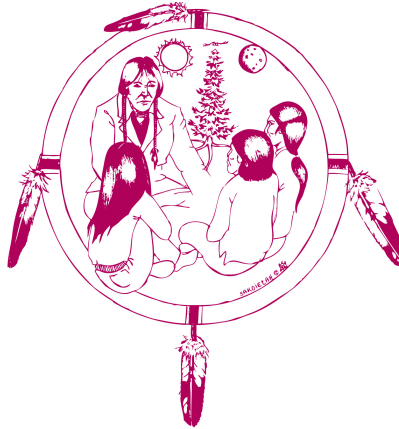


Ahkwesāhsne Mohawk Board of Education



POLICY

CHILD CARE PROGRAM POLICIES & STANDARD OPERATING PROCEDURES

PLEASE NOTE

AMBE POLICIES ARE GOVERNANCE DOCUMENTS THAT STATE THE BOARD'S DECISION RELATED TO AN AREA OF OPERATION BY STATING PURPOSE, PRINCIPLES AND DIRECTIVES, BASIC PROCEDURES, AND KEY RESPONSIBILITIES.

This policy was adopted for the first time by the Ahkwesāhsne Mohawk Board of Education (AMBE) on:

Subsequent amendments:
_____, 20__

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2.0 Purpose

The Akwesasne Child Care Program defines the licensed care for children from three months (six weeks Private Home Day Care) of age through six years under the structure of the Board, and the Board of Trustees' expectations related to the safety, supervision, health and education enrolled within our child care facilities.

3.0 Definitions

In order of appearance.

- 3.1 The Board** Refers to the Ahkwesâhsne Mohawk Board of Education (AMBE), which includes both the governance and administrative structure.
- 3.2 Board of Trustees** A duly called meeting of Trustees to conduct the official business of the Ahkwesâhsne Mohawk Board of Education.
- 3.3 Director of Education** The executive officer and lead manager of the Ahkwesâhsne Mohawk of Education who is directly accountable to the Board for the administration of the Board's schools, centers, programs, and services and the management of its human, financial, and material resources. The Director of Education is an Ex-officio member of the Board.
- 3.4 The Council/MCA** Mohawk Council of Akwesasne.
- 3.5 Strategic Plan** The governance document that describes a 3 to 5 year planning cycle the Board's: central focus areas or unifying themes and goals (desired end results).
- 3.6 Integrity** Being honest, ethical, and demonstrating strong moral principles consistent with Akwesasne Mohawk culture and traditions.
- 3.7 Equity** Treating students, parents/guardians, teachers, staff, management and all members of the Ahkwesâhsne Mohawk Board of Education community with fairness, impartiality and the principles of merit.
- 3.8 Accountability** Taking responsibility and being able to justify actions and/or decisions, including accepting responsibility for decisions and actions of those one supervises.
- 3.9 Delegation** When a person empowers another to take responsibility and act on their behalf or on behalf of the Board. The delegating person remains accountable to the Board and in turn holds the person being delegated responsibility accountable to them.
- 3.10 Administrative Framework** An administrative document that provides general guidelines for: the implementation of School Board Policies; ongoing administrative activities; and specific administrative functions.
- 3.11 Annual Plans** The administrative document that operationalizes the Strategic Plan, through specific Outcomes and Strategies. The Annual Plans takes a short and medium term perspective, projecting 2 to 3 years, and is reviewed annually by the administration to take into consideration changing needs.

4.0 Expectations and Implementation

4.1 Principles and Directives

- 4.1.1. The Board is committed to safeguarding the public interest and trust in the Board.
- 4.1.2. The conduct of staff members must always bring honor and respect to the Ahkwesâhsne

Mohawk Board of Education.

- 4.1.3. The Board expects that staff conduct will reflect the key values of Board of Trustees: Integrity, being honest, ethical and demonstrating strong moral principles consistent with Akwesasne Mohawk culture and traditions; Equity, treating students, parents/guardians, other staff and all members of the Ahkwas̓hsne Mohawk Board of Education community with fairness, impartiality and the principles of merit; and Accountability, taking responsibility and being able to justify actions and/or decisions, including accepting responsibility for decisions and actions of those one supervises.
- 4.1.4. The success of the Board relies on staff members fulfilling their roles and responsibilities with the highest standard of conduct; performing their duties in good faith and in the best interests of the students and the Board.

4.2 Program Statement

The Akwesasne Child Care Program (ACCP) offers extensive learn through play services and care to children and their families to promote successful development socially, emotionally, within holistic environments and within all other aspects of their lives.

4.3 Guiding Values

The program is consistent with the Ontario Ministry of Education policies, programming and pedagogy within our centers and private home program. The guiding documents that support our programming include:

- How Does Learning Happen? Ontario's Pedagogy for the Early Years (HDLH),
- Ontario Early Years Framework,
- Think Feel Act: Lessons from Research about Young Children (TFA),
- Early Learning for Every Child Today (ELECT).

The ACCP is a culturally relevant early learning program within a Mohawk community that believes in the inclusive ideology that all children are competent, capable, curious and rich in potential.

ACCP recognizes that each child is a unique individual who brings his or her own abilities to the program and deserves the encouragement and space to try new things, explore new ideas, and develop their own unique creativity.

We provide an environment that promotes curiosity and exploration. We believe every child deserves a safe and caring environment in which they will grow and develop to their maximum potential.

ACCP understands the importance of children's stages of development. For each child, their stage of development is individualized. Contributing factors include their unique family, community and life experiences. We aim to integrate all areas of child development in our program.

Our goals and approaches for children and their families are outlined below, each family is made aware upon enrollment and it is listed in our parent handbook.

4.4 Program Statement: Goals & Approaches S.46(3)9a)-(k)

Each staff, volunteer, home care provider reviews the goals and approaches and signs off annually, or any time this document is modified. The goals and objectives are implemented within the Kawehnoke Child Care Center, the Kanatakon Child Care Center, the TsiSnaihne Child Care Center, and within all of the Akwesasne Child Care Private Homes.

Each goal is listed a-k with corresponding task, measure of success and also staff person responsible in brackets.

- A) The Akwesasne Child Care Program promotes the health, safety, nutrition and well-being of children;
 - By ensuring all policies and procedures are developed and signed off annually by all staff, volunteers, and students (Supervisors)
 - By implementing universal precautions and handwashing throughout the day (RECEs)
 - By creating healthy menus and serving nutritional foods in a safe manner three times daily (Cooks)
 - By monitoring the well-being of children, make efforts to reduce stress levels of children (Supervisors & RECEs)
- B) The Akwesasne Child Care Program will support positive and responsive interactions among the children, parents, child care providers and staff;
 - By training staff on ELECT, HDLH, & TFA and providing professional development (Supervisors).
 - By promoting a child centered, competent, capable, curious, and rich in potential outlook of the child (RECEs, Cooks, Supervisors).
 - By engaging parents on a daily basis (Supervisors, RECEs)
 - By valuing every stakeholder to provide the best experience within child care (ALL).
- C) The Akwesasne Child Care Program encourages the children to interact and communicate in a positive way and support their ability to self-regulate;
 - By promoting good words, respect for all, and positive communication will be promoted within all centers (RECEs, Supervisors)
 - By monitoring and encourage coping skills to self-regulate and self soothe (RECEs)
 - By ensuring stressors will be reduced as identified to encourage confidence and reduce frustration (RECEs & Supervisors)
- D) The Akwesasne Child Care Program fosters the children's exploration, play and inquiry.
 - By creating an exciting and stimulating environment inclusive of the atmosphere, classroom, outdoor centers (Supervisor, RECEs)
 - By fostering engaging conversation on a continual basis (RECEs)
 - By promoting learning through play, and taking a curious collaborative approach of shared thinking with the children. (RECEs)
- E) The Akwesasne Child Care Program provides child initiated and adult supported experiences;
 - By incorporating the child centered philosophy of TFA, ELECT, and HDLH (RECEs).
 - By connecting and engaging with children and developing a positive relationship (All)
 - By asking open ended questions, and building upon interests of the children (RECEs)
- F) The Akwesasne Child Care Program plans for and create positive learning environments and experiences in which each child's learning and development will be supported;
 - By developing learning centers that are consistent with children's interests within the room (RECEs)
 - By continuously monitoring and improving classrooms and outdoor space to enhance learning experiences (RECEs)
 - By developing programming that emerges from the experiences within the environments (RECEs)
- G) The Akwesasne Child Care Program 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 care;
 - By designing play spaces that spark curiosity and invite interest and questions (Supervisors & RECEs)

- By providing open ended materials and interesting objects within their environments (RECES)
- By planning daily routines with flow and a sense of calm and simplicity to reduce any stressors (Supervisors & RECES)
- Promote inclusion for all children to participate, aid those with special needs (ALL)

H) The Akwesasne Child Care Program plans for and create positive learning environments and experiences in which each child's learning and development will be supported;

- By determining what a child is interested in, what draws them in and building upon that (RECES)
- By working with child and conducting assessments (NDDDS tool) and making every effort to accommodate and facilitate inclusion for special needs children (Supervisors, Admin, RECES)
- By documenting learning through learning stories, one per child per week (RECES)

I) The Akwesasne Child Care Program involves local community partners and allows those partners to support the children, their families and staff;

- By participating in local networks to develop communication mechanisms to best service the child holistically, like Best Start, Head Start, schools, ACFS, Welfare, Community Health, Nutritionist, neighboring childcare centers, literacy specialist, St Lawrence College (Admin, Supervisors)
- By attending services on programs to conduct referrals to local agencies including child welfare, speech and occupational therapy, hearing, etc (Supervisors, RECES, Admin).
- By working collaboratively with community health, EHO, fire, and building safety to ensure the safety and wellness of children (Admin, Supervisors)

J) The Akwesasne Child Care Program supports staff, home child care providers or others who interact with the children at a child care center or home child care premises in relation to continuous professional learning;

- By providing three professional development days locally throughout the year to go over changes and updates (Admin, Supervisors)
- By offering on-going training throughout the year (Admin)
- By hosting staff meetings in each center once per month, and supervisory meetings to roll out new messages and increase program communication (Admin, Supervisors)

K) The Akwesasne Child Care Program documents and reviews the impact of the strategies set out in clause (a) to (j) on the children and their families;

- By releasing a handbook upon entry to each new family (Supervisor)
- By conducting an exit interview with each family upon exit (Supervisors)
- By sending home learning stories, engaging parents in conversation, documenting accidents, serious occurrences etc, being open and available for question and feedback (Supervisors, RECES Admin)
- By sending out changes in cubby's, email, facebook, telephone calls to parents to update them on the program as required (Admin, Supervisors).

4.6 Program of Excellence

In line with the AMBE's paddle of "Organizational Excellence" the ACCP is committed to providing a program of excellence.

4.6.1.Procedure:

In order to provide and maintain a program of excellence, a holistic approach will be adopted which is inclusive of,

- knowing what the parent's expectations of the program are through direct communication, surveys, exit interviews, and incorporating the best of their ideas,

- understanding that poor nutrition and inactivity are seriously affecting our children's health and that we must develop programs to address these concerns,
- realizing that we are role models for our parents and children and as such must conduct ourselves in ways that most around us will emulate,
- empowering our parents to become involved with our program.
- providing in-service training for our children that introduces and teaches them about serious life issues such as how to protect themselves from those who would harm them, or how to enhance social skills.
- giving children opportunities to learn and understand that there are times when certain activities must be done, such as hand-washing, putting toys away and remaining connected to the rope during a walk.
- Recognizing that as Early Childhood Educators we have the ability to make a child's day absolutely joyous!

4.7. Governance

The Mohawk Council of Akwesasne will work in conjunction with the Ministry of Education to ensure the safety and standards are met or exceeded for children receiving care within the Akwesasne Child Care Program.

4.8 . Legislative Authority

Each of our centers is a non-profit child care agency governed by the Mohawk Council of Akwesasne, Akwesasne Board of Education and licensed by the Ministry of Education.

The regulations under the Childcare and Early Years Act (CCEYA) of Ontario are outlined in the Childcare and Early Years Manual, which assists child care programs to comply with legislation that ensures initial and annual licensing.

The majority of ACCP staff are certified in Early Childhood Education (ECE), and also registered with the College of Early Childhood Educators of Ontario (RECE). Each staff member has at least two years of experience working with young children, as well as other criteria to meet the standards established by both the Province of Ontario and MCA.

4.8.1 Procedure:

A Mohawk Council Resolution (MCR) & Ahkwesasne Mohawk Board of Education (AMBE) must support and pass the document and program, however the Ministry of Education Licensing division has authority over safety standards and licensing issues as per Child Care and Early Years Act surrounding Akwesasne Child Care services.

The standard operating procedures will be modified regularly as policies change and improve as required by both the Ministry and the community, and it is a living document to be read and signed off annually.

4.9.0 Decision Makers Mandate

All Akwesasne Child Care employees, volunteers will guarantee to maintain the rights and needs of children as their highest priority while also recognizing the importance of the family unit.

All efforts will be made to meet this policy as they:

- Attempt to provide needed human and physical resources that benefit families and children in the long term; avoid looking for short term solutions.
- Contribute to the ongoing review, evaluation and modifications of services as needed by the community, families and children.
- Serve as a community representative to promote and protect children and families from unethical program policies and practices.

Possible Break - New Policy

5.0 General Administration

The Akwesasne Child Care Program, under the Ahkwesahsne Mohawk Board of Education, under the umbrella of Mohawk Council of Akwesasne, is licensed under the Ministry of Education Ontario. The administration office is responsible for overseeing the management of the three child care centers and the private home child care sites.

The centers are guided by the Child Care and Early Years Act, and licensing manual. All inquiries for administration policies and procedures are to be directed to the Superintendent by site supervisors and parents.

A detailed map of each center can be found at www.akwesasnechildcare.com

5.1.0. Vital Statistics

5.1.1. Ages of Children

The Akwesasne Child Care Program is licensed to accommodate children from 3 months to their 6th birthday. Children will be divided into infants (3 months – 18 months), toddlers (18 months to 2.5 yrs. 2 of 10 can be 16 months.), pre-schoolers (2.5 yrs to 6th birthday), afterschool (up to 6 years).

From time to time, the child care program may offer alternate programming,, summer programming, and after school care.

5.2. Maximum Number of Children Per Site

Kawehnoke Child Care Centre is licensed to accommodate 45 children.
6 Infants 15 Toddlers 16 Preschoolers 8 Afterschool

Kanatakon Child Care Centre is licensed to accommodate 26 children.
10 Infants 10 Toddlers or 16 Preschoolers

Tsi Snaihne Child Care Centre is licensed to accommodate 26 children.
10 Toddlers 16 Preschoolers

Private Home Day Care can be licensed to accommodate 5 children each.

5.3. Days and Hours of Operation

ACCP strives to provide child care services during daytime working hours. Each child care center is open year round from 7:30 am to 5:00 pm, Monday through Friday. The administrative office is open year round from 8:00 am to 4:00 pm, Monday through Friday.

Home care providers are private contractors and as such set their own days and hours of operation in agreement with the supervisor and the parents needing care.

5.4. Scheduled Closures of Centers

The Akwesasne Child Care Program maintains high standards of care by closing from time to time for training employees on professional development days, and observing holidays.

For professional development purposes, each child care center will close a few times annually. These closures will be communicated to parents by way of notes, phone calls or monthly calendar postings in a timely manner. Parents are encouraged to have a back up plan of child care in the event of these closures, and families will still be charged a flat rate during closures.

An annual calendar will be released each year.

5.5. Scheduled Holidays

The ACCP observes the following statutory holidays:

New Year's Day	Good Friday	National Indigenous Peoples Day
Victoria Day	Canada Day	Labor Day
Thanksgiving Day (Canada)	National Day for Truth & Reconciliation	
Remembrance Day observed	American Thanksgiving	Christmas Day
Boxing Day		

The Mohawk Council of Akwesasne also observes the following designated holidays:

Family Day	Jake Fire Day	Easter Monday	Civic Holiday
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5.6 Unscheduled Closures of Centers

On occasion, centers must close unexpectedly for emergencies or adverse weather conditions. Site supervisors will take action that ensures the health and safety of staff, parents and children.

If a child care center must close unexpectedly, the site supervisor will consult with the Superintendent at the administration office of the ACCP and also with the Director. The staff may be directed to notify the parents by phone that their children must be picked-up as soon as possible. Emergency numbers to reach parents must be up-to-date at all times.

