DAISY FLOWER CHILDCARE SERVICES

PARENT HANDBOOK

June 2nd.2024

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DAISY FLOWER DAYCARE SERVICES

SERVICE OVERVIEW:

Age group	**16 weeks to 10 years of age**
Subsidized Care	**We will be applying to the City of Toronto for Purchase of Service of Agreement**
CWELCC	**We are not currently part of the $10/day program**
Service Available	**Full-time Care** **Before & Aftercare School Age Care**
Hours	**Full-time Care:** **8:00am – 5:30pm (Monday – Friday)** **Before & After School Care:** **8:00am - 9:00am (Monday – Friday)** **3:00pm - 5:30pm (Monday – Friday)** **Full-time Care hours provided on PA Days, Summer Break, March Break and Christmas Breaks:** **** No service is provided during the evening, night, weekends, or the Statutory Holidays.**
Overtime Fees	**An overtime fee of $25 - $20/hr will be charged if Parents arrive at least an hour late to pick up their child past their contracted hours. The overtime fees will be charged per hour that the parent is late. The Agency will inform Parents of any overtime charges after checking the Provider's timesheet. This overtime fees will be payable to the Agency.**
To Apply	**Please contact the agency office to obtain the e- application form.** **A $50.00 one-time non-refundable registration fee will be charged during the registration process.**

DAILY FEES

CWELCC Program: Daisy Flower is not currently part of the $10/day program.

Full -Time Care			
AGE	**Younger Than 2 Years Old**	**2 - 3 Years Old**	**4 - 6 Years Old**
DAILY FEES	**$78.00**	**$78.00**	**$60.00**
OVERTIME FEES	**$25.00/hour**	**$25.00/hour**	**$25.00/hour**

Before & After School Care		
AGE	**4 - 5 Years Old**	**6 -12 Years Old**
DAILY FEES	**$45.00**	**$45.00**
OVERTIME FEES	**$20.00/hour**	**$20.00/hour**

PROGRAM STATEMENT

At Daisy Flower we have designed our program on How Does Learning Happen Ontario's Pedagogy, which is aligned with the Child Care and Early Year's Act, 2014. We believe every child is an unique, competent, and independent individual with their own thinking process.

To promote individual child abilities, developmental needs, and strength to reach potential in the early stages of the child's life, we encourage and emphasize the continuity of quality care at our licensed home childcare setting by understanding that each child is unique and that they grow up in families with diverse social, cultural, and linguistic perspectives. Therefore, we believe that each child should get an opportunity to freely explore their surroundings in a carefully planned and inclusive learning environment. A wide variety of open-ended play materials and indoor/outdoor activities will be planned so the children in care can freely use their skills, imagination, and abilities to support their exploration and inquiry.

We at Daisy Flower also strive in developing positive relationships between children, childcare providers and the parents. We believe it is important to build inclusive and positive relationships to promote quality of care. To enhance communication, our program strives in making sure there is constant positive daily communication and the exchange of information between families and the childcare provider regarding their child in care.

Lastly, at Daisy Flower we strongly believe that all our childcare providers are competent and capable, caring, and rich in experience. They are knowledgeable, caring, reflective, and resourceful professionals. Each childcare provider, we believe brings diverse social, cultural, and linguistic perspectives to create engaging environments and experiences to foster children's learning and development.

Program Statement		
s.46(3)(a)-(k)	Goals (What)	Approaches (How)
(a) Promote the health, safety, nutrition and well-being of the children.	Our Providers will promote children's' overall health and well being.	Our Providers will approach this goal by offering children with a welcoming, safe, clean, loving, and nurturing environment in the homes daily, so all children are

		able to learn, grow, and play in a positive space. Our Providers will create areas where children can be exuberant in play or quiet and reflective. Children's individual needs for rest and play will be considered and respected throughout the course of the day. Our Providers will offer children with home cooked meals of lunch and snacks that meet and exceed Canada's Food Guide. Food allergies and preferences will be carefully adhered to. Our Providers will monitor and document children's health and well being and communicate concerns immediately with families.
(b) Support positive and responsive interactions among the children, parents, child care providers and staff.	Our Providers will form trusting relationships with children and their families; providing everyone with a sense of belonging.	Our Providers will exercise patience, active listening, and use positive affirmations and encouragement when communicating with children. Our Providers will keep constant and open communication with parents regarding their child's developments, learning, and any observations made while the child is in care. Our Providers will consult with the parents and utilize advice and family centered practices for their child as we believe families are experts on their child's strengths, abilities, and

		needs.
(c) Encourage the children to interact and communicate in a positive way and support their ability to self-regulate.	Our Providers will support all children's ability to self regulate, with the goal of this support being that children feel comfortable and confident within the learning environment.	Our Providers will achieve this goal by providing on-going activities to challenge children at their developmental levels and support children in learning concrete strategies to deal with emotions. Some of the teaching tools for self regulation will include yoga, breathing exercises, meditation, dramatic play, arts & crafts, reading, music, exploring categories of math, science, and language through group scheduled play activities while emphasizing how to positively communicate thoughts and feelings.
(d) Foster the children's exploration, play and inquiry.	Children's health and well being is fostered both indoors and outdoors.	Our Providers provide emergent play-based curriculum where children's natural curiosity, inquiry, and sense of wonder is capitalized upon. Children's interests shape and form the direction of the curriculum. Providers will take children outside for outdoor play for two hours daily (if weather allows). Outdoor activities include nature walks, local parks, visiting early learning centers, public libraries, etc.
(e) Provide child-initiated and adult supported	All our Providers see fostering the children's	Our Providers through reflection and interpretation

experiences.	exploration, play and inquiry as a key goal in the homes.	of observations, documentation, and conversations with children and their families tailor the curriculum planning to best suit the children's interests and needs.
(f) Plan for and create positive learning environments and experiences in which each child's learning and development will be supported.	To provide an inclusive enriched child care environment which honors and respects all children's beliefs, culture, language, and experiences acquired from their family and community.	Our Providers will be welcoming and unbiased to all children regardless of their beliefs, religion, race, culture, ability, etc. The Providers will meet children's needs at their own developmental ability to support the inclusive practices identified. Our Providers will teach and expose children to different cultural holidays as part of the monthly activities. The Providers will create a curriculum that is inclusive, age appropriate, and suits the interests of all children.
(g) Incorporate 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.	Children get to experience and participate in indoor play, outdoor play, active play, rest, and quiet time daily in the home.	Our Providers will approach this goal by implementing a routine/ curriculum that includes activities that are centered around indoor play, outdoor play, active play, rest, and quiet time daily in the homes. The Provider will create areas where children can play or have quiet time depending on their needs because the health, needs, and well being of the children is a priority.

(h) Foster the engagement of and ongoing communication with parents about the program and their children.	To form professional and trusting relationships with the families and to keep the families up to date on the progress and development of the children.	The Providers will be in constant communication with parents to provide the highest quality of care for each child. The Providers will give parents a weekly/daily update on their child whenever asked by the parent. The Providers may document the child's behavior, development, activities to share with parents that entices reflection and discussion. Providers will implement parent advice to provide the best quality of care for the child.
(i) Involve local community partners and allow those partners to support the children, their families and staff.	To enhance the Provider's skills and knowledge in order to provide high quality of care for the children and their families.	The Providers will meet this goal by using local partners such as Macaulay for enhancing childcare knowledge and skills to provide better care. Providers will also use local community partners to learn standard CPR. Providers will utilize local community partners to enhance the childcare experience for the children by using public libraries and community early learning centers.
(j) Support staff, home child care providers or other who interact with the children at a child care center or home child care premises in relation to continuous professional learning.	To support Providers and ensure continuous learning opportunities for Providers, volunteers, or staff that interact with the children to enhance their knowledge and skills in order to provide high quality of care	The Home Visitors will go into the homes monthly to make sure the homes are in compliance and to offer support and resources to the Providers. The Home Visitors will also complete a quarterly site safety

	for the children and their families.	checklist. In addition, the Agency will have Providers complete a mandatory ten hours of professional development annually to enhance their skills and knowledge.
(k) Document and review the impact of the strategies set out in clauses (a) to (j) on the children and their families.	Documentation serves as a form of reinforcement of the learning process, for educators, families, and children.	Documentation is used as a tool for authentic assessment that entices review, reflection, and discussion by children, parents, and staff. Documentation that will be used by the Providers are: log book, weekly progress report for the children, monthly progress report.

PROGRAM STATEMENT IMPLEMENTATION

As part of providing a quality program we are following the regulations of the Child Care and Early Years Act 2014. The How Does Learning Happen? Ontario's Pedagogy for the Early Years 2014 (HDLH) is used as a guideline for licensed childcare programs.

Belonging: Cultivating Authentic Relationships and Connections:

- Our providers make sure that the environment is set up to meet the needs of the assigned age groups
- Providers are trained to established constructive relationships with children and the families through open communication. Our providers build positive, kind and loving relationship with the children in care so that each child regardless of the age group in care can feel safe, secure, independent, and belonged.
- With structured routine and scheduled activities, the providers will allow the children to fully participate in ways that they are comfortable to them. This will allow the children to engage in various forms of social play and will help them recognize their own capabilities and characteristics. Through structured routine and scheduled activities, the children will also learn to get along with others; to negotiate, collaborate, and communicate; and to care for others
- With the small number of children in care, each child is presented with opportunities to build one to one interaction with the childcare provider during the daily routine. For instance, for infants and toddlers: diaper changing, dressing to go outdoors, and feeding/mealtimes are ideal opportunities for making connections and building relationships
- The agency and the provider will communicate with the families enrolled in the program using multiple means: emails, newsletter, bulletin board posted at the entrance of each premises, and phone calls/ texts.

