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Access and Equity Policy

Mission Statement

Centennial Infant and Child Centre is committed to the development and education of young children with developmental challenges. Centennial focuses on the individual needs of each child and family through early intervention at home, in our integrated preschool and kindergarten programs, and through participation in community programs. Centennial values and builds on the unique abilities and strengths of children with special needs, and encourages all of them to develop the confidence and skills to find their place in the world.

Philosophy

Centennial Infant and Child Centre helps children with special needs begin to learn strategies which will help them to develop and function as independently as possible in society. Staff and families set goals through which these strategies will be achieved. All aspects of a child’s development are considered. We believe the goals are best accomplished through an individualized program. In our preschool this is enhanced with a one-to-one adult/child ratio and with the inclusion of typically developing children.

We work directly with families to lend emotional support and to encourage the optimal development of each child. This is an on-going process in which the staff and the family learn from each other.

Policy

As reflected in our Mission Statement and Philosophy, inclusionary practices will be incorporated into all aspects of the preschool program at Centennial Infant and Child Centre to ensure that all children have the opportunity to reach their full potential.

What is Inclusion?

Child care inclusion means that all children can attend and benefit from the same child care programs. Inclusion as a core principal in a pan-Canadian Child care system would eliminate any exclusion based on disability and would go beyond non-discrimination – assuring that children with disabilities get the supports they need to benefit from child care. The principal of inclusion fully incorporates basic value that promote and advance participation, friendship and a celebration of diversity. (Child Care Advocacy Association of Canada definition).

Special Needs is defined as:

Children who, due to emotional, familial, physical, behavioural, developmental, cognitive, communicative or emotional factors, are at risk of not maximizing their
potential. Special needs encompasses children who require support and assistance with daily living, whether formally diagnosed or not, and whether a diagnosis is short or long term in nature. (Ontario Municipal Social Services Association definition).

Procedure:

1. Human Resources
   - Centennial Infant and Child Centre’s hiring process supports the Centre’s Inclusion/Access and Equity Policy.
   - All staff, volunteers and students understand and agree with inclusion practices.
   - Board recruitment involves electing members who understand and support inclusion practices.
   - Staff and volunteers review and sign off on Inclusion/Access & Equity Policy on annual bases.

2. Training
   - All Staff to receive an orientation to the Inclusion/Access and Equity Policy and receive ongoing training to further develop their skills in supporting children with special needs.

3. Programming
   - Staff will adapt the environment and individual programming for each child to ensure full inclusion in every aspect of the program.

4. Confidentiality
   - All information pertaining to individual children and their families must be kept in the strictest confidence.
   - The importance of maintaining confidentiality to be reviewed on regular basis with all staff, volunteers and students at Centennial Infant and Child Centre.
   - Prior to any information being shared with outside agencies, schools and professionals informed consent will be obtained from the parents/guardians.
   - All Documentation of consent to share information will be kept in the child’s file at the centre.

5. Partnerships
   - The centre will foster partnerships and work collaboratively with families and community supports in order to meet the needs of the children.
   - The centre, with parental/guardian consent will make referrals for appropriate supports (i.e. Speech and Language Services, Occupational Therapy) to ensure children obtain all the supports/services they need.

6. Admission/Registration
   - All families interested in registering their child at Centennial will be dealt with in a fair and equitable manner.
   - Admission procedures are followed for all families. This includes sharing centre polices such as the Access and Equity Policy, Anti Racism/Ethnic Policy,

7. Transitions
   - Each family will be visited by their child’s teacher prior to starting preschool. At this time a planned transition to school will be discussed.
   - Children will be placed in a classroom with their age appropriate peers.

8. Withdrawal
   If the program is having difficulty meeting the child’s needs, the program will ensure:
   - All families asked to withdraw from the centre are dealt with in a fair and equitable manner.
   - Notice of withdrawal is consistent with the Withdrawal Policy of the program and is the same for all children.
   - Reasonable care has been taken in assessing the child’s needs, including the program’s ability to support those needs.
   - Special needs resources and other outside agency supports have been exhausted prior to notice of withdrawal.

Accountability:
   - The child care program will review its Inclusion/Access & Equity Policy and procedures regularly to ensure it is current with respect to language and legislation.
   - The policy will be reviewed and signed off by current board members/operators.
   - The child care program will include Inclusion/Access & Equity Policy in its parent handbook.

This Access and Equity policy will be reviewed with staff upon employment and at least annually thereafter.
Child Abuse Policy

Centennial Infant and Child Centre is committed to taking a pro-active position regarding the prevention of child abuse through:

• Ongoing observation of the children in our care;
• Professional education with respect to early identification, effective response and adherence to legal obligations, including reporting;
• keeping abreast of developments in legislation and relevant issues;

The following policies and procedures are designed to make staff, students, and volunteers aware of their responsibilities for the recognition, documentation and reporting of suspicions of child abuse.

Legal Requirements
A child is defined as a person from birth until his/her 16th birthday.

