled voice to the child about why his/her actions or reactions are not acceptable. It is also important that all children are given a chance to tell their side of the story and then all involved children come up with a solution that is fair to everybody. Underlying principles for all disciplinary actions are that:
  - Child discipline methods utilized in the program are communicated to parents, staff, children, where developmentally appropriate, and any child disciplinary action is reasonable in the circumstances (3(1-a-b))
  - Do not inflict or cause to be inflicted any form of physical punishment, verbal, or physical degradation or emotional deprivation, deny or threaten to deny any basic necessity, or use or permit the use of any form of physical restraint, confinement, or isolation (3(2-a-b))
- 2. Examples strategies caregivers use to teach appropriate behavior are:
- The caregivers set limits and give directions: For example," You may not kick toys but you can kick a ball when we go outside to play".
- Encourage problem solving: "There is only one bike. How about to take turns, may be one of you can play a ball with me while the other one is riding.
- Change the environment when necessary: For example, when children are running through the room, the room may need to be rearranged to avoid undesired behavior.
- By engaging in-group activities, children learn about important social rules: For instance, how to share toys, how to compromise, how to work as a team, how to be assertive, how to deal with different personality styles
- Set a good example by modeling appropriate behavior. For example, when staff is polite and considerate of other staff and children, this will set the tone for everyone.
- Warn for transitions so that children know what is coming, have sufficient time to finish what they are doing and can switch for a new activity. For example, telling the children "a few minutes until clean-up and lunch" will help them prepare themselves for a new activity.
- Give children choices, "You keep the sand in sand box or you find another place to play".
- Redirect and substitute, "Would you like to play ball with me look here is another ball".

- Discuss why some behaviors are inappropriate, "Look she is upset because hitting hurts".
- Point out consequences, "If you throw the sand from the sand box then there will be no sand to play with anymore".
- Next time, "I promise next time we will go for a walk again".

The teacher must consider the safety of all children; therefore, in some cases teachers maybe involved to stop children from hurting each other, themselves, or destroying the environment. First thing is to stay calm, and then gain the child's attention by stating his or her name, establishing eye contact, and speaking in a calm, controlled voice.

Never and under no circumstances must children be punished physically, verbally or emotionally, which includes shaking, spanking, striking, forcing physically, and yelling on the child. They may never be isolated, withheld from food or clothing.

Child disciplinary action taken must be reasonable in the circumstances. Use or permit the use of any form of physical restraint or confinement will be not allowed.

All staff members and parents will be informed about the child guidance policy of the program through the Staff Handbook and Parent Handbook respectively.

<u>Children will learn about the Centre's discipline policies through regular discussions with their</u> <u>caregivers</u> (during the circle time or in any other occasion). In addition, caregivers will engage children in development of various postures about expected behavior and rules during the day.

#### **Off-site Activity and Emergency Evacuation**

A child may be taken to an activity off-site of the program premises only after <u>the child's parent</u> <u>has consented in writing to the participation of the activity</u>, including the transportation and supervision arrangements with respect to the activity

In case of emergency evacuation, all staff members and children proceed to the nearest exit door in a quiet manner and leave the building as soon as possible. <u>Staff members are responsible to</u> take the portable records of children and walk with them to a safe muster point. Then parents should be contacted to pick up their children. The parents, staff and children may re-enter the building only if the fire department allows.

#### **Accident or Illness**

In case of accident or serious injury a child, the license holder or staffs on duty must immediately ensure that

- 1. <u>CALL 911 IMMEDIATELY, the child receives medical</u> <u>attention if necessary decided by 911.</u>
- 2. <u>The child's parent is notified.</u> <u>Call the child's parents and emergency contact person and</u> <u>inform them directly (or leave a message in case they do not</u> <u>answer) about the accident or illness.</u>

The program will track the accidents and all illnesses in the centre and review it once in a year. It is also the centre's protocol to report critical incidents to children services

#### **Incident Reporting**

The following incidents shall be reported to regional child care office immediately using the prescribed form: an emergency evacuation, unexpected program closure, an intrude on the program premises, an illness or injury to a child that requires the program to request emergency health care or requires the child to remain in hospital overnight, an error in the administration of medicine by a program staff member or a volunteer resulting in serious illness or injury to the child, the death of a child, an unexpected absence of a child from the program premises, a child removed from a program by non-custodial parent, guardian, or intruder, an allegation of any type of abuse by staff members or volunteers , and a child left on program premises outside of working hours of program.

All incidents are analyzed annually and a report form will be submitted to the regional childcare office.

#### **Potential Health Risk**

If a staff member believes that a child may be suffering from a contagious disease or other serious health conditions, the child's parent or emergency contact person will be contacted immediately for the removal of the child from the program premises as soon as possible. Signs or symptoms of illness a child may exhibit are: Fever 38 C and above (the teacher will take the temperature), conjunctivitis (pink eye), flu with green or reddish mucous, unusual rash, severe cough or cold, rapid or labored breathing, long lasting pain, vomiting or diarrhea, unhealthy changes in skin colour or eyes, head lice, other contagious illness.