Well-being: Nurturing Healthy Development & Well-being

<u>Mental and Physical Well - being:</u>

- All our providers will be responsible to follow and practice policies and procedures set out by the Agency and the Toronto Public Health. This includes posting the following posters:

    - Handwashing poster
    - COVID screening Poster
    - No smoking and vapour poster
    - Toilet Routine Poster – to assists potty trained children
    - Diapering Routine Poster
    - Anaphylactic Poster- Only in homes with active children diagnosed with anaphylactic allergy
- All our providers are trained to screen the children before they enter the premises and to document the findings in the logbook and will also be reporting the findings to the agency office via email or phone call.

- Providers are responsible to clean and sanitize the equipment, toys and the space daily, or as often as needed to meet the health and safety regulations set out by the Toronto Public Health. The cleaning record sheet will be kept in the providers communication log for inspection.

- Any communicable disease outbreak will be reported to Toronto Public Health by the Agency Supervisor. The provider will be responsible to practice and implement the guidance receive from the Toronto Public health regarding the outbreak. While the Agency Supervisor will be responsible to communicate the outbreak findings with all the other families via email.

- Home visitors entering the homes for the unscheduled visit will make sure that they screen themselves before entering any childcare premises

- Home visitors will be responsible to make sure that the provider's are implementing the policy and the procedures implemented by the Agency and the Toronto Public Health.

- All Individual Medical Plan Notice and the Anaphylactic Plan Notice will be visibly posted within the premises. Also, the Individual Medical plan and the Anaphylactic plan to be initially completed when the child is enrolled in care and will need to be reviewed annually by the physician, provider, all the household member 18+ years and the home visitors.

- All the medication including Epi- Pen will need to be locked away from the children in care. The medication should be in the original packaging with clear instruction and name of the child's label on it.

- Parents are to complete the consent form before the provider can administer the prescribed or non prescribed medication and ointment.

<u>Nurturing Healthy Development:</u>

- All providers are responsible to make sure children are actively washing their hands before morning snack, lunch and the afternoon snack
- The food is prepared by the provider itself. The menu plan is posted on the bulletin board for the parents to see and is based on the Canada Food Guide.
- Providers will make sure that children bringing their own snacks or lunch has all the containers labeled visibly with the child's name on it.
- Premises that does have children with anaphylactic allergy are required to follow the anaphylactic policy set out by the agency.
- Families will be informed about the anaphylactic allergy to create a safe environment and avoid any incidents.

Self- Care and Self- Regulations:

- The providers are responsible for creating a safe, welcoming, and positive environment during the care hours to promote children to tackle challenges, learn to persevere, and explore ways to cope with manageable levels of positive stress.
- The providers are responsible to observe the children as they participate in the daily activities and are trained to support the challenges.
- Providers are responsible to allow the children express their feelings and emotions and to guide them with positive affirmation and reinforcement.
- Providers are responsible to model positive behavior, be friendly, kind, professional and honest when communicating with the children and families.

Prohibited Practices:

(1) No licensee shall permit, with respect to a child receiving child care at a child care center it operates or at a premises where it oversees the provision of child care,

(a) corporal punishment of the child;

(b) physical restraint of the child, such as confining the child to a high chair, car seat, stroller or other device for the purposes of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing a child from hurting himself, herself or someone else, and is used only as a last resort and only until the risk of injury is no longer imminent;

(c) locking the exits of the child care center or home child care premises for the purpose of confining the child, or confining the child in an area or room without adult supervision, unless such confinement occurs during an emergency and is required as part of the licensee's emergency management policies and procedures;

(d) use of harsh or degrading measures or threats or use of derogatory language directed at or used in the presence of a child that would humiliate, shame or frighten the child or undermine his or her self-respect, dignity or self-worth;

(e) depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding; or

(f) inflicting any bodily harm on children including making children eat or drink against their will.

(2) No employee or volunteer of the licensee, or student who is on an educational placement with the licensee, and no person who provides home child care or in home services at a premises overseen by a home child care agency shall engage in any of the prohibited practices set out in subsection (1) with respect to a child receiving child care.

Engagement: Creating Context for Learning through Exploration, Play and Inquiry

- Providers will organize indoor and outdoor activities based on the children age group and interest
- Providers will be responsible to take children out for outdoor activities a minimum of two hours daily if weather permits
- Providers will schedule free play as part of the scheduled activities. Through free play the providers will observe the children problem solving skills, engagement, capabilities, interest and curiosity. Through the help of free play the providers will be able to organize future activities based on the children interest.
- Providers will be responsible to provide children an opportunity to expand thinking and knowledge by introducing them to new environment, toys and resources.
- Each provider has set activities organized based on the following criteria: language, drama, music, free play, science/math, cognitive, fine motor and gross motor to promote development of social skills, empathetic understanding, and ability to pay attention.

Expression: Fostering Communication and Expression in All Forms

- Providers will promote safe environment for the children to communicate and express their feelings.
- Providers will acknowledge and respect the child interest when trying to communicate and are also willing to share their own perspective in a positive and meaningful way to continue positive conversation
- Each provider will practice active listening, in order to respond and build on child-initiated communication and conversation to promote children's language acquisition
- Provider will communicate daily information to parents either at the time of drop off or via text/ email in order to support positive communication and growth.

WAITLIST POLICY

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 home child care agency that maintains a waiting list to have related policies and procedures.

Policy

- Daisy Flower will strive to accommodate all requests for the registration of a child at the home child care agency.
- Where the maximum capacity of a home child care premises has been reached and spaces are unavailable for new children to be enrolled or in-home services providers are unavailable, 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.

Procedures

<u>Receiving a Request to Place a Child on the Waiting List</u>

1. The licensee or designate will receive parental requests to place children on a waiting list via online application

<u>Placing a child on the Waiting List</u>

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 a requested home child care premises or an in-home services provider is available, priority will be given to children on a first come first serve basis

2. Once these children have been placed, other children on the waiting list will be prioritized based on 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 email that a space has become available in their requested home child care premises or an in-home services provider is available.

2. Parents will be provided a timeframe of two weeks 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. Agency Supervisor will be the contact person for parents who wish to inquire about the status of their child's place on the waiting list.

2. Agency Supervisor 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 home child care premises or with an in-home services provider.

Maintaining Privacy and Confidentiality

1. 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.

2. Names of other children or families and/or their placement on the waiting list will not be shared with other individuals.

FINANCIAL AND ADMINISTRATIVE POLICY

Full Time
As a full-time parent you are responsible to pay the monthly fee every first of each month. You will be required to pay the full fee in the event you are taking days off during the first year of enrollment.

Part Time
As a part-time parent you are responsible to pay for all the scheduled days every first of each month**.** You will be required to pay the full fee in the event you are taking days off during the first year of enrollment. You are able to add days to care depending on the space availability but are not allowed to switch the scheduled days.

Vacation & Sick Day Policy
You are required to pay full fee for all days the child is sick and doesn't attend care as well as for vacation days.

Statutory Policy
No service is provided on Statutory Holidays. However, you are responsible to pay for all the statutory holidays. If the statutory holiday falls on the weekend a lieu day will be established.

NSF Payment
If the fee returns and is not processed the NSF fee will be applied. Parents are responsible to pay the NSF fee and the overdue monthly fee via e-transfer as soon as they are notified.

Service Withdrawal
At Daisy Flower if you decide to withdraw from our service we ask you to kindly give a one month notice to the agency and the provider. Failure to receive a one month advance notice will result in the monthly fee withdrawal refund of fee.

Provider Time Off / Backup Care
In the event if the provider is off we will arrange a backup care. If you decide to not use the backup care service being offered you will be charged the daily reduced rate of $25.00

Initial Deposit / Registration Fee
The initial one month non refundable deposit is required at the time of the registration along with the one-time non refundable registration fee of $50.00

ADMISSION AND DISCHARGE POLICY

Admission

Parents of children on the waiting list will be notified via email that a space has become available in their requested home child care premises or an in-home services provider is available. Parents will be provided a timeframe of two weeks in which a response is required. When parents confirm they accept the space, the Agency will send the Parent Hanbook and enrollment details and forms via email to the Parents.

Discharge

If Parents decide to withdraw their child from our service we ask you to kindly give a one month notice to the agency and the provider. Failure to receive a one month advance notice will result in the monthly fee withdrawal refund of fee.

