



PARENT HANDBOOK, PROGRAM STATEMENT AND  
POLICIES & PROCEDURES MANUAL

FEBRUARY 1st, 2024

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## PART 1: SCHOOL REGISTRATION AND COMMITMENTS

### WELCOME

Wasaga Beach Co-operative Nursery School (WBCNS) is a co-operative nursery school organized and administered by the parents/guardians of the attending preschoolers. Mothers, fathers, and/or guardians attend general meetings, work on committees, and act as employers. The Board of Directors