



**LEARNING LADDER**  
**CHILDCARE LTD.**

**Learning Ladder Child Care**  
**Learning Ladder Out of School Care**  
**Parent Handbook**

**After Hours Emergency Contact – Pushpanjali Chopra 780-935-6394**

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## TABLE OF CONTENTS

### Contents

<b>WELCOME</b> .....	1
<b>Organizational Chart</b> .....	2
<b>Administrative Policies</b> .....	3
<b>Policy: Registration Process</b> .....	3
<b>Policy: Children’s Personal Files</b> .....	3
<b>Policy: Maintenance of Administrative Records</b> .....	4
<b>Policy: Payment of Monthly Fees</b> .....	4
<b>Policy: Subsidy</b> .....	4
<b>Policy: Late Pick Up</b> .....	5
<b>Policy: Termination of Care</b> .....	5
<b>Policy: Statutory Holidays</b> .....	5
<b>Policy: Social Media</b> .....	6
<b>Policy: Ongoing Program Evaluation</b> .....	6
<b>Policy: Confidentiality of Information</b> .....	6
<b>Policy: Communication with Families</b> .....	7
<b>Policy: Suspicions of Abuse &amp; Neglect</b> .....	7
<b>Policy: Parent &amp; Community Grievances</b> .....	7
<b>Policy: Authorized Release of Children</b> .....	7
<b>Policy: Portable Emergency Records</b> .....	8
<b>Program Policies</b> .....	8
<b>Policy: Hours of Operation</b> .....	8
<b>Policy: Open Door</b> .....	8
<b>Policy: Transportation of Children to and From School</b> .....	8
<b>Policy: Outdoor Play</b> .....	9
<b>Policy: Inclusion &amp; Diversity</b> .....	10
<b>Policy: Bullying</b> .....	10
<b>Use of Technology</b> .....	10
<b>Policy: Allergies &amp; Diet Restrictions</b> .....	10
<b>Policy: Child Guidance</b> .....	11
<b>Policy: Field Trips &amp; Off-Site Excursions</b> .....	12

<b>Policy: Nutrition and Meals and Snacks</b> .....	13
<b>Policy: Manner of Feeding</b> .....	14
<b>Policy: Parent Involvement</b> .....	15
<b>Health &amp; Safety Policies</b> .....	15
<b>Policy: Accidents &amp; Incidents</b> .....	15
<b>Policy: Critical Incident Reporting</b> .....	16
<b>Policy: Illness Tracking</b> .....	16
<b>Policy: Sick Children</b> .....	17
<b>Policy: Outbreak &amp; Pandemic</b> .....	18
<b>Policy: Health &amp; Disease Chart</b> .....	19
<b>Policy: Supervision of Children</b> .....	23
<b>Policy: Immunization of Children</b> .....	24
<b>Policy: Smoking</b> .....	25
<b>Medication Policies</b> .....	25
<b>Policy: Medication Administration</b> .....	25
<b>Policy: Emergency Medication</b> .....	26
<b>Policy: Non-Emergency Prescription Medication</b> .....	26
<b>Emergency Policies</b> .....	27
<b>Policy: Fire &amp; Evacuation</b> .....	27
<b>Policy: Severe Weather</b> .....	28
<b>Policy: Lock Down</b> .....	28
<b>Policy: Natural Disasters</b> .....	28
<b>Acknowledgement</b> .....	29

## WELCOME

Welcome to Learning Ladder Child Care & Out of School Care, we are pleased that you have chosen us to provide high quality care for your child!

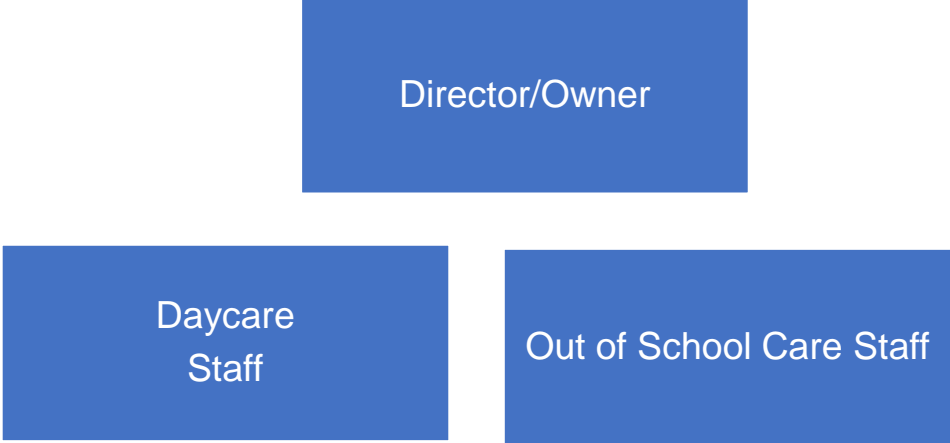
Learning Ladder Child Care Inc opened its doors to children and families in September 2020.

Our goal is to provide high quality care to children in an environment that is safe, nurturing environment and provide daily activities that are fun and developmentally stimulating. We want you to feel confident that your child is safe and well cared for while away from you. We strive to provide a family feel to the centre and want you to feel as much a part of the centre as your child is. You are welcome to spend time in the program with your child at any time.

I am available at any time to discuss your child's care or to answer questions. Please do not hesitate to contact me.