PROHIBITED PRACTICES

(1) No licensee shall permit, with respect to a child receiving child care at a child care center it operates or at a premises where it oversees the provision of child care,

(a) corporal punishment of the child;

(b) physical restraint of the child, such as confining the child to a high chair, car seat, stroller or other device for the purposes of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing a child from hurting himself, herself or someone else, and is used only as a last resort and only until the risk of injury is no longer imminent;

(c) locking the exits of the child care center or home child care premises for the purpose of confining the child, or confining the child in an area or room without adult supervision, unless such confinement occurs during an emergency and is required as part of the licensee's emergency management policies and procedures;

(d) use of harsh or degrading measures or threats or use of derogatory language directed at or used in the presence of a child that would humiliate, shame or frighten the child or undermine his or her self-respect, dignity or self-worth;

(e) depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding; or

(f) inflicting any bodily harm on children including making children eat or drink against their will.

(2) No employee or volunteer of the licensee, or student who is on an educational placement with the licensee, and no person who provides home child care or in home services at a premises overseen by a home child care agency shall engage in any of the prohibited practices set out in subsection (1) with respect to a child receiving child care.

EMERGANCY MANAGMENT

Daisy Flower has emergency management polices and procedures described in section 68.1.

In the event of an emergency, Parents will be called immediately to notify them about the emergency. If parents cannot be reached, the child's emergancy contacts will be called.

CHILDREN AID SOCIETY

The Children Aid Society will be contacted to investigate the accusation of any kind of abuse or neglect.

SLEEP SUPERVISION POLICY

Purpose

Children's sleep and rest play an integral part in a child's well-being and development. The purpose of this policy is to provide home child care agency home visitors, home child care providers, in-home services providers, 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 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 home child care agencies.

Policy

- All children will be provided with the opportunity to sleep or engage in quiet activities based on their needs.
- Children under 18 months of age will be provided time to sleep based on their individual schedules, and will be assigned to a cradle or crib.
- Only light, breathable blankets will be used for children under 18 months of age.
- For home child care: all children 18 months and older will be provided time to sleep after lunch for a period of no more than two hours, and will be assigned to a cot or bed.
- For in-home services: all children will sleep, rest or engage in quiet time in accordance with written instructions from a child's parents.

Placement of Children for Sleep

- Children under 18 months of age will be placed in their assigned cradles or cribs for sleep.

- Children over 18 months of age who sleep will be placed in their assigned cots or beds
- 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 home child care/in-home services provider's obligation to place their child(ren) to sleep on their backs.
- Children over 12 months of age should be initially placed on their backs and then allowed to sleep in whatever position they shift into during sleep
- Children should be sleeping in comfortable clothing according to the weather without any extra dressing, bedding or wrapping
- The sleeping area should be room temperature and have adequate lighting
- Playpens are not permitted for sleep.
- ·Children should not be placed to sleep in car seats, strollers, infant carriers etc. during nap time. Children should sleep in their designated sleeping arrangement according to their age (cot, crib, etc.) and should be placed in their appropriate sleeping arrangement for nap time if the child happens to fall asleep elsewhere.

Consultation with Parents

- All parents of children who regularly sleep at a premises will be advised of the agency's policies and procedures regarding sleep at the time of their child's enrolment and/or anytime the policies and procedures are revised, as applicable. This information will be available to parents in the Parent Handbook.
- The Agency Staff and the Provider will consult with parents about their child's sleeping arrangements at the time of their child's enrolment and at any other appropriate time (e.g. when a child transitions to a new home child care premises, when a child becomes over 18 months of age, or at the parent's request).
- Written documentation will be kept in each child's file by the home childcare provider and the home childcare agency to reflect the sleep patterns identified by their parent, alternative sleeping arrangements, and updates to the documentation will be made whenever changes are communicated to the home child care agency or the home child care/in-home services provider.

- Where the home child care/in-home services provider does not receive instructions directly from the parent of a child regarding sleep arrangements, these will be communicated to home child care/in-home services provider by the Agency staff after consulting with the parent.
- Parents will be advised by the home child care/in-home services provider of any significant changes in their child's behaviours during sleep and/or sleeping patterns.
- The home child care/in-home services provider will document their observations of changes in a child's sleep behaviours in the daily written record and Nap log.
- 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.

Direct Visual Checks

- Direct visual checks of each sleeping child who is at a premises 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 the home child care/in-home services provider by Nap log.
- Direct visual checks will not be completed for children engaging in quiet activities.
- The home child care/in-home services provider will ensure that all sleep areas have adequate lighting available to conduct the direct visual checks of sleeping children.
- The frequency of direct visual checks and the steps to complete them will depend on the typical sleep patterns of each child, as identified in the sleep supervision procedures provided in this policy.
- Sleeping children must be supervised during the nap time and the provider must remain near the children in order to monitor children for any signs of difficulty or distress.
- The providers must check on the children within 30 minutes of the children being put down for nap, and then complete a visual check on the children once again during the nap time period.
- The provider must check the children for normal skin colour, breathing, level of sleep, body temperature or signs of overheating (such as flushed skin colour, increased body temperature, restlessness etc.)

Use of Electronic Devices

- Where electronic devices are used to monitor children's sleep, the home child care /in-home services provider 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.
    - The monitor device must be checked daily and the findings should be recorded in the Sleep Monitor Check Log to ensure the monitor device is working properly

Procedures

Age of Children	Frequency of Direct Visual Checks*
Children under 18 months of age	According to each infant's needs as identified by their parent, or at least the providers must check on the children within 30 minutes of being put down for nap and then once again during the nap time.
All other children younger than 24 months in the home who sleep	The providers must check on the children within 30 minutes of being put down for nap and then once again during the nap time.

* **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 as identified by the parent and/or the child's physician must be followed at all times.

Procedures for Completing Direct Visual Checks

1. The home child care /in-home services provider must:
    i. be physically present beside the child;

    ii. check each child who is younger than 24 months for their 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 home child care /in-home services provider must attempt to wake the child up. Where no signs of distress or discomfort are observed, proceed to step 3.
    a. **Where the child wakes up, the home child care/in-home services provider must:**
        i. attend to the child's needs;
        ii. separate the child from other children if the child appears to be ill;
        iii. document the incident in the Notes Log and in the child's symptoms of ill health record, where applicable.
    b. **Where the child does not wake up, the home child care/in-home services provider must immediately:**
        i. perform appropriate first aid and CPR, if required;
        ii. inform other persons in the home of the situation, if appropriate;
        iii. contact emergency services or, where possible, direct another individual to contact emergency services;
        iv. separate the child from other children or vice versa (where applicable) if the child appears to be ill ;
        v. contact the parent; and
        vi. inform the home child care agency of the situation.
    c. **Where the child must be taken home or to the hospital, the home child care/in-home services provider or home child care agency must immediately:**
        i. contact the child's parent to inform them of the situation and next steps
    d. **Where the child's condition has stabilized, and/or after the child has been taken home and/or to the hospital,** the home child care/in-home services provider and the home child care agency must:

i. follow the serious occurrence policies and procedures, where applicable;
ii. document the incident in the daily written record; and
iii. document the child's symptoms of illness in the child's records.

3. The home child care/in-home services provider must:
    i. adjust blankets as needed;
    ii. ensure the child's head is not covered;
    iii. ensure there are no other risks of suffocation present; and
    iv. document the date, time and initial each direct visual check on the room's Notes Log.

PARENT ISSUES AND CONCERN POLICY

Purpose

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

Policy

General

Parents/guardians are encouraged to take an active role in our home child care agency and regularly discuss what their child(ren) are experiencing with our staff and, home child care and in-home services providers. As supported by our program statement, we support positive and responsive interactions among the children, parents/guardians, home child care and in-home services child care providers and staff, and foster the engagement of and ongoing communication with parents/guardians about the program and their children. Our home visitors are available to engage parents/guardians in conversations and support a positive experience during every interaction.

All issues and concerns raised by parents/guardians are taken seriously by Daisy Flower and will be addressed. Every effort will be made to address and resolve issues and concerns to the satisfaction of all parties and as quickly as possible.

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

An initial response to an issue or concern will be provided to parents/guardians within one - two business day(s). The person who raised the issue/concern will be kept informed throughout the resolution process.

Investigations of issues and concerns will be fair, impartial and respectful to parties involved.

Confidentiality

Every issue and concern will be treated confidentially and every effort will be made to protect the privacy of parents/guardians, children, home child care providers, in-home services providers, other persons in the premises, staff, students and volunteers, except

when information must be disclosed for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children's Aid Society).

Conduct

Our agency maintains high standards for positive interaction, communication and role-modeling for children. Harassment and discrimination will therefore not be tolerated from any party.

If at any point a parent/guardian, home child care provider, in-home services provider and/or staff feels uncomfortable, threatened, abused or belittled, they may immediately end the conversation and report the situation to the home child care agency head office.

Concerns about the Suspected Abuse or Neglect of a child

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

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

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

For more information, visit
http://www.children.gov.on.ca/htdocs/English/childrensaid/reportingabuse/index.aspx

Procedures

Nature of Issue or Concern	**Steps for Parent and/or Guardian to Report Issue/Concern:**	**Steps for Provider, Staff and/or Licensee in responding to issue/concern:**

<table>
<tr>
<td>Program-Related

E.g: schedule, toilet training, indoor/outdoor program activities, menus, etc.</td>
<td>Raise the issue or concern to

- the home child care/in home-services provider directly

or

- the home visitor and/or licensee.</td>
<td rowspan="3">- Address the issue/concern at the time it is raised; or

- arrange for a meeting with the parent/guardian within one - two business days.