Children are to remain at the center until persons authorized to pick them up arrive. Staff are to remain on site until the last child has left, and are never to leave the premises to seek out parents at their homes.

Ex: 2 hour delay, staff should arrive at 9:20am, cut off at 10:30am, please work with supervisors and communicate positively.

5.7. Closure during inclement weather

The Executive Director will assess the situation and determine whether there will be a delayed opening or a closure. A notice will be released as soon as possible and sent down the communication tree for staff. Supervisor's will send a message on Lillio (Hi Mama) and notices will be placed on social media and on CKON radio before 7:00 am. Parents and staff are reminded to tune in.

5.8. Record Retention

All the children's records are kept for 3 years from the last date of enrollment. All records related to the staff are kept for 3 years from the last date of employment. Files are to be locked away and made inaccessible.

Possible Break - New Policy

6.0 Employee Expectations

All staff of the child care program are considered staff of the Ahkwesahsne Mohawk Board of Education and also fall under the MCA General Personnel Policy, respect in the workplace policy and social media policy.

6.1. Procedure:

The employee expectations are in line with the General Personnel Policy however the employees of the child care program must also adhere to the employee expectations outlined within this policy that are specific to the program requirements.

The employees must also adhere to the standards within the Child Care Early Years Act, the Ontario Ministry of Education licensing standards as well as the College of Early Childhood Educators of Ontario if they are registered as an Early Childhood Educator.

6.2. Chain of Command:

The organizational hierarchy of the Akwesasne Child Care Program begins with the Registered Early Childhood Educators (RECE), Educational Aids, supply staff and Cooks are responsible to their center Supervisor. The Supervisors report to the Superintendent of Early Years who reports to the Director of Education, who reports to the board of education and the Executive Director of Mohawk Council.

The Caretakers report to the department of technical services although the site Supervisors identify their duties and ensure they are performed in a satisfactory manner.

6.3. Monitoring Compliance & Contraventions of Policies

6.3.1 ACCP Positive Guidance and Prohibited Practices Monitoring Chart (Monthly Coaching Form)

All staff, volunteers and students are to be supported monthly to check in and to ensure compliance of policies, to communicate one on one, and provide positive coaching and guidance. This will be a quick documented collaboration of goals and challenges between employee and supervisor to improve services. All staff and Private Home Providers must be monitored to ensure compliance by each center Supervisor.

6.4. Compliance with policies:

Every staff member will be required to sign off on all ACCP policies during orientation. The Supervisor or designated staff will walk each new staff person through the policies, and discuss the policy with staff, the staff person's signature will indicate their awareness and understanding of each policy. The policies will be signed off annually, or as needed if contravention.

This policy applies to all the policies listed in the document, as well as MCA policies, specifically but not limited to: Anaphylaxis Policy, Sanitary Practices Policy, Sleep Supervision Policy, Serious Occurrence Policy, Medication Policy, Program Statement Implementation Policy ((PSI) Behavior Guidance Policy), Playground Safety, Student & Volunteer Supervision', Staff Training & Development Policy, Criminal Reference Check & Offense Declaration, Fire Safety Policy, Wait List Policy, Individualized Plans, Parents Issues and Concerns Policy, Emergency Management Policies and Procedures.

6.5 Staff Individualized Plans - Personal Improvement Plans

The individualized plans are for staff to assist them in following guided instructions to improve performance and give them the tools to be successful at their jobs.

6.6. Monitoring Compliance on an Ongoing Basis:

The Supervisor will monitor policy compliance always and is required to immediately correct and explain/educate. To ensure compliance Supervisors will document monthly during coaching sessions and discuss with staff..

The following practices are in place to help ensure that only positive approaches are used at the Akwesasne Child Care Program:

- 1) A comprehensive discussion of each staff's child guidance philosophy will be completed during the interview process to ensure compatibility with the program statement and the CCEYA requirements.
- 2) Staff, students and volunteers will be made aware of the ACCP's policies and procedures, and individualized plans through the review and sign off. This policy and procedure will be reviewed and monthly coaching will begin one month after employment using the form.
- 3) The form includes observations, goals, contraventions, disciplinary action, policy, dates, comments, and is to be completed and signed by Supervisor and also discussed in detail with the staff, and signed off on by staff.
- 4) The Supervisor will also note successes and contraventions in the Staff Performance Review (PREA)
- 5) Training may be offered, coaching, and other approaches to ensure compliance.
- 6) All policies and individualized plans shall have the same general monthly monitoring process using the form; however, more serious contraventions will lead to investigation and documentation, and ultimately reported to the College of ECEs.
- 7) All complaints regarding prohibited practices made by anyone including parents, children, staff, students, and volunteers will be investigated and acted upon immediately by the Supervisor, or Superintendent. Serious occurrence procedures will be followed when required.

6.7. Contraventions of Policies:

Contravention measures for staff are normally a three step process as outlined in MCA's GPP. The exception is for certain kinds of misconduct which, because of its seriousness, will justify omitting one or more of the steps. When determining which contravention measure(s) will be taken, the following criteria will be considered by the Supervisor.

- 1)The seriousness of the offense
- 2)The actual or potential risk, or harm to the child
- 3)The past and recent performance of the employee

- 4)The frequency of occurrence
- 5)Previous contravention measures taken

Where action is necessary, it will be taken IMMEDIATELY by the supervisor in the case of the staff, students, volunteers. Failure to comply could result in:

For Students and Volunteers: 1) A verbal warning 2) Termination of placement
For staff: 1) A verbal warning 2) A written warning 3) Dismissal

Contraventions will be submitted to the College of ECEs as per their disciplinary guidelines by the Supervisor in accordance with their timelines.

6.8. Vulnerable Sector Criminal Reference Check

The ACCP follows the Vulnerable Sector Criminal Reference Check (VSCRC) Policy of MCA as well as signs off on CPIC Yearly Offense Declaration.

6.8.1 Procedure:

As the ACCP is a part of the vulnerable sector a criminal reference check must be conducted by all persons wishing to work in the child care center, including all new staff, term staff, volunteers, contractual persons, supply staff and any others that may interact with children. Exposure to the children will be conditional pending the outcome of the criminal reference check.

All new employees must be cleared by a Computer Police Investigation Check (CPIC) from the local Mohawk Police Department, prior to beginning work.

Staff will obtain a vulnerable sector reference check letter from HR.

The Akwesasne Mohawk Police attestation is included at the bottom of the vulnerable section check, signed off by an officer and dated.

If the results of the check should reveal a criminal record, the nature and relevance of the conviction and the sentence served will be taken into consideration by the Director.

Students under the age of 18 are not subject to a CPIC due to the Young Offenders Act.

Staff must submit a VSCRC every five years and a declaration four years in between no later than 15 days after the anniversary date of the previous declaration or CRC. VSCRC are required if there is a break in service longer than 6 months, or cannot be accepted upon employment if they are older than 6 months.

If a staff member does not have a vulnerable sector check upon hire they cannot work with the children, if staff do not have their vulnerable sector check up to date or within the 15 days of a signed declaration they cannot be left alone with children.

Information included in the VSCRC, offense declarations is kept confidential and is kept in a locked staff file.

6.7. Supervisor Designate

As per Child Care Early Years Act licensing requirements, each center supervisor must assign a person to become the designate in the event of any absence from the site, for whatever length of time. A note referring to such will be put in the Daily Log.

6.7.1 Procedure

The site supervisor will name a designate to be in charge in the event of their absence from the premises. In turn, if the designate is also out of the building a further designate must be named. The person chosen will preferably be a permanent employee with an ECE diploma, unless otherwise approved by the Ministry of Education. This person will be familiar with what happens on a daily basis.

Designates must be identified and approved and uploaded in the Child Care Licensing System (CCLS) electronically annually. This person must sign off and place the form in the licensing binder.

Designates will also enter serious occurrences in the CCLS as required.

The attached Supervisor's Designate Agreement must be filled out and signed by both the Supervisor and designate and dated, as well as the Supervisor's job description.

Designates are considered in the training mode when they agree to take on supervisor's duties. Additional pay is not given unless the position is 6 weeks or more. In this case the person becomes an Acting Supervisor.

A list of acting designate in order is also to be filled out and completed. Any staff changes must be updated here and also changed in the CCLS.

6.7.2. Akwesasne Child Care Program Supervisor Designate List Form

Supervisors must fill out the communication form and add it to the licensing binder to identify who is in charge with the phone numbers. Akwesasne Child Care Program Supervisor Designate Site Agreement is found in the Policy Forms Appendix and located in the licensing binder.

6.8. Students and Volunteers

Akwesasne Child Care Program may have volunteers, and/or Early Childhood Education (ECE) students or summer students working within the organization along with staff throughout the year. At all times student and volunteer must not be left alone with a child, and must be under the direction and supervision of Akwesasne Child Care Program staff.

6.8.1 Procedure:

Supervisors must ensure that all staff have read and adhere to the Student & Volunteer Policy upon hire and annually thereafter. Students and volunteers must be approved by the Supervisor at each center, and the Superintendent must be notified.

Students and volunteers must not be counted in ratio or have any direct unsupervised access to children & provide a clear criminal reference check if over 18yrs. Supervisors or designates are responsible for the orientation of each ECE placement and volunteer, including all sign off of all policies and procedures prior to working with children for the first time and at least annually thereafter.

Supervisor will assign each placement and volunteer with a playroom and the ECE within the room will become their mentor. The mentor must sign off on acceptance of the mentorship. Supervisor and RECE mentor will review their roles and responsibilities when directly supervising students upon placement.

Students and volunteers will be expected to shadow playrooms ECEs and assist as requested, ask questions and actively participate in the playrooms.

6.9. Student Mentor Form

The student mentor form must be completed with each ECE and summer student.

6.10. Culture and Language Workers

Akwesasne Child Care Program encourages the integration of fluent Mohawk speakers within the centers as much as possible.

6.10.1 Procedure:

When recruited or hired after public call out the Cultural and Language workers will enter into a service contract with the ACCP. They should NOT be counted in ratio, or cover breaks. They are required to obtain a CRC and make annual declarations as per CCEYA.

Supervisors or designates are responsible for the orientation of each worker including all sign off of all policies and procedures prior to working with children for the first time and at least annually thereafter.

7.0. Supervision and Child Ratios

As per CCEYA child ratios must be adhered to at all times to ensure safe supervision.

Each center has a supervisor who oversees all aspects of the child care center, including administrative, personnel and the facility to ensure an effective service.

7.1. Arrival and departure Ratio

1. Reduced ratios are not observed to be less than two-thirds of the required ratio.
2. Reduced ratios are not observed to be used for infant groups.
3. Reduced ratios are not observed to be used during outdoor play periods.
4. For programs that operate for six hours or more, during periods of arrival (i.e., first 90 min), departure (i.e., 60 min) and the rest period (i.e., up to two hours): toddler ratios are no less than 1:8; preschool ratios are no less than 1:12. Reduced ratios cannot be used in the case of a licensed infant group.

7.2. Safe Arrival and Departure Policy and Procedure

ACCP will ensure that any child receiving child care at the child care centers is only released to the child's parent/guardian or an individual that the parent/guardian has provided written authorization the child care center may release the child to.

- Children will only be released to an adult (18 Years of Age and over)
- If staff do not know the pick up person they will ask for identification before letting the child go.
- In an emergency parents can call and let the child go to someone not initially on the pick up list.

7.2.1 Procedures Accepting a child into care

When accepting a child into care at the time of drop-off, program staff in the room must:

- greet the parent/guardian and child.
- ask the parent/guardian how the child's evening/morning has been and if there are any changes to the child's pick-up procedure (i.e., someone other than the parent/guardian picking up).
- Where the parent/guardian has indicated that someone other than the child's parent/guardians will be picking up, the staff must confirm that the person is listed on or where the individual is not listed, and ask the parent/guardian to provide authorization for pick-up in writing (e.g., update authorized to pick up list).
- document the change in pick-up procedure in the daily written record.
- sign the child in on the classroom attendance record on HiMama/Lillio.

7.3. Where a child has not arrived in care as expected:

Where a child does not arrive at the child care center and the parent/guardian has not communicated a change in drop-off (e.g., left a voice message or advised the closing staff at pick-up), the staff in the classroom must:

- inform the supervisor or designate that the child is absent. no later than 10:30 am.
- Staff shall contact child's parent/guardian with a "Wellness Check" (e.g., call parent/guardian, send text message or email via program's communication app),

- When a child has not been in attendance for 3 days an email will be sent to Akwesasne child & family services - police to request a wellness check.

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

7.4. Releasing a child from care

The staff who is supervising the child at the time of pick-up shall only release the child to the child's parent/guardian or individual that the parent/guardian has provided written authorization that the child care may release the child to.

Where a child has not been picked up as expected by infant shift or 5 pm (before center closes) the closer shall contact the parent/guardian and advise that the child is still in care and has not been picked up and go through the emergency list until they talk to someone.

7.5. Late Pickup

Where a parent/guardian or authorized individual who was supposed to pick up a child from care and has not arrived by 5:00 p.m. , staff shall ensure that the child is given a snack and activity, while they await their pick-up.

Staff proceeds with calling the parent/guardian to advise that the child is still in care and inquire about their pick-up time. In the case where the person picking up the child is an authorized individual, the staff shall let them know the child needs to be picked up as the center is now closed.

If the staff is unable to reach the parent/guardian or authorized individual who was responsible for picking up the child, the staff shall contact the supervisor and let them know the situation.

Where the staff is unable to reach the parent/guardian or any other authorized individual listed on the child's file (e.g., the emergency contacts) by 6:00 p.m., the staff shall proceed with contacting the Akwesasne Child and Family services. 613-575-2000 Let the Police know the situation and ask for an on call worker from ACFS. Staff shall follow the ACFS's direction with respect to next steps.

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

Overtime will be granted. Leave a note in ADP. Supervisor will talk to the parents to avoid future situations.

8.0. Code of Ethics

Professional Ethics must be practiced at all times. The reputation of our child care program is vital, and a positive mature attitude is necessary while on the job.

8.1. Procedure:

The Code of Ethics Policy for the ACCP will be read, adhered to and signed by all staff before they commence employment and annually thereafter. Each staff member will retain a copy for their records and a copy will be kept in their personal file at the child care Center.

9.0 Staff Training & Development

Professional learning plans will be a vital part of practices that will provide educators and other support staff, parents and/or volunteers knowledge of child development practices and cultural curriculum development.

9.1. Procedure:

Staff training is offered during professional development days, and also throughout the year as training arises. RECEs should communicate their portfolio goals to supervisors to provide input on training by September 30th of each year to add to the following year's budget.

PD days are set at the beginning of the year and all staff are required to attend. Staff may be offered the opportunity to attend external training if budget permits, and staff can ask to attend training as well. Priority for training will be given to permanent staff and what aligns to portfolio goals.

10.0 Staff Placements and Transfers

All staff will be placed and transferred into playrooms and centers to best benefit the services and care of the program. Supervisors and Superintendent will review and justify movement based on the best interest of the child, and staff skills to best utilize and benefit the child and or playrooms.

10.1 Procedure:

Staff will be placed in playrooms upon hire based on their qualifications, experience, skill set, and team dynamics, each room must staff a RECE or “as otherwise approved” status from the Ministry of Education, this is an administrative driven placement or transfer.

Every effort will be made to ensure strong team dynamics and connections are made with children, however there are instances when ratios and or Ministry requirements must be met. A change in child enrollment and or special needs concerns may initiate a transfer.

Staff initiated transfers will be accepted by May 15th , and August 15th, unless a policy has been violated or there is a staffing issue.

playrooms are not set with specific RECEs or Educator Aids, and a staff’s leave of absence does not mean staff will return to the same playrooms or center.

11.0 Customer Service & Positive Environment

All staff and volunteers must maintain positive customer service skills at all times to create a positive and warm child and family focused environment.

All staff must present positivity by greeting parents and each other with smiles and a hello. Customer service is a priority of ACCP and staff must be pleasant at all times, ask questions, be courteous, empathetic, flexible and helpful.

Positive communication is essential, please offer and ask questions, be patient and understanding when dealing with everyone. Children deserve and thrive in a positive and stress free learning environment attuned and apathetic to the families home environment.

12.0 Professional Conversation in the playrooms

Professional conversation should be heard within the playrooms at all times, gossip is prohibited around the children and within the program, as per MCA's Respect in the Workplace Policy.

All staff must maintain professional conversations with each other, parents, and children at all times. Staff must engage the children in conversation to enhance language acquisition to build relationships and increase learning.