Pushpanjali Chopra  
Director

Organizational Chart



## Administrative Policies

### **Policy: Registration Process**

#### **Procedure:**

- The process for registration in the program is as follows:
  - Contact the Director
  - Schedule a tour of the program
  - Introduction to staff
  - Provided with a copy of the Parent Handbook
  - Payment of the registration fee
    - Completion of all enrollment forms

### **Policy: Children's Personal Files**

#### **Procedure:**

- Children's files will be maintained by the Director
- Children's files will be kept in a locked filing cabinet in the Directors office
- Children's files will include the following documents:
  - Completed registration form that contains
    - Child's name, date of birth, address
    - Parents names, address, contact numbers
    - Health information including ongoing medication and allergies
    - Name, address and contact numbers for emergency contacts
    - The written consent of the parent for the administration of medication if required, as outlined in the Medication Administration policy
      - Medication and administration details as outlined in the Medication Administration policy
    - Details of any additional health care requirements provided to the child
      - Written consent of the parent will be obtained for any additional health care needs
    - Details of allergies
    - Confirmation of immunizations
    - Details of any other health information that would be required for the centre to provide quality care
    - Parents will update the registration form to ensure the information is accurate every 6 months
  - Confirmation of the program orientation
  - Information of the child's preferences, eating habits, fears, hobbies, and past experiences
  - Family Profile
  - Incident reports
  - Signed confirmation and permission for the following:
    - Receipt of Manuals and Polices documents
    - Neighborhood walks
    - Identifiable information
- Children's files will be available for inspection

- By the Licensing Officer or representative at any time
- By the child's parent with reasonable notice

### **Policy: Maintenance of Administrative Records**

#### **Procedure**

- Administrative records include
  - Accurate documentation of children's attendance including arrival and departure times
  - Accurate documentation of details of staff attendance including arrival and departure times and hours in direct childcare
  - Current copies of valid First Aid Certificates and Criminal Record Checks for all staff and volunteers
    - Criminal Record Checks must be updated every 3 years
- Copies of staff qualifications and First Aid Certificates will be kept on file for all current staff members
  - Qualifications Certificates for all staff and management
- Administrative records will be available for inspection by the Licensing Officer or representative at all times
- Details of children's attendance, including arrival and departure times are available to the parent with reasonable notice
- Administrative records will be kept on site for 2 years

### **Policy: Payment of Monthly Fees**

#### **Procedure**

- Childcare fees are due on the 1<sup>st</sup> of the month
- Payments can be made by cash, cheque, or debit
- There will be a \$50.00 NSF charge for any returned cheques

### **Policy: Subsidy**

#### **Procedure**

- Ensuring that subsidy remains current is the responsibility of the parent
- Parents will be responsible for the full fee for any months that subsidy is not approved for

### **Policy: Late Pick Up**

#### **Procedure**

- The centre closes at 6:00 p.m.
- Parents are expected to arrive at the centre in enough time to get their children ready to leave the centre by 6:00 p.m.
- Parents arriving after 6:00 p.m. will be charged a late pick up fee of \$1.00/minute
  - Staff will contact all individuals listed on the registration form as authorized pick up and emergency contacts
  - If the child is still not picked up, Children's Services will be contacted by the Director and the child placed in their care

### **Policy: Termination of Care**

#### **Procedure**

- Parents are required to provide 1 months' written notice of termination of care

### **Policy: Statutory Holidays**

#### **Procedure**

- The centre will be closed on the following Statutory Holidays
  - New Year's Day (in lieu)
  - Family Day
  - Good Friday
  - Easter Monday
  - Victoria Day
  - Canada Day (in lieu)
  - Heritage Day
  - Labor Day
  - Thanksgiving Day
  - Remembrance Day (in lieu)
  - Christmas Day (in lieu)
  - Boxing Day (in lieu)
- When holidays marked (in lieu) fall on a weekend, an additional closure date will be taken on either the Friday before or the Monday after the holiday
- The program will be closed annually the week between Christmas & New Years



## Policy: Social Media

### Procedure

- Social media includes Facebook, Instagram and any other website that promotes social interaction between individuals
  - Parents are not permitted to post photos or videos that include any children other than their own or that have been held at the centre
    - If discovered, the parent will be asked to take down the photos or videos
  - Parents are not permitted to disclose details including, location, date and time of any field trip or outing
  - Any instances of defamatory comments about the centre, it's staff or volunteers posted to a social media site could result in termination of care

## Policy: Ongoing Program Evaluation

### Procedure

- Ongoing program evaluation is an important component of the program to ensure that we continue to provide high quality care to families
- The program evaluation will include
  - Submission of the Annual Critical Incident Summary to Daycare Licensing
    - Critical incidents will be reviewed for any areas that need to be improved on to prevent further incidents from occurring
  - Annual Parent and Staff Evaluations
    - Survey results will be reviewed, compiled, and shared with parents and staff
    - Goals and action plans will be developed to address areas that require improvement
    - Positive feedback from parents will be shared with staff
    - Goals and action plans will be reviewed annually to ensure they have been completed or to update the goal if not completed
  - Suggestion Boxes
    - Suggestion boxes for staff and parents will be available at all times
      - Suggestions will be reviewed monthly
      - Goals will be set to address any areas that require improvement

## Policy: Confidentiality of Information

### Procedure

- All information regarding families, children, staff, and volunteers will be kept strictly confidential
- Children's files will be kept in a locked cabinet in the Directors office
- Information regarding the children will not be shared without completion of a consent to share information form and signed by the parent

### **Policy: Communication with Families**

#### **Procedure**

- The centre will maintain ongoing positive communication with parents that include
  - Newsletters
  - Emails
  - Face to face verbal contact

### **Policy: Suspicions of Abuse & Neglect**

#### **Procedure**

- All suspicions of abuse or neglect will be forwarded to the Director
- After review of the information, the Director will forward the concerns to Children's Services

### **Policy: Parent & Community Grievances**

#### **Procedure**

- Complaints and concerns can be received from parents or community members
- Parents are encouraged to discuss any concerns with their child's room staff
  - If the issue cannot be resolved, the Director will schedule a meeting with the parent and the staff to discuss and come to a solution that is satisfactory to both the staff and the parent
- If a community complaint is received
  - The staff member receiving the complaint will complete the Community Complaint form and forward to the Director
  - The Director will complete an investigation of the complaint and follow up with the community member

### **Policy: Authorized Release of Children**

#### **Procedure**

- Children will not be released to any individual that is not listed as an emergency contact or authorized pick up
- Children will not be released to any individual under the age of 16
- Any individual not known to the staff will be asked to provide photo identification before the child is released into their care

## **Policy: Portable Emergency Records**

### **Procedure**

- A portable emergency record will be kept for each child with the following information
  - Child's name, address, and birthdate
  - Child's medical information including current medications and allergies
  - Name, address and contact information for each parent
  - Name, address and contact information for individuals to contact in case of an emergency and the parents cannot be reached
  - Physician information
- The staff will take the portable emergency record and a first aid kit with them any time they leave the centre

## **Program Policies**

### **Policy: Hours of Operation**

#### **Procedure**

- The centre will be open Monday to Friday from 6:30 a.m. to 6:00 p.m.