Document the issues/concerns in detail.Documentation should include:

- the date and time the issue/concern was received;

- the name of the person who received the issue/concern;

- the name of the person reporting the issue/concern;

- the details of the issue/concern; and

- any steps taken to resolve the issue/concern and/or information given to the parent/guardian regarding next steps or referral.</td>
</tr>
<tr>
<td>General, Agency- or Operations-Related

E.g: fees, placement, etc.</td>
<td>Raise the issue or concern to:

- the home visitor or licensee.</td>
</tr>
<tr>
<td>Provider-, Staff-and/or Licensee-Related

E.g: conduct of provider, home visitor, agency head office staff, etc.</td>
<td>Raise the issue or concern to

- the individual directly

or

- the licensee.

All issues or concerns about the conduct of the home child care/in-home services provider or staff that puts a child’s health, safety and well-being at</td>
</tr>
</table>

	risk should be reported to the agency head office as soon as parents/guardians become aware of the situation.	Provide contact information for the appropriate person if the person being notified is unable to address the matter. Ensure the investigation of the issue/concern is initiated by the appropriate party within one - two business days or as soon as reasonably possible thereafter. Document reasons for delays in writing. Provide a resolution or outcome to the parent(s)/guardian(s) who raised the issue/concern.
Related to Other Persons at the Home Premises	Raise the issue or concern to - the home child care or in-home services provider directly or - the home visitor and/or licensee All issues or concerns about the conduct of other persons in a home child care/in-home services premises that puts a child's health, safety and well-being at risk should be reported to the agency head office as soon as parents/guardians become aware of the situation.	

Student- / Volunteer-Related	Raise the issue or concern to - the person responsible for supervising the volunteer or student or - the home visitor and/or licensee. Note: All issues or concerns about the conduct of students/volunteers that puts a child's health, safety and well-being at risk should be reported to the agency head office as soon as parents/guardians become aware of the situation.	

Escalation of Issues or Concerns: Where parents/guardians are not satisfied with the response or outcome of an issue or concern, they may escalate the issue or concern verbally or in writing to Agency Supervisor.

Issues/concerns related to compliance with requirements set out in the *Child Care and Early Years Act., 2014* and Ontario Regulation 137/15 must be reported to the Ministry of Education's Child Care Quality Assurance and Licensing Branch.

Issues/concerns may also be reported to other relevant regulatory bodies (e.g. local public health department, police department, Ministry of Environment, Ministry of Labour, fire department, College of Early Childhood Educators, Ontario College of Teachers, College of Social Workers etc.) where appropriate.

Contacts:

Daisy Flower Agency: 647-915-9683 or 437-655-3617

daisyflowerchildcare@gmail.com

Ministry of Education, Licensed Child Care Help Desk: 1-877-510-5333 or childcare_ontario@ontario.ca

SUPERVISION POLICY FOR STUDENTS & VOLUNTEERS

Purpose

Daisy Flower 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 home child care agency staff, and providers in the daily operation of home child care programs.

This policy will provide supervising home child care agency staff, providers, students and volunteers with 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 home child care agencies.

Policy

General

- Students and volunteers will always be supervised by a provider and/or home child care agency staff and never permitted to be alone with any child or group of children who receive child care at a premises.
- All student and volunteer placements must be first approved by the agency. All students/volunteers will need to complete a health assessment and immunization prior to starting to work with the agency. Students/volunteers will also be required to provide a current vulnerable sector check that is less than 6 months old.

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 every volunteer or student who is on an educational placement at the premises has a health assessment and immunization on file 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;
- Inform students and/or volunteers that they are never to be included in staff to child ratios or left alone with children.
- Appoint a provider and home visitor to the student and/or volunteer to supervise them, and inform the appointed persons 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 home child care Agency Staff and/or Provider must:

- Ensure that students/volunteers are supervised at all times and never left alone with children.
- Introduce students/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 home child care agency immediately of any student and or volunteer misconduct or contraventions with the agency's policies, procedures, prohibited practices or individual plans (where applicable) in accordance with the

home child care agency's written process for monitoring compliance and contraventions.

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/provider conduct, program statement implementation, the safety and well-being of children, etc.).
- Submit all required information and documentation to the home child care agency prior to commencing placement or volunteering, such as a valid VSC.
- Review and implement all required policies, procedures, and individualized plans, and sign and date a record of review, where required.
- Review any allergy lists and dietary restrictions and ensure they are implemented, where applicable.
- Respond and act on the feedback and recommendations of the provider and/or home visitor, 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 agency'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.

OUTDOOR PLAY

The Provider will take the children outside for two hours daily for outdoor play time. This will depend on weather conditions. As long as the weather permits, providers will take the children outside for outdoor play.

In regards to outdoor play, we ask that parents:

- Please dress the child appropriately according to the weather
- Please send any items according to the weather (i.e. sunscreen, hat, gloves, etc.) that may be needed for outdoor play time in the child's bag.

Parents will be notified where the children will be taken for outdoor play.

Field Trips:
If the provider plans on taking the children on a field trip, the Provider will notify the Agency and give at least a 24 hour notice to parents.

STANDING AND RECREATIONAL BODIES OF WATER POLICY

Purpose
The purpose of this policy is to instruct providers on the limitations regarding the use of and access to standing and recreational bodies of water for the health, safety and well-being of children in care.

Policy
Children in care are not allowed to have any access to or play in any standing or recreational bodies of water. Children in care are not to have any access to or be allowed to play in the provider's personal or any pools, hot tub, pond, kiddie pool, etc while in care.

Standing and Recreational Bodies of Water include but are not limited to:

- Pools,
- In ground and above ground pools
- Kiddie wading pools
- Hydro-massage pools
- Hot tubs
- Spas
- Beaches
- Ponds
- Lakes
- Ocean
- Rivers / Streams

As per regulatory requirements under the CCEYA:

- No child under six years old will use or have access to any standing or recreational body of water on the premises
- Children over the age of six years old or older may be allowed to use or have access to standing or recreational body of water (such as pools, beaches, etc) under the condition that a qualified lifeguard is present, parent's give permission beforehand, and there is adequate supervision of children at all times such as parents are present to support supervision.
- Every child must have an outdoor play supervision plan completed by parents for each child receiving child care at the premises.

Alternatives:
The use of lower-risk alternative water activity opportunities are permitted for children in care under the age of six years old or over with parental approval such as:

- Splash pads
- Sprinklers
- Water tables

These alternative activities must be supervised by the Provider and there must be adequate supervision of children at all times (e.g., having an additional adult present to support supervision depending on provider's comfortability and the number of children).

PROCESS FOR MONITORING COMPLIANCE AND CONTRAVENTIONS

Purpose

This policy sets out the process that will be followed to monitor the implementation of our policies, procedures and individualized plans on an ongoing basis.

The policy sets out how compliance and contraventions (non-compliance) with the policies, procedures and individualized plans listed below will be monitored, recorded and addressed.

This document is intended to fulfill the obligations set out under Ontario Regulation 137/15 for written policies and procedures for monitoring, recording and addressing compliance and non-compliance with policies, procedures and individualized plans for child care centers.

Policies and procedures required under the *Child Care and Early Years Act, 2014*:

- Provision of Equipment
- Standing Bodies of Water
- Anaphylactic policy
- Coronavirus (COVID-19) Policy
- Sleep Supervision
- Serious Occurrence
- Drug and Medication Administration
- Supervision of Volunteers and Students
- Program Statement Implementation
- Staff Training and Development
- Police Record Check
- Fire Evacuation
- Waiting List
- Parent Issues and Concerns
- Safe Arrival and Dismissal Policy and Procedures

Individualized plans required under the *Child Care and Early Years Act, 2014*:

- Anaphylaxis
- Special Needs
- Medical Needs

Policy and Procedures for Monitoring Compliance and Contraventions

1. Monitoring and Observations

- Daisy Flower will monitor each home child care agency staff, home child care/in-home services provider, student, volunteer and other person regularly present or ordinarily resident at a premises is to assess whether policies, procedures and individualized plans are being implemented, as follows:
    - Home Visitors will observe and monitor the home child care/in-home services provider
    - Provider and the Home Visitors will observe and monitor placement students;
    - Provider and the Home Visitors will observe and monitor volunteers; and
    - Home Visitors will observe and monitor the other persons regularly present or ordinarily resident in a premises.
- Monitoring and observations will be conducted on an ongoing basis through various means including, but not limited to:
    - participating regularly and informally in the program at a home child care/in-home services premises;
    - collecting feedback provided from families; and
    - reviewing written documentation (e.g. medication administration forms, daily written record, attendance records, etc.).
- Home child care agency staff, students, volunteers, home child care/in-home services providers and other persons regularly present or ordinarily resident at a premises are encouraged to raise questions or concerns to the home visitor about their own observations of others in order to encourage ongoing learning and constructive feedback.
- Monitoring will be conducted at different times of the day (e.g. morning, afternoon, periods of arrival/departure, rest periods, meal times, outdoor play periods, transitions, etc.) to observe that policies, procedures and individualized plans are being implemented as required for different parts of the program and daily routines.