The Child and Family Services Act (Section 72)

Duty to Report
In accordance with the Child and Family Services Act, it is the responsibility of every person in Ontario, including a person who performs professional or official duties with respect to children, to immediately report to a Children's Aid Society if s/he suspects that child abuse has occurred or if a child is at risk of abuse. This includes any operator or employee of a day nursery. An individual's responsibility to report cannot be delegated to anyone else.

Failure to Report
It is an offence under the Child and Family Services Act for a professional to contravene one’s reporting responsibilities. The penalty imposed (a fine of up to $1,000) emphasizes that a child's safety must take precedence over all other concerns.

Confidentiality
The duty to report suspicions of child abuse overrides the provisions of confidentiality in any other statute, specifically those provisions that would otherwise prohibit disclosure by a professional or official. The only exception to this is solicitation and client privilege.

Protection from Liability
All persons making a report of suspected child abuse are protected against civil action, unless that person is proven to have acted "...maliciously or without reasonable grounds for the belief or suspicion..."

The Day Nurseries Act
The Day Nurseries Act requires behavior management policies and procedures are in place, which can be found in the Policies and Procedures Manuel. It is also a requirement under this legislation, that if
a staff person is suspected of abusing a child, the City of Toronto Services will be notified within 24 hours, and a serious occurrence report will be submitted. The specifics regarding serious occurrences are also found in the Employee Handbook.

**Reporting Procedures**

1. Any staff/student/volunteer who suspects that a child has been abused or is at risk for abuse should inform the supervisor of the intention to immediately call a Children's Aid Society (CAS). The person who suspects the abuse must call him/herself — do not ask anyone else to help you decide if a report should be made or to make the report for you. Do not discuss your suspicions with anyone else until you have spoken with a Children's Aid Worker.

2. If necessary, access immediate medical attention if a child has sustained injuries. Where injuries have been suspected to have been caused by child abuse, do not inform the parent of the intention to access medical care for the child, until you have spoken with a Children's Aid worker and have been directed to do so.

3. If there are any concerns or doubts regarding making a report of suspected abuse, the staff/student/volunteer will be encouraged by the supervisor to consult with a worker from a Children's Aid Society. If the allegation is against another child in the centre, the supervisor will consult with a Children's Aid worker as to how to best protect, supervise and support both the alleged victim and abuser, and other children.

4. It is the responsibility of the person who suspects child abuse to follow through on the report to a Children's Aid Society, and the supervisor will provide support and direction. When making the report, give your name, the centre name, your position and phone number to the Children's Aid worker.

5. No staff/student/volunteer or member(s) of the Board of Directors will advise someone not to report suspicions of child abuse, or to try to stop the person from reporting or consulting with a Children's Aid Society. There will be no sanctions or reprimands for anyone who consults/reports suspicions of child abuse. However, disciplinary action will result if there is an attempt to stop someone from following through on the legal duty to report.

6. If a staff/student/volunteer has any further suspicions of abuse or new information with respect to a child, s/he must immediately make another report to the appropriate Children's Aid Society, regardless of any previous reports.

7. Information considered confidential cannot be kept in confidence if it is related to a suspicion of child abuse - all staff/students/volunteers must follow through on the legal duty to report.

**Making a Report of Suspected Child Abuse**

Suspicions of child abuse must be reported "forthwith" (i.e., immediately) to a Children's Aid Society. If the child's religious affiliation is known, the report can be made directly to the society of the appropriate religious affiliation.

- Children's Aid Society (416) 924 4646
- Jewish Family and Child Service (416) 638 7800
- Catholic Children's Aid Society (416) 395 1500
- Native Child and Family Services (416) 969 8510
If the child's religious or cultural affiliation is not known, or is not Catholic, Jewish or Native, the report can be made to a Children's Aid Society.

The telephone numbers of each Children's Aid Society and local police service are posted on the bulletin board in the supervisor's office and in the staff room.

A report to all Children's Aid Societies can be made any day, at any hour. However, if reporting after regular business hours, you will likely be required to leave a message, your name and return telephone number with an answering service. Indicate if your call is urgent. You will then need to wait for a return call from an after hours protection worker. Leaving a message with an answering service is not considered a report - you must speak directly to a Children's Aid worker. If the staff/student/volunteer thinks the child is in immediate danger, do not wait to be called back - phone the police.

Discussing the Situation with a Parent/Caregiver
A staff/student/volunteer who suspects abuse will not tell a parent/caregiver or child about the suspicion, the intention to report or that a report has been made until after consultation with a Children's Aid Society and confirmation that it would be appropriate to tell. Discussing any suspicions of child abuse with a parent/caregiver/child before consulting with a Children's Aid worker could jeopardize the child and/or contaminate the investigation.

In situations where the cause of the child's injuries, the nature of the child's disclosure, or the behaviours observed are not clear, consult with a Children's Aid worker before speaking to a child/parent, to discuss the appropriateness of clarifying a situation and to obtain direction. If it is appropriate to clarify any information this should be done in a non-threatening casual way. For example, asking a child "How did you get that bruise?", or asking a parent "Sharon said that you and she are going on a trip. Where are you going?"

1. Use an interested and concerned tone of voice.
2. Avoid accusatory questions or statements.
3. Ask what happened, and how it happened, rather than why.
4. Ask open-ended questions.