### **Policy: Open Door**

#### **Procedure**

- The centre will always maintain an open-door policy
- Parents are invited and encouraged to drop into the centre to visit with their child
- Parents are not required to call ahead if they will be arriving early to pick up their child

### **Policy: Transportation of Children to and From School**

#### **Procedure**

- Kindergarten and school aged children enrolled in the program will be transported to and from school in the neighborhood. Parents are required to complete and sign a transportation agreement from that includes the details of the transportation arrangements. Private vehicles will never be used to transport children.
- Children will be transported to school in a van owned by the program
- The van will meet all Alberta Safety Transportation requirements

- Staff will complete a head count and cross the name of the child on the List of Children before leaving the OSC room and again once all children are on the van
  - Staff will cut the name of the child by crossing after dropping the child to school and tick mark the name of the child at the pick up time and child coming in the van.
  - When returning from dropping children off at school, the driver will complete a visual inspection of all seats in the van to ensure that there are no children onboard
- When all children have been picked up after school and the van has returned to the program
  - Staff will complete a headcount of children as they get off the van and when all children have entered the OSC room
  - When all children are off the van, the driver will complete a visual inspection of all seats in the van to ensure that there are no children onboard
- If a child fails to show up after school, the following steps will be taken
  - Staff will check with the school office to ensure that the children was in attendance
  - Staff will check with the child's Teacher to ensure that the child was in attendance until the end of the day
  - The staff will contact the Director
- If the child still cannot be located
  - Staff will then contact the Director
- If the child still cannot be located
  - Staff will then contact the Director
    - The Director will contact 9-1-1 and proceed to the school to continue the search for the child and be available for questions from First Responders
  - If the child is found, staff will contact the Director who will in turn contact the parents to inform them that the child has been located
  - Only when the child has been located will the van leave the school
  - If the situation causes a delay in picking up children from other schools, the driver will contact the schools to inform them of the delay

## Policy: Outdoor Play

### Procedure

- The children will have daily outdoor play time at least once per day
- Children will play in the outdoor playground or at community playgrounds
- Children will not play outside when the temperature including the windchill is colder than minus 18
- Children will not play outside when the temperature including the humidex is hotter than plus 30
- On days that the weather does not allow for outdoor play, the staff will provide indoor gross motor activities

### **Policy: Inclusion & Diversity**

- The centre welcomes all families
- Children will be treated equally and with respect no matter culture, race, or economic status
- Parents of children with special needs will be assisted in accessing community supports for their children

### **Policy: Bullying**

#### **Procedure**

- The centre has zero tolerance for bullying of any kind
- Should incidents of bullying occur, the Director will immediately schedule a meeting with the parents and all children involved
  - During the meeting, the details of the incident(s) will be discussed, and an action plan developed to prevent bullying from occurring again
- The centre has the right to terminate care without notice for ongoing incidents of bullying that cannot be controlled

### **Use of Technology**

#### **Procedure**

- The use of technology will be limited and related to an interest of the children
- Staff will supervise children during technology play and provide alternate activities
- Children under the age of 2 will not participate in any form of technology

### **Policy: Allergies & Diet Restrictions**

#### **Procedure**

- The program will respect children's allergies and diet restrictions due to medical conditions or religious or cultural beliefs
- Food items will be substituted when necessary
- Allergy Lists will be posted in each room

## Policy: Child Guidance

### Procedures:

- Appropriate child guidance strategies will be used when addressing children’s behavior that are age and developmentally appropriate
- Staff will be respectful of family beliefs while continuing to ensure the safety and well-being of the children
- The child guidance policy will be reviewed with newly hired staff during their orientation and also included in Staff Handbook.
- The child guidance policy will be communicated to children where developmentally appropriate
- The child guidance policy will be reviewed with parents during the program orientation at the time of registration and included in the Parent Handbook
  - Parents will receive a copy of the Parent Handbook at the time of registration
- Strategies will vary based on the age and developmental level of the children and will be reasonable to the situation and/or circumstance
  - Ages Birth – 12 months
    - Formal child guidance will not be used
    - Children’s physical and emotional needs will be consistent basis
  - Ages 12 – 35 months
    - Strategies will include
      - Distraction
        - Introducing additional play materials and toys is an effective technique for distracting children and reducing incidents of conflict
      - Re-Direction
        - Assist children in finding alternate toys and play materials while waiting for specific toys to become available
      - Verbal Cues
        - Short, simple verbal cues such as “feet on the floor please”, “gentle hands” are effective when reminding young children of rules and expectations
  - Ages 3 – 4.5 years
    - Strategies will include
      - Re-Direction
        - Assist children in finding an alternate area or activity to play with
      - Verbal Reminders
        - Provide reminders of playroom rules and expectations
      - Active Listening
        - Use open ended questions to assist children with talking out their feelings and emotions
      - Problem Solving
        - Assist children in finding a solution to their conflict

- Ages 4.5 – 12 years
  - Strategies will include
    - Re-Direction
      - Encourage children to find an alternate play space when they are having difficulty interacting with other children
    - Verbal Reminders
      - Provide reminders of playroom rules and expectations
    - Active Listening
      - Use open ended questions to assist children with talking out their feelings and emotions
    - Problem Solving
      - Through one on one conversations and group discussions, assist children in figuring out a solution to a conflict or a group concern
- The following actions are prohibited and will result in immediate termination of staff
  - Use of any form of physical punishment, physical degradation, or emotional deprivation
  - Deprivation of meals or snacks
  - Deny or threaten to deny any basic need
  - Any form of physical restraint, confinement, or isolation
  - Any interaction that causes humiliation or a loss of self esteem
- If a child exhibits ongoing challenging behaviors
  - Staff will document situations leading up to the child exhibiting the behaviors
  - A meeting will be scheduled with the Director, parent, and the child, if developmentally appropriate for them to be present, to discuss the situation and develop strategies to stop the behavior
  - In situations where a child's behavior cannot be rectified and poses a safety risk to the other children and staff, or if the parent is unwilling to work with the centre to rectify the situation
    - The centre reserves the right to terminate care without notice