13.0 Facebook & Social Media

Conduct of behavior on social media must remain professional as it may be observed by parents and employers, and employees should be mindful of their posts and the appropriateness of their behavior. Your posts are a reflection of you and your employer, as a nurturing, loving, caregiver to their children. Negative posts and comments may result in disciplinary action.

14.0 Personal Phones, Visitors, Calls & Texts in playrooms

Supervision must be maintained at all times therefore personal visitors and personal phones, calls or texts are strongly discouraged in the playrooms. Cell phones are limited to use during walks for safety reasons and for documenting Lillio (Hi Mama) if the iPad is unavailable.

15. Staff with Enrolled Children

Staff who have their children or grandchildren enrolled in the ACCP may not work in the same playroom as their child.

Supervisors will try to make efforts to accommodate parents who are staff, but should it prove to be a difficult arrangement child or parent may have to transfer. Supervisors will also monitor behavior and favoritism in hallways and common areas, children should be treated equally if they are in the work environment.

Awkwardness surrounding disciplining a child of a coworker should be discussed prior to trial arrangement, and should not be an issue.

Employees must sign in the child, then proceed to sign in themselves and remove themselves from the room. We do not pay employees to watch their own children. Similar situations during field trips and events, employees are asked to use a vacation day if attending with their child.

16. Transporting Children

As per the Code of Ethics policy ACCP staff will not transport children in their own vehicles. Chartered bus or AMBE Vans may be utilized and driven by MCA fleet approved staff. Supervisors will also ensure that car seats and trip waivers are collected prior to trip.

17. Security Pogs & Access Cards

Access to the buildings is limited to ensure safety, staff are granted access and must ensure safety of the facility at all times.

All staff must obtain security cards on hire from the ACCP administration office to gain access to the building in which they are employed only. Staff must not access the building after hours without permission of the supervisor.

This card is issued and identified to the cardholder along with an access code. This card or code is not to be shared. A security code is also granted with the security card to be given to the security company when they call during fire or emergency.

It is your responsibility to report when your card is lost or stolen. In the event of a lost card the replacement card will cost \$20. In the event of a break in or stolen merchandise and it is found that access was gained by the unreported lost card, charges may be laid on the card holder.

18.0 Staff Shift Schedules

Schedules will be based on the needs of the program, proper coverage to ensure the operation of the program. Assigning staff shifts schedules is the responsibility of Supervisors, eight hour shifts will be allotted to all staff between 7:30am and 5:00pm.

Rotation is at the discretion of the Supervisor, but can also be a team discussion. Employees are expected to arrive early for their shift, but must only clock in at their designated time and work their full shift. Coming in late and making up your time at the end of the day is prohibited.

Prior approval is needed for overtime, otherwise excess time will be deleted.

If children have all left for the day, staff must remain on site until we close or use their leave credits to leave early. Planning or cleaning can be done when children are gone.

Supervisor's schedule is set by the Superintendent to ensure their availability to all parents and to ensure that important center concerns are addressed each day.

19.0 Payroll ADP - Workforce Now

All staff are required to accurately record their daily hours of work on the ADP payroll system.

- Employees must enter their time of arrival and departure.
- If an employee has not worked the full 8 hour shift, a notation in the comment section will indicate to what benefit the time loss is to be applied or the reason a full 8 hours was not worked. Conversely, if a staff member is asked by the supervisor to work over the 8 hours or attend a meeting or workshop in the evening or on a week-end, a notation to that effect will also be made.
- It is important to note that in any comp time earned by staff must be given prior approval of the supervisor and be used within the pay period.
- Staff benefits are automatically calculated in ADP.
- ADP approvals by Supervisors are due by noon on the Friday before payday.

20.0 Staff Absences/Calling In

In the event that a staff member is unable to report for work they must notify the Supervisor as soon as possible preferably the night before to maintain child/staff ratios. Arranging supply staff is the responsibility of the site supervisor,

Sometimes a staff member does not know the night before that they will be unable to report for work the next day. In this case, staff will call the Supervisor as soon as possible. In the event that the Supervisor is unable to attain coverage for the shift, staff will be asked to come in to work until a replacement can be found. A notation will be put in the daily log to indicate the staff member is not coming in, with a brief explanation and the name of the person replacing them.

21.0 Unexpected Closures of Centers - Time

Staff are expected to remain on site until the last child has left and keep within ratio. The first staff to arrive at work will be the first to be released. No extra time will be allotted for remaining on site to stay with a child.

In the event of a delayed opening, permanent staff that are already at work will remain, and no time credit allotted, should notification of a closure of the entire

AMBE organization be announced staff may leave. If child-staff ratios are low an arrangement may be made with the site supervisor for staff to leave early.

If a staff member does not report for work, they must call the center to indicate that they will use their vacation or personal benefit to apply. If already scheduled to be off staff will use whatever credits booked.

Staff must report to work if we reopen after unexpected closure (power outage), if not, use leave credits and notify the supervisor.

22.0 Application for Leave

Staff must document absences and request to apply leave benefits with two weeks notice.

It is the responsibility of the site supervisor to approve all applications presented to them to maintain ratios. It is the staff responsibility to confirm with the Supervisor that they have coverage. All forms will be e- signed and submitted in ADP. In the event that the Supervisor is unable to attain coverage, staff may have their request denied.

23.0 Monthly Reports to the Superintendent

The superintendent will receive reports on a monthly basis from site supervisors which includes statistics, data, goals, successes.

The form will be used to guide supervisors in their reporting duties. It should be submitted by the last day of the month.

24.0 Dress Code

It is the responsibility of all staff/volunteers/students/supply to dress appropriately for work in the Akwesasne Child Care Program. The dress code applies to playrooms staff and Supervisors.

Non-compliance of this policy could lead to disciplinary action and time used to change clothing will be at the expense of the employee :

- Dressing for Comfort: Working with young children requires sitting, bending, reaching and sometimes getting clothes stained and dirty. Staff should wear loose-fitting and inexpensive clothing.
- Dressing to Meet the Public: Staff members greet parents on a daily basis and the center often has visitors. Staff will not dress provocatively; making sure their body is well-covered. Inappropriate clothing includes short-shorts, halter tops, strappy tank tops, anything showing undergarments is unacceptable. Discretion is left up to the supervisor for questionable clothing.

- Dressing for Outdoors: Ski pants or thick, loose jogging pants over regular indoor clothing are needed. Hats, mitts, scarves and warm winter boots are also required.
- Dressing to Ensure Safety: Socks and running shoes are recommended. Flip-flop type sandals, slip on shoes, and will be a hazard for staff members who must move quickly to assist a child and are prohibited.
- Proper hygiene is a must and perfume is prohibited in case of allergic reaction.

25.0 First Aid & CPR

The following persons shall have a valid certification in standard first aid, including infant and child CPR issued by a training agency recognized by the Workplace Safety and Insurance Board:

- Supervisor of Akwesasne Child Care centers
- Every employee of Akwesasne Child Care who is counted for the purposes of meeting the ratios required.
- This includes employees who may occasionally be counted in ratio as well as occasional staff to have first aid training including infant and child CPR.
- Where a person is not able to obtain the standard first aid certification with infant and child CPR due to a disability, the licensee will have to file an director's exemption letter for review from the Ministry.

Staff are required to have a current first aid and CPR certificate. It is the responsibility of the Supervisor to ensure that the current certificate is in the staff file and available upon request.

A tracking log must be kept by the center supervisor to ensure that each staff within the center is in compliance. Staff who require a current certificate will be enrolled in the course, and all expenses will be paid by the agency for all full time/part time employees.

For new staff waiting to obtain CPR or those who lapse the staff must be placed in a playroom with a staff member who has a valid CPR First Aid certification or in close proximity to certified person to respond to emergency. They must obtain certification as soon as possible and no longer than 3 months.

26.0 Membership with the College of Early Childhood Educators

All Early Childhood Educators employed by the Akwesasne Child Care Program (ACCP) must be registered and maintain good standing with the College of Early Childhood Educators (CECE) of Ontario.

Upon application of employment with ACCP, all registered Early Childhood Educators (RECE) must show proof of membership to the CECE. It is the responsibility of the RECE to maintain their membership, and it is the

responsibility of the center supervisor to ensure that their staff submit their documentation annually to be placed in their staff file.

All RECEs will pay their annual dues and submit their receipts to ACCP for reimbursement, ACCP may decline reimbursement at any time due to budget constraints (non-permanent staff or staff on leave).

Failure to maintain membership may result in disciplinary action depending on why membership was lost and movement into a room with an RECE.

27.0. Annual Policy Agreement Sign-Off

All employees will read, understand and sign off on the following policies annually. The signed ACCP Sign Off form should be kept in the staff file.

- Playground Safety Policy
- Anaphylactic Policy & Review of Anaphylaxis Plans
- Sanitary Practices Policy
- Sleep Supervision Policy
- Serious Occurrence Policy
- Medication Policy
- Supervision of Volunteers and Students Policy
- Program Statement Implementation Policy
- Staff Training and Development Policy
- Police Record Checks/Vulnerable Sector Check Policy
- Fire Safety/Evacuation Procedures
- Policies and Procedures for Monitoring Compliance and Contraventions
- Waiting List Policy
- Parent Issues and Concerns Policies and Procedures
- Emergency Management Policies and Procedures
- Safe arrival and Safe Departure Policy

It is the responsibility of supervisors to present these documents upon annual audit of staff files during licensing inspections.

It is the responsibility of the staff member to sign and present these documents as soon as possible and upon request to maintain employment.

28.0. Staff Exams and Immunizations

The Akwesasne Child Care Program believes in the health and well being of its employees, and to ensure the safety of the children in care, we must ensure the safety of our employees.

Prior to permanent employment with AMBE, within the ACCP, all potential employees must submit to a health exam. The Health Assessment and Immunization Report will be completed by a physician and given to the center supervisor.

The immunization report will be conducted and the form submitted annually thereafter.

Keeping in mind the health of the group and the vulnerable sector, visibly sick staff will be refused at the door and leave benefits applied, or leave without pay for supply staff.

29.0. Staff Communication

The ACCP administrators strive to provide a workplace for staff that respects each individual as a valuable resource person, family member and contributing professional.

29.1 Procedure:

When certain issues arise the following means of communication shall be employed:

Reflect on J. Munoa's crucial conversation skills training:

“The Rule of Power Communication”

- Facts First (Based on the Timeline)
- Story Second (Judgments & Conclusions)
- Ask/End With a Question
- Make Your Intentions Clear (Do & Don't)

Reflect on the situation and address the person in the moment taking responsibility for your feelings and also potential outcomes. Remain positive and on a factual basis, keeping emotions out of professional conversations.

If you cannot find a resolution after addressing the situation with the person within the moment:

- Make time to sit with the supervisor to discuss options and alternatives.
- If you feel unsatisfied with the outcome, put concerns in writing to the immediate supervisor with a copy to the superintendent as a means of initiating discussion and bringing issues to a satisfactory conclusion.

Participation is key to quality communication and this can be achieved by:

- Contributing to the discussion at all staff meetings which are to be held at least once a month. These meetings represent a valuable opportunity for building trust, developing rapport and information sharing.
- Review the daily log throughout the day, ask questions, write memos or emails and make phone calls.
- Lateral violence will not be tolerated.
- Staff must adhere to Respect in the Workplace Policy.

30.0 Staff Objectives

Staff objectives help staff to meet personal and program goals.

30.1 Procedure:

Performance objectives will be reviewed with employees annually. The Objective Planning Form will be used to identify the area of focus, goals, success criteria, and progress to date in which the employee must complete the objective. Site supervisors will develop and review performance objectives with employees on a continuing basis thereafter in monthly coaching sessions. The superintendent will do likewise with supervisory staff. Performance Review and Employee Appraisal (PREA) forms will be based on information found on the Objective Planning form and are due for completion at the end of review cycles up to three years.

The comment section on the objective planning form will be filled out by supervisors when reviewing the success criteria with staff. The objectives can be developed in collaboration with staff members in line with AMBE's strategic plan goals. Areas of focus will be specific to the need of the program in order to accurately reflect performance achievements at the end of the evaluation cycles.

All staff will sign off on the Objective Planning Form at the beginning of each cycle.

31.0 Performance Review Evaluation Appraisal (PREA)

At the completion of the six month probationary period and one year after the site supervisor will conduct PREAs for all permanent staff and every three years thereafter. The form will be used for permanent staff, to be completed by the employee's immediate supervisor for completion, all parties will sign off and will be filed into personnel file in AMBE's HR office. Copies will be given to staff.

31.1. Procedures

The following are the basic steps to conduct the PREA:

- The staff member's monthly coaching forms will be reviewed by the supervisor.
- The supervisor will complete the PREA and rate it.
- The supervisor will review the PREA with the staff and they will discuss it.
- If the overall outcome of the PREA is less than fully satisfactory, a plan of action outlining ways to improve staff performance must be developed, formalized and signed by the staff member and the site supervisor. This plan will include timelines and measurable outcomes to ensure staff performance is raised to a fully satisfactory level.
- If a fully satisfactory level of performance is not achieved, disciplinary action may be taken.
- The PREA will be signed off by both the supervisor and the staff member and filed in HR and copies given to the staff.
- At the end of the probationary period with successful PREA HR will be notified to offer permanent employment.

At the discretion of the supervisor, staff may be asked to begin the process by evaluating their own performance. Once this has been done the above procedure will follow.

31.2 Additional PREAs

If an employee needs extra support and finds themselves on an improvement plan, they will be required to be subject to additional PREAs.

33.0 Program Statement Implementation (PSI) Policy (Behavior Guidance Policy)

The ACCP staff and administrators believe that the management of children's behaviors is one of the most important aspects to providing a program of excellence. The ability of staff to manage the children's behaviors in their care in a positive and meaningful way continually evolves through discussion and trial and error.

33.1 Procedure:

The supervisor will ensure that all staff, volunteers and students will read, understand and sign off on the (PSI) Behavior Guidance Policy at orientation and on a yearly basis afterward. Yearly licensing requirements from the Ministry indicate that signed policies will be kept for 3 years at each site and available to the program advisor upon her yearly licensing visit.

Children's behavior in the Akwesasne Child Care Centers and Private Home Day Care homes will be guided with direct, positive reinforcement using verbal feedback. Children will be encouraged to problem-solve in ways that are socially acceptable.

A minimum of rules are to be used within the child care program:

- A child will not be permitted to cause harm to himself or others
- All equipment, materials and furnishings are to be used in an appropriate manner
- Children must stay within their supervised area unless they are given permission by staff members or home day care providers to do otherwise.

33.2. Unacceptable Staff Conduct (Prohibited Practices)

The Akwesasne Child Care Program shall not permit:

1 Corporal Punishment

Physical abuse of a child is strictly prohibited. There shall be no hitting, spanking, pushing, shaking, grabbing, slapping, pinching or biting of a child by a staff person, volunteer, student, provider, or other person interacting with the children.

2 Degradation

Emotional abuse of a child is strictly prohibited. There shall be no deliberate verbal abuse or other harsh or degrading measures used on any child that would humiliate a child or undermine a child's self-respect.

3 Deprivation

Depriving a child of basic needs is strictly prohibited. Food, shelter, clothing, and bedding shall be provided to the children. Food and water will be offered however, we cannot force a child to eat or drink.

4 Confinement

Confining a child by way of physical restraint or locking of exits is strictly prohibited. There shall be no use of a locked or lockable room or structure to confine a child who has been withdrawn from other children.

33.3. Behavior Guidance Strategies & Interventions

Behavior guidance strategies and interventions should be:

- Appropriate to their age and developmental level
- Aimed at a long term goal as opposed to the moment
- Strategically planned and implemented with commitment
- Consistently followed through by all who interact with the child
- Tracked to determine exact frequency rather than guessing "he is doing it all the time"
- Dealt with immediately after the behavior occurs, no grudges held
- Always accompanied with praise, praise, praise
- Discussed with parents, but not in the presence of the child

(PSI) Behavior Guidance encourages staff to positively use the following strategies;

A. Talk to the Child and Redirect

Encourage children to use their words as a way of expressing themselves when their first reaction is to strike out. Young children must be given the words, "I don't like it when you hit me" or "I'm not done yet".

Staff must ensure that children find success when they use their words and that others respect what they say. "Did you hear his words? He doesn't like it when you hit him."

B. Voice Tone, Volume, and Facial Expression

Noise level inside must be kept to a minimum. The louder the staff talk, the more the children will tune out. A stern facial expression and the use of a firm tone of voice will prove more effective, especially for staff that smile at the children a lot and interact positively most of the time.