If someone other than the parent/caregiver is the suspected abuser, consult with the Children's Aid Society as to who should notify the child's parent/caregiver. If it is decided that it is appropriate for the staff person to inform a parent(s) of the report, emphasize to the parent both the concern for the child and the legal obligation to report suspicions of child abuse.

Documentation
In the event that a staff/student/volunteer suspects child abuse, a "Suspected Child Abuse Reporting Form" will be completed as soon as possible in the individual's handwriting, using pen only. If applicable, this includes circling bruises/injuries on the body chart attached to the reporting form. Document only the facts - do not include how you are feeling about the incident or personal thoughts about what might have happened.

- Include the name(s) and phone number (s) of the individual(s) you spoke with at a Children's Aid Society and/or police service and any direction you were given.

•
• Do not make a rough copy and then rewrite in good - the original recording of the facts is your documentation. If you make a mistake, do not use white-out - cross out and initial any errors, and then continue on.

• Sign and date the form.

• This form is to be completed every time a staff/student/volunteer has reason to suspect that child abuse has occurred.

• All documentation is to be forwarded to the Executive Director to be kept in a secure and fireproof cabinet, separate from the child's general file.

What to report to a Children’s Aid Society
The staff/student/volunteer making a report of suspected child abuse to a Children's Aid Society may not have access to all the information listed below. If this is the case, do not conduct an investigation to search it out. Remember, it is imperative that the staff/student/volunteer report the information to a Children’s Aid Society as soon as possible. The following is a list of information, if known, that the staff should be prepared to provide to the Children's Aid Society in making a report of child abuse.

Information about the Child(ren)
• Identifying information (e.g. name and address of child, primary caregiver, the child's religion).
• Current whereabouts of the child/family.
• Present physical and/or emotional condition of the child.
• Any special vulnerabilities, medical conditions, communication issues.
• The name of the centre attended.

Circumstances which prompted the report
• What was it that led to the report being made today?
• What are the sources of the information for the report?
• What are the details regarding concerns, or the incident which precipitated making the report today?
• Do you know of any other relevant incidents or have any other information?
• What actions, if any, have you taken prior to reporting the matter to the Children’s Aid Society?

Information about the child’s family and the alleged offender
• Parents: Names, Dates of Birth, Address(es), Telephone Numbers, Places of Work.
• Alleged Offender: Name, Date of Birth. If not the parent: the alleged offender's relationship to the child, address, phone number, place of work.
• Current whereabouts of the alleged offender.
• Does the alleged offender have access to the child, siblings or other children?
• What is the parents' awareness of/admission/reaction to the suspected abuse and the child's disclosure?
• What is the language spoken by the parents, the alleged offender?
• Are there any cultural considerations?
• The name of the child’s/family’s physician.
• Any concerns for family members with respect to mental health, physical illness, substance abuse, weapons and/or violence?
• Names and addresses of extended family members and others who could be supportive to the child and family.

Other Information
• Who else has direct knowledge of the incident being reported?
• Who else may have observed the child, or other incidents?
• Who else knows this family well?
• What other professionals or agencies may be involved with the child and family?

If a staff/student/volunteer is suspected of child abuse
1. If a staff/student/volunteer/parent suspects another caregiver in the centre of abusing a child (ren) in care, s/he should inform the Centre Manager of the intention to call a Children’s Aid Society. If the allegations are made by a parent, inform the parent of his/her duty to report to a Children’s Aid Society, and the Centre Manager’s obligation to also speak with a child protection worker. The staff person with whom the parent spoke will immediately inform the Centre Manager of the parent’s allegation. If the staff person suspected of abuse is the supervisor, then the Executive Director should be informed.

2. The staff/student/volunteer making the allegation will follow the reporting procedure outlined above and will complete the necessary documentation.

3. The person suspected of abuse will not be told by anyone about the suspicion, the intention to report or that a report has been made until after the Centre Manager has consulted with a Children’s Aid worker for direction.

4. The Centre Manager will consult with a child protection worker as to what, if anything should be done to protect a child (ren) at the centre from further contact from the alleged abuser.

5. The Centre Manager will notify The Ministry of Children Education and Toronto Children’s Services and follow appropriate Serious Occurrence reporting procedures. If Serious Occurrence occurs within the Early Intervention Program, the Director will contact Ministry of Children and Youth Services.

6. The Executive Director will immediately notify the President of the Centre Board of Directors, who in consultation with the Centre Manager, Children's Aid Society and legal counsel will determine what action, if any, will be taken with respect to the suspected person's job responsibilities.

7. The Executive Director will immediately contact the centre's insurance company when abuse by a staff member is suspected.

8. The Centre Manager will meet with the suspected person to discuss any procedures for a change in duties, responsibilities, etc. The Executive Director will follow-up with a written confirmation of any decisions and the reasons for such, a copy of which is to be given to the suspected person, and a copy retained on file.