## **Policy: Field Trips & Off-Site Excursions**

### **Procedures:**

- Children will be taken on community field trips and off-site excursions
- Parents will be notified in writing of the details of the field trip and activities prior to the excursion date through verbal communication, newsletters, notices and field trip permission forms
  - Date and time of excursion
  - Destination
  - Mode of transportation
  - Number of items required
  - Number of staff and volunteers
  - Details of supervision expectations of staff & volunteers
  - Signature of the parents

- Parents must provide written consent for their children to attend the field trip
- Staff will take the children's portable emergency records and a first aid kit at any time they are away from the center including off-site excursions and evacuations
- Prior to leaving the center, staff will discuss with the children, where they are going and safety rules needed to follow
- Additional adults as volunteers will accompany the groups on any field trips

### **Community Excursions**

- Excursions in the community are planned regularly as a part of the children's program to use opportunities for play and learning outside of the daycare/OSC. Parents sign an authorization form for local excursions or walks in the neighborhood when children are registered. Each time the children leave the center, the staff brings a cell phone and a backpack containing the children's portable emergency information and a first aid kit.

### **Field Trips**

- Field trips will be planned on non-school days for school age children and periodically for the preschool children. The children's interests, the value of the experience and the safety of children are taken into consideration when planning field trips and excursions.
- All field trips outside our neighborhood require parental permission on each occasion. When the field trip destination is within safe distance, we will walk using the safest route. When transportation is required, a chartered bus or taxi vans will be used for transportation. School age children may use public transportation such as City buses. Any vehicles used for transportation will comply with Transport Canada Guidelines. Private vehicles will never be used to transport children.

## **Policy: Nutrition and Meals and Snacks**

### **Procedure:**

- Learning Ladder Childcare and OSC is committed to supporting the children's nutritional needs and promoting healthy eating habits. Morning and afternoon snacks are provided for all children daily. Lunch is provided for children not yet in school. Menus are planned based on the guidelines of the most current Canada Food Guide using quality products and ingredients to support children's healthy development. Menus are posted on the bulletin boards at the front entrance, where they are clearly visible to keep families informed of all foods served in the center.
- Due to allergy reasons, NUTS OR FOODS CONTAINING NUTS ARE NOT ALLOWED IN THE CENTRE.
- Children will be provided with 2 snacks and a hot lunch daily
- Menus will follow the current Canada Food Guide
  - Snacks will contain a minimum of 2 food items from the Canada Food Guide
  - Lunch will contain a minimum of 1 food item from each food group
- Menus include foods from a variety of cultures.
- A cycle menu of two weeks or more is used. Repetition of food items is minimal during the cycle.
- Drinking water is available at all times, both indoors and outdoors.
- Snack & meal times will meet the children's needs
  - Snacks will be served at times that meet the children's needs



- Daycare – two morning snacks will be served
  - Cold cereal will be served at 7:00 a.m.
  - A hot breakfast will be served at 8:30 a.m.
  - Lunch will be served at 11:00 a.m.
  - Second snack will be served at 2:30 pm
- Kindergarten – snack will be served as an open area and will be available at the following times
  - Morning snack – beginning at 7:00 a.m. and to continue until the children leave for school
  - Afternoon snack – Beginning when the first group of children arrive from school and will be available for 45 minutes after the last group of children arrive from school to allow all children to have snack when they are hungry
- Snacks & meals will be provided in sufficient quantities to ensure that each child's needs are met
- For children under 12 months
  - Parents will supply all food items and formula that is clearly labelled with their child's name
- When children bring their own snacks and lunch from home, staff will supplement food items when the food from home does not meet with requirements of the Canada of Food Guide
- Parents are responsible for providing all food, milk/formula, and other nutrition for children under 12 months of age
  - All containers, packaging and bottles must be clearly labelled with the infant's name

### **Policy: Manner of Feeding**

#### **Procedure:**

- Procedures and practices ensure utmost safety at meal and snack times
  - The way children are fed is age appropriate to their age and level of development
  - We strive to establish a pleasant social atmosphere in which children can enjoy their meals and snacks and learn social skills, self- help skills and good nutrition.
- Children will be required to be seated whenever they are eating or drinking
- Allergy and dietary restrictions lists are posted in each childcare room and the staff are kept informed to ensure children are not served foods they are allergic to.
- Children are encouraged to try each food served but are never forced to eat.
- Staff members join children at the table for meals and snacks.
- Children that require a bottle at nap time will not be given a bottle while lying down
  - Staff will hold the child while they drink the bottle
  - The bottle will be removed once the child is laid down on their bed

## **Policy: Parent Involvement**

### **Procedure**

- Parents are invited and encouraged to participate in the program by
  - Volunteering on field trips and community outings
  - Spending time in the program at drop off and pick up times
  - Volunteering in their child's room
  - Donating toys and art materials

## **Health & Safety Policies**

## **Policy: Accidents & Incidents**

### **Procedure**

- Accidents and incidents will be dealt with only by staff that have a valid First Aid in Child Care Certificate
- Minor accidents and injuries will be dealt with using First Aid
  - An incident report will be completed and signed by the staff, parent and Director
- In the event that an injury requires medical treatment, staff will call 9-1-1 and the child will be transported to the Hospital
- Parent consent for the administration of First Aid will be obtained through the registration form
  - Parents are responsible for any ambulance costs incurred
- The program will allow the provision of health care to a child if
  - There is written consent of the parent or
  - The health care is in the form of First Aid
- Parents will be called immediately and informed of the situation
- Staff will accompany the child to the Hospital and remain with them until the parent arrives
  - Staff will take the child's file with all relevant medical information
- All persons involved will complete an incident report
- Incidents will be reviewed and tracked to identify trends and areas of the program that require changes
- Parents will provide permission for the administration of First Aid in the child registration form

### **Non-Emergency Medical Care**

- If a staff member has determined that a child's condition requires medical attention, but it is not an emergency, parents will be called and asked to seek medical care for the child
- A qualified staff member will administer First Aid

### **Injury or Illness Requiring Emergency Medical Attention**

- If emergency medical attention is required, 9-1-1 will be called and an ambulance will be requested to transport the child to the hospital
- A qualified staff member will administer First Aid
- The Emergency Medical Team will decide which hospital is most suitable given the location and nature of emergency