Children want to be good and if you are not smiling they think you are angry with them.

C. Maintain Focus

If a child acts out, focus on the behavior not the child. Separate the deed from the doer. Refrain from labeling the child. Once the behavior has occurred and you have addressed it, do not hold a grudge. Begin again and expect the child to improve.

Toddlers need many reminders. Often staff feel that they are correcting the child all day because the behavior keeps getting repeated, for example, the water is spilled out of the water table, or the child pushes others. It is the responsibility of staff to correct the behavior as many times as is needed. Eventually there will be improvement. Each time staff fail to address it, the child is encouraged to continue it, and change will only take longer to achieve.

D. Soothing with Water

When a child is upset for whatever reason and you have dealt with the behavior, the child's face may be gently wiped down with warm water and a washcloth. The soothing qualities of water cannot be underscored. This can be done only if the child consents.

E. Removing the Child

If a child is seriously disruptive for example, in a circle or while others are trying to build something, staff may remove him/her from the group. Taking the child by the hand while explaining briefly what you are doing usually works, if you have not let the negative behavior go too far. Knowing where every child in the room is and what they are engaged in is an important responsibility for staff to make sure behaviors are appropriate.

Ensure the child successfully moves to another area by his/her own choice and that he/she stays away from the troubled area for a short time. Once they return, observe the behavior, expect them to behave in an acceptable manner.

F. The Centre Environment

When children misbehave there are going to be a variety of reasons why, because children want to be good.

Staff teams need to discuss what some of the external factors might be that are contributing to the child's negative behavior and determine which ones they can remedy. A new baby at home, or the break up of parents cannot be helped, but providing support and understanding to the child is achievable.

Make sure that children have enough space to play independently, plenty of toys/equipment and materials so that sharing is not a problem and that the relationship between the staff and the child is positive and non-threatening.

These policies are for the protection of the physical and emotional well-being of the children in the child care center and will be enforced by all staff.

33.4 Non Compliance of (PSI) Behavior Guidance Policy Procedures

All staff and providers are required to comply with all policies and procedures implemented by the Akwesasne Child Care Program with respect to (PSI) Behavior

33.5. Guidance Policy.

Any violation of this policy may result in disciplinary action in the form of a verbal warning, a written warning, or discharge from employment. The following measures will be taken into consideration when determining disciplinary action:

- Seriousness of the offense
- Actual or potential risk or harm to the child
- Past performance of the employee in general
- Recent performance
- Frequency of occurrence
- Previous disciplinary action taken

33.6. Policy Sign-Off

The Akwesasne Child Care Program will also ensure that the (PSI) Behavior Guidance Policy is reviewed by all staff, providers, students, volunteers or any other person having significant amounts of contact with the children, upon employment and annually thereafter. This is a Ministry requirement.

34.0 Playground Safety Policy

ACCP makes every effort to ensure children's safety while outdoors in our playgrounds. Children's safety and the playground environment is of the utmost importance for outdoor play.

34.1 Playground Safety Procedures:

Supervisors are responsible for ensuring the following playground safety policy will be read, understood and signed off on by all staff, volunteers, students, on a yearly basis. Signed documents must be kept on site as per Ministry requirements.

34.2. Supervision of children on Centre playgrounds:

Staff ratios are not to be reduced on the playground. There needs to be at all times:

- 1 staff per 3 infants
- 1 staff per 5 toddlers
- 1 staff per 8 preschoolers
- staff must ensure a safe outdoor environment for children

- staff must promote creative and constructive play for children
- Infant crawlers and Infant walkers also need to be separated for safety reasons.

34.3 New Equipment, Renovations, Repairs or Replacements

Any modifications of the above must be installed to meet the Canadian Standards Association's new standard for Children's Playspaces and Equipment. Confirmation of such is to be maintained on file, verifying that all changes meet the Standard and is verified in writing by a Certified Safety Inspector.

34.4 Playground Safety Log

A Playground Safety Logbook is located on the site of each center. In this log, the supervisor and/or appropriate staff person will record any playground injuries, citing their action plan or resolution.

The date, time, name, and signature of the person conducting each of the following inspections will also be recorded in this logbook. Checklists can be found in the forms book.

- Daily Inspections
- Monthly Inspections
- Annual Inspections
- Playground Repair Log

All action plans related to the findings of the inspections are to be recorded as well.

34.5 Inspector or Designates

- 1) Daily inspections will be conducted and recorded by the caretaker or other designated staff. In their absence, the supervisor will be responsible for ensuring that this duty has been fulfilled.
- 2) Monthly maintenance inspections will be conducted and recorded by the caretaker or other designated staff.
- 3) Light playground maintenance will be carried out by the caretaker. Persons for other heavy maintenance and repairs will be selected based on the type of service needed.
- 4) Playground injuries will be recorded into the Center Logbook by the staff, which is responsible for the particular child group, when the injury occurred. An Accident/Incident Report Form will be completed.
- 5) The Environment Health Officer will conduct annual inspections. A written report of the findings will be forwarded to the Centre supervisor

and copied to the Superintendent and Head Caretaker. The Ministry will review the report at the re-licensing inspection visit.

34.6. Playground Safety Sign Off

All staff will read the PLAYGROUND SAFETY POLICY and acknowledge the process by signing and dating the last page, prior to commencing employment and annually, thereafter. This document will be kept on file for at least 3 years from the time of signing.

Ministry staff will review this Playground Safety Policy at the time of the annual license renewal visit.

35. Anaphylaxis Safety Policy:

To respond to allergic reactions and ensure the safety of all children and staff, all parents and staff must be aware of severe allergies and how to respond.

These guidelines are developed to support the Child Care Early Years Act 2014 while administering medicines to children. Due to recent Ontario legislation commonly referred to as “Sabrina’s Law”, all child care centers and schools must have in place clear procedures for necessary actions in an emergency situation due to a severe allergic reaction. This document was adapted and mirrors current AMBE policy.

Anaphylaxis is a severe life threatening form of allergic reaction. It may begin with severe itching of the eyes or face, a sense of constriction in the throat, then other symptoms such as vomiting, diarrhea and difficulty with breathing may develop. This may lead to coma and death.

Foods such as peanuts, other nuts, fish, shellfish, eggs, milk, and wheat as well as insect stings from bees and wasps, latex products and medication, are the most common allergies that produce anaphylaxis.

All ACCP employees are also aware of students who have allergic reactions to food products. They have developed guidelines to eliminate/limit use of peanuts and related products as much as possible in their department.

Anaphylaxis requires immediate first aid response and immediate medical intervention.

The procedures outlined below will establish an appropriate response when a parent, or guardian indicates to the center Supervisor, in writing, that the child is at risk of anaphylaxis and that the student will require assistance at the first sign of any allergic reaction. When in doubt, administer appropriate medication.

35.1. Anaphylaxis Procedure:

1. The parent/ guardian must inform the Supervisor, in writing on the application, that his/her child is at risk of anaphylaxis, and should outline the expected symptoms and requested intervention by center staff.
2. The parent/guardian is to provide the required medication to the center, including the instructions for intervention.
3. Details of necessary intervention should be included in an Individual Anaphylaxis Emergency Action Plan, which includes:
 - Written consent for intervention during an allergic reaction.
 - Other information specific to the student, including instructions for storage and access to medications.
 - Epi pens will need to be with the child at all times.
 - Dosage, and Emergency Contacts
 - Photo of the child or staff with allergy
 - Staff Awareness and Sign Off

The Supervisor must ensure that the Individual Anaphylaxis Emergency Action Plan is kept current.

4. A copy of the current Individual Anaphylaxis Emergency Action Plan should be filed in the child's file and copies must be located in relevant areas designated by the Supervisor. The response plan must be readily available in the event of an emergency. ACCP personnel must be made aware of the child's medical condition and be prepared to provide required emergency intervention.
5. The Supervisor will send a notice to the parents informing them of the situation and request that specific allergens not be sent to school. Signs must be posted throughout the center.
6. In a center where a student is identified as having an anaphylactic reaction to a food or non-food product, the Supervisor shall make every effort to enlist the support and cooperation of all staff, students and parents to reduce the potential risk to the student. Food services personnel will ensure that emergency information is posted in the dining room with a picture of the child.
7. The Supervisor shall also send communication to all members of the center indicating the presence of a student with a life threatening allergic reaction outlining specifically how to take appropriate action in an emergency situation.
8. Prior to or on the 1st day of moving up, it is the responsibility of the Supervisor to initiate the process again and present the playroom staff with updated information and appropriate medication. Individual Anaphylaxis Emergency Action Plan will be posted in every area that the child could be physically present.

35. 2. Anaphylaxis Training

All teaching and support staff must be aware of children and staff members who are at risk for anaphylaxis and should be adequately trained in responding to anaphylactic reaction. Therefore, training for all staff in the appropriate response to anaphylactic reactions will be incorporated into the plan created each year by the Supervisor.

Should staff change at any time throughout the year, it is the responsibility of the Supervisor to inform and provide training for new staff member(s).

35.3 Anaphylaxis Emergency Guidelines

When a person is known to be at risk of anaphylaxis and displays initial symptoms, then it must be presumed that the person is in need of the assistance outlined in the Emergency Action Plan. **IMMEDIATE** intervention is essential. No ill side effects will result from the administration of the person's medication if he/she is not experiencing an anaphylactic reaction. Unless otherwise agreed to, the following steps are to be followed when a student is experiencing an anaphylactic reaction:

- A staff member must contact central dispatch, at 613-575-2000, and advise the dispatcher that a child is having an anaphylactic reaction.
- Use the EPIPEN immediately.
- Notify the child's parent/guardian.
- If the ambulance has not arrived in 10-20 minutes and breathing difficulties are present, give a second EPIPEN if the student is not responding to the first injection. However, medical personnel should be contacted prior to taking this action.
- Even if symptoms subside entirely, the child must be taken to the hospital immediately.

35.4 Anaphylactic Reaction - Possible Symptoms

- Flushed face, hives, swelling or itchy lips, tongue, eyes.
- Tightness in throat, mouth, chest.
- Difficulty breathing or swallowing, wheezing, coughing, choking.
- Vomiting, nausea, diarrhea, stomach pains.
- Dizziness, unsteadiness, sudden fatigue, rapid heartbeat.
- Loss of consciousness.
- Coma.

35.5 Individuals Not Known to be at Risk of Anaphylaxis

A child, staff, or visiting adult not known to be at risk of anaphylaxis may also display symptoms of severe allergic reaction. In such circumstances, center staff should assess the situation and take action as would be appropriate for any other illness/injury/emergency incident.

35.6 Labeling External Food – (allergies/intolerances)

The ACCP must label external food that is brought in for children on site for allergies and intolerances.

35.6.1 Procedures:

The center supervisor and cook will monitor food that is brought in by parents for the child.

Parents are asked to bring in external food and drink to playrooms, inform staff and have a discussion. Food will be labeled and stored by staff.

There will be a shelf designated in the kitchen fridge and also tape and marker hung by the fridge that will be provided so that each item is labeled with the child's name.

Allergies and intolerances will be posted in the kitchen and all areas that the child is in. Foods brought in for children will be used only as long as the expiry date on the package. It is not the responsibility of the program to provide the child with specialized food.

35.7 Policy Sign off

All staff must read the Anaphylaxis policy and sign off upon commencement of employment and annually thereafter and place documentation on file on site. It is the responsibility of the staff member to ensure that they understand the policy. It is the responsibility of the supervisor to ensure that each staff signs off on each Individual Anaphylaxis Emergency Action Plan and the post in the appropriate locations.

36.0 Emergencies, Fire Safety & Drills

Fire safety and preparedness is essential, therefore each child care centre playroom must have an evacuation plan posted by the door, and centers conduct a fire drill once a month.

36.1 Procedure:

Supervisors must ensure that each room is equipped with a plan & map and that it is updated with building changes, and all staff are made aware of the plan during orientation and reminded annually and signed off on.

Fire drills must be completed once a month by the Supervisor or in coordination with the Maintenance Supervisor, and staff must adhere to the Emergency Evacuation Plan.

Drills must be documented on a monthly fire drill form, to include date and time, and kept on file to be reviewed during fire inspection and relicensing. Drills must be completed at various times of day.

36.2 Emergency Exit Procedure (Evacuation Plan)

All centers must post emergency exit procedures at every door of every room to ensure awareness during an emergency.

36.3. Emergency Exit Procedure

Immediately upon hearing the fire alarm the following steps shall be taken while presenting a cool, calm but sensible mood.

1. Attendance Record taken with staff.
Emergency Phone Numbers file taken with Supervisor.
2. Children with Staff will evacuate the building immediately through appropriate exits, taking the emergency kit..
3. A head count will be taken and checked against the daily enrollment count. A count of all children must be available at all times.
4. Once everyone has been accounted for, the group will walk calmly to the designated area to wait for further instructions from the Supervisor.
5. One person will be posted by the Main Entrance to Centre to prevent entry into the Centre. When available this will be the responsibility of the Housekeeper – Cook or a designated staff.
6. Children with staff will remain outdoors until an okay is received from Supervisor.
7. All attempts should be made to ensure the safety and comfort of all children during this waiting period.
8. If this is a false alarm or drill the Supervisor will record the fire drill and comment on the execution on appropriate form. If real, a serious occurrence form must be completed within 24hrs.

36.4 Building Fire Safety Plan

Every center must have a building fire safety plan specific to the building they are in which is signed off annually by each staff member.

36.4.1 Procedure

The Building Fire Safety Plan will be located in the licensing binder for each center, along with fire drill forms, and other safety documents.

The plan must be reviewed and updated annually.

36.5 Emergency Relocation Shelter Agreement

It is the responsibility of the supervisor to obtain a letter of Relocation Shelter Agreement from a facility which has agreed to be the designated emergency shelter.

36.5.1 Procedure:

The Supervisor must locate an emergency shelter within walking distance in the event of an emergency and the center has been deemed unsafe.

Each year the agreement must be signed and kept in the emergency file, and staff must be made aware of where the site is. A copy of the agreement is found in the forms section.

36.6 Natural Disaster

In order to keep staff and children of ACCP safe at all times, the following procedure during a disaster of any kind will be implemented.

36.6.1 Procedure:

In the event of a disaster, ACCP staff and children will remain in the site building if safe, and await direction from MCA Department of Emergency Measures.

In order to ensure the safety of staff and children certain preparations will have been made ahead of time.

- Each supervisor will ensure the center has stored at least three days of emergency food and water.
- Each supervisor will ensure that a line of communication is available to receive direction, access cell phone, and portable radio.
- If warranted staff and children shall be taken to the relocation shelter as designated annually.

36.7. Fire Safety Plan Sign off

The Building Fire Safety Plan must also be read and signed off annually.

37.0. Serious Occurrence Reporting

To support the safety and well-being of children in care staff must conduct a preliminary inquiry immediately following any serious occurrence and to report it and in compliance with Subsection 3.9, Serious Occurrences, Child Care & Early Years Act 2014, Ontario Regulation 137/15, ACCP is accountable to the Ministry under which it is licensed under.

37.1 Definition:

A serious occurrence is defined in the Childcare and Early Years Act Manual (DN-0202-06) includes:

1. The death of a child while receiving child care at a home child care premises or child care centre, whether it occurs on or off the premises.

CCLS Category: Death

2. A life-threatening injury to or a life-threatening illness of a child who receives child care at a home premises or child care centre.

CCLS Category: Life-threatening injury or illness

3. Abuse, neglect or an allegation of abuse or neglect of a child while the child receives child care at a home premises or child care centre.

CCLS Category: Alleged Abuse/Neglect

4. An incident where a child who is receiving child care at a home premise or child care centre goes missing or is temporarily unsupervised.

CCLS Category: Missing, Child Found, Child Still Missing

5. An unplanned disruption of the normal operations of a home child care premises or child care centre that poses a risk of health, safety or well-being of children receiving care at a home child care or child care premises.

CCLS Category: Unplanned Disruptions

37.2 Procedure:

The Serious Occurrence must be reported electronically by the Supervisor in the Child Care Licensing System (CCLS) submitted to the Program Advisor within 24 hours, if CCLS unavailable they must telephone or email the Program Advisor.

The CCLS can be found at this address:

<https://www.earlyyears.edu.gov.on.ca/ChildCareWeb/public/login.xhtml>

It is the responsibility of the Supervisor and Designate to keep their ID and password up to date to access the CCLS.