2. Documentation and Records

- Monitoring and observations will be recorded. Records of monitoring and observations may be documented using the template found in Appendix A or the Standard Home Visitor Checklist.
- Documentation of observations will be completed at the time the observations are made or at least 12 times a year and will include concrete examples of observed compliance and non-compliance.
- All records will be stored in the Agency office for at least three years from the date they are created.

3. Follow-up

- Any areas of concern with an individual's ability to comply with policies, procedures and individualized plans will be brought forward to Agency Supervisor.
- Agency Supervisor will address their observations through a review and discussion with the individuals observed and will seek to or provide them with supports to achieve compliance as needed (e.g. additional training).

4. Dealing with Contraventions of Policies, Procedures or Individualized Plans:

- Daisy Flower will make every effort to clarify expectations, and encourages home child care agency staff, students, volunteers, home child care/in-home services providers and other persons regularly present or ordinarily resident at a premises to raise their questions and concerns about implementing policies, procedures and individual plans on an ongoing basis. However, these individuals need to understand that all non-compliances will be recorded and addressed.
- Progressive discipline, up to and including dismissal or agreement termination, may be used to address observed non-compliance with policies, procedures and individualized plans, taking into consideration the nature and severity of the incident, and the individual's history of previous non-compliances.

- Where a home child care visitor, student or volunteer is observed to be non-compliant, the home child care agency will take one or more of the following actions:
    - Inform the individual that a non-compliance was observed, including the review of records or documentation that provide evidence of the non-compliance;
    - Re-review the relevant policies, procedures, and/or individualized plans with the individual;
    - Issue a verbal warning;
    - Issue a written warning;
    - Inform any relevant parties (e.g. College of Early Childhood Educators, College of Teachers, College of Social Work and Social Services, the contact person for the program from which a student has been placed, CAS, police, etc.); and/or
    - Report violations with the College of Early Childhood Educators' Code of Ethics to the College.
- Where a home child care/in-home services provider and/or a person regularly present and/or ordinarily resident at a premises is observed to be non-compliant, the home child care agency will take one or more of the following actions:
    - Inform the individual that a non-compliance was observed, including the review of records or documentation that provide evidence of the non-compliance;
    - Re-review the relevant policies, procedures, and/or individualized plans with the individual;
    - Issue a verbal warning;
    - Issue a written warning;
    - Temporarily close the home child care/in-home services premises for a month;
    - Terminate the active agreement with the home child care/in-home services provider; and/or
    - Inform any relevant parties (e.g. College of Early Childhood Educators, College of Teachers, College of Social Work and Social Services, the

contact person for the program from which a student has been placed, CAS, police, etc.);

- Where an observed non-compliance meets the criteria for a reportable serious occurrence (e.g. an allegation of abuse or neglect), the serious occurrence policy and procedures will be followed.
- Where appropriate, the home child care agency will follow up with the family of a child in accordance with our policies and procedures on parent issues and concerns.

TRAINING AND DEVELOPMENT POLICY FOR HOME VISITORS AND PROVIDERS

At Daisy Flower, all the Home Visitors are going to be a Registered Early Childhood Educator. The role of the RECE in the agency will be to support and observe the provider to make sure that they are implementing and meeting all the Daisy Flower and the Ministry of Education policies and procedures.

As for ongoing training and professional development all the RECE employed with the agency will need to meet and complete all the requirements set out by the Continuous Professional Learning under the Early Childhood Educators Act,2007. The CPL program is designed to support RECEs to:

- Enhance their knowledge and skills
- Strengthen their professional judgment
- Improve their practice throughout their career.

The RECE employees will have to follow the requirements set out in the attached link: https://www.college-ece.ca/wp-content/uploads/2021/10/CPL_Notice_ENG-1-1.pdf to keep their job position.

At the agency level in order to support and monitor training and the development the agency will be providing the Home Visitor resources and the space to complete the CPL Program. The agency will also have the annual review meeting to review agency policies and procedures. Lastly, the agency will make sure that the Home Visitors attends all the assigned workshops as part of the professional development along with the licensed childcare providers.

The agency will also be responsible to keep the following documents at the agency office for all the Home Visitors:

- Annual RECE Registration
- RECE Diploma
- Offence Deceleration Form
- Annual Agency Policy Form
- Privacy and Confidentiality Policy Form
- Standard First Aid and CPR C
- Initial Medical and Annual Medical Form
- Vulnerable Sector Screening
- Resume
- Director’s Approval from the Ministry of Education
- Notice to Collect Information (MEDU)

Training and Development for the Childcare Providers

At Daisy Flower our providers will complete the 10 hours of professional development to increase their knowledge order to enhance their skills when providing quality of care. Agency will provide the providers a chance to complete the assigned workshops after care hours. The workshops will be held either in person or virtually. Providers will be responsible to annually complete the 10 hours professional development. Failure to comply will result in the termination of the agreement between the provider and the Agency.

DAILY COMMUNICATION

Please keep the provider and the Agency office posted if the child will not attend care.

Agency Contact: daisyflowerchildcare@gmail.com

In addition, please keep the provider updated to any changes in the child's normal routine.

DAILY SUPPLY LIST

We ask that parents provide a bag to the provider daily with the essential items for their child that the child will need while in care.

Essential items that need to be sent in a bag every day for the child include the following:

- Diapers
- Diaper changing sheet
- Diaper rash cream (if used)
- Sunscreen
- Diaper wipes
- Extra change of clothes (appropriate to the weather)
- Labeled bottles for water/milk
- Blanket for nap time

If the child uses or needs anything else during the day, parents are free to send it with the child as well. The provider will return the bag to parents everyday at pick up time so parents can refill the items as necessary.

NUTRITION

Providers will be following the Canada Food's Guide when preparing and serving the meals to all children in care.

- Each child over the age of 12 months will be provided with two snacks and a lunch daily.
- The menu plan being followed will be posted on the Provider's bulletin board and a copy of the menu plan can also be shared with parents upon request

- If parents choose to bring their own lunch and snacks, please make sure all food containers are clearly labeled with the child's name on it.

- Parents of children under the age of 12 months will need to provide the food and prepare bottles for their child along with informing the provider of the feeding schedule to follow.

- Parents are responsible for informing the provider and agency if their child has any food restrictions or allergies in advance to starting care.

- In cases where a child has food allergies, all written instructions for diet provided by the parent will be implemented.

MEDICATION POLICY

Purpose
The purpose of this policy and the procedures outlined within is to provide clear direction for staff, home child care/in-home services providers, students and volunteers to follow for administering drugs or medication to children at home child care/in-home services premises 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
- Over-the-counter, intended for acute, symptomatic treatment

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:

- 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, licensees must communicate this to home child care/in-home services providers (e.g. information will be included on the 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).
- Must be stored in accordance with the instructions for storage on the label and

the container or package must be clearly labeled with the child's name and the name of the item.

    - A container or package does not need to be labeled with a child's name where items are shared (if appropriate), such as hand sanitizer located at entrances and exits.

- 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.

This 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 to be administered 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 home child care/in-home services premises overseen by home child care agencies.

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 home child care agency'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 home child care agency's Authorization for Medication Administration.
- Home child care/in-home services providers will review Authorization for Medical Administration Forms with parents annually 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;
    - he 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 home child care/in-home services provider 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 at a home child care/in-home services premises 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 the home child care/in-home services provider or other persons regularly present or ordinarily resident at a premises for their own use will be kept inaccessible (e.g. stored in a locked cupboard) and will not be administered to children receiving care at any time.

Drug and Medication Handling and Storage:

- All drugs and medications will be kept inaccessible to children at all times. There are exceptions for emergency medications as outlined below:

    - Emergency medications will never be locked up and will be made easily accessible to the home child care/in-home services provider at all times, 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 backpacks that are unattended).
    - In case of an emergency, home child care/in-home services providers and other persons regularly present or ordinarily resident at a premises will be made aware of the location of children's emergency medications at all times.
- Emergency medications will be brought on all evacuations and off-premises activities.
- Where a child has written permission to carry their emergency medication, precautions will be taken to ensure that these medications are not accessible to other children (e.g., in backpacks that are not attended).
    - 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.
    - 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/guardian 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, the home child care/in-home services provider will ensure that the efforts made to return the drug or medication have been documented in the daily written record, and the drug or medication will 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 home child care/in-home services provider will be in charge of and deal with all drugs and medications to reduce the potential for errors in medication administration, whether on or off the premises.
- 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 with valid first aid training at a home child care/in-home services premises; 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.

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 premises closures).

- If a dose is missed or given late, reasons will be documented on the record of medication administration and a parent/guardian will be notified 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 incident will be documented in the daily written record and in the child's symptoms of illness record. A parent of the child will be notified.

Confidentiality

- 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).

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

1. The home child care/in-home services provider must:

   i. provide the parent/guardian 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 its original package; and

- is not expired.

iii. obtain the appropriate dispenser, where applicable;

iv. review the medication administration form (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 corrections and initial the 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 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 daily written record.

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

Roles and Responsibilities

1. The home child care/in-home services provider 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 in the premises;

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

iv. where there are safety concerns relating to the child carrying his/her own medication (e.g. exposure to other children), notify the home child care agency 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.