- A staff or Director will take the child's emergency information (portable records) and go in the ambulance with the child or follow the ambulance to the hospital
- Parents will be called immediately

## Policy: Critical Incident Reporting

### Procedure

- A critical incident includes any of the following
  - An emergency evacuation
  - Unexpected program closure
  - An intruder on the program premises
  - Illness or injury to a child that requires emergency health care or requires that the child remain in the Hospital overnight
  - An error in the administration of medication by a program staff or volunteer that results in the child becoming seriously injured or ill, requiring first aid or emergency health care and/or requires that the child remain in the Hospital overnight
  - The death of a child
  - Unexpected absence of a child from the program (lost child)
  - A child removed from the program by a non-custodial parent or guardian
  - An allegation of physical, sexual, emotional abuse and/or neglect of a child by a program staff member or volunteer
  - The commission by a child of an offence under an Act of Canada or Alberta
  - A child left on the premises outside of the program operating hours
- All critical incidents will be reported to the Daycare Licensing office immediately using the Incident Report Form
- Critical incidents will only be handled by a staff holding a valid First Aid in Child Care Certificate
- Critical incidents will be reported the Director immediately

## Policy: Illness Tracking

### Procedure

- If a child becomes ill during the day
  - The parent will be contacted and asked to pick up the child as soon as possible
    - In the event that the parent is unable to pick up the child, it is the parent's responsibility to find an alternate person to pick up the child
    - **The child may not, under any circumstances, remain at the program when ill**
    - Refer to the Health & Disease Chart for length of time the child is required to be away from the program
- Information regarding children and staff illnesses will be tracked on the AHS Illness Tracking Form and will include
  - Name of the child or staff
  - Observed symptoms

- Time and date of the observed illness
- Name of staff that observed the symptoms
- Time parent was contacted
- Name of staff that contacted the parent
- Time the child was picked up by the parent
- Time that the staff went home
- Date the child/staff returned to the program
- Should the tracking of illnesses show a pattern of more than one child/staff exhibiting the same symptoms, 8-1-1 will be contacted for further direction
  - All directions from AHS will be strictly followed
- Any confirmed cases of diseases listed as “reportable” in the Health and Disease Chart will be reported to AHS immediately by calling 8-1-1
- If a health emergency is announced, the program will follow all directions and guideline as set out by the Alberta Medical Officer of Health and the Daycare Licensing office

## Policy: Sick Children

### Procedure

- If a staff knows or suspects a child is exhibiting symptoms of a disease or illness, the child is not to be accepted into care
- If the child becomes ill during the day, parents must be called and asked to pick up their child from the centre
- Symptoms include
  - Vomiting
  - Fever
  - Diarrhea
  - New or unexplained rash or cough
  - Needs a higher level of care than can be provided without taking away care from the other children
- The above may not apply if the parent provides a physician’s letter stating that the child does not pose a health risk to other children and adults
  - Contact the parent and ask to pick up the child as soon as possible
    - If the parent is unable to pick up the child, it is the parent’s responsibility to find an alternate person to pick up the child
    - **The child may not, under any circumstances, remain at the program when ill**
    - If a child is sent home with symptoms or disease or illness, they may not return to the center until
      - Symptoms have been gone for 24 hours
      - A physician’s note is provided stating that the child is not contagious nor pose a health risk to other children and adults
    - Refer to the Health & Disease Chart for length of time the child is required to be away from the program
      - Parents will be provided with a copy of all policies and procedures for sick children in the Parent Handbook at the time of registration

- Sick children will be removed from the playroom immediately and isolated in an area away from the other children until picked up by the parent
- The child will be provided with a space to lie down in the Director's office
- If the Director's office is not available
  - The child will be isolated in an area within the playroom that is away from the other children
  - Once the child has been picked up, the area that the child was isolated in will be thoroughly disinfected
- The child will be under the supervision of a primary staff until the parent arrives
- Children that become ill at school are not permitted to return to the program as an alternative to be picked up by the parent
- If a parent fails to pick up or arrange for another individual to pick up their child
  - The Director will contact all individuals listed as authorized pickups or emergency contacts and request that they pick up the child immediately
- Information regarding children's illnesses will be tracked by the program and will include
  - Name of the child
  - Observed symptoms
  - Time and date of the observed illness
  - Name of staff that observed the symptoms
  - Time parent was contacted
  - Name of staff that contacted the parent
  - Time the child was picked up by the parent
  - Date the child returned to the program
- Parents will be informed of incidents of contagious diseases through notices posted in the playrooms, emails and verbally by staff
  - The identity of the child with the contagious disease will not be disclosed to parents other than their own
  - Parents will be informed of all policies pertaining to the management of illness and sick children through the Parent Handbook
    - Copies of the Parent Handbook will be given to parents at the time of registration and anytime an update is made to the policies and procedures within the Handbook

## **Policy: Outbreak & Pandemic**

### **Procedure**

- An outbreak is defined as
  - A sudden increase in occurrences of a disease in a particular time and place. It may affect a small and localized group or impact upon thousands of people across an entire continent
- A pandemic is defined as
  - A disease epidemic that has spread across a large region, for instance multiple continents, or worldwide
- Symptoms, precautions, and restrictions will be implemented and relayed to parents based on specific symptoms as identified by Alberta Health Services

- Pre-cautionary measures, including exclusion from the program, will be put in place based on recommendations by Alberta Health Services and Alberta's Chief Medical Officer of Health
- Should an outbreak be identified by Alberta Health Services, the following procedures will be implemented
  - Staff will
    - Continue to follow effective hand washing practices
    - Continue to follow procedures for sanitizing of toys and touch surfaces
    - Monitor children for signs of identified symptoms of the disease
    - Remain at home or off duty when feeling ill
- All instances of staff or children being sent home due to illness will be documented and tracked
  - If tracking identifies a pattern, AHS will be contacted and provided with the information
- Should the situation be upgraded to a pandemic by the World Health Organization, the following procedures will be implemented
  - Staff and children will maintain consistent, effective handwashing
  - Families and staff that travel outside of Canada
    - Families
      - Travel outside of Canada, particularly to high risk areas may result in self isolation and exclusion from the program for a specified period
        - This decision will be made based on recommendations from Alberta's Chief Medical Officer of Health
    - Staff
      - Travel outside of Canada, particularly to high risk areas may result in self isolation and exclusion from the program for a specified period
        - This decision will be made based on recommendations from Alberta's Chief Medical Officer of Health
- The centre will follow Alberta Health Services guidelines should a case be confirmed at the centre and/or closure is recommended