In the event of a Serious Occurrence follow the steps outlined below.

1. Address the health and safety of the child.
2. In the event of a death, contact the police, coroner, family /others as appropriate.
3. Notify: Supervisor, Superintendent, Director
4. A report is provided to a program adviser of any serious occurrence in any child care centre operated by the licensee or any premises where it oversees the provision of home child care within 24 hours of its happening through the Child Care Licensing System (CCLS)
5. If no follow up is required and the initial notification is the only report, Part 2 of the Serious Occurrence Report can be filed at the same time as the Part 1.

6. Recommendations as a result of the Serious Occurrence Report will be strictly adhered to with an action plan.
7. Following the submission of the Serious Occurrence Report to the ministry and within 24 hours of becoming aware of an occurrence or when the operator deems the occurrence to be serious as set out under the Serious Occurrence Reporting Procedures, the operator will complete a Serious Occurrence Notification Form to communicate information to parents. (This includes allegations of abuse)
8. In the center, the Serious Occurrence Notification Form will be posted at the entrance used by parents. The form will be posted near the child care license and Licensing Summary chart.
9. The Serious Occurrence Notification Form is updated as the operator takes additional actions or investigations are completed.
10. The Serious Occurrence Notification Form is posted for a minimum of 10 business days. If the form is updated with additional information such as additional actions taken by the operator, the form remains posted for 10 days from the date of the update.
11. The Serious Occurrence Notification Form is retained for at least three years from the date of the occurrence and forms are available for current and prospective parents, licensing and municipal children's services staff upon request (consistent with current requirements for the availability of licensing documentation).
12. Licensees ensure the information posted in the Serious Occurrence Notification Form protects personal information and privacy:
 - No child or staff names, initials, and age or birth date of child will be used on the Serious Occurrence Notification Form.
 - In addition no age group identifiers will be used, e.g. preschool room; toddler room.
13. Licensees ensure child care staff review this policy upon implementation and annually thereafter.
14. Licensees ensure parents/guardians are aware of policy through communication via parent handbook / parent letter.

37.3. Additional Information

If a licensee or staff member suspects that a child is, or may be, in need of protection, they must report this to the local children's aid society in accordance with section 72 of the Child and Family Services Act.

The person who has the reasonable grounds to suspect that a child is, or may be, in need of protection must make the report directly to a children's aid society. The person must not rely on anyone else to report on his or her behalf.

A report to a children's aid society must be made for all situations where a child is, or may be, in need of protection. Licensees should only report a serious occurrence if the allegation of abuse or neglect has been made against an employee of the child care centre.

It is also important to note that registered early childhood educators (RECEs) are expected to be accountable for their actions as early childhood educators and to abide by the College of Early Childhood Educators' Code of Ethics and Standards of Practice as well as all applicable legislation, regulations, by-laws and policies that are relevant to their professional practice.

The Early Childhood Educators Act, 2007 and the Professional Misconduct Regulation state that it is an act of professional misconduct to "[contravene] a law, if the contravention has caused or may cause a child who is under the member's professional supervision to be put at or remain at risk."

RECEs should familiarize themselves with reporting requirements under the Child and Family Services Act, and abide by them as the failure to do so is contrary to the law and may constitute professional misconduct.

For more information on the Child and Family Services Act and the duty to report, see Reporting Child Abuse and Neglect: It's Your Duty

For more information about your responsibilities as an RECE, please visit the College of Early Childhood Educators website.

37.4. Serious Occurrence Complaints

- Licensees are responsible for managing complaints that they receive directly. If a licensee receives a complaint about an incident that relates to a defined serious occurrence category, the incident should be reported to the Ministry of Education under the appropriate category. The complaint itself does not need to be reported to the ministry.
- The Ministry of Education will follow up on all complaints received from the public and other regulatory authorities about licensed child care programs. These complaints will be tracked separately in the Child Care Licensing System.
- When the licensee has filed a serious occurrence report about a complaint, verified the complaint and has taken actions to address the issue, the Serious Occurrence Notification Form is posted within 24 hours of the occurrence.
- When a licensee has filed a serious occurrence report to the ministry about a complaint, but has not taken action because the complaint has not yet been verified, the serious occurrence will not be posted within 24 hours.
- Once the complaint has been verified or not verified, the Serious Occurrence Notification Form is posted.

- The licensee will have a conflict resolution policy in place to support open discussions between licensed child care providers and parents through a fair and transparent process. The policy is to outline clear and consistent standards for licensed child care providers to ensure issues and concerns are addressed in a timely and transparent manner which will support communication and positive relationships between licensees and parents.
- Licensees will ensure that all legislated policies and procedures are implemented, reviewed and monitored on a regular basis by all employees, volunteers and students to be more aware of their roles and responsibilities and are better equipped to provide for the health, safety and well-being of children receiving child care.

37.5 Notification of Serious Occurrence

Notification form needs to be filled out and posted for families to read for 10 days following the incident, confidentiality must be kept. Locate the notification in the forms section.

37.6. Reporting Child Abuse and Neglect

All employees are responsible for immediate mandatory reporting of any suspicion of child abuse and/or neglect.

37.6.1 Procedure:

Staff may become knowledgeable of a situation in several different ways.

- They may actually see an injury/harm on a child's body. Injuries and marks on a child's body must be questioned without judgment as required to the parents upon entry in the morning or shortly thereafter by a quick phone call. A child of preschool age can be asked what happened without leading or suggesting abuse.
- They may hear a disclosure from a child
- They may be the recipient of an adult's complaint and/or allegation against another adult
- If you have reasonable grounds to suspect that a child is being abused or neglected you must immediately notify:
Akwasasne Child and Family Services Program
Monday – Friday 8am to 5 pm 613-575-2341 ext. 3308 and
Evenings and Week-ends: call the Akwasasne Mohawk Police
Dispatch at 613-575-2000
- If you have reasonable grounds, no victims or alleged abusers are to be contacted or questioned by the child care staff. These concerns will be dealt with as part of the investigation to be conducted by the Police and the appropriate child protective services.

- Confidentiality is a must. Employees are responsible only for informing their immediate supervisor that they have called in a complaint, e.g. Supervisor, Superintendent, Director.
- Failure to comply with this policy whether through failure to report or interference in the investigation will be grounds for disciplinary action.

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37.7. Accusation of Misconduct against a Staff Person

Immediate response procedures that must be taken in the event that a serious allegation of misconduct, against a vulnerable youth or adult, is brought against a staff person.

37.7.1. Procedure:

- Superintendent/Supervisors/Directors may be apprised of an allegation of serious misconduct of a staff/employee in several ways:
 - The child/adult and or family member may come directly to the Director/Superintendent/Supervisor with the allegation
 - The Police Department may contact the Superintendent/Director and apprise of the allegation
 - The Akwesasne Child and Family Services or Children's Aid Society may contact the Superintendent/Director/Supervisor to apprise of the allegation

If this allegation comes directly from the individual and/or family member, the ACFS Services must be contacted and apprised of the situation.

- Superintendent/Supervisors/Directors are responsible for contacting their immediate supervisor or designate to apprise them of what has occurred and their proposed actions
 - A record of specifics (time/date/participants) of all contacts, meetings and phone conversations pertaining to this allegation will be documented in chronological order in a notebook.
- Considering that this allegation is of a serious nature that has caused physical and/or emotional harm or has placed one in jeopardy of such, by an employee, the employee will be immediately relieved of their duties pending the outcome of a criminal and/or employee investigation.
- Because allegations are just that, an employee is to be considered innocent until evidence from a criminal or employee investigation proves otherwise, employees are to be put on Administrative Leave with full pay.
- With consultation with their immediate supervisor, the Superintendent/Director/Supervisor has the authority to relieve an

employee of their duties immediately when allegations of serious misconduct from a credible source become known.

- The Superintendent/Director/Supervisor will inform the employee that there has been an allegation of serious misconduct brought against them and that they will be considered to be on an Administrative Leave with pay until another work site can be identified for them to work at. They must remain away from their substantive position, pending the outcome of the investigation.
- Assuming that these circumstances are traumatic for the employee. The Superintendent/Director/Supervisor will strongly encourage the employee to contact the EAP or Counseling Program to assist to deal with their feelings.
- The employee will be advised that they may expect a letter informing them of their leave and any other particulars.
- The employee will be informed that if it appears that the investigation will be lengthy another work site may be sought for placement until they can be cleared of misconduct; training, if needed, will be provided.
- Once the employee has been informed of the Administrative Leave situation, the Human Resources Department of MCA will be contacted by the Superintendent/Supervisor/Director taking this action.
- The personnel officer of HR will require the employees name, title and/or job site and any other particulars on a need to know basis.
- A letter to the employee regarding the Administration Leave with Pay is to be requested from the HR office. This letter will be co-signed by the HR Personnel
- Supervisor must file a report with the College of Early Childhood Educators
- Supervisor must file a Serious Occurrence Report and the Superintendent/Director/Supervisor will be informed.
- Because these types of serious allegations can have major impacts on programming and create extenuating circumstances the following must be considered:
- The Executive Director will be informed of the situation and in turn inform the Portfolio Chiefs, if appropriate.
- The particular program staff may be told that there has been an allegation of misconduct brought against a co-worker and that the MCA policies and procedures dictated by the Labor Law and Criminal Code are being followed.

- Confidentiality must be remembered in that names and particulars of the situation are not to be divulged.
- When curious inquiries are made, staff may answer. “I don’t know anything about the situation and I am not at liberty to discuss it anyway”.

37.8 Follow-Up

After all immediate responses have been dealt with; the accused staff person is to be contacted by their immediate supervisor and or Superintendent for the following reasons:

- To determine how the employee is coping or handling their circumstances
- To determine whether the employee is attending EAP or a counseling program
- To determine if there is anything else the employer can do to be supportive
- To discuss the appropriateness of another job placement
- To request the employee to make weekly contact with their immediate supervisor as long as they are on Leave with Pay
- To ensure the employee that all the actions the employer is taking are within the confines of the law
- To recommend that the employee retains legal counsel if appropriate

37.9. Prevention of Misconduct

The ACCP is committed to assisting all staff to prevent accusations of misconduct in the workplace.

37.9.1. Procedures:

The following measures will be taken by staff to protect themselves from accusation. Failure to comply with these measures will result in disciplinary action.

- Staff members will refrain from transporting children in their own personal vehicles
- All the business of the child care program will be conducted on the premises
- All physical contact between children and staff members will be of a gentle nature. There are behavior guidance strategies in place to address all behavioral issues
- During rest time, staff will ensure that blinds and curtains allow enough light into the sleep room that from the hallway, all staff are visible as they assist the children to rest.

- A clear view into all playrooms and washrooms will be possible at all times.
- In the early morning and at the end of the day, when staff may be alone with one or two children, they will make sure they can be clearly viewed by parents coming and going.

38.0 Staff Injury on the Job

It is the responsibility of all staff to ensure their safety and take caution on the job and to report to their supervisor immediately any incident of personal injury or illness while on the job.

38.1 Procedure:

The green two-sided Supervisor's Report of Work Injury will be completed by the immediate supervisor in consultation with the injured employee at the earliest possible opportunity after the injury takes place. Depending on the severity of the injury, the staff member may be directed by the supervisor to see a doctor immediately and proceed accordingly.

The completed Supervisor's Report of Work Injury is to be submitted to Human Resources with a copy to the program Superintendent within 24 hours. All information required is to be completed on both sides of the green document.

Additionally, the Supervisor will determine if the injury or incident warrants a Serious Occurrence and will report within 24 hours. If Supervisor is unsure if an incident is considered a Serious Occurrence, the supervisor can still report it. The Ministry will determine if it is or is not a serious occurrence.

39.0 Sanitary Practices and Universal Precautions

The Akwesasne Child Care enforces universal precautions and sanitizing schedules while working with the children to improve the health and safety of all in attendance within the facility.

39.1 Procedure

All recommendations made by the local Medical Officer of Health, and Environmental Health Officer to any matter that improves the health and well being of children in the centers will be carried out by staff.

All procedures must be posted in each playroom for toileting, diaper changing and handwashing, and first aid kit inspection.

39.2 Washing Hands

All centers are equipped with hand sanitizer stations at the door.

Hands are required to be washed before and after serving food, before and after diapering/toileting children and personally, handling or cleaning of bodily fluids

of any kind, after applying first aid of any kind and after removing protective gloves. This helps keep the spread of germs to a minimum. Bodily fluids contain germs that can be passed from one person's body to another.

Hand washing signs are posted at each sink and diaper changing procedures are posted at each change table.

Hand washing procedure: 1. Wet hands thoroughly with warm water. 2. Apply soap using friction, lather for 20 seconds paying attention to fingernails and thumbs. 3. Rinse well, holding hands downward. 4. Dry hands thoroughly with a paper towel, use paper to turn off taps and dispose of paper towels.

39.3 Personal Protective Equipment Vinyl Gloves

Vinyl gloves are required when handling any bodily fluids that might or do contain blood, including urine, vomit and feces, and when performing first aid on another person. Vinyl gloves are disposable so if there is contact with germs they can be removed and disposed of to avoid the germs spreading to others.

Staff must wash hands after taking gloves off and before putting on a new one.

39.7. Sanitizing the Environment

Use a sanitizing solution on all surfaces, and toys should be washed down regularly and as needed if soiled. Remember that germs are not visible to the naked eye, so just because a toy or surface looks clean does not mean that it is. Cleaning all surfaces and toys at regular intervals can help keep a cleaner, more sanitary environment for all people in the child care environment.

There is a disinfecting sanitizing schedule posted at every playroom sink where every surface must be sanitized weekly or as needed. Any toy that touches a child's mouth must be sanitized.

Children are taught to sneeze in the sleeve, if not toys and surfaces must be sanitized.

Eating surfaces and common surfaces will be sanitized after each use.

Toilets and sinks will be sanitized daily by maintenance and when soiled.

Washcloths and towels if used will be for each child, used once and then laundered.

Each playroom, playground, dining room, and bathroom will be supplied with Kleenex, paper towels, sanitizer and garbage can to curb the spread of germs.

Water play tables are to be drained and sanitized daily.

Daily sanitizing schedules can be found on the wall in each playroom.

39.8 Cots:

Each child has their own cot that is labeled with their name, and cots are to be placed with adequate spacing so as to not spread germs while coughing during nap. Each crib must be placed in the same way, head to toe placement to reduce the spread of germs.

Each child will have their own sheet provided by the program which is cleaned weekly or as needed, cots and cribs will be sanitized weekly as well.

Blankets provided by the child's family will be washed every week.

39.9 Proper Disposal of Soiled Items or Materials

All items that have come in contact with blood need to be double bagged and given to the parent or washed separately in the child care laundry facility. If any child requires injections or finger lancets for blood testing, the parents of the child are required to provide a sharps container for the disposal of these items.

Linen cleaning schedule is posted in each room, sheets and blankets once a week, wash clothes after each use, costumes every other week. It is the responsibility of the RECE to wash the linens with appropriate soap in the laundry room.

Children's clothing which has been soiled is bagged and sent home for parents to wash.

Staff must wash hands after bagging linen and before and after laundering.

39.10. Toothbrushes

Each child will brush teeth daily, each child will have their own toothbrush to be dried on a holder not touching and covered up. Each brush will have a designated spot and labeled and brush to be replaced as needed, not to exceed three months. The holders and covers must be sanitized weekly.

39.11. Sanitizing Mixtures

Large Quantities – mix 50 ml (1/4 cup) bleach to 5 l (1 gallon) water.
Smaller Quantities – mix 5 ml (1 tsp) bleach to 500 ml (2 cups) water.
Spray Bottle – 5 ml (1 tsp) bleach to 500 ml (2 cups) water..
Bleach solution replaced daily.

NOTE: As per EHO recommendations. If using a sanitizing product other than bleach, follow the manufacturer's mixing recommendations.