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 home child care/in-home services provider must:**

i. 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);

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

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

iv. 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);

v. 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

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

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

viii. where applicable, 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 person who becomes aware of the emergency situation and/or the home child care/in-home services provider must immediately:

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

ii. have the home child care/in-home services provider administer first aid to the child, where appropriate;

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

iv. contact a parent of the child.

After the emergency situation has ended:

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

vi. document the incident in the daily written record; and

vii. 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 home child care/in-home services provider must:

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

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

iii. 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);

iv. 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 Scenario C [a child is authorized to carry their own emergency allergy medication]);

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

vi. where there are safety concerns relating to the child's self-administration of drugs or medications, notify the home child care agency 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.

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

Roles and Responsibilities

1. Where adverse symptoms appear upon medication administration, the home child care/in-home services provider must immediately:

i. administer first aid to the child, where appropriate;

ii. 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;

iii. contact a parent of the child;

iv. document the incident in the daily written record; and

v. 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. Where the wrong dosage has been administered, the home child care/in-home services provider must immediately:

i. where applicable, follow the steps outlined in Scenario D (a child has a reaction to an administered drug or medication); and

ii. contact the parent of the child to report the error;

iii. report the error to the home child care agency;

iv. document the actual administration of the drug or medication on the medication administration record (see Appendix B); and

v. document the incident in the daily written record.

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 to the wrong child.

Roles and Responsibilities

1. The home child care/in-home services provider must immediately:

   i. where applicable, follow the steps outlined in Scenario D (a child has a reaction to an administered drug or medication); and

   ii. contact the parents of the children affected to report the error;

   iii. report the error to the home child care agency;

   iv. document the incident in the daily written record; and

   v. administer the medication to the correct child per Scenario C (a drug or medication must be administered to a child).

Where the reaction 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, the home child care/in-home services provider will attempt to return unused or expired drugs or medications to a local pharmacist for proper disposal.

3. The home child care/in-home services provider must bring unused and expired 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.

ALLERGY & ANAPHYLACTIC POLICY

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, home child care providers, in-home services providers, students, volunteers and other persons at a premises.

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

Anaphylaxis

A child with an anaphylactic reaction may show the following symptoms:

- Mouth: tingling, itchiness, metallic taste, swelling of tongue or lips
- Skin: itchiness, redness, rash, hives, swelling, warmth
- Throat: itchiness, tightness/swelling of throat, hoarseness, hacking cough
- Breathing: difficulty breathing, coughing, wheezing, shortness of breath, chest pain/tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny nose and watery eyes, sneezing), trouble swallowing
- Stomach: nausea, vomiting, pain, cramps, diarrhea
- Heart: dizziness, lightheaded, unsteadiness, drowsiness, pale/blue skin colour, weak pulse, passing out, shock
- Other: anxiety, feeling of "impending doom", headache, uterine cramps

The most common Anaphylaxis allergens are specific foods, insect stings, medication, and latex.

Food allergies can be caused through digestion, inhalation, or touch. Common food allergens that may cause anaphylaxis reaction include:

- Peanuts

- Tree nuts
- Eggs
- Milk
- Mustard
- Sesame seeds
- Soy
- Wheat
- Shellfish
- Fish

Insect stings that can cause anaphylactic reaction include:

- wasps
- bees
- hornets
- fire ants

Medication that can cause anaphylactic reaction include:

- Penicillin and related antibiotics
- Antibiotics containing sulfonamides (sulfa drugs)
- Anticonvulsants (seizure medication)
- Aspirin, ibuprofen and other nonsteroidal anti-inflammatory drugs (NSAIDs)
- Vaccinations

Latex items that can cause anaphylactic reaction include:

- car tires
- rubber bands
- elastic
- gloves
- pacifier
- rubber bands
- beach toys
- baby bottle nipples

Policy

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

- Before care is provided at a home child care/in-home services premises, the licensee/designate and/or home child care/in-home services provider will meet with the parent of a child enrolled through the home child care agency to obtain information about any medical conditions, including whether the child is at risk of having or has anaphylaxis.
- Before a child begins to receive care at a home child care/in-home services premises 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 home child care/in-home services providers and to all home child care agency home visitors, students and volunteers and will be kept on file at the agency office
- **All** individualized plans and emergency procedures will be reviewed with a parent of the child annually to ensure the information is current and up to date.
- Every child's epinephrine auto-injector must be carried everywhere the child goes.

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 home visitors of the home child care agency, as well as home child care/in-home services providers, other persons regularly present or ordinarily resident, students and volunteers at each premises.
- Do not serve foods where its ingredients are not known.
- Do not serve items with ‘may contain’ warnings on the label in a home child care/in-home services premises with a child who has an individualized plan and emergency procedures specifying those allergens.
- Ensure that parents label food brought to the home child care premises with the child’s full name and the date the food arrived at the home child care premises, and that parents advise of all ingredients. (excluding in-home services)
- Where food is provided from home for children, ensure that appropriate supervision of children is maintained so that food is not shared or exchanged.
- Encourage parents who serve foods containing allergens at home to ensure their child has been rid of the allergens prior to attending the home child care premises (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 of children receiving care at the home child care/in-home services premises.
- Make sure each child’s individual plan and emergency procedures are kept-up-to-date and that all home child care agency home visitors, providers, other persons regularly present and ordinarily resident, students, and volunteers at the home child care/in-home services premises are trained on the plans.
- Create allergy lists for each home child care/in-home services premises and ensure that they are up to date in each premises and implemented.
- Update providers, other persons regularly present and ordinarily resident, home visitors, 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 for a child receiving care at a home child care premises while maintaining the confidentiality of children.
- Avoid/limit latex items in the home where possible
- Supervise children closely to avoid cross contamination of foods or sharing of personal items that may contain latex (pacifiers or baby bottle nipples)
- Do not give child any medications that is not approved by parents
- The strategies in this policy will be updated or revised and implemented depending on the allergies of children receiving child care at home child care/in-home services premises.

Rules for Parents Who Send Food with their Child

- Ensure that parents label food brought to the home child care premises with the child's full name and the date the food arrived at the home child care premises.
- Parents must advise the home child care provider of all ingredients in food supplied by the parent or any ingredients to which children may be allergic.

Communication Plan

The following is our communication plan for sharing information on life-threatening and anaphylactic allergies with the home child care/in-home services providers, home child care agency home visitors, students, volunteers, parents and families.

- Parents will be encouraged not to bring/have foods to/at the home child care/in-home services premises that contain ingredients to which children may be allergic
- Parents and families will be informed about anaphylactic allergies and all known allergens at the home child care/in-home services premises in which their child is enrolled through via email
- A list of all children's allergies including food and other causative agents will be posted in all cooking areas at each home child care/in-home services premises, and will be made available in any other area where children may be present.

- Each child with an anaphylactic allergy who is enrolled at a home child care/in-home services premises through the home child care agency 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.
- In cases where a child has food allergies and the meals and snacks provided by the home child care provider cannot meet the child's needs, the parent may be asked to supply snacks/meals for their child. All written instructions for diet provided by a parent will be implemented.
- The home child care agency will communicate with the Ministry of Education by reporting serious occurrences where a life-threatening situation 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 home child care agency 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 be carried by children with parental authorization so that they can be administered quickly when needed.

Training

- Home child care/in-home services providers and/or home visitors will ensure that they 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.

- Once the home child care/in-home services provider and home visitor have been trained, they will ensure training is provided to all other persons regularly present and ordinarily resident, students and volunteers.
- Training will be repeated annually and any time there are changes made to any child's individualized plan and emergency procedures.
- A written record of training on procedures to be followed for each child who has an anaphylactic allergy in a home child care/in-home services premises will be kept for home child care agency home visitors, home child care/in-home services providers, other persons regularly present and ordinarily resident, students and volunteers at the premises, 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.

Responsibilities

Agency:

- Obtain the child's individual plan and emergency procedures from parents.
- Follow up with parents annually to make sure child's individual plan and emergency procedures, and list of allergies are up-to-date.

Provider:

- Monitor to make sure that children in care do not share foods.
- Implement proper handwashing to prevent cross contamination of foods.
- Be mindful of ingredients and foods served to children.
- Learn from parents how to properly use the child's epinephrine injector before the child's start in care.
- Keep child's epinephrine injector near by and with them when going outside for outdoor play.
- Make sure epinephrine injector is safely out of reach of children.

- Make sure menu plan respects allergies and restricted foods or inform parents to provide their own food for the child.
- Inform families of children in care to be mindful of allergies while maintaining confidentiality of child.

Parent:

- Inform the agency and provider about the child's allergies.
- Complete / have a physician complete an individual anaphylactic plan for the child before start in care and annually update it if necessary.
- Give the provider an up-to-date epinephrine injector.
- Train the provider on how to use the epinephrine injector.
- Provide a list of foods to avoid.
- Provide food for the child if requested that meets allergy restrictions of all children in the home.

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.	1. The person who becomes aware of the child's anaphylactic reaction must

	immediately: i. implement the child's individualized plan and emergency procedures; ii. contact emergency services and a parent/guardian of the child, and the agency or have another person do so where possible; iii. 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). 2. Once the child's condition has stabilized or the child has been taken to hospital, the home child care/in-home services provider must: i. follow the home child care agency's serious occurrence reporting policies and procedures; ii. document the incident in the daily written record; and iii. 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.	● The home child care/in-home services provider must: i. ensure that written parental authorization is obtained to allow the child to carry their own emergency allergy medication; ii. 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 backpack, kitchen counter);

	iii. 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 iv. Where there are safety concerns relating to the child carrying his/her own medication (e.g. exposure to other children, fidgeting with the Epipen), notify the home child care agency or home visitor 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.