When the Children’s aid Society/Police conduct an investigation in the centre
When child abuse has been reported, the investigative team may request permission from Centennial Infant and Child Centre to interview a child on the premises. All efforts will be made by staff to
cooperate with the police/child protection worker in order for the investigation to be completed in such a way as to provide the least disruption to the day-to-day operations of the centre. Should the investigative team's request to interview the child at the centre be refused by the Centre Manager/Executive Director for any reason, the child may be apprehended (with or without a warrant) and removed from the centre.

1. If the authorities have told any staff/student/volunteer of the intention to come to the centre, the Centre Manager is to be notified immediately.

2. The Centre Manager will arrange for an appropriate private location for the interview to be conducted. When the authorities arrive, the Centre Manager will ask for identification upon their arrival.

3. If a Children's Aid worker/police officer arrives unannounced, the Centre Manager will ask for identification and call his/her respective offices to confirm that s/he is a representative of a child protection/police service.

4. The police/child protection worker may determine that it would be in the best interests of the child to conduct an interview without the prior knowledge of, and without the child's parent(s) present. All staff involved must respect this decision, and not speak to the parent(s) until further notice.

5. The Centre Manager will prearrange with the investigative team, if a support person from the centre can be present when the child is being interviewed. Any support person who agrees to attend the interview will be reminded by the Centre Manager, that s/he may be required to attend and testify in court proceedings related to the case.

6. If, after interviewing a child, the investigative team feels it is necessary to apprehend the child, the supervisor/staff/students/volunteers will cooperate. The Centre Manager will clarify with the investigative team who will be responsible for contacting the parent(s).

7. The Centre Manager will document the names of the investigative team, the date, time, how long the authorities were at the centre, and any relevant outcome. The documentation will be kept in a secure and fireproof cabinet, separate from the child's general file.

**When the Children’s Aid Society/Police conduct an investigative telephone inquiry**

Should a staff member receive a call from a child protection worker and/or police officer who telephones Centennial Infant and Child Centre to gather information with respect to the protection of a child, that staff person will follow the steps outlined below.

1. Ask the person on the telephone for his/her full name, telephone number and name of the agency that s/he represents.

2. In order to ensure that the person calling is a child protection worker/police officer, the staff member will inform the person calling that s/he will be called backed immediately.
3. The staff member will immediately call the person back, confirming that the telephone number is that of a Children's Aid Society and/or police division, and that the individual inquiring about a child is a representative of said agency.

4. A staff member may answer questions posed by a child protection worker/police officer and provide information over the telephone as long as the information is related to suspicions of child abuse and the protection of the child.

5. The staff member is to immediately inform the Centre Manager of any telephone conversations that have occurred between the staff member and a child protection worker/police officer.

6. The staff member will document the telephone call, including the date, time and length of the call, and the name of the child protection worker/police officer. All documentation is to be forwarded to the Executive Director to be kept in a secure and fireproof cabinet, separate from the child's general file.

Further Consultation with a Children's aid Society
Further contact with a Children's Aid Society may be initiated by a supervisor/staff/student/volunteer in the following circumstances:

- A worker has not responded to the individual's initial call/message;
- The individual believes that the concerns reported on behalf of the child have not been fully understood by the worker, and a second opinion from a supervisor at the Children's Aid Society is desired;
- Any further suspicions of abuse occur;
- Changes in the family situation or that of the alleged abuser are discovered;
- The child or alleged abuser transfers out of the centre; and/or
- The child does not return to the centre when expected.

The Centre Manager will be notified if a staff/student/volunteer re-contacts a Children's Aid Society. The person who re-contacted a Children's Aid Society is responsible to complete the documentation.

Confidentiality and disclosure of information to others
Any information related to a suspicion or report of child abuse is confidential between the person directly involved, the person making the report and a Children's Aid Society. The Centre Manager, in consultation with a Children's Aid Society, will give direction regarding the appropriate sharing of information with staff/students/volunteers/the operator and/or a member(s) of the Board of Directors. Discussing any information with others related to a situation of suspected child abuse outside the designated individuals is a breach of confidentiality, and may leave you liable for slander. In a case where a child has been apprehended by a Children's Aid Society, the Centre Manager will speak to a worker to determine whether or not the child will return to the centre as scheduled. The
Centre Manager will advise the staff, and determine the best way to explain the child's situation to the other children. This will be done in such a way as to balance the child's/family's right to confidentiality with the concerns of others in the centre.

Students on placement at the centre
When a student is on placement at Centennial Infant and Child Centre, s/he is expected to follow the centre's Policies and Procedures Regarding Child Abuse.

Policy implementation
Before commencing employment/placement/volunteering, staff/students/volunteers will be asked to sign a form stating that all the policies and procedures with respect to child abuse have been read, understood and will be followed. Updated policies and procedures will be brought to the attention of all staff/students/volunteers for their advisement and signature.

Policy Review
The policies and procedures with respect to child abuse will be reviewed annually by the Executive Director, and updated accordingly.

This Child abuse policy will be reviewed with staff upon employment and at least annually thereafter.
Health Policy

Outbreak
An outbreak can be defined as 2 or more people who develop many of the same symptoms (i.e. vomiting, diarrhea and fever) at the same period of time. In the case of an outbreak, the Centre Manager or Office Administrator will contact Toronto Public Health at 416 338 7600. Anyone with these symptoms should not return to the centre until they are symptom free for 24 hours.

