



**ADMINISTRATIVE POLICIES
AND PROCEDURES**

Child Discipline Policy

The child discipline policy will be communicated to parents and care providers through the website.

It will also be communicated to children through a variety of activities in which positive behaviour is encouraged.

Staff will participate in an orientation session prior to commencing the program in order to address the program's administrative policies and procedures.

It will also be communicated to children where developmentally appropriate.

Each new staff member will review the program's administrative policies and procedures prior to commencing to work with the children.

Our goal: To provide a safe and healthy learning environment in which each child can feel secure.

Our philosophy: To work in a positive way encouraging appropriate behaviour in every child care setting. Each child will be encouraged and supported to develop positive relationships and social skills. Our primary form of discipline is "redirection".

Disciplinary action taken must be reasonable in the circumstances.

If a situation arises where a child's behaviour is inappropriate, staff will encourage the child to use positive behaviour, remind him/her of the classroom rules, and provide an opportunity to correct the behaviour. If the child continues to misbehave he/she will be gently redirected into another activity.

Children are gently guided through their conflicts alongside a staff member and redirected as needed.

Classroom rules will be discussed with the children, who will be involved in the process of choosing our classroom rules. One of the aspects of the curriculum will be the subject of 'rules'. We will sing songs and act out the desirable behaviour frequently to make it second nature for the children.

It is important to respect children's feelings and to be sensitive to the child's emotional state. Some children may misbehave due to illness, being overtired, or some event happening at home. We as child care givers would like to know of any problems arising in your child's life, which will affect your child's performance.

Staff members must not, with respect to a child in the program,

1. inflict or cause to be inflicted any form of physical punishment, verbal or physical degradation or emotional deprivation.
2. deny or threaten to deny any basic necessity, or

3. use or permit the use of any form of physical restraint, confinement or isolation.

The primary staff members have read and understand our discipline policy. The staff holds a minimum level 1 Childcare Orientation, where they learn important strategies for directing children's behaviour.

Off-site Activity and Emergency Evacuation

Activities off the program premises "off-site activities" will be communicated to parents by email, newsletter, through the website or paper letter.

A parent must consent in writing for their child's participation in an off-site activity.

Children will be able to attend any off-site activity only if the following conditions have been met:

- a. the child's parent has been advised of the activity, including the transportation and supervision arrangements with respect to the activity; and
- b. the child's parent has consented in writing to the child's participation in the activity

During off-site activities or in the event of an emergency evacuation the licence holder, or other care provider, accompanying the child will bring along each child's Portable Record

The portable record of emergency information must include the following:

1. For each child there will be the following information:
 - a. Child's name, date of birth and home address,
 - b. The name, address and telephone number of a person who can be contacted in case of an emergency,
 - c. Any other relevant health information about the child provided by the child's parent, including the child's immunizations and allergies, if any.
2. The telephone numbers of the local emergency response service and poison control centre. (Including: emergency medical service, ambulance service, fire department, police service, poison control centre, nearest hospital or emergency medical facility and child abuse hotline)

The Preschool teacher is responsible to ensure that the emergency telephone numbers are posted in the classroom and readily accessible at all times.

Emergency telephone numbers include: emergency medical service, ambulance service, fire department, poison control centre, nearest hospital or emergency medical facility, child abuse hotline and police service.

Evacuation procedures will be explained to all staff prior to commencing classes as well as to children where developmentally appropriate.

Accident or Illness

In the case of an accident or serious illness involving a child: parents will be notified by a phone call, text message and or email immediately.

In the case of an accident or serious illness involving a child, the staff is responsible for immediately ensuring that the child receives medical attention, calling 911 as necessary.

Seedlings staff is responsible for filling out the Incident Reporting Form provided in the classroom to record any accidents or illnesses involving children.

Seedlings license holder will ensure to track and analyse accidents to identify trends and issues in staff and director bimonthly meetings. (Meetings will be held more frequently if it is considered necessary by the preschool director). During meetings incident reports, will be analyzed and corrective actions will be established.

If the staff is attempting to phone the child's parents, but is unable to reach the parents, a message will be left and the emergency contact should subsequently be notified. If the child's parents are not reached by phone, an e-mail will be sent as soon as it is possible.

If the license holder is not on the premises, it is the Preschool teacher's responsibility to notify the license holder as soon as possible regarding the accident or illness involving a child or staff.

Incident Reporting

The following incidents will be reported immediately to the child care office using the Incident Report Form:

Emergency evacuation; unexpected program closure; an intruder on the program premises; an illness or injury to a child that requires the program to request emergency health care and/or requires the child to remain in hospital overnight; an error in the administration of medication by a program staff or volunteer resulting in the child becoming seriously injured or ill and requiring first aid or the program requesting emergency health care and/or requires the child to remain in hospital overnight, the death of a child, an unexpected absence of a child from the program (i.e. 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; and/or a child left on the premises outside of the program's operating hours.