39.12 Health of Children and Staff

1. Staff will practice strict adherence to all sanitary procedures to reduce the spread of illnesses.

2. Daily observations of each child in attendance will be made before he/she begins to associate with other children in order to detect possible symptoms of ill health.
3. Mildly ill children may remain in the program if well enough to participate in all activities and are comfortable.
4. A child not able to participate due to illness will be separated from the group if staff is available and pending ratio requirements and symptoms of the illness will be noted in the child's file. Arrangements will be made for an ill child to be taken home by his/her parent, guardian or emergency contact person.
5. Exclusion is required according to the latest advice on communicable diseases from the Eastern Ontario Health Unit, the Well Beings Guide or by advice of the child's doctor. Known reportable diseases will be reported to the local Community Health Unit 613-575-2341.
6. A readily available first aid kit is located in the playrooms and is also brought on field trips. All staff are aware of its location.
 - First Aid Kits are equipped with the following items but are not limited to:
Current edition of first aid manual, sterile band aids, gloves, sterile gauze pads, rolls of gauze bandages, safety pins, gauze wrap, scissors, triangular bandages, rolls of splint padding.
 - First Aid Inspections will be completed monthly – a sheet is attached and Supervisor will refill the box.
 - First Aid kit signs will be visibly posted in each playroom to indicate where it can be found.

39.13 Sanitary Change for Toileting Accidents

1. Gather supplies which would include: wipes, paper towels, disinfectant, disposable vinyl gloves. Collect clean change of clothing for the child. Ensure that all staff members wear disposable vinyl gloves for each incident.
2. Remove the child from the play area.
3. If the child is able, have the child remove the soiled clothing. Assist if needed. Cleanse skin with wipes moving from front to back.
4. Dress the child quickly to prevent chill, wash the child's hands and return to the play room.
5. Dispose of wipes and paper towels in a plastic garbage bag.
6. Dispose of any solid matter in a child's underwear in the toilet.
7. Place soiled clothing in a plastic bag and secure it. Label with child's name. Ensure clothing goes home with parents at the end of the day.

8. Cleanse changing area with sanitizing solution. Remove plastic garbage bags from the washroom and place it in the area for garbage pickup.
9. Wash your hands thoroughly.
10. Report abnormal skin or stool conditions to parents

39.14 Diapering

1. An approved mat or change table is to be used for diapering. The diapering procedure is to be implemented at all times unless otherwise specified and approved by the Supervisor.
2. Each child is to have a separate compartment for storage of diapering materials.
3. Sanitizing solutions and materials are to be readily available and out of reach of children.
4. Soiled diapers and disposable towels must be placed in a secure garbage.
5. Wipes and towels must be used for cleansing the diaper area only once. Separate linen should be available for cleaning hands and face.
6. The change pad will be cleaned and sanitized after each use.
7. Cloth diapers supplied by the parents are to be placed in a plastic bag after use and sent home with parents.
8. Hand washing of children and staff will occur immediately after diapering a child.
9. Diapering procedure posted in changing area.
10. Trash to be taken out to the dumpster daily.

39.15 Diaper Changing Routine

1. Assemble all the necessary supplies you need.
2. Place the child on the changing surface and remove the soiled diaper. Fold the soiled surface inward and set it aside.
3. Clean and dry the child's skin.
4. When necessary, use a facial tissue to apply ointments or creams.
5. Put a fresh diaper on the child.
6. **Wash the child's hands.** Return the child to a supervised area.
7. Formed stool can be flushed down the toilet. Do not rinse the diaper.
8. Dispose of the cloth or disposable diaper and if used the disposable paper covering.
9. Spray the sanitizing solution onto the entire surface of the changing surface. Leave for 30 seconds.
10. Put away all diapering supplies.
11. **Wash your hands.**
12. Dry the changing surface with a single-use towel. Dispose of the cloth or paper towel.
13. Wash your hands thoroughly.
14. Record skin condition and bowel movements as necessary.

39.16 Toileting Routine

1. If a child wears a diaper, remove it. If the diaper is soiled, clean and dry the child's skin. Dispose of the cloth or disposable diaper.
2. Place the child on the toilet. Stay with the child for a specific period of time. Five minutes is usually long enough.
3. Wipe the child.
4. Flush the toilet or let the child flush it.
5. If necessary, diaper the child and help the child get dressed.
6. **Assist the child in handwashing.** Return the child to a supervised area.
7. If wearing vinyl gloves, remove them. Spray the sanitizing solution onto the potty and the diaper-changing surface (if used). Leave for 30 seconds.
8. Put away all diapering supplies.
9. **Wash your hands.**
10. Dry the toilet with a single use towel. Dispose of the cloth or paper towel.
11. Dry the diaper-changing surface with a different towel. Dispose of the cloth or paper towel.
12. **Wash your hands thoroughly *POST IN TOILETING AREA**

39.17 Nap Time Duties

This is to occur when all children are asleep.

- Clean art area
- Wash brushes clean easel
- Empty and disinfect water table and toys
- Pick up and put toys away
- Fill out any accident incident forms if needed
- Disinfect table and chairs
- Spray and disinfect toys
- Put art in children's cubbies
- Contact parents if needed or write notes for extra clothes
- Complete learning stories
- Sanitize toothbrushes

39.18 Sanitizing Schedule

Staff will need to establish a schedule that meets their needs in the room. Here is an example of a sanitizing schedule:

- Monday – Dramatic Play Area & Toothbrush holders
- Tuesday – Launder cots sheet, second week – blankets, every other week –costumes
- Wednesday – Shelves, toys, books and puzzles
- Thursday – Tables and Chairs
- Friday – Table toys, carpet toys and climbers

***Trash to be taken out to dumpster daily at end of shift**

39.19 Sanitizing Policy Sign Off

All staff must review and sign off on the sanitizing policy upon hire and annually thereafter.

40.0 Sleep Safety

Sleep safety is a priority in our centers, sleep checks must be completed for infants and toddlers.

Please find attached a sleep policy and supervision procedure that reflects phase 2 regulations of the Child Care and Early Years Act (CCEYA).

Please review subsections Child Care Licensing Manual.

40.1 Sleep Supervision Policy

Monitoring sleeping infant and toddler children every 15 min and reduces the risk of harm/injury because caregivers can look for signs of distress (e.g. change in skin color, change in breathing, signs of overheating) and react as required.

40.1.2 Procedure

Sleep Checks must be documented.

Sleep policies must be reviewed with staff, volunteers and students, implemented and monitored for compliance and contraventions.

Nap time is two hours in the afternoon for toddlers and preschoolers, and if children do not sleep it is quiet time. Infants are on their own schedules.

Staff will consult with parents respecting their child's sleeping arrangements at the time the child is enrolled and at any time there is a change such as at transitions between programs or at the parent's request.

40.2. Nap Procedure:

1. Toddler and preschool rooms nap in their playrooms on personalized cots in designated areas indicated with signage on cots, and a cot map or hanging signs above.
2. Toddler and preschool children nap after lunch for no more than two hours.
3. Shoes will be removed for comfort and will be placed in one bin to be easily carried out in case of emergency.
4. Each child that has an assigned cot or crib mattress is required to have a sheet which is provided by the program, the blankets are provided by the parent. Blanket and sheet cannot be withheld from the child.
5. Infant programs have a designated nap room so that infants can nap at any time, following their natural rhythm. Their sleep routine is posted on the wall above the crib so that it is visible to any educator member who is working in that program.
6. Upon enrollment, move in playrooms, and every change after every family is consulted about their child's sleep arrangements.

7. The supervisor or program educator will review the sleep policies and procedure with all families upon enrollment, move in playrooms, or any change.
8. If any educator observes significant change in a child's sleeping habits or behaviors the educator is required to communicate/document the observations which will be discussed with the families to determine if alternate supervision is required for the child.
9. Educators must ensure that all children younger than 12 months are placed to sleep on their backs unless the child's physician recommends otherwise in writing.
10. Educators must position themselves in a manner that allows them to directly observe the resting or sleeping children.
11. During nap time, the educator will enter the infant/toddler rooms to check on children every 15 minutes and will be documented in the sleep log. This is done quietly and unobtrusively so it does not disturb their sleep.
12. Educators in infant and toddler rooms will document how each child slept each day through direct observation during the sleep and rest period. A check indicates sleeping, an "x" indicates awake. Sleep checks can also be recorded through Lilio (Himama)
13. Educators will complete direct visual checks more often if required. (e.g.) A child is having trouble settling for sleep, a child is coughing.
14. A rocking chair may be in the program or nap room so that a child may be rocked and lulled to sleep before being put in the crib.
15. Infants, toddlers and preschoolers are encouraged to self-soothe and supported to learn how to do this.
16. Baby bottles are never given to children in cribs. Children are always held while they drink a bottle.
17. Music if played during rest time should not interfere with staff being able to hear children's movement and sounds.
18. There is sufficient light at all times to ensure educators can conduct direct visual checks. (small lamp, night lights).
19. From time to time, items may be stored under the cribs in closed bins.

40.3 Sleep Equipment

All furniture and equipment is compliant with current standards, is sturdy and is in good repair. Each infant has a crib with their own bedding, and each toddler and preschooler have their own cot. Furniture is checked on a quarterly (regular) basis during the Health and Safety Inspection.

Breathable blankets are required in sleep rooms, children must be monitored during sleep, nothing should be placed in cribs other than breathable blankets, and children must sleep head to toe formation. Sheets are provided by the program and washed weekly or when soiled, parents provide blankets.

Strollers, swings, bouncers and car seats are not intended for infant sleep. Children should be placed in their crib once asleep.

40.4 Special Instructions on Sleep Safety

The licensee should review the recommendations set out in the most current version of the Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada (SIDS).

The current recommendation set out in the Joint Statement is that children up to their first birthday be placed on their backs for sleep. This has been Health Canada's recommendation since 1993, as a means to reduce the risk of SIDs.

It is important to note that the Joint Statement sets out that once infants are able to roll from their backs to their stomachs or sides, it is not necessary to reposition them onto their backs. The requirement for an infant sleep position may only be waived if a medical doctor/physician recommends differently in writing.

Provisions have been added to the regulations to reduce risk of harm and injury, including death, when infants are sleeping. Placing infants on their back for sleep is recommended by major children's organizations such as the Canadian Pediatric Society and the American Academy of Pediatrics. The federal government (Health Canada/Public Health Agency of Canada) concurs with this recommendation, as set out in the Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada.

Please note: Children can have their comfort materials when requested by parents. Written documentation is required from families outlining how their child sleeps and what they require during sleep (blanket, soother, etc.). Staff will be diligent in their visual checks to ensure that blankets are not over children's heads

40.5. Policy Sign Off on Sleep Safety

Staff must review and sign off on sleep safety upon hire and annually thereafter.

41.0 . Walking Trips & Safety

Staff must make safety of the children the utmost priority when on field trips and walking off the premises.

41 .1 Procedures:

Staff often take the children for walks in the areas local to their centers, during this time staff will wear reflective clothing, carry emergency info for each child, a cell phone, an emergency kit, a list of children in attendance that day.

Routes will be identified prior to departure and regular walking routes will be made public so that local motorists can take caution.

These procedures will also be utilized on field trips where a chaperone would not be required.

- Staff will inform the center supervisor/designate regarding which designated route they will be using.
- Staff will wear brightly colored safety vests as provided by ACCP
- Staff will carry a cellphone (personal or one provided by ACCP if available)

- Staff will position themselves at the front of the line and one at the end if 2 or more staff are in attendance.
- Staff will utilize a “walking rope” for children to hold on to or be strapped on to depending on age and ability. Children will be placed on alternate sides of the rope when walking on side roads, when on main roads children will be placed on the side opposite to the road.
- Infants will be strapped into the strollers if their developmental level requires that.
- Staff and children will follow the rules of the road for pedestrians as noted below.
- Caution flags will be attached to all strollers at all times while on a walk.
- Staff will exercise attendance monitoring and have the emergency info for all children present on the walk as well as a first aid kit and any necessary anaphylactic medication required by children/staff.

41.0. Rules of the Road (while on field trips if applicable)

- Cross only at marked crosswalks or traffic lights/stop signs. Don't cross in the middle of the block or between parked cars.
- Make sure drivers see you before you cross. If the driver is stopped, make eye contact before you step into the road.
- Wear bright or light-coloured clothing or reflective strips.
- At a traffic light/stop sign:
 - Cross when traffic has come to a complete stop.
 - Begin to cross at the start of the green light or “Walk” signal, where provided.
 - Do not start to cross if you see a flashing “Do Not Walk” symbol or the light turns yellow. If you already started to cross, complete your crossing in safety.
 - Never cross on a red light.
- Watch for traffic turning at intersections or turning into and leaving driveways.
- Stay to the side of the road, walking as far away from traffic as they safely can
- Stop at the edge of the sidewalk, and look both ways before crossing the road
- Take extra care on roadways that have no curbs
- Watch out for blind corners (for example, a car coming out of an alley may not see a child pedestrian about to cross).
- Practice with your children how to cross a road safely or discuss during circle time.

42.0 Activity Proposals & Trips Policy:

Special Activities outside the normal activity plans requiring extra funding or to leave the premises must be requested by way of activity proposals and approved by Supervisor and Superintendent.

42. 1. Procedure:

Employees will fill out the Activity Proposal two weeks prior to activity with quotes and completed purchase orders and/or check requests. Activities must be age appropriate and educational.

Field trips will require the permission of the parent/guardian. Permission forms will be stored in the child's file after the activity/trip. Chaperones may be required depending on the developmental abilities of the child.

Staff take the children for walks in the areas local to their centers that are not considered a trip.

43.0 Health Inspections

There will be an annual health inspection conducted by the Environmental Health Officer and recommendations and standards must be adhered to.

43.1 Procedure

The center supervisor will ensure that health inspections occur and that all standards and recommendations are met.

The supervisor is also responsible for contacting the EHO and obtaining inspection reports. Maintenance staff will also work in conjunction with ACCP health inspections and recommendations.

44.0. Plan for Children with Medical Needs Policy:

As per Ontario Regulation 137/15: Children with Medical Needs, the ACCP is required to develop an individualized plan for children with medical needs.

44.1 Procedure:

Once a child has been identified either through the medical assessment upon entry or with observation and consultation with parents, the following will be implemented:

The individualized plan shall be developed in consultation with a parent of the child and with any regulated health professional who is involved in the child's health care and who, in the parent's opinion, should be included in the consultation. O. Reg. 126/16, s. 27.

The plan shall include,

- (a) steps to be followed to reduce the risk of the child being exposed to any causative agents or situations that may exacerbate a medical condition or cause an allergic reaction or other medical emergency;

- (b) a description of any medical devices used by the child and any instructions related to its use;
- (c) a description of the procedures to be followed in the event of an allergic reaction or other medical emergency;
- (d) a description of the supports that will be made available to the child in the child care centre or premises where the licensee oversees the provision of home child care or in-home services; and
- (e) any additional procedures to be followed when a child with a medical condition is part of an evacuation or participating in an off-site field trip. O. Reg. 126/16, s. 27.

A licensee is not required to develop an individualized plan under this section for a child with an anaphylactic allergy if the licensee has developed an individualized plan for the child under section 39 and the child is not otherwise a child with medical needs. O. Reg. 126/16, s. 27.

44.2 Intent

This provision requires that an individualized plan be developed for each child with medical needs and that licensees take all necessary steps to support the child's medical needs and ensure his or her inclusion in the program.

The review of each individualized plan (by employees, students and volunteers) supports the child(ren)'s ability to participate in the child care program, and provides staff with all necessary information to deal with any medical situation pertaining to the child.

44.3 Medical Needs Documentation & Form

Staff must fill out the INDIVIDUALIZED PLAN FOR A CHILD WITH MEDICAL NEEDS form located in the forms resource with parents and sign off on.

Form will be reviewed every 6 months and updated if required.

45.0. Emergency Management Policy & Procedures

The ACCP must protect the health and safety of children and staff in the event of an emergency.

45.1. Procedures:

Each center must fill out the attached Emergency Management Policy and Procedures Form and enter the appropriate data in "enter text" sections.

All staff roles and responsibilities are clearly outlined in the event of an emergency.

The form must be updated and entered on an annual basis by the center Supervisor.

The policy must be reviewed by all staff and documents kept in the licensing

binder readily available during an emergency.

46.0 Children's Sign In Sheet

The ACCP must document children's attendance daily to be aware who is onsite for supervision and in the event of emergency.

46.1 Procedures:

Attendance must be entered into Lillio (Hi Mama) on a daily basis by staff. Staff will also note each child's transition to a different playroom into Lillio as well. In the event of technical issues, staff will document attendance and transitions on paper.

The supervisor and playroom staff will monitor this closely on a daily basis. Failure to do so will result in monitoring compliance and contravention plans.

47.0. Insurance

The CCEYA requires that proof of insurance with respect to each child care centre or private home care operator be obtained annually and in full force and effect.

47.1 Procedure:

A copy of center building insurance can be obtained every January from MCAs Insurance Agent, the finance office determines who the insurer will be.