School plan for outbreak of illness
1. Isolate child in designated room (cradle corner).
2. Volunteer remains with child in above room.
3. Teacher or director telephones parent and asks parent to pick up child.
4. If parent cannot pick up child, volunteer stays with child until end of morning and child goes home in regular taxi or possibly the teacher offers to drive the child home. (This is contingent upon teacher's car being adequately insured and upon the teacher's other commitments.)
5. If a staff member checks on child, she must wash her hands each time.
6. If child must go home in regular taxi, he/she is isolated as much as possible in their car seat.

Contagious Illness
1. Parents are notified in writing.
2. Exclude children as recommended by Toronto Public Health.
3. Centre to follow guidelines recommend by Toronto Public Health regarding Reportable and non-reportable communicable diseases. (Reportable communicable diseases: Chickenpox; diarrheal episodes; measles; mumps; Pertussis; rubella) Please report by contacting Toronto Public Health at 416 338 7600.

Parent Policies
1) HIV: Parents are encouraged to tell the staff if their child tests positive for HIV. This information will remain strictly confidential.
2) Hep B: Parents are encouraged to have their child inoculated for Hepatitis B.
3) Parents are encouraged to tell staff when their child has been in contact with someone who has chicken pox, strep throat, measles, whooping cough or other infectious diseases.

Medication
If a child requires medication, while at Centennial, the parent will complete the procedure form for administering the medication. We can administer the following:
- EpiPen
- seizure medication
- prescribed medications, as needed

All medications must be in the original container with expiration date, labelled by a pharmacist.
A CICC “Administration of Prescribed Medication” form must be completed by the child’s parent/guardian and the attending physician before medication may be administered at CICC.

All unused or expired medication is to be returned to parents/guardians.

Future health policies
The parent acknowledges that the Centre may develop future health policies which will be binding upon the parent once a copy of the policy has been distributed to him/her in writing. Such policies will only reflect changes mandated by changes to relevant statutes, regulations, policies or directives of any governmental or regulatory authority having jurisdiction over the Centre.

This Health policy will be reviewed with staff upon employment and at least annually thereafter.
Anaphylactic Policy

Policy:
Anaphylactic shock is a serious state of shock brought about by hypersensitivity to an allergen such as drugs, foreign protein or toxin, bee or wasp sting. Initial symptoms of an allergic reaction are: sneezing, coughing, itching, paraesthesia of the skin, flushing, facial edema, urticaria (hives), anxiety, and/or gastrointestinal complaints (nausea, vomiting, abdominal cramps). These symptoms increase in severity very rapidly and progress to: respiratory distress, progressive dyspnea (with or without audible sneezing), hypotension, weakness, dizziness, thready pulse and collapse. An Anaphylaxis Individual Emergency Plan will be provided for each child who is anaphylactic. The plan will be posted in the school and a copy maintained in the child’s central file. All Staff will receive anaphylactic training by the parent or the physician prior to providing care or guidance and at least annually afterwards. The record of training will be placed in the child’s central file.

Centennial Infant and Child Centre will administer medication prescribed by a physician and within the bounds of this policy only. The staff will take all reasonable precautions in the storage, maintenance and administration of medication. All medications will be provided by the child’s parent(s)/guardian(s) and be readily available at all times.

Definition of Anaphylaxis:
Anaphylaxis is a severe allergic reaction that can be fatal, resulting in circulatory collapse or shock. The allergy may be related to food, insect stings, medicine, latex, nuts, etc.

Purpose of the Policy and Procedures:
Centennial Infant and Child Centre is committed to taking a pro-active position regarding the prevention of anaphylaxis. The purpose of the policy is to provide a process for dealing with anaphylaxis within the centre.

Strategy to Reduce Risk of Exposure to Anaphylactic Causative Agents:
In an environment that there are children who have severe allergies to certain foods or substances the centre will put the following procedures into place:

1. Foods with “May Contain” nut warning will not be served.
2. A sign will be posted outside the room door to indicate that there is child with an anaphylactic allergy in that particular room. The *EpiPen* will be clearly labeled and worn in a waist pack on the child’s teacher.
3. All staff, students and volunteers will be informed upon hiring or placement at the centre of the allergies that exist within the childcare.
4. The Centre Manager will ban any products that may cause a child to have an anaphylactic allergic reaction, from the school. In certain cases where certain products cannot be banned or there is no control over the presence of these products, the Centre Manager will take the necessary precautions to keep the child(ren) safe.
5. All staff, students and volunteers will wash hands before and after handling food.
6. Staff will read all labels prior to serving.
7. All snacks provided by families will be bought in with a list of ingredients on box.
8. All surfaces will be cleaned with a cleaning solution prior to and after the preparation or serving of foods.
9. All cleaning supplies, medicines and any other products that may produce an allergic reaction will be stored away in a locked cupboard.