<u>The illness should be recorded with the child's name and date, and the name of the staff member</u> who identified the sick child and contacted the parent, and who released the child to the parent. <u>The date and time the ill child was picked up and returned back to the program must be recorded</u> <u>on the medication log form</u>. The child can return to the program, if the child is symptom free for at least 24 hours or a parent has a physician's note.

For logging the illness; it MUST include: name of the child, date the child was observed to be ill, name of the staff member who identified the child was ill, time the parent was initially contacted, name of the staff member who contacted the parent, the time the child was removed from the program and the date the child returned to the program

Parents will receive information about the management of sick children through the parent handbook.

#### Supervised Care for Sick Children

A sick child will be kept as far away as is practically possible from the other children. A staff member shall take care of the sick child until the child's parent arrives.

Families should ensure their child has all immunizations up to date before the starting the out of school care. Children will not be admitted to the program if they are ill.

#### **Administration of Medicine**

A child may be administered medication only if

- $\checkmark$  The medication has been prescribed by a physician
- ✓ The written consent of the child's parent has been obtained
- $\checkmark$  The medication is in the original labeled container
- $\checkmark$  The medication is administered according to the labeled directions.
- ✓ The medication is administered according to the requirements on the child's medication form.

Families are asked to fill in the medication form, note the medication, dosage, time if already administered the same day, instructions on the medication, and give the medication directly to a staff member who is going to administer the medication. Where medication is administered to a child, the following information is recorded: the name of the medication, the time of administration, the amount administered the initials of the person who administered the medication.

All medication, except <u>medication that may be needed in an emergency</u>, is stored in a locked <u>container that is inaccessible to children</u>. Emergency medication will be stored in a separated <u>container also inaccessible to children</u>.

Staff must be certified with current first aid to be able to administer medication.

#### **Health Care**

The provision of health care to a child may be provided only if the written consent of the child's parent has been obtained, or the health care provided is the nature of first aid.

#### Smoking

No person shall smoke at the program premises and no staff member shall smoke where childcare is being provided.

#### Nutrition

Meals and snacks will be provided to children in sufficient quantities by the program and in accordance with the needs of each child. Meals and snacks provided are recognized by Health Canada food guide and are served at 9:00 A.M, 11:30 P.M, & 3:00 P.M.

Daily menus are posted at the program premises.

Two additional servings of milk will be provided to infants (in early morning and late afternoon) per day. If parents provide infant nutrition, they are labeled with the infant's name.

Staffs that are responsible for food storage and handling have completed a food-handling course.

Hot food is kept hot and cold food cold at all times.

All serving utensils and services are sanitized after each use.

Parents may provide their own food for their children but we will refuse to give it to the child if the provided food is not based on Canada food guide requirements. Should nutritional requirements not be met the Centre will supplement snacks and/or meals.

No meals provided for extended hours. Parents have to provide their own meals for their kids.

#### **Manner of Feeding**

The manner in which children are fed will be appropriate to their age and level of development.

Children are seated while eating and drinking, and no beverages are provided to children while they are napping.

#### **Children's Records**

The following records must be kept up to date on the program premises:

- $\checkmark$  The child's name, date of birth, and home address
- $\checkmark$  A completed enrolment form
- $\checkmark$  The parent's name, home address and telephone number
- ✓ The name, address and telephone number of a person who can be contacted in case of an emergency
- ✓ If medication is administered, <u>the written consent of the parent, complete information</u> <u>about the medication, and the particulars of any health care provided to the child</u>
- ✓ In case if parents forgot to sign on the written consent form, text/email consents are acceptable.
- ✓ Any other relevant health information about the child provided by the child's parent, including immunizations and allergies, if any.

Parents must insure the day care is notified immediately of any changes of personal information in child's file. \*Children's files shall be updated immediately after new information is available.

#### **Administrative Records**

The following records must be kept on the program premises and updated regularly:

- ✓ Particulars of the daily attendance of each child, including arrival and departure times (time saver and paper record).
- ✓ Particulars of the daily attendance of each primary staff member, including arrival and departure times.
- ✓ Evidence of the supervisor's or each primary member's child care certification and current first aid certificate, where applicable
- ✓ Criminal record check for each staff member and volunteer (the criminal record checks are updated every 3 years.

#### **Portable Records**

Portable records of emergency information for each child must be kept on program premises. Each record contains the following information:

- $\checkmark$  The child's name, date of birth, and home address
- ✓ The parent's name, home address and telephone number
- ✓ The name, address, and telephone number of a person who can be contacted in case of an emergency.
- ✓ Any other relevant health information about the child are provided by the child's parent(s), including immunizations and allergies, if any.