## Policy: Health & Disease Chart

### Procedure

- The Health and Disease Policy will address common childhood diseases and conditions, their symptoms, and the length of absence from the centre
  - Effective September 1, 2011 amendments to the *Child Care Licensing Regulation and Family Day Home Standards Manual for Alberta* will be implemented related to the identification, response and management of children who are ill.
  - If a child arrives at the center and the staff observes that he or she is vomiting, has a fever, diarrhea or a new unexplained rash or cough; requires greater attention than can be provided without compromising the care of other children in the program; or displays any other illness or symptom the staff member knows or believes may indicate that a child poses a health risk to other children, caregivers

or staff; the staff will ensure that a parent arranges for the ill child to be immediately removed from the program.

- A child can return to the program if the child's parent provides a written notice from a physician indicating that the child does not pose a health risk or if the license holder/provider is satisfied that the child no longer poses a health risk to other children, caregivers or staff
- The Health and Disease Chart outlines common childhood diseases, incubation periods, symptoms, and general guidelines
- This chart is intended to help minimize the spread of disease

### Health and Disease Chart

Disease Name	Incubation Period	Symptoms	General Guidelines
Chicken Pox	13 - 17 days	~low grade fever for 1 or 2 days before the rash appears ~ achiness, cranky and feeling unwell for 1-2 days before rash appears ~ rash usually appears on the head, neck and body ~ new spots will continue to appear over the next 5 days ~ flat red spots become raised then within a few hours change to clear or cloudy fluid filled blisters ~	Child can return once they are well enough to participate in all activities and all blisters have scabbed over
Colds		~stuffy or runny nose ~ watery eyes ~ sneezing ~ coughing ~ fever may be present ~	Child must remain at home if feeling unwell ~ Child must be able to participate in all daily activities
Croup		~begins like a cold ~ child then develops a fever, "barking cough" and hoarse voice ~ child will breath more quickly and will have trouble breathing ~ any activity makes the condition worse ~ when child is asleep or quiet, noise is minimal ~	Child must remain at home if feeling unwell ~ Child must be able to participate in all daily activities
Diarrhea		~uncontrolled bowel movements that are more watery than normal~	Parents should be contacted if more than 2 watery bowel movements in an hour or less. Child can return once symptom free, without the aid of medications, for 24 hours
Fever		~ normal body temperature is 36.5°C to 38°C (97.5°F to 100°F) ~ temperature to be taken after child has been resting for a minimum of 15 minutes ~	Child must remain at home until temperature drops below 38°C (100.4°F) without pain reliever for a period of 24 hours
Fifth's Disease	4 - 14 days	~in children, the disease is very mild ~ illness starts with a mild fever, headache and achiness ~ red rash starts on the face that looks like a "slapped cheek" ~ 1-4 days later a red rash appears in the arms, legs and body ~ rash comes and goes over the next 3 weeks ~ child will feel better once the rash appears ~	Child may return once the red rash appears

German Measles (Rubella)	5 days before rash appears	~slight fever ~ achiness ~ small swollen glands at the back of the neck and behind the ears ~ pink rash that starts on the face and moves down over the body and onto the arms and legs ~ rash lasts 2-5 days ~ <b>*REPORTABLE DISEASE*</b>	Child must remain home for 4 days after the rash appears
Hand Foot and Mouth	7 - 10 days	~mild fever ~ headache ~ sore throat ~ loss of appetite ~ lack of energy ~ sores that develop in the mouth, on the tongue, and sometimes on the gums and lips ~ approx. 2 days after the sores develop, a red rash with blisters appear on the palms of the hands and soles of the feet ~ rash may also appear in the diaper area of children who wear diapers ~	Child must remain at home if feeling unwell ~ Child must be able to participate in the daily centre activities  A Dr's note indicating that the child is able to return to the program is required
Impetigo	2 - 6 weeks	~a rash of small red spots ~ rash generally appears around the mouth, nose and ears but can appear anywhere on the body ~ blisters which form over the spots and then burst, forming brownish - yellow scabs ~	Child can return after they have completed 24 hours of antibiotic treatment. <i>IF ANTIBIOTICS ARE NOT USED, CHILD CANNOT RETURN UNTIL THE RASH IS CLEAR</i>
Influenza	1 - 5 days	~high fever ~ frequent chills ~ headache ~ muscle pain ~ loss of appetite ~ cough ~ sore throat ~ extreme tiredness ~  <b>H1N1 is a reportable condition</b>	Child can return once all symptoms are no longer present
Measles	10 - 12 days	~cough, runny nose, high fever ~ eyes are puffy, watery and sensitive to light ~ may see small white patches in the mouth ~ red blotchy rash appearing first on the face then spreading down body, arms and legs ~ child is usually sick for 10-14 days ~	Child MUST stay home for 4 days after the rash appears
Mumps	12 - 25 days	~fever ~ swollen glands ~ difficulty swallowing ~	Child MUST stay home for 9 days after the swelling starts
Pink Eye (Conjunctivitis)	2 - 3 days	~bacterial and viral conjunctivitis can be easily spread to others ~ allergic conjunctivitis cannot be spread to others ~ white part of the eye looks red and the eye lid may be puffy ~ eye may burn or itch, feels like there is sand in the eye ~ puss in the eye which can cause the eyelids to stick together during sleep ~	Child can return after on full day (24 hours) of treatment
Pin Worms		~may not sleep well at night ~ have trouble sitting still because of itching ~ may experience loss of appetite ~ weight loss ~ redness and swelling around the anus ~	No exclusion from the centre is necessary ~ Proper hand washing is essential to prevent spread. Child must be seen by a physician for treatment
Respiratory Syncytial Virus (RSV)		~runny nose with thick, sticky mucous ~ cough ~ mild fever ~ sore throat ~ mild irritability and discomfort ~ wheezing ~	Child must remain at home if feeling unwell ~ Child must be able to participate in the daily centre activities