**Communication Plan:**
1. Parents of a child with anaphylactic allergies will:
   - Provide the centre with an individual plan for their child prior to enrollment.
   - Inform the school of their child’s allergies and provide all pertinent information such as, what triggers an allergic reaction, signs and symptoms to look for, emergency contact information, etc.
   - Provide the school with an up-to-date EpiPen, clearly labelled with the child’s name and prescription details
   - Advise the centre of any changes to their child’s allergies and/or individual plan
2. All parents will be informed upon registering at the centre or a letter will be sent home to inform them of the allergies that exist within the school.

**Individual Plan and Emergency Procedures:**
Prior to enrollment, the parent/guardian will meet with the Centre Manager to provide input for the child’s individual plan and emergency procedures. This plan will include but is not limited to:
- Description of the child’s allergy
- Monitoring and avoidance strategies
- Signs and symptoms of an anaphylactic reaction
- School staff roles and responsibilities
- Parent/Guardian consent for administering allergy medications, sharing information and posting Emergency Plan
- Emergency contact information
- Location of *EpiPen* and back-up *EpiPen*
- Physicians note to carry own *EpiPen*

Parents are requested to advise the Centre Manager if their child develops an allergy, requires medication and/or of any changes to the child’s individual plan or treatment. Individual plans will be reviewed prior to commencing care giving and annually thereafter by all staff, students and volunteers and as directed by the parent or physician.

Copies of Individual Plans are in each child’s file, emergency bags and are posted in their assigned classroom in the school.

*Prior to employment or placement, all staff, students and volunteers will review the individual plan of the child with anaphylactic allergies and at least annually afterwards.*

**Emergency Protocol:**
- One person stays with the child at all times
- One person goes for help or calls for help
• Follow emergency procedures as outlined in child’s individual
• Call 911. Have the child transported to hospital even if symptoms have subsided. Symptoms may occur hours after exposure to allergen.
• Administered EpiPen is to accompany child to hospital.
• Administered EpiPen is to be given to hospital employee or child’s parent for disposal.
• One calm staff must stay with the child until the parent or guardian arrives.

Training:

• A medical Doctor or parent of a child with anaphylaxis will train the staff on how to use an EpiPen auto-injector. This will be done on an individual basis.
• The centre manager will provide training on how to use the EpiPen auto-injector to all students and volunteers.
• Students and volunteers are not permitted to administer medication unless under extreme circumstances (i.e. a staff member is unconscious)
• Training will include the child’s emergency plan, procedures to be followed if a child is having an anaphylactic reaction, recognizing the signs and symptoms and administering medication.
• Staff will ensure that child has their medication with them at all times.
• The staff will be required to sign and date that they have received training.
• A log of all training dates, trainers and staff, student and volunteer signatures will be kept in the child’s file.

This Anaphylactic policy will be reviewed with staff upon employment and at least annually thereafter.
Sun Safety and Smog Alert Policy

Throughout the school year the staff may offer some outdoor experiences for the children to further enhance the preschool program.

Policy:
• In very hot weather, the decision to go outside will be at the Centre Manager’s discretion.

Procedures:
• The Centre Manager will make the decision about outdoor activities after considering the following information:
  1) The age of the children
  2) The amount of sunshine present
  3) The location of the outing
  4) The humidity and air pollution index (see Toronto Public Health website: www.toronto.ca/health/heatalerts/index.htm)

During smog alerts, staff will follow the guidelines set out by Toronto Public Health.
Smoke-Free Centre

Policy:

- No person is permitted to smoke or hold a lighted cigarette anywhere on the property of Centennial Infant and Child Centre.

- Every staff/student/volunteer/parent/visitor is to be informed that smoking is prohibited

- “No Smoking” signs are to be posted throughout the centre and in all washrooms

- Any person who refuses to comply is in contravention of the Smoke-Free Ontario Act.

- Local Health department may be contacted for information.

Procedure:

- Policy to be reviewed with all staff/students/volunteers

- Policy to be reviewed with all parents before enrolling their children

- Any person who does not comply with this non-smoking policy will be asked to put their cigarette out or take it off the property

- “No Smoking’ signs posted throughout workplace as well as in washrooms

- No ashtrays remain in the enclosed workplace or designated place or area

This Smoking policy will be reviewed with staff upon employment and at least annually thereafter.
Parent Involvement Policy

Throughout the school year there are various opportunities for parents/guardians to be involved in the centre.

Policy:
- Information about opportunities that Parents/guardians can become involved in at the centre will be shared with all families by staff at Centennial Infant and Child Centre.