Staff member will take portable records during any off-site activity.

#### **Emergency Procedures**

The program is prepared to respond to any type of emergency appropriately. Our emergency preparedness includes practicing emergency evacuations (Fire Drills) once a month. Emergency evacuation plans will be posted. If we have to evacuate the day care premises in case of fire and any other type of emergency, all groups will meet at our designated spot (A&W across the street). After the evacuation, all parents will be contacted to pick up their children. The staff and children can re-enter the premises after the fire department has confirmed that it is safe to do so.

Supervisory staff shall be trained in the fire emergency procedures before they are given any responsibility for fire safety. The procedures should also include training of using fire extinguishers and to alert signals under specified conditions.

#### **Supervision Policy and Practices**

Staff observe children's play and behavior by directing and closely monitoring children all the time. Staff are ready to intervene at any time when there is a potential danger for a child's safety or health. They are positioned to allow the supervision of all children in the group. Staff, also participate in children's play to ensure they are playing in a safe manner. Staff should avoid carrying out activities that may draw their attention away from active supervision.

Both indoor and outdoor spaces are suitably arranged to allow caregivers to supervise children's play, rest and toilet areas. Staff to child ratio is monitored continually. The primary staff members are always aware of indoor and outdoor physical environment by conducting daily safety checks of the program premises and equipment to remove hazards (indoor /outdoor safety checklist is posted).

Staff know which individual is responsible to pick a child from the program instead of a parent. They record the time when a child arrives or leaves the program, and remember where the emergency contact numbers, first aid kit, and emergency medication are kept.

Upon enrollment in the program parents receive a handbook that describes all policies and procedures of the program including the program's supervision policies.

If transportation service needed from the centre, the parents need to sign the transportation consent form.

The staff will be responsible for the supervision of children arriving to the day care or leaving the day care by school bus, they will drop of children or pick up them form the school bus at the designated location near the day care and mark their arrival or the departure time.

### SUPERVISION POLICY AND SAFETY CHECKS: SAFETY CHECK LIST PRINTED. FOR SUPERVISION POLICY:

- Pertaining to off-site activities and field trips with daycare children, staff members will ensure children are dressed appropriately relevant to weather conditions, and the portable records for all children attending activity will be brought along. Portable records will contain:
- The child's contact and age;
- The parent's contact
- Emergency contact
- Child's up to date health information
- Local emergency response and poison control centre
- There will be a headcount and roll call before and after boarding the bus, and before heading out on foot.
- While children are on bus, daycare staff will ensure safety checks such as making sure children are always seated while travelling, no arms or heads outside the window, and no screaming or yelling to distract driver
- While traveling on foot, staff members are at the front and back of the line to make sure that children are walking safely on sidewalks and crossing roads looking out for traffic.
- Upon arrival to destination via bus, staff members will ensure that children board off the bus in an orderly and safe manner. Last staff member off the bus will check that no children are left behind.

• Upon arrival either via bus or on foot, another headcount and roll call will be performed to ensure that all are present.

Should the program conduct field trips, the staff will be responsible for supervising children while they get on or come off the vehicle. The staff will accompany children and keep track of the number of children on a white board/written paper record every time they get on or come of the vehicle.

The supervision practices will meet children's developmental needs.

Children of different age groups will take turns when playing at outdoor playground.

#### **Staff Members**

All staff members working with children have the appropriate experience and are educated in childcare. They are qualified as a child development supervisor, child development worker or child development assistant and have their current criminal record check and first aid.

The program supervisor/staff will be responsible for program planning, running daily scheduled activities, supervising the children according to their developmentally needs.

All ECE (Early Childhood Educators) are responsible of running daily scheduled activities, taking care of developmental needs.

At least one in three primary caregivers should be qualified as a child development worker. When there are seven or more children in the daycare, at least two primary staff members should be on site.

The staff child care ratio will be maintained at all times according to the child care licensing act.

#### **Evaluation of the program**

Once in a year (July) the program and the staff members will undergo an evaluation process through questionnaire and family surveys. All the results will be discussed during the next staff meeting and an action plan will be developed to improve the overall performance of the program.

#### **Utilization of Premises**

The premises is used for daycare and OSC 101 children. There are five rooms for different age groups.

Baby room (2 children 0-12 months, 1 child, 12-14 months and 12 children age 12-23 months)

Toddler room for nine children

Preschool room for 16 children

Pre-kinder, Kinder: 24 children (unit 208)

Kinder and OSC: 37 children (unit 176)

Bathrooms and hand sinks are conveniently located and accessible for children. Adequate diapering area and change matt (change table for infants) is provided for diaper change.

There is about 200 sq. meter playground attached to the premises and secured with the 6 feet high chain link fence for the outdoor play.

All playground equipment and toys meet the safety standards for children.

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