SANITARY POLICY

Purpose

The purpose of this policy is to keep the care environment a healthy and safe place for children to play and learn. The purpose of this policy is to implement steps to maintain hygiene, and minimizing/preventing the spread of germs and infection diseases.

In addition to this policy, Daisy Flower will follow the direction of the local health authority.

Hand Washing:

Hand washing prevents the spread of germs. Providers and children in care should wash their hands:

- When arriving in the home
- After using the bathroom
- After children's diaper change or toilet use
- Before and after handling and serving foods or medication
- Before and after meals
- After sneezing or coughing
- After outdoor play
- After taking out/touching garbage
- After touching soiled items such as clothing, toys, etc.
- After coming in contact with bodily fluids (mucus, spit, blood, vomit, etc.)
- After removing gloves
- After caring for an ill child
- After outdoor play
- After touching an animal
- After participating in any activities that gets the hands dirty (painting, arts and crafts, etc)

Hand Washing Steps:

- Wet hands under running water
- Apply soap
- Lather hands with soap for at least 15 seconds. Rub between fingers, back of hands, fingertips, under nails
- Rinse hands thoroughly with water
- Dry hands with paper towel

Diaper Changing Steps:
(Optional to wear disposable gloves)

- Gather child's supplies (such as diapers, diaper bag, diaper changing sheet, diaper wipes, etc.)
- Wash hands Remove and discard the soiled diaper in the garbage
- Clean child
- Put on a new clean diaper on the child and dress them
- Wash hands and wash the child's hands.
- Clean and disinfect the change pad
- Wash hands

Toileting Steps:
(Optional to wear disposable gloves)

- Gather any necessary items needed (such as training diapers if the child uses any, etc.)
- Wash hands
- Place child on the toilet
- Clean the child
- Dress the child
- Wash hands and wash child's hands
- Flush toilet and clean/disinfect toilet seat
- Wash hands

Glove use

- Disposable gloves should not be used as a substitute for hand washing.
- Hands should be washed before and after glove use
- Gloves should be carefully removed so the outside of it does not touch your bare hand.
- Disposable gloves should be discarded after use.
- Glove use can be helpful when changing diapers, toileting, cleaning, or handling foods but are not mandatory.

Bleach Solution For Cleaning
Normal Strength - 1/4 cup (4 tablespoons) household bleach to 1 gallon water or 1 tablespoon of bleach to 1 liter of water
This can be used for cleaning toys, diapering areas, tables etc.

Extra Strength (1:1) - 1 part household bleach to 9 parts water.
This can be used for cleaning blood, feces, vomit, or during an outbreak.

Surfaces
Surfaces that are constantly touched should be cleaned daily or when soiled. Surfaces that are not touched as frequently can be cleaned weekly, when soiled, or as needed.

Some examples surfaces and when they should be cleaned include but are not limited to:

- Tables/ countertops: cleaned daily, before and after use
- Food preparation area and area where children eat: cleaned daily, before and after use
- Doorknobs: cleaned daily
- Toys: cleaned daily/weekly, or when soiled
- Cribs/cots: when soiled and sheets/blankets will be changed weekly
- Light switches: cleaned daily
- Floors/carpets: cleaned daily as needed, when soiled or immediately if there is a spill or accident
- Walls: cleaned at least once a week or when soiled
- Sinks: cleaned daily or when soiled
- Toilet bowl - cleaned at least once a week
- Toilet seat- cleaned daily

Personal belongings
Personal belongings of each child should be labeled and stored in a clean location to prevent touching each other, being shared or mixed up between children. Some items include but are not limited to:

- Pacifiers/Soothers
- Bottles
- Diaper changing supplies
- Food containers and utensils

Toys
Toys should be cleaned/disinfected when soiled or at the following frequency:

- Toys that are put in mouth by children should be cleaned daily
- Large toys that are not put in mouth by children can be cleaned weekly
- Toy bins will be cleaned as needed
- Dress up toys should be laundered weekly

Laundry

Children's soiled clothes, blankets, sheets will be put into a plastic bag and sent home for parents' to clean and laundry.

POLICY AND PROCEDURE IN DEALING WITH COMMUNICABLE DISEASES

Purpose
Ensuring that all Providers are trained and aware of infection prevention and control practices.

Policy
Information from: Toronto Public Health

This policy and procedure relates directly to how to identify, manage, respond to and report diseases of public health significance. At a minimum the following steps will be taken:

- Surveillance (e.g., observing children for illness upon arrival, recording symptoms, absences after outings, special events etc.).
- isolate/cohort children and staff who become ill while attending the care until they can be picked-up by parents
- Increased cleaning and disinfecting of high touch surfaces and areas in the home
- Inforce the following skills/practices:
    - Hand hygiene
    - Diapering and toileting
    - Communication (with parents and staff with respect to IPAC practices)
    - Environmental cleaning and disinfection
    - Toy cleaning and disinfection
    - Laundering
    - Pest control
- Reconsider and Conduct a risk assessment for all activities that considers:
    - Contamination of skin or clothing by microorganisms in the environment
    - Exposure to blood, body fluids, secretions, excretions and body tissues
    - Exposure to non-intact skin
    - Exposure to mucous membranes
    - Signs and symptoms of infection

Reportable diseases:

Disease	Signs and Symptoms	Transmission	Infectious Period	Exclude?
Chickenpox (Varicella-Zoster virus)	Generalized, itchy rash: Crops of small red spots turn into fluid-filled blisters that crust as they resolve. Other systemic symptoms such as fever.	Airborne: Spreads easily from person-to-perso n through the air (coughing/sneez ing). Contact: Direct contact with the fluid from the blisters or respiratory secretions.	1 to 2 days before the rash develops, until crusting of all lesions (usually 5 days).	No – If child feels well enough to participate.
Norwalk (Norovirus)	Sudden onset of watery diarrhea, abdominal cramps and nausea. Symptoms last from 24 to 60 hours.	Contact: Direct contact with bodily fluids (contaminated hand to mouth). Indirect contact with contaminated food, water or other objects or surfaces contaminated with stool.	For duration of diarrhea.	Yes -24 hrs symptom free Or 48 hrs symptom free during an outbreak.
Measles (Tubeoloa, Red Measles, Morbillivirus)	High fever, cough, runny nose, red eyes for 2 to 4 days before rash starts. Rash begins on face as small red spots, which enlarge and clump together and spreads down body.	Airborne: Spread easily from person-to-perso n through the air (Highly contagious). Contact: Direct contact with respiratory secretions of an infected person	3 to 5 days before onset of rash until 4 days after onset of rash.	Yes – Until 4 days after beginning of rash and when the child is able to participate.
Mumps (Rubulavirus)	Swollen and tender glands at the jaw line on one or both	Swollen and tender glands at the jaw line on one or both	7 days before to 9 days after onset of swelling.	Yes – Until 5 days after onset of parotid gland swelling.

	sides of the face. May include fever, malaise, headache, inflamed testes and respiratory symptoms (especially for children aged five and under.)	sides of the face. May include fever, malaise, headache, inflamed testes and respiratory symptoms (especially for children aged five and under.)		
Pertussis (Whooping Cough, Bordetella pertussis)	Usually begins with runny nose and cough. Cough progressively becomes frequent and severe and may result in a high-pitch whoop sound. Loss of breath or vomiting after coughing bouts may occur. May last 6 to 10 weeks.	Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters.	Highly infectious in the early stages of runny nose and cough to 3 weeks after onset of whooping cough (paroxysms), if not treated. Or after 5 days of treatment.	Yes – Until 5 days of appropriate antibiotics have been completed. If untreated, until 21 days after onset of cough.
Rubella (German Measles, Rubivirus)	Characterized by a red rash, low-grade fever and swelling of the glands in the neck and behind the ears. Usually uncomplicated illness in children.	Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters. Contact: Direct contact with respiratory secretions of an infected person.	7 days before to 7 days after onset of rash.	Yes -For 7 days after onset of rash.

Non-reportable diseases:

Disease	Signs and Symptoms	Transmission	Infectious Period	Exclude?

Common Cold (Rhinoviruses)	Runny nose, sneezing, sore throat, cough, fever, headache, decrease of appetite and lack of energy. Most colds last for 7 to 10 days.	Droplet: From cough and sneeze of an infected person to a distance of < 2 meters. Contact: Direct contact with respiratory secretions. Indirect contactwith toys, other objects or surfaces contaminated with respiratory secretions.	Highest during the first 2 to 3 days of symptoms and until 7 to 10 days after onset of symptoms.	No – If child feels well enough to participate.
Hand, Foot & Mouth Disease (nonpolio enteroviruses)	Fever, loss of appetite, malaise, sore throat, small painful mouth ulcers and a rash (small red spots or blisters on hands, feet and in mouth) and headache. May last 7 to 10 days.	Contact: Direct contact with stool, saliva, nose and throat secretions or fluid from the blisters of an infected person. Indirect contactwith contaminated toys, objects or surfaces.	For duration of illness and up to several weeks after onset of illness.	No – If child feels well enough to participate.
Impetigo (Streptococcus pyogenes or Staphylococcus aureus)	Cluster of red bumps or fluid-filled blisters, which may ooze a clear fluid or become covered by an itchy honey-coloured crust. Usually appears around a child's mouth, nose or on exposed skin of the face or limbs.	Contact: Direct contact with skin lesions. Indirect contactwith contaminated bed linens or clothing.	From onset of rash until 1 day after start of treatment.	Yes – Until 24 hours after treatment has been initiated. Lesions on exposed skin should be covered.