Procedure:
The Centre Manager will ensure that all families are given the opportunity to participate on various committees, centre activities and holiday and fundraising events by providing staff with updated information as the above are planned. Information will be shared with families in various ways:

1) Quarterly newsletter
2) Letters sent home to all families about specific upcoming events and opportunities.
3) Child’s daily communication book
4) Phone contact with child’s teacher
Withdrawal Procedure

Centennial is committed to providing a safe and nurturing environment for all children in our care. Centennial works in partnership with families to ensure their individual needs are respectfully met. When issues of concern arise, expressed by either the staff or family, the Manager and parent(s) will meet to assess strategies, services and supports in response to the issue of concern. In cases where Centennial is unable to accommodate the requests/needs of the family, as limited by the available staff, physical, health and material resources, the following procedures will be taken:

a) The Manager will document all verbal and written communication with the parent(s) and program staff indicating the date, issue of concern, actions and strategies that were put in place to resolve the concern(s).

b) The Manager, in consultation with the Executive Director, will make the final decision regarding Centennial’s capacity to provide the required service in response to the issues of concern.

c) The Toronto Children’s Service Consultant will receive written notification from the Manager that the child has withdrawn or denied service with rationale and actions.

d) The family will be provided with 4 weeks written notice to find alternate care, unless the behaviour/situation threatens the immediate safety of either the children or staff in the centre.

e) The Manager, if possible, will provide the family with a referral to appropriate services.
Centennial Infant and Child Centre’s Transportation Program

CICC strives to be fully accessible to all children who attend the Preschool Program. CICC also recognizes that, for some families, transporting their child to and from CICC, may be a challenge due to the large catchment area. For those children who might not be able to attend otherwise, transportation services are available for those children living within the transportation catchment area.

Transportation catchment area:
- East of Keele St; West of Victoria Park Ave; South of Highway 401; north of Lake Ontario.

Transportation Policy
CICC is committed to providing safe and reliable transportation. CICC purchases transportation services from Royal Taxi Inc. Royal Taxi is responsible for ensuring the safety and protection of the children they transport to and from CICC. The following requirements must be met (with proof of documentation):

- All drivers maintain a current Municipal; “G” bus driver license and meet the regulatory requirements set by the City of Toronto municipal licensing standards
- All drivers have a criminal reference and vulnerable sector screening check as required by the Ministry of Transportation
- All drivers complete an annual safety inspection completed on their vehicle (as per Ministry of Transportation) - inspection reports are on file at Royal taxi.
- All drivers have First Aid and CPR training
- Each driver has an established route to ensure consistency and reliability for the children in their care
- All transportation vehicles are equipped with tethered child car seats
- All car seats must be CSA approved (Canadian Standards Association), be in good condition and fit each child
- All vehicles display a sign indicating they are a ‘School Vehicle”
- Bus routes are managed by Royal Taxi
- A Certificate of Insurance indicating $5,000,000 liability is annually issued to Centennial

Transportation Procedures for Parents/Guardians:

- Parent/Guardian’s must complete and sign a CICC Transportation Acknowledgement and Waiver form and Transportation Consent Form (please see attached pg 3 & 4).
- Parent/Guardian’s must complete a Transportation address form.
- An adult must be waiting with the child when the transportation vehicle arrives to transport the child to school. Drivers are not to leave the vehicle at any time during his/her route.
- A Parent/Guardian is responsible for securing the child safely in the tethered car seat.
- A Parent/Guardian must be waiting for the vehicle when it returns to the appointed destination after the program.
• If a child is going to be absent from preschool, parent/guardians must call the driver well in advance of the pickup time. The parent must also contact the driver to let him/her know when their child will return to preschool.
• If transportation services are cancelled due to inclement weather your child’s teacher will notify parent/guardians. The drivers will be notified by the centre manager. The school will remain open and parents are welcome to transport their children to and from school.
• If a driver is unable to drive due to illness, there will be no substitute driver provided. Parents are then responsible to transport their child to and from school. If a driver is away for an extended period of time, a qualified, replacement driver will be proved by Royal Taxi.
• In case of emergency while in the transportation vehicle, emergency workers will have access to pertinent medical information for each child. These health information sheets are prepared for each child by CICC administrative staff along with a photo. This information is placed in each child’s bag and travels back and forth with them to CICC. Parents/Guardian’s are asked to keep this information sheet in their child’s bag at all times and notify CICC immediately if health information changes. If there is an emergency while drivers are transporting the children to or from CICC, the driver will immediately contact 911 (all drivers have cell phones). If 911 is called, the driver must request an ambulance.
• If a child has a medical condition that requires constant supervision, an adult will need to accompany the child in the transportation vehicle to and from school. CICC and child’s parent/guardian will arrange this supervision and inform Royal Taxi of the arrangement.

Transportation Fees:
• There is a monthly fee. For those who require assistance, please speak with the Centre Manager. The Centennial Infant and Child Centre Foundation subsidizes some of the costs of the transportation program.

Transportation Cancellation:
Transportation services can be suspended or cancelled for the following reasons:
• Family moves out of Centennial Infant and Child Centre’s designated transportation catchment area.
• Family is frequently late at pick up and or drop off times
• Harassment towards the driver
• If family and or CICC are unable to provide necessary supervision in case of medical condition where child is in need of constant supervision.
Please find herewith in the policies and procedures which shall govern behaviour management of children at **Centennial Infant and Child Centre**.

**Behaviour Management Policy**

It is the practice of Centennial Infant and Child Centre to provide quality care in an enriched and supportive environment. The goal of the behaviour management policy is to reflect these ideals while helping the children to cope with feelings, aggression and conflicts in a positive and cooperative way. It is the practice of Centennial Infant and Child Centre to treat children in a fair, positive, and equitable manner while maintaining a safe, positive environment.