Once obtained the copy of insurance is placed within this binder on the page to follow. During the annual re-licensing visit from the Ministry, a copy of the insurance certificate is presented as proof of up to date coverage.

The insurer must be made aware of any major changes to the child care program, for example, the inclusion of an infant care program.

48.0 . Smoke- Free Ontario Act/05:

The ACCP adheres to Ontario's Smoke Free Act

48.1 Procedure:

The Smoke-Free Ontario Act as of May 31, 2006, prohibits smoking in enclosed workspaces and enclosed public places including the playgrounds. All supervisors must ensure that all staff, providers and parents are aware that smoking is prohibited.

In light of the Smoke-Free Ontario Act/05; "No Smoking" signs will be posted at each entry of the buildings and smoking is not permitted within 25 feet of the building perimeter.

49.0. Pool Restrictions

Pools are prohibited.

49.1 Procedure:

Pools are prohibited which includes anything that can pool water within access of the children, staff be mindful of unsafe pooling of water anywhere within access of the children.

50.0 Water Safety and Flushing for lead

Water Safety is a priority as per the Safe Drinking Water Act 2002

50.1 Procedure:

As all three centers and all private homes are on a municipal residential water system, we adhere to all health alerts and notices sent by the Mohawk Council of Akwesasne Water Treatment Program.

Each site also maintains a supply of bottled water in the event of a disruption in the water supply.

50.2 Water flushing

As plumbing was installed for Kawehnoke & TsiSnaihne prior to January 1, 1990, water flushing should be completed weekly. Water flushing logs should be kept and maintained for 6 years.

Flushing should be done in the following sequence;

Step 1: The cold water should be turned on for 5 minutes at the main site where the water is used for consumption.

Step 2: Turn on cold water for 10 seconds at every water source that is used for consumption.

Step 3: Document findings on log sheet.

51.0 . Admission of Children

The ACCP welcomes all families to apply for child care, only completed applications will be accepted.

51.1 Procedure:

Parent packages are available on our website and in the three child care centers for parents to fill out. Site supervisors are responsible for assisting parents to complete all forms. Communication with parents will be vital in order to begin the process of enrolling a child or placing that child on a waiting list.

Parents are encouraged to bring their child in to meet staff and become familiar with the program while the process of enrollment is in the planning stages.

51.2 Registration and Acceptance of Children

ACCP will accept and enroll children as quickly as the program allows.

51.3 Procedure:

The site supervisor will review the forms completed by the parent. If a space is available the parent will be notified. An initial visit is arranged for the parent/caregiver and the child to visit the centre usually in the morning when the program is in full swing.

The following forms must be completed before the parent will be allowed to leave the child in the care of program staff:

- Application and Registration Form
 - Profile of child
 - Consent form
 - Child's Medical Assessment signed by physician
 - Immunization record (up to date)/Affidavit
- In good standing with ACCP, all bills paid.

It is at the supervisor's discretion to determine the enrollment of children. Parents are encouraged to call the center to see how long it will be before they receive care. However, supervisors will determine the exact dates to avoid unforeseen circumstances, for example; a transfer or an ACFS client.

52.0. Child Immunizations

In order to comply with the licensing standards of the Childcare and Early Years Act, before admission, the child must also have his/her immunization up to date according to the local Medical Officer of Health.

52.1 Procedure:

Copies of the immunizations records must be retained in the child's file. If immunizations are not up to date the ACCP may request that immunizations be updated to continue service, this is to ensure the health of all children within the centers. Parents can contact the Community Health Office at 613-575-2341.

All children and staff are strongly encouraged to get a flu shot annually.

Objections or exemptions obtained as of August 29, 2016 or after must be completed on the ministry-approved form and retained in the childrens or staff record

- Statement of Conscience or Religious Belief forms for religious/conscience objections must be completed by a "commissioner for taking affidavits" (i.e. must be notarized)

- Statement of Medical Exemption form for medical exemption to immunization must be completed by a doctor or nurse practitioner
- Any written objection/exemption that was on file prior to August 29, 2016 but is missing must be replaced with one of the new ministry-approved forms

53.0 Children's Medical Assessment

Medical professionals must provide consent that each child is able to participate in the program.

53.1 Procedure:

In order for a child to become enrolled in the Akwesasne Child Care Program, a Child's Medical Assessment Form must be completed and signed by a medical doctor. This form is located within the application package and parents must bring their child to their pediatrician or family physician. A pediatrician's signature is preferred but we will accept the Nurse practitioner's signature from the clinic.

The assessment helps the program to prepare should the child require extra equipment or training.

54.0. Child's Illness Policy

In order to protect the health of all children in attendance staff and Supervisors reserve the right to refuse children who are ill.

54.1 Procedure:

The Childcare and Early Years Act requires that each child that is in attendance for six hours or more in one day, play outdoors for at least two hours each day, weather permitting, therefore children who are not well enough to participate in outdoor activities must be denied attendance for the day.

54.2 Contagious Diseases:

The child care centers will not accept children with contagious diseases, each center follows the most recent version of Communicable Disease Guidelines for Schools and Child Care Facilities,

<https://eohu.ca/files/resources/11008-icd-19e.pdf> and can be found on the Eastern Ontario Health Unit website www.eohu.ca.

The site supervisor will advise parents of children showing any signs or symptoms of contagious diseases that they will not be allowed entry or they will be asked to leave if occurring during the learning day. If exclusion is required, the parents will be informed that they must obtain a Dr.'s note indicating when the child can return to child care and/or is no longer contagious.

The parent must ask the Dr. what the contagious disease is, then give a courtesy call back to the center so that the center can inform all parents that there is a confirmed case of _____, so that they can be on the lookout for symptoms.

Staff must increase universal precautions and be extra diligent in sanitary practices when there is a confirmed case present in their playroom.

54.3. Children who appear ill on arrival:

The child care centers will not accept children who display any or all the following signs of illness to ensure the health of the other children:

- Fever & temperature of 101°
- Rashes
- Discharge from the eyes
- Appearance of being sick (pale, tired, lack of interest, moody etc)

Supervisor or staff will examine the child upon entry and request that the child seek medical attention, if symptoms are contagious please see previous section.

If there is a diagnosis of infection requiring an antibiotic, Supervisor must inform the parent that the child must stay home for 24hrs following the start of the medication.

Supervisor will also inform the parent that the child with fever must remain home for 24 hrs after the fever is gone without the use of any fever reducing medication. The child with diarrhea or vomiting should remain home until the diarrhea and vomiting has subsided for 48hrs.

54.4 Children who become ill during the day:

Staff must report to the site supervisor any of the following symptoms in a child:

- Elevated temperature, flushing, pallor, listlessness
- Acute cold, nasal discharge, coughing
- Vomiting or diarrhea (2xs)
- Red or discharge from eyes or ears
- Undiagnosed skin rashes or infections
- Unusual irritability, fussing, restlessness

The site supervisor or designated staff person will notify the parent to come and pick up their child. Illness form to be completed by staff.

54.5 Children with Nits or Head Lice:

When nits or lice are found on a child's head the Supervisor will be notified and they will contact the parents to come and pick up their child. Children with head lice will be excluded from childcare to curb infestation.

Treatment shampoos will be issued by the Supervisor as a courtesy if available. The parents will be informed that they must not return until the child is clear of nits or lice.

Upon return the staff or supervisor will examine the child's head to determine if they are clear, if they are clear they may attend, if they still have nits or lice they will be refused until clear.

54.6 Posting Health Alert:

When a center is informed of a contagious situation, the supervisor will ensure that a "health alert" is posted with the specific health condition outside of each playroom and at the front door of the center. Signs and symptoms will be listed along with incubation and isolation periods, the infected child's name will NEVER be posted for confidentiality reasons.

54.7 Administration of Prescription Drugs

ACCP staff will only administer medication that is prescribed by doctor, with written authorization from parent or guardian.

54.7.1 Procedure:

The Medical Authorization & Tracking Form must be completed and kept with the medication box until medication ends, then is stored in the child's file. It is an internal record that includes:

- Name of medicine, date, dosage to be given, time to be given, doctor's name, and special instructions. Medication must be in the original package and clearly labeled.
- Medication administered: Date, medication, amount, time, staff's signature for drug administration.

The parent is responsible for bringing the prescription drug to the center, and must be given to the staff upon entry, and sign the Medical Authorization Form. Parents will provide specific instructions on storage and dosage. It is also the responsibility of the parent to collect the medicine at the end of the day.

One person in each child care center operated by the licensee and in each premises where it oversees the provision of home child care is in charge of all drugs and medications and that all drugs and medications are dealt with by that person or a person designated by that person.

Staff or supervisor will double check to see if the medication info is correct and that it has been 24hrs since the original dose was given, as per illness policy. The staff accepting the medication must also inform the playroom staff of the medication and instructions if not the same person.

54.8. Storage of Prescriptions:

The supervisor will inform the staff that all prescription drugs are to be stored in locked containers or cabinets with the exception of puffers, the key will be the responsibility of the staff in the playroom.

Staff will have the responsibility for locking and unlocking prescriptions, and each center will have a storage box for refrigerated prescriptions, and non –refrigerated prescriptions.

54.9. Delivery of Medication:

The medicine must be given as outlined on the label, and the Medication Authorization & Tracking Form must be completed with each administration by one staff.

No over the counter medications such as Tylenol or cough medicines will be given to enrolled children.

55.0 Parent/Child Orientation

Parents must be orientated to the program prior to enrollment to ensure awareness of policies and standards.

55.1 Procedure:

It is the duty of the site supervisor, with assistance from playroom staff, to ensure that parents are aware of the ACCP policies as they pertain to parents. During the initial visit of parent and child, the supervisor will sit with the parent. The Orientation of Child & Parent form will be used to ensure that all areas of parental responsibility are communicated. The parent and supervisor will sign-off on this document. The parent will receive the original and a copy will be maintained in the child's file. This can be found in the forms section.

If the child is new, the child will do the orientation visit, then come in for a half day and the next day begins a full day.

If the child is returning, a pre-K child coming in for the summer or being transferred from another center or a PHDC setting, the half day may be eliminated.

56.0 Enrollment & Fee Schedule Agreement

ACCP ensures that services are fee for service and that parents must agree to pay prior to entry.

56.1 Procedure:

Supervisors must explain and have the parents complete the Fee Schedule Agreement during the child's orientation to the program embedded in the

application. The enrollment and fee schedule agreement is a contractual agreement between the parent and program for services rendered.

The Supervisor must ensure that both parents sign the parent enrollment fee agreement if both parents are authorized to pick up the child. By signing the agreement the signing party(ies) agree to be held fully responsible for any amount due on the account created as a result of their application and enrollment. This can be found in the forms section.

57.0 Revenue Collection and Cash Receipts

Parent revenue is diligently collected and documented within all three child care centers.

57.1 Procedure:

It is the responsibility of the Supervisor to collect fees from parents and issue an official receipt. Fees collected will be logged within the child individual ledger on paper and in Lillio (Hi Mama) .

All permanent and term ACCP staff will be made aware that if the Supervisor and the Designate Supervisor are unavailable to or busy, they are able to collect fees from parents. Unofficial receipts must be issued immediately from receipt books. Fees along with the copy of the receipt listing name of child, amount collected, payee's name, date, and collector's signature will be placed in a locked safe in the site Supervisor's office. Staff must notify the Supervisor of payment verbally upon their arrival.

An official receipt will be issued to the parent by the Supervisor that indicates the same date as the unofficial receipt. This payment will be reflected on the parent's ledger. It is the parent's responsibility to ensure that payments are also reflected as a credit on their next bill.

The site Supervisor is responsible for filling out and signing the Revenue Count Sheets (RCS) to be submitted along with cash and checks, to the ACCP Administration, Supervisor's drop their RCS and cash to the financial office of MCA. Parent's names and amounts paid are listed on the RCS.

The ACCP Administrative Assistant and the front desk clerk at the financial office of MCA will check the accuracy of the fee totals and the amount recorded on the RCS made in colored triplicate, and sign off on it. The pink copy remains in each Supervisor's office, the yellow is copied to ACCP Administration, and the white copy is forwarded to MCA's finance office Accounts Receivable Clerk along with any bank deposits from the Kawehnoke site.

Fees may be collected in US funds but considered at par with Canadian money. US funds must be recorded on a separate revenue count sheet.

For security reasons, Supervisors will ensure that revenue does not exceed high amounts before being processed.

Payroll deduction is also accepted as a form of payment, parents can sign up for this service at entry with the Supervisor on the Payroll Deduction form with signature and witness. MCA's payroll clerk emails a hard copy of the payroll deduction summary at month's end to the superintendent of ACCP. The superintendent then forwards the copy to all Supervisor's who then credit the parent's account and note the credit on their weekly bill. Parents with children enrolled in private home programs must make payments within the centers.

58.0. Subsidies

The ACCP supports families enduring financial hardships if they have the means to do so.

58.1 Procedures:

If funding is available the ACCP will offer subsidies to families who are in need of assistance with their child care bills while in care with ACCP only.

Notification is given to parents at least two weeks prior to the deadline to apply for subsidies. Subsidies are for all parents seeking help. Parents may need to prove financial hardship.

59.0 Program & Planning

The ACCP Program views every child as capable, competent, curious and rich in potential.

59.1 Procedure:

Supervisors will ensure the staff's daily programming for children is inclusive of "How Does Learning Happen" and "Early Learning Every Child Today" pedagogy. These resources serve as a guide to planning the Akwesasne Child Care daily program are met:

- To develop relationships with adults and peers other than immediate family members
- To enhance all self-help skill areas
- To explore their world through experimentation and manipulation of toys, equipment and a wide variety of materials
- To develop concepts and notions about how the world functions
- To learn appropriate ways to communicate and express emotion
- To be given opportunities to problem solve and make decisions in a group setting
- To balance the day with both indoor/outdoor activities and quiet/active time

59.2 Program planning will be considered by:

- Understanding that mohawk language and culture must be woven through the learning process.
- Knowing child development stages in order to plan age-appropriate activities which focus on the whole child
- Offering open-ended toys/equipment/materials which provide stimulation no matter where the child is in her/his development
- Rotating toys/equipment/materials in all areas and frequently, especially where interest has waned
- Providing children with a wide variety of interesting choices and freedom to move about the play area as they please
- Realizing the need for good nutrition and physical activity in programming.
- Linking family and community members to program decisions wherever and whenever possible
- Recognizing that undiagnosed concerns affect children's behavior and to have extra patience and ask for additional help
- Learning Stories are to be shared daily with parents through Lillio

59.3 Discharge Policy

Parents may withdraw their child at any time, advance notice requested, and fees will be charged through the end of the week.

59.3.1. Procedure:

The site supervisor will review the discharge policy with parents during the orientation process. Parents should give notice in writing or verbally at least one week in advance if they wish to withdraw their child. Verbal notices will be noted in the daily log.

All information regarding the parent's account will be brought up to date and credits will be deducted from the final balance owing. All outstanding accounts must be paid in full before the parent may access service in the future.

Under the Good Standing Policy of MCA, on occasion, different departments may inquire if an individual parent has an outstanding account with child care. This information will be provided.

The Akwesasne Child Care Program reserves the right to discontinue services if at any time it is determined that our program is not able to meet your needs or your child's needs. Supervisors will consult with each other and the superintendent prior to discharge for extenuating circumstances, after majority consensus a letter will be issued terminating services.

59.4. Absenteeism & Discharge

ACCP will discharge due to consecutive absenteeism without cause.

59.4.1 Procedure:

If a parent has not notified the supervisor or the staff at the center after three weeks of absenteeism, the child's space will be vacated and the next child on the waiting list will be given the space. The parents of the absentee child will be billed for this three week billing period, after which time, the child's name will be removed.

59.5. Re-enrollment

Children are welcome back to the program.

59.5.1. Procedure:

To re-enroll a child, the site supervisor will ensure there is a space and the account is paid in full. The supervisor may develop a payment plan with the parent to ensure outstanding fees are paid along with regular fees.

Parents must also complete another application form, and provide proof of up to date immunizations and sign consent form before entry into the program.

59.6. Termination Of Service Policy

Termination of services for a child can occur under the following circumstances:

- A parent fails to follow policy, e.g. a child is picked up late three times in a short period of time, or parent continually forgets appropriate winter clothing. Our pick up times are no later than 5pm, and stricter in the infant room as per signed agreement during orientation, 4:15pm or 4:30pm to meet safety ratios.
- It is determined by the supervisor and staff that the program does not meet the needs of the child.
- A parent fails to pay their child care fees as indicated in the Termination Notice, maximum of \$300 per child, \$450 for two enrolled children.