Potential Health Risk

A child will be excluded from the program under the following circumstances:

If a license holder or other care provider knows or has a reason to believe that a child may be suffering from a disease listed in Schedule 1 to the Communicable Diseases Regulation (AR 238/85), the license holder will ensure that the child's parent (or emergency contact if the parents are unavailable) removes the child from the program premises forthwith.

The following are symptoms that are grounds for excluding a child from the program: vomiting, fever, diarrhea, unexpected rash or cough or any other illness or symptom that leads one to believe that a child poses a health risk to other persons.

Staff with first aid will assess if a child is ill by observation of any of the symptoms listed above or observation of unusual behaviour such as tiredness, signs of headache, abdominal cramps, sore throat, not eating, by talking to the child and asking how is he/she feeling, observation of any rash, runny nose or cough **and by taking the temperature of the child using a thermometer under child's arm.**

If a staff member knows or have reason to believe that a child is exhibiting the signs or symptoms of illness she must ensure that the child's parent arranges for the immediate removal of the child from the program premises.

The child will not be able to return to the program if the child is not symptom free for at least 24 hours or the parent has a physician's note stating that the child does not pose a risk to other people.

The primary staff is responsible to fill out a form provided by the director to record and document children who are ill including: the name of the child, date the child was observed to be ill, name of staff member who identified the child was ill, time the parents was initially contacted, name of staff person who contacted the parent, time the child was removed from the program and the date the child returned to the program. The staff is also responsible to fill in the Caregivers Report on Illness Form.

In the case that it is not possible to reach the child's parents by phone, a message will be left and the emergency contact will be notified in order to pick up the child. Parents will be informed by phone call, text or e-mail, as soon as it is possible.

If a parent fails to arrange for immediate removal of a child, the emergency contact will be contacted. If the emergency contact does not arrange for removal of a child, 911 will be contacted.

Supervised Care for Sick Children

Staff must ensure that a sick child is kept as far away as is practicable from the other children.

A sick child will be kept under supervision in the biggest room of the program premises as far as possible from the other children.

A sick child will be supervised at all times while on the premises by a primary staff member by direct observation.

Staff will monitor child's temperature and symptoms with thermometer and direct observation.

Administration of Medicine

1. Medication will only be administered to a child only if:
 - a. written consent of the child's parents has been obtained
 - b. the medication is in the original labelled container, and
 - c. the medication is administered according to the labelled directions.
2. If medication is administered, the license holder must ensure that the following information is recorded:
 - a. name of the medication
 - b. the time of administration
 - c. the amount administered
 - d. the initials of the person who administered the medication.
3. Medication will be stored in a locked container in a place that is inaccessible to children and emergency meds are not locked and easily quickly accessible to staff but not accessible to children.

The staff that receives the medicine from parents / caregivers is responsible for storing it in the locked container provided by the license holder in a locked closet.

The staff is responsible for storing emergency meds not locked and easy quickly accessible. If the emergency medication is kept at school it will be kept at the entrance of the classroom, ready for emergency evacuation and out of reach of children.

If the emergency medication is not kept on program premises overnight, it will be kept in the student's backpack by the emergency school bag out of reach of children.

Health Care

A license holder may provide or allow for the provision of health care to a child only if:

- a. the written consent of the child's parent has been obtained, or
- b. the health care provider is in the nature of first aid.

Smoking

1. **Absolutely no person can** smoke on the program premises while the child care is being provided.
2. Neither the license holder nor any other care provider shall smoke at any time or place where child care is being provided.
3. Program is located in a community centre, no smoking allowed.

Nutrition

1. Parents should provide snacks and/or meal for children in the program,
2. **Snacks or meals will be provided to children at approximately 10:30 am and 1:00 pm.**

Children's Records

For each child on the program premises an up-to-date record of the following will be maintained and contain the following information:

- a. the child's name, date of birth and home address;
- b. a completed enrolment form;
- c. the parent's name, home address and telephone number;
- d. the name, address and telephone number of a person who can be contacted in case of an emergency;
- e. The particulars of any health care to be provided to the child such as the administration of medication, including the written consent of the child's parent
- f. Any other relevant health information about the child provided by the child's parent, including the child's immunization and allergies, if any.

The child's record should be available for inspection

- a. by the director at all times, and
- b. by the child's parent at reasonable times.

Administrative Records

1. There should be on the program premises up-to-date administrative records containing:
 - a. Child daily attendance forms filled including arrival and departure times;
 - b. Evidence of child first aid certificate as required;

- c. evidence of the child care certification of the license holder and any other care staff;
 - d. verification that a current criminal record check has been provided to the license holder for each care staff, including a vulnerable sector search, updated every 3 years
2. A license holder will ensure that
- a. The administrative records are available for inspection by the director at all times, and
 - b. The information regarding daily attendance of the child is available for inspection by the child's parent at reasonable times, and
 - c. Retained for a minimum period of 2 years.