**Procedures:**

1. Classrooms will be set up in such a way that children are free from unnecessary restrictions allowing child directed play. Staff will ensure that all areas are safe for the children.
2. If necessary, staff will set out whatever limits are necessary prior to activities beginning. They will follow through on these limits consistently.
3. Staff will at all times approach problems in a calm and patient manner. Their behaviour will model appropriate interaction with each other and with the children.
4. By maintaining close observations on all children, staff will be aware of potential problems. They will try to position themselves if necessary close to children who may have trouble coping.
5. Activities will be interesting, varied and developmentally appropriate to ensure children are engaged in positive behaviour.
6. Staff will help the children to verbalize their feelings, to identify and express anger, frustration, sadness and happiness.
7. In the event of a volatile circumstance such as when a child becomes harmful to him/herself or others, staff will implement the following procedures to de-escalate the behaviour:
   - Seek assistance from other staff
   - Remove child from classroom if necessary
   - Implement calming techniques such as: take the child to the snoezelen room and sit quietly until the child calms down enough to return to the classroom.
8. Children will never be labelled as bad, rotten, or even good. Staff will strive to help the children see that hitting, biting, pushing, etc. are not acceptable. They will help all the children find a constructive way of expressing feelings.
9. If staff is having problems dealing with a situation they may need to call upon another staff member for support and/or assistance.

**Behaviour Management Policy for Individual Children:**

When an individual child is exhibiting a consistent behaviour that can cause self-harm or harm to another individual i.e. biting, hitting, or kicking, an ABC functional assessment card is to be completed. Once this is completed, a Behaviour Support Plan is to be developed and implemented by staff to modify this behaviour.
All staff, volunteers, students and child’s parents are to be notified and given instructions about the Individual Behaviour Support Plan.

See Attached:

- Article: The ABC Functional Assessment Card
- ABC Functional Assessment Chart
- Article: Creating a Behaviour Support Plan

The following actions will not be allowed under any circumstances.

1. Any form of CORPORAL PUNISHMENT including but not limited to hitting, spanking, kicking, heavy pushing, shaking, shoving, grabbing, squeezing arms, ears, etc.

2. Deliberate HARSH or DEGRADING TREATMENT that would humiliate a child or undermine his self-respect.

3. ABUSIVE LANGUAGE such as swearing, yelling or screaming.

4. DEPRIVATION OF BASIC NEEDS, e.g., food, shelter, or clothing. Food must not be used to discipline children at snack time.

5. CONFINEMENT in any room or dark area for any reason. If a child has to be removed, a staff member must be with them.

Procedures:

1. Behaviour management policies will be reviewed with staff upon employment and at least annually thereafter.

2. Behaviour management policies will be reviewed with volunteers and students before they begin working in the classrooms.

3. Behaviour Management policies and techniques will be reviewed with volunteers annually.

4. Behaviour Management techniques of staff and volunteers will be monitored on a frequent basis.

5. Behaviour Management techniques will be formally evaluated annually for all staff and volunteers.

Procedures:
Any contravention of the Behaviour Management Policy will be dealt with in the following manner:

Staff:

1. Any staff member observed using disciplinary measures, which contravene the Behaviour Management Policy, shall be reported immediately to the Centre Manager.

2. The Centre Manager will speak to the staff member immediately, in private. The incident shall be recorded and a letter of warning sent to the staff member. A copy of the letter will be kept in the staff member’s personnel file and a copy will be forwarded to the Executive Director.

3. If a second incident occurs and the Centre Manager is reasonably certain that it has occurred, the Centre Manager will take the employee aside, discuss the situation with the staff and send
them home. A meeting will be arranged within two days with the employee, the Centre Manager, Executive Director and a representative from the Centre Board of Directors. Dismissal would be considered at this meeting.

4. If the Centre Manager is observed using disciplinary measures that contravene the Behaviour Management Policy, the observer will report the incident to the Executive Director. A meeting will be called within two days to discuss the incident. The Executive Director and a representative from the Centre Board of Directors will investigate the incident. If this is in fact an accurate report and it is an isolated incident, a letter will be given to the Centre Manager and a copy placed in their personnel file. A second incident could result in dismissal again at the discretion of the Executive Director and a representative of the Centre Board of Directors.

Volunteers:
1. Any volunteer observed using disciplinary measures, which contravene the Behaviour Management Policy, shall be reported immediately to the Centre Manager.
2. The Centre Manager will speak to the volunteer immediately, in private. The incident shall be recorded and a letter of warning sent to the volunteer. A copy of the letter will be kept in the volunteers personnel file and a copy will be forwarded to the Executive Director.
3. If a second incident occurs the volunteer will be dismissed.

Students:
1. Any student observed using disciplinary measures, which contravene the Behaviour Management Policy, shall be reported immediately to the Centre Manager.
2. The Centre Manager will speak to the student immediately, in private. The incident shall be recorded and a letter of warning given to the student. A copy of the letter will be kept in the students personnel file. The program coordinator of the school the student is currently attending will be contacted.
3. If a second incident occurs the student will be dismissed.

This Behaviour management policy will be reviewed with staff upon employment and at least annually thereafter.