59.6.1 Procedure:

The site supervisor has the authority to terminate services. The ACCP Superintendent will be notified if such an event occurs, the supervisor will use the termination of services form in the forms section.

Supervisors will work with parents who find it difficult to follow the policies of the ACCP. It is the philosophy of the child care program to empower parents to take responsibility for their children. Sometimes the parents and ACCP's child rearing philosophies do not match and it causes hard feelings and a strained environment, however both staff and supervisors will make every effort to work with parents the best way they can before termination occurs.

59.7. Transfer Policy

Parents are welcome to request a transfer to any child care center at any time. The request will be granted when available.

59.8 Procedure:

If a parent wishes to transfer their child to an alternate site or to the PHDC program, the parent will notify the program of their intent. The site supervisor will ensure the child's file is transferred.

In order for a child to be transferred the account must be paid in full. If a child is being transferred within the ACCP, their move will be considered before a new child is enrolled.

59.9 Exit Interview for Parents

Program evaluation and feedback is valued from the parents who access services in order to continually improve services.

59.9.1 Procedure:

Once a parent has indicated that their child will be leaving the ACCP, the site supervisor will arrange to have the parent fill out an Exit Interview Questionnaire (EIQ). The questions on this document are designed to give the program administrators a clear picture of the parent's satisfaction with the care received over the course of their child's enrollment.

The site supervisor is responsible to ensure EIQ filled out and discussed at supervisors meeting for feedback. There are a number of ways the parent's involvement in this questionnaire can be guaranteed. It is suggested to survey once yearly.

1. Supervisor will mention the exit interview during orientation.
2. Once the parent indicates that the child is leaving the program, the supervisor should introduce the importance of filling out the Exit Interview document and a copy is given.
3. If the document fails to be returned, supervisors should call home or office to remind the parent of the importance of the Exit Interview Questionnaire and remind it to return.
4. The document may be faxed in, completed over the phone with the supervisor, or sent electronically.
5. The document is anonymous and all names of staff listed in the tool will be removed.
6. Any and all negative comments will be addressed accordingly, and praise will be awarded.

60.0. Developmental Screening Tools

ACCP conducts developmental screening as an indicator of children's basic skills and abilities.

60.1 Procedure:

The tool will be administered by the playroom staff for each child enrolled and at recommended intervals thereafter. This tool is to assist staff to identify developmental delays early. As a result staff and parents can provide the activities to assist the child to improve in the identified areas.

It is the responsibility of the supervisor to ensure that this tool is being conducted and the results discussed with parents. In addition, supervisors will keep track of the date the tool was used, comments and the date of the next session.

Parents will receive the completed document. Staff will initial and a copy will go in the child's file and a copy will be sent to the superintendent with the Supervisor's monthly report.

60.2 Process for Administering Developmental Screen to Children

1. Parents must be made aware that screening will be taking place and that they will be apprised of results by the Supervisor.
2. Staff will identify each child's birth date and correlate screening tools to be used.
3. Each child's name will be recorded in a Log with columns in order that date implemented and next date for the screening will be identified.
4. The staff person conducting the screening will be identified.
5. The identifying information will be filled in on the screen form prior to the implementation of the screening.
6. The specific process for screening will be identified.
7. The need to host specific activities in the playroom in order to complete the screen will be identified.
8. The screen will be completed and the date that the child will be ready for the next screen will be noted in the upper right hand corner.
9. All screens will be forwarded to the Supervisor/Supervising team for review and consultation with staff and child's parents. Recommendations for utilizing developmental activities will be part of the consultation if needed.

10. The original screen with recommended activities will be given to the parent and copied to the child's file.
11. The date that the next screening will be conducted, for each individual child, will be recorded and filed.
12. Observations and comments from staff and/or parents may be recorded noting the date that the screening was conducted, and follow up as needed.

61.0 Special Needs Programing

Special needs children will be included into the daily programming.

61.1 Procedure:

ACCP is in full support of inclusion and staff will make every effort to accommodate special needs children to ensure their care and safety.

At the onset of the registration for care, the physician's note will indicate a diagnosis and training will be sought out to accommodate special needs. A resource staff is no longer a requirement however an aid may be suggested to increase ratios and provide extra care.

Each child will be assessed individually and services will be provided in the best interest of the child and the whole group, and every effort will be made to accommodate however there are circumstances that may not be available.

For children who are suspected to be special needs:

- Staff must complete the Developmental Screening Tools for their age, any indication of two or three “no”, staff must retest a week later, if still “no”, bring the attention of the Supervisor to discuss. Continue to test using younger tools to determine where a child is at developmentally. Please take into consideration any stresses such as new to class, or changes potential traumas going on at home.
- If behavior or issues persist, staff must make anecdotal notes of behaviors with dates and prepare a package for three weeks of observations and review with the supervisor.
- complete Application for Special Needs along with the supervisor to request a learning aid,
- Set up parent meetings where RECE and supervisor share concerns with parents and discuss solutions, if serious, have parents sign a consent for assistance with special needs and or for the child to be observed by a specialist.
- Request that parents discuss concerns with the child's pediatrician & re-sign pediatrician's form (orange app form) if not already noted upon registration.

- Referrals can be made to specialists such as speech and occupational therapy, if a child is in care of ACFS, or AFWP case management sessions may occur and the RECE and Supervisor are asked to attend to represent the child care program to ensure the child's success while in child care.
- complete an individualized service plan (IEP) and have parents sign off.
- A behavioral modification specialist or one on one aid may also be hired to spend a few hours a day with the child, and to also teach the RECEs how to handle a situation and provide the child with tools to succeed.
- All processes should be documented and any reports placed in the child's file.
- Training and extra time will be allotted for the team, and that person will be a part of the team approach to the playroom to ensure full inclusion for the child.

62.0 Children's Records & Confidentiality

Children's file, personal information and even enrollment is bound by MCA's Access to Information Privacy Policy and is completely confidential.

62.1 Securing Records

All records must be kept secure from use by unauthorized persons from loss, fire, theft, defacement, tampering and unauthorized copying.

- A child's records are the property of the Child Care Centre.
- Active and inactive records will be stored in a locking file cabinet on the premises and locked when unsupervised.
- A child's records must be returned to the locking file cabinet immediately after use.
- A child's records will not be removed from the premises, unless the child transfers within the ACCP. In the case of a transfer, Supervisor will inform parents that a copy of the child's file will be forwarded to the center the child is transferring to.
- A child's record will only be shared with programs of MCA as noted on signed consent form.

62.2 Record Retention

As per CCEYA requirements, a child's file will be retained in the child care centre for a minimum of 3 years after the child has been discharged. Following three years past discharge date, children's records are to be sent to ACCP Administration where they will remain on file for an additional five years. All files will be kept in a locked file cabinet within the Supervisor's office.

Children's record or file will include the following:

*if applicable

Application for enrollment

Contracts with ACCP

Profile of child documents*	Affidavits regarding court
Consent forms	Development Assessments
Medical assessment	Assessments
Immunization Record	Individualized plans*
Ledger cards	Doctors notes
Accident reports	

62.3 Release of Information

Appropriate informed written consent of a parent will be required prior to the release of identifiable information from a child's file to any third party; and it shall be noted that for operational purposes the following persons will have access to the children's files:

- Parents and guardians
- Supervisors when a child is within the center.
- Early Childhood Educators when a child is within the playroom.
- Program Advisor during re-licensing visit file audit
- Community Health Officials if parents have signed a Medical Consent Form
- Akwesasne Child and Family Services Worker of child
- Superintendent during an incident or investigation.

62.4 Release of Information Without Consent

Access to a child's records, without parental consent, may only be given to officials of the following jurisdictions:

- Courts in response to a warrant or a court order
- Authorities vested in provincial or federal statutes
- Minister and officials to whom the court has delegated the authority
- Coroner's Office

62.5 Access by Researchers

The written consent of a parent will be obtained before a child's identifiable information is released to an outside researcher and before a child participates in any research project conducted while the child is in attendance at the child care center.

63.0 Wait Lists

The Centers will maintain a wait list when rooms are full, that is a first come first serve basis pending complete application and previous balance is paid.

63.1 Procedure:

At times when the room is full, at times when staff are unavailable to meet ratios on a permanent basis a wait list will be created.

Parents must be notified that their child will only be placed on a waitlist when their application is considered complete with complete form, immunizations up to date, physicians sign off, and balances are paid off.

Supervisors will let parents know approximate wait times and will offer space at another center if available. Parents will be encouraged to call back frequently to determine their movement on the list. Parents may also pass and ask for the next available if they are not ready to take the spot.

Transfers and children who are placed through ACFS or AFWP will take priority over those on a wait list as the latter are considered high risk with completed application.

Staff will be aware of the waitlist status postings in supervisors offices that are confidential to the public. Staff may let parents know where they are on the list should they call in. Staff will make every effort to accommodate all children without pushing or rushing children through the stages of development.

There will be no monetary exchange for movement up the list or to remain on the list.

64.0 Biting Prevention Policy

Staff will do everything in their power to prevent biting and that children are safe from one another.

64.1 Procedure:

Staff in child care are trained to do the following to try to minimize the biting behavior, which parents can also try at home:

- Let the child know in words and manner that biting is unacceptable. Adults' most stern manner and words should be reserved for acts such as biting.
- Shadow the child and prevent the attack before it occurs.
- Remove the biting child from the situation and focus caring attention on the victim.
- Examine the context in which the biting occurred and look for patterns. Was it crowded? Too few toys? Too little to do? Too much waiting? Is the biting child getting the attention and care he/she deserves at all times?
- Change the environment, routines, or activities if necessary.
- Work with the biting child on resolving conflict or frustration in a more appropriate manner, including using words if the child is capable.
- Observe a child who is a short-term chronic biter to get an idea about when he or she is likely to bite. Some children, for example, may bite not when they are angry or frustrated, but when they are very excited.

- Identify children likely to be bitten and make special efforts to reduce their chance of becoming victims.
- Don't casually attribute willfulness or maliciousness. Children explore anything that interests them with the mouth, and that includes other bodies.
- If biting continues, continue to observe and shadow the group closely, and prevent bites before they occur.

Speak to parents of the aggressor about what might be going on at home, perhaps parents are play fighting mimicking biting, or a sibling is biting the child at home. There also may be other stressors or changes occurring at home, together you can find a solution to help the child resolve the biting behavior.

The victim's parents will also be notified through the accident incident report form, at no time will the aggressors or victim's identities be shared.

Staff may send out the Biting Prevention Resource to parents in the playroom to ease the tension, as it becomes a difficult environment as we help children through the biting phase.

65.0 Log Books

Log Books are required to be utilized by the center as a communication tool and must be read by staff daily.

65.1 Procedure:

All staff must log in activity on a daily basis as well as read it throughout the day to document important information including but not limited to notices, alerts, changes, visitors, etc. The following guidelines should be adhered to as it is a legal document:

- Pages must be numbered.
- Entries must be dated and initialized.
- Children should not be identified other than initials.
- Books should be securely bound (not in a ring binding).
- Mistakes should be crossed out and initiated not scribbled over.
- Blank spaces need to be lined out as late entries are prohibited.
- Copies of completed books should be kept on site for three years as per CCEYA.

66.0 Parent Complaints and Issues

The ACCP wishes to provide high quality services and we will address parent issues or concerns as they arise to continually evaluate and improve care.

Procedures: If parents have concerns about your child's care your first step should always be able to talk to the staff or your caregiver. Here are some tips:

- Schedule a time with your caregiver to talk about your concerns. That way, both you and the staff or caregiver will be ready to talk.
- Be prepared. Make notes ahead of time about your concerns.
- Be clear about what's being said. If you need clarification or have concerns about your caregiver's response, ask him or her to explain it further.
- If necessary, arrange a follow-up meeting.
- If frustrated or uncomfortable take your concerns to the center Supervisor and repeat steps above. The Supervisor must respond to the concerns immediately and address accordingly.
- If still concerns are still unaddressed or if the concern is about the Supervisor please put your concerns in writing and send it to the Superintendent. The Superintendent must respond to the letter within 5 business days in receipt and set up a meeting with the parent.
- If needed an investigation will ensue, and a letter and follow up meeting will occur after the investigation is complete.
- Parents have the right to appeal the decision of the investigation to the Director within 30 days of the date of the investigation outcome letter.
- The Director will respond to the complaints within 5 business days in receipt of the written appeal letter and repeat steps above.
- If still a concern the parent may appeal and address the Executive Director in writing within 30 days of the Director's response letter.

Talk to the College of Early Childhood Educators: If you have concerns about a Registered Early Childhood Educator providing care to your child, contact the College of Early Childhood Educators to submit a complaint.

Children in Need of Protection: If you have a reasonable suspicion that a child may be in need of protection, you must report it to Akwesasne Child & Family Services 613-575-2341. A child in need of protection is a child who appears to be suffering from abuse or neglect.

67.0 Lillio (Hi Mama)

Lillio (Hi Mama) will be used to document Children's attendance, observations, activities, meals, diaper routine outdoor play, room transitions, health of child, temperament of child, sleep schedule/sleep checks. Payments, billing and invoicing will be completed by the supervisor.

Procedure: AMBE Superintendent, Supervisors and Designates will be responsible for making sure Child Care staff have all the tools they need to make Lillio (Hi Mama) Software a success. Working Wi-Fi and Tablets for the rooms will be available. If there is a problem with the Equipment, MCA help desk will be called to troubleshoot 613-575-2250. For questions or issues with the Lillio (Hi Mama) program itself the helpline can be reached at 1-800-905-1876.

Upon enrollment the parents will sign a participation agreement that allows the supervisor or designate to add the personal data to the Lillio (Hi Mama) system. The Child's profile will be created on the system. Once the information fields are completed the Parent/ guardian information is added along with emergency contacts. A working email is required. A welcome invite will be sent to the parents email and they will be invited to join and upload the app to their phones. Billing is postpaid and invoices are automatically created by the Lillio (Hi Mama) system. The Supervisor or Designate will send the invoices via app when they are ready.

Daily updates Child care Educators and Supervisor will be responsible for making sure the appropriate information is uploaded into each child's section.

Payments will be collected from parents. Paper receipt will be given to the parents. The supervisor or Designate will apply the payment to the account on the Lillio (Hi Mama) program. Invoices and payments will create a ledger that can be shown to parents.

Ongoing training and updates. All staff will be responsible for their training. Lillio (Hi Mama) has video tutorials for every aspect of the program. When changes do occur with the software the supervisor will make staff aware of the changes.

The financial data in Lillio (Hi Mama) must correspond with payment ledgers, and bank statements.

68.0. Menus & Nutrition

The ACCP emphasizes child nutrition and quality menu choices.

68.1 Procedure:

The ACCP operates on two seasonal menus on a six week cycle switching menus in the fall and spring, infant parents must be given the menu to review prior to change.

Food should be offered to children daily in a social setting. Menu changes need to be noted on the menu where parents can see as per licensing requirements. Changes should be discussed with center supervisors to upload into Lillio (HiMama) and to notify parents in case of allergy.

Homemade food is preferred when cooking and often more nutritious, clean foods with a variety of nutritious options is best. Look for ways to incorporate more variety of healthy options including traditional cultural foods

Cooks must follow the menu so that parents can prepare for the days when their child cannot eat from our menu, and it tracks food for recalls, sensitivities and

allergies. Children are encouraged to try and eat a variety of foods and staff will role model eating.

Cooks and supervisors must track grocery costs- please be sure to track on your copy of the PO each purchase you make so that we don't go over the amount on the PO. The dates of the receipts must correspond to the dates of the PO- example. February's receipt cannot be tagged to the PO for Nov Dec Jan.

Weekly grocery lists are important, please tackle this one week at a time and communicate needs with the Supervisor.

A timed schedule of duties should be posted of when to do the tables and chairs, when you pull out the stove to clean behind, how often you clean the oven, defrost the freezer, when to descale the dishwasher, water plants, how often you clean out the silverware caddy, when you clean out the fridge, and to add in regular kitchen cleaning as well and any regular duties as well (i.e lead flushing-dish cloths and aprons to the laundry- etc)

It is best practice to have a backup meal in the freezer (tip:Use the pea soup and the beef stew from the emergency food as backup meals as they are not on our menu normally.)

An emergency food bin is also needed for 1-2 days labelled and stored, mindful of expiry dates of food.