Fifth Disease (slapped cheek erythema infectiosum, Parvovirus B19)	A very red rash on a child's cheeks (slapped face appearance). A red, lace-like rash develops on torso and arms, then over the rest of the body. Rash may itch occasionally. May have low-grade fever, malaise, or a mild cold before rash starts. Rash may last 1 to 3 weeks.	Contact: Direct contact with respiratory secretions.	Several days before the appearance of the rash. Not infectious once rash appears.	No – If child feels well enough to participate.
Conjuntivitis (Pink Eye, nontypable Haemophilus influenzae, S. pneumoniae, Viral adenoviruses)	Purulent: Pink or red eyeballs, white or yellow discharge, matted or red eyelids and eye pain. Usually caused by a bacterial infection. Non-Purulent: Pink or red eyeball, clear and watery discharge, mild or non pain. May be caused by virus or non-infectious condition.	Contact: Direct contact with eye secretions. Droplet:From coughs and sneezes of an infected person to a distance of < 2 meters.	Bacterial:Infectious until 24 hours of appropriate antibiotic treatment. Viral: Infectious as long as there is eye discharge.	Yes – Until assessed by their health care provider. For bacterial conjunctivitis exclude until 24 hours after appropriate antibiotics has started.
Ringworm, (Tinea Corpis, various types of fungi)	Itchy, flaky ring-shaped rash, on face, trunk, limbs, scalp, groin or feet.	Contact: Direct contact (skin-to-skin). Indirect contact sharing combs, unwashed clothes, shower or pool surfaces	As long as rash is untreated or uncovered.	Yes – Until the appropriate treatment has been started.

		and under fingernails from scratching. Can also be acquired from pets.		
Scarlet Fever (Streptococcus pyogenes)	Sore throat, fever, swollen tender neck glands with widespread bright red rash covering the entire body. Commonly seen on neck, chest, underarms, elbow, groin and inner thigh, tongue (strawberry tongue). Typically rash does not involve face, but there may be flushed checks. Rash feels like sandpaper.	Contact: Direct contact with saliva. Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters.	Until 24 hours after appropriate antibiotic treatment started. In untreated cases, 10 to 21 days.	Yes – Until 24 hours after treatment has started and the child is able to participate in activities.
Strep Throat (Streptococcus pyogenes)	Sore throat, fever and swollen tender neck glands.	Contact: Direct contact with saliva. Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters.	Until 24 hours after appropriate antibiotic treatment started. In untreated cases, 10 to 21 days.	Yes – Until 24 hours after treatment has started and the child is able to participate in activities.

Non- Reportable Critters:

Critters	Signs and Symptoms	Transmission	Infectious Period	Exclude?

Head Lice (Pediculosis capitis)	Itchy scalp, nits (whitish-grey egg shells) attached to hair shafts, live lice.	Contact: Direct contacthead-to-head (live lice). Indirect contact by sharing hats, hair brushes, headphones, etc.	While nits or lice are present.	No – Children with head lice can attend school/day care and should be treated. Children should avoid close head-to-head contact.
Pinworms (Enterobius vermicularis, nematode, roundworm)	Itching around the anus, disturbed sleep and irritability.	Contact: Direct contact from fingers contaminated from scratching. Indirect contact from contaminated bed linens, clothing, toys, etc.	Until treatment is completed.	No – Re-infection from contaminated hands is common, therefore reinforce hand washing.
Scabies (Sarcoptes scabiei)	Red, very itchy rash which usually appears between fingers, on palms, underarms, wrists, soles, elbows, head and neck. Itchiness is usually worse at night.	Contact: Direct contact from person-to-person, prolonged, close and intimate skin-to-skin contact. Mites are almost invisible to the naked eye.	Until treated, usually after 1 or 2 courses of treatment, a week apart.	Yes – Exclude until after 24 hours of the first treatment given.

Outbreak:
An outbreak is when a greater than expected number of children and Provider have similar symptoms of illness in a given period of time.

Outbreaks of gastrointestinal illness in child care settings are most frequently caused by viruses such as noroviruses and rotaviruses. However, bacteria and other pathogens can also cause outbreaks. Gastroenteritis outbreaks must be reported to the Toronto Public Health (TPH).

Reporting possible gastrointestinal outbreaks to Toronto Public Health's Communicable Diseases Surveillance Unit at 416-392-7411

Identifying an Outbreak:
Symptoms of gastrointestinal illness may include vomiting, diarrhea, abdominal cramps and fever.

A case of gastrointestinal illness can be defined as:

- two or more episodes of diarrhea within a 24-hour period
- two or more episodes of vomiting with a 24-hour period
- one or more episodes of diarrhea and one or more episodes of vomiting within a 24-hour period

An outbreak of gastroenteritis is defined as two or more people (children or provider) with the same symptoms within 48 hours.

Prompt implementation of control measures will help to minimize the risk of further spread of the infection in the child care setting. Control measures include:

- Exclusion of ill children: Ill children must stay at home until they have been symptom-free of vomiting and/or diarrhea for 48 hours.
- Cohorting of ill children: Children who become ill while attending the care should be isolated from other children until a parent or guardian can take them home.
- Cleaning and disinfection: Routine cleaning and disinfection is important to prevent the spread of infections. During an outbreak additional cleaning and disinfection measures are needed including, but not limited to:
    - Cleaning and disinfecting common areas, high touch surfaces and toys more frequently.
    - Ensuring that the disinfectant used during an outbreak is effective to kill norovirus (a virus that commonly causes outbreaks in child care settings).
    - Avoiding sensory activities (e.g., water or sand play, play-dough).

    - Hand Hygiene. Hand hygiene should be done more often during an outbreak. Proper hand hygiene is the most effective way to prevent the spread of infections.
    - Infants and young children should be supervised when performing hand hygiene to ensure it is done properly.
- Ensure adequate supplies are available to perform hand hygiene.
- Communication with parents to inform them an outbreak has occurred in the home. Distributing outbreak advisory letters to parents/guardians
- Posting outbreak notification sign(s) at entrances to the home

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 home child care providers, staff (e.g., home child care visitor, home child care agency administrators, etc.), students and volunteers with a clear direction as to what steps are to be taken when a child does not arrive at the home child care premises as expected, as well as procedures to follow to ensure the safe arrival and 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.

Policy and Procedures

Accepting a Child Into Care

The home child care provider is responsible for signing children in on the attendance record as children arrive at the home premises where care is provided.
The home child care provider is responsible for ensuring any communication from parents/guardians related to drop-off or absences is noted on the daily written record.
Where a child has not arrived in care as expected

1. Where a child does not arrive at the home child care premises and the parent/guardian has not communicated a change in drop-off or that the child will be absent (e.g., left a voice message or advised the home child care provider at pick-up) the home child care provider must:
    - Contact the child's parent/guardian not later than 10:00 am. Home child care providers shall call child's parent/guardian at least once and leave a text message if no response is received until they make contact with an adult to confirm the child's absence.
    - If the home child care provider is not able to reach any parent/guardian to confirm the child's absence from care, the provider must contact and inform the home child care agency office.
2. Once the child's absence has been confirmed, home child care provider shall document the child's absence on the attendance record and any additional information about the child's absence in the daily written record.

Releasing a Child From Care

The home child care provider shall only release the child to the child's parent/guardian or another individual that the parent/guardian has provided written authorization that the child may be released to.

Where the home child care provider does not know the individual picking up the child, the home child care provider must 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 provided by parent/guardian.

Where a Child Has Not Been Picked Up As Expected

1. Where a parent/guardian or authorized individual who was supposed to pick up a child from care and has not arrived by an hour after the arranged pick up time, the home child care provider shall proceed with contacting the child's parent/guardian. The home child care provider shall ensure that the child is given a snack and activity, while they await their pick-up.
2. The home child care provider shall contact the agency, who will then contact 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 agency office will contact the parent/guardian first and then proceed to contact the authorized individual responsible for pick-up if unable to reach the parent/guardian/guardian.
3. Where the home child care provider is the person contacting the parent/guardian and they have been unable to reach the parent/guardian or authorized individual who was responsible for picking up the child, the home child care provider shall contact the home child care agency and then contact the authorized individuals listed on the child's file.
4. Where the home child care provider and agency is unable to reach the parent/guardian or any other authorized individual listed on the child's file (e.g., emergency contacts) by one hour after arranged pick up time the home child care provider shall proceed with contacting the local Children's Aid Society (CAS) at 416-924-4640. The home provider shall follow CAS's direction with respect to next steps. The home child care provider shall also advise the agency.

Dismissing a Child From Care Without Supervision Procedures

Home child care provider 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.