Emergency Procedures

Emergency evacuation procedures will be posted on the program's main board and will be informed to staff prior to starting date of work with the children and will be explained to children as part of their curriculum. Monthly fire drills will be conducted and recorded.

The following emergency phone numbers will be available:

- a. Local emergency response service including: emergency medical service, ambulance service, fire department, police service, nearest hospital or emergency medical facility and child abuse hotline
- b. Poison control centre

Supervision Policy and Practices

The following Supervision Policy and Practices will be posted on a Staff Communication Board in the program premises. Staff will sign that they have read and understood this document prior to start working with children.

The Supervision Policy and Practices will be reminded in bimonthly staff meetings.

Primary staff is responsible for observing children's play and behaviour at all times indoors and outdoors ensuring that they are safe and that is appropriate. Staff will encourage good behaviour and correct inappropriate behaviour in accordance with discipline policy.

In the classroom staff will make sure that the building is in appropriate condition and that there are no hazardous objects within a child's reach and that indoor furnishing, equipment

and materials are safe and appropriate for the children's needs. Older children will be encouraged to be independent in toileting.

Prior to outdoor activities the primary staff is responsible for doing a quick check of the environment to make sure that the play structures are safe and that there are no hazardous objects such as glass or tin cans in the playground

The primary staff will never leave children unattended while they are both on and off program premises.

All children should be within eye sight when they are in the program premises. The layout in the classroom should always allow effective supervision.

When being off program premises the teacher will always have a list of the children that are in the program. Depending on how many children are in the program at that moment, the children would be divided in groups so each staff will be responsible of a small group. Each staff member will have a list of their group and all children should be within eye reach.

If children enter or leave a vehicle one of the primary staff will check the list of children making sure that all children get in the vehicle or out of the vehicle. Another primary staff will make sure that it is safe for the kids to move from a safe place to get in the vehicle and also getting from the vehicle to a safe place. We do not transport to and from home or school.

Primary staff should supervise the children in order to support and nurture children's emotional, physical, intellectual, social and creative needs by making sure that their environment is safe, that good behaviour is promoted, that appropriate and safe educational, art and play materials are available and appropriately used.

Schedule 1 Communicable Diseases

Public Health Act

Schedule 1

(Notifiable Communicable Diseases)

(Section 6(1) of this Regulation; Sections 20(1) and 22(1) of the Act)

Acquired Immunodeficiency Syndrome (AIDS)
Amebiasis
Anthrax
Arboviral Infections (including Dengue)
Botulism
Brucellosis
Campylobacter
Cerebrospinal fluid isolates
Chickenpox
Cholera
Congenital Infections (includes Cytomegalovirus, Hepatitis B, Herpes Simplex, Rubella, Toxoplasmosis, Varicella-zoster)
Dengue
Diphtheria
Encephalitis, specified or unspecified
Enteric Pathogens. See note below
Foodborne Illness. See note below
Gastroenteritis, epidemic. See note below
Giardiasis
Haemophilus Influenzae Infections (invasive)
Hemolytic Uremic Syndrome
Hepatitis A, B, Non-A, Non-B
Human Immunodeficiency Virus (HIV) Infections
Kawasaki Disease
Lassa Fever
Legionella Infections
Leprosy
Leptospirosis
Listeriosis
Malaria
Measles
Meningitis (all causes)
Meningococcal Infections
Mumps
Neonatal Herpes
Nosocomial Infections
Ophthalmia Neonatorum (all causes)
Pandemic Influenza
Paratyphoid
Pertussis
Plague
Poliomyelitis
Psittacosis

Q-fever
Rabies
Reye Syndrome
Rickettsial Infections
Rocky Mountain Spotted Fever
Rubella (including Congenital Rubella)
Rubeola
Salmonella Infections
Severe Acute Respiratory Syndrome (SARS)
Shigella Infections
Smallpox
Stool Pathogens, all types. See note below
Tetanus
Toxic Shock Syndrome
Trichinosis
Tuberculosis
Tularemia
Typhoid
Typhus
Varicella
Viral Hemorrhagic Fevers (including Marburg, Ebola, Lassa, Argentinian, African Hemorrhagic Fevers)
Waterborne Illness (all causes) See note below
West Nile Infection
Yellow Fever

NOTE: Enteric Pathogens, Foodborne Illness, Gastroenteritis, epidemic and Waterborne Illness include the following and any other identified or unidentified cause: Aeromonas; Bacillus cereus; Campylobacter; Clostridium botulinum and perfringens; E. Coli (enteropathogenic serotypes); Salmonella; Shigella; Staphylococcus; Viruses such as Norwalk and Rotavirus; Yersinia.