Ringworm	4 - 14 days	~in ringworm of the scalp, begins as a small pimple that spreads in a circle ~ hair in the infected area falls out leaving a temporary bald patch ~ scalp is itchy and scaly ~ in ringworm of the body, develops as a rash in the shape of a ring with raised edges ~ as the rash spreads the centre clears ~ area is itchy and flaky and may become moist and crusted ~ in ringworm of the foot, the skin on the feet, usually around the toes, will get itchy and flaky, which may crack between the toes~	Child may return after treatment has started ~ Sores not covered by clothing must be covered with a band aid
Roseola (Baby Measles)	10 days	~fever for several days ~ fever may be mild or high but otherwise child is well ~ after 3-5 days, the fever drops suddenly and a short while later the child develops a rash ~ rash is red and blotchy and first appears on the body then spreads to the limbs and face ~ usually lasts 1-2 days ~ child is not ill when the rash is present ~	Child can return once the rash appears and fever is gone for 24 hours
Scabies		~tiny red bumps ~ small blisters ~ white, curvy lines (burrows) ~ scratch marks ~ small scales	Child MUST remain at home until treatment is finished
Strep Throat	12 hours - 4 days	~fever ~ headache ~ stomach ache ~ very sore throat ~ throat and tonsils are red and swollen and usually have whitish yellowish patches ~ swollen, tender glands in the neck ~	Child can return 24 hours after antibiotics have started and is feeling well
Scarlet Fever	12 hours	~red "sandpapery" rash appears in the body ~ red, swollen lips ~ tongue may be red and flecked like a strawberry ~ 5 days after the rash appears, skin may begin to peel at the tips of the fingers and toes, on the palms of the hands and soles of the feet ~	Child can return 24 hours after antibiotics have started and is feeling well
Whooping Cough		<i>Illness occurs in 3 stages ~ <b>Stage 1:</b> cold like symptoms ~ <b>Stage 2:</b> cough worsens and becomes dry and constant. Child has coughing fits which can last several minutes and occur many times per day. Child may cough so hard as to induce vomiting or turn blue in the face. A "whoop" may be heard while coughing. This stage may last 2-3 weeks ~ <b>Stage 3:</b> no longer has coughing fits but has a persistent, dry cough. This stage can last for 4 weeks ~</i>	Child MUST stay home until their physician indicates that they are well enough to return ~ A physician's note will be required before returning

Vomiting	Sudden onset	May be accompanied by fever, body aches	Child can return once symptom free, without the aid of medication for a period of 24 hours
Lice		Small White Eggs seen on the scalp. Live lice may be seen in the hair. Scalp may show pustules and scabs due to itching	Treat with medicated shampoo. All clothing and bedding must be dry cleaned, washed in very hot water or disinfected by freezing. Stuffed animals should be sealed in a plastic bag and kept out of reach for 3 weeks  Child may return after the first treatment. <b>It is vital that the parent check the child's hair and scalp every night and remove eggs. Eggs that are not removed will hatch and re-infect.</b>
Bed Bugs		Red itchy welts that appear on areas of exposed skin during sleep, typically will appear around ankles	Where there is a confirmed case of bed bugs in the child's home, the parent will provide enough complete changes of clothing to last 5 days to the Provider. The Provider will wash the clothing in hot water and dry on the hottest setting. When the child arrives at the Providers home, they will immediately be changed into one of the changes of clothing given to the Provider, the parent will take the clothing that the child arrived in with them. At the end of the day, the child will be changed into a set of clothing brought by the parent. The set of clothes that the child wore during their time in the Dayhome will be left with the Provider to be laundered.

## Policy: Supervision of Children

### Procedure

- Supervision procedures will meet the developmental needs of children by providing choices and opportunities for children to practice and show their independence while allowing staff to ensure that they remain safe
- Staff will provide effective supervision to children, both indoors and outdoors
- Both primary and float staff will ensure they have knowledge of the layout and set up of the indoor and outdoor play environments to enable them to provide effective supervision
- Positioning equipment and arrange the environment to allow staff to actively supervise children's play, rest and toilet areas.

- Parents will be informed of supervision policies through the Parent Handbook, to be provided at the time of registration
  - Indoors
    - Staff will ensure that the setup of the playroom allows for effective supervision of all play areas
    - Staff will position themselves so that all areas of the playroom can be monitored
    - Staff will supervise children's play to observe interactions, join in children's play when appropriate and monitor behavioral incidents and intervene when necessary
    - When engaged in play, staff still will continue to monitor the rest of the playroom
    - Staff will not sit nor stand with their back to the children
    - Staff will complete a head count before leaving the playroom, at each point of the transition and upon returning to the playroom to ensure that all children are accounted for
  - Outdoors
    - Staff will ensure that the setup of the outdoor play space and playgrounds meets the developmental needs of the children
    - Staff will provide effective supervision to all areas of the outdoor play space and playgrounds
    - Staff will move around the outdoor play space and playgrounds to monitor children's play, engage in play when appropriate and monitor behavioral incidents and intervene when necessary
    - While engaged in play, staff will continue to monitor the rest of the outdoor play space and playgrounds
    - Staff will not sit nor stand with their back to the children
  - Transitions
    - Staff will ensure the safety of the children during transitions by
      - completing a headcount when leaving the playroom, when entering and leaving the outdoor play space, when entering or leaving a vehicle and when returning to the playroom to ensure that all children are accounted for
      - When at a community playground, staff will complete a headcount before leaving the program, when arriving at the playground, before leaving the playground and when returning to the program

## **Policy: Immunization of Children**

### **Procedure**

- Parents will be asked to provide a copy of their child's up to date immunization record
- Parents that choose not to immunize their children must inform the centre at the time of registration
- Should an outbreak of a communicable disease occur within the centre, all unimmunized children will not be permitted to be at the centre until the outbreak is controlled

## Policy: Smoking

### Procedure

- Smoking is prohibited anywhere the children are present
  - This includes staff, volunteers and parents
- Smoking is prohibited within 10 meters of any door intake vent

## Medication Policies

## Policy: Medication Administration

### Procedure:

- Medication can only be administered by a staff that holds a valid First Aid in Child Care Certificate
- All non-emergency prescription medications will be kept in a locked container in the refrigerator or in a locked cupboard in the playroom that is inaccessible to the children
- The medication must be prescribed by a Physician and be in the original container with a pharmacist's label indicating the following:
  - Child's name
  - Dosage
  - Number of times per day to be administered
- The medication must be administered according to the labelled instructions
- The parent must complete a medication consent form indicating the following:
  - Giving consent for the administration of the medication
  - Name of the medication
  - Specific times for administration
- Must be a specific time – "lunch time" is not acceptable
  - Specific start and finish dates
  - Dosage
  - Any special instructions
  - Indicate daily if the medication has been administered at home
- Staff must document and initial the following information on the medication consent form:
  - Name of the medication
  - Time of administration
  - Amount administered
  - Initials of the person who administered the medication
- Once the medication has been administered, the staff must monitor the child for an allergic reaction every ten (10) minutes for a total of thirty (30) minutes
- All unused medication must be returned to the parent when the authorized period has ended

## Policy: Emergency Medication

### Procedure:

- A list of all children who use emergency medications will be posted in each playroom and distributed to all rooms and offices
- Staff is informed of which (if any) children use emergency medications, where the medications are stored, and how to administer them if necessary (e.g. Epi-pens, Inhalers)
- Parents will be required to complete a medication consent form prior to them receiving the medication
- **All children under the age of 3 years that use inhalers must have an air chamber for medication administration**
- Parents will be required to provide the following information
  - Instructions for the administration of the medication
  - Symptoms of the child's illness
  - Contact information for the parents
  - Contact information for the child's physician
  - Instructions for after the medication has been administered
- All emergency medication will be kept in a zip lock bag along with the parent signed medical form. The zip lock will be kept in the First Aid Bag, where it is easily accessible to the staff but is inaccessible to the children
- Staff will receive the necessary training on the use of the emergency medication by the parent or a trained professional
- When the emergency medication is administered, the staff will record the time, date and dosage and sign the form.
- If a child requires Tylenol to prevent seizures, a letter from a physician will be required that indicates the following:
  - Temperature for Tylenol to be administered
  - Dosage
  - Follow up instructions
- The physician's letter must be updated every 6 months

## Policy: Non-Emergency Prescription Medication

### Procedure:

- Non-emergency prescription medication will only be administered by staff holding a valid First Aid in Child Care Certificate
- All non-emergency prescription medications will be kept in a locked container in the refrigerator or in a locked cupboard in the playroom
- The medication must be, prescribed by a physician, be in the original container with a pharmacist's label indicating the child's name, the dosage, and the number of times per day the medication is to be administered
- The parent must complete a medication consent form indicating
  - Name of the medication
  - Specific times for administration ("after lunch" is not acceptable)
  - Specific start and finish dates
  - Dosage to be given

- Any special instructions (side effects, storage instructions etc.)
- Indicate daily if the medication is administered at home
- The staff will document the date, time and dosage and initial that the medication has been administered
- Once the medication has been administered, the staff will monitor the child for an allergic reaction every 10 minutes for a total thirty (30) minutes
- Staff will return all unused medication to the parent when the authorized period has ended

### Emergency Policies

#### Policy: Fire & Evacuation

##### Procedure:

- Copies of the emergency evacuation plan will be posted in each playroom, the office, kitchen, bathroom and both entrances
  - In the event of a fire, the following procedure will be followed
    - Staff will calmly gather the children
    - Staff will take the first aid kit and portable emergency records for each child
    - Staff and children will leave the playroom in a calm, orderly fashion and proceed to the nearest exit
    - Director (or person in charge) will check the entire facility including washrooms and rooms to ensure no one is in the building.
    - **Director/ Staff will call 911** and give the reason for the call and the address of the center.
    - Staff and children will exit down the front or back staircase and out of the building
    - Staff and children will gather at the designated Muster Point
    - Attendance will be taken by the staff for each group. If anyone is missing, the Director / Supervisor must be informed immediately.
    - We will re-enter the center only if the Emergency Response team has informed us it is safe to do so.
    - **If we need to relocate, the staff will escort the children to our relocation site at Jasper Place Transit Centre 5110.**
    - In the event that staff and children are not able to return to the building, parents will be contacted to pick up their children
    - Parents will be informed of the circumstances and necessary follow-up.
    - Critical Incident Report ( on Human Services website) will be filled with all the details and provided to the Licensing Officer.
  - The emergency evacuation procedure will be reviewed with staff at the time of hire
  - The emergency evacuation will be discussed with the children and practiced monthly in the form of Fire Drills
- Emergency phone numbers, including fire, ambulance, EMS, Poison Control, Police, child abuse hotline and the nearest Hospital will be posted in each playroom, the office and the kitchen

- An afterhours emergency phone number will be posted so that it is visible from the outside of the premises

### **Policy: Severe Weather**

#### **Procedure**

- In the event of a thunder storm
  - At the first sound of thunder, all staff and children must go inside if playing outdoors
  - Children will be kept away from windows
  - Children and staff will not go back outside for 30 minutes after the last sound of thunder
- In the event of a Tornado
  - Staff and children that are playing outdoors will immediately go inside the centre
  - Children and staff will gather in a room as far away from windows as possible and remain low to the ground
  - The situation will be monitored by the Director

### **Policy: Lock Down**

#### **Procedure**

- A lockdown can be issued by the Director or EPS when a situation in the community is considered to be a potential threat to the staff and children of the centre
- Once a lockdown has been issued
  - All outside doors will be locked and not opened for any reason until the lockdown is over and the “all clear” has been given
  - Children will be gathered in a space that is away from windows
  - Children will be encouraged to sit quietly
  - Staff and children will remain there until the “all clear” is given by the Director or EPS

### **Policy: Natural Disasters**

#### **Procedure**

- A natural disaster is any situation that has a negative effect on a large part of the community and can include
  - Flood, chemical spill, natural fire
- In the event that a natural disaster occurs
  - Staff and children will remain in the centre
  - Monitor local media for further instructions
  - Take direction from emergency responders

### Acknowledgement

I, \_\_\_\_\_, understand that it is my responsibility to review the policies contained within the Parent Handbook and direct any questions for clarification and agree to abide by them.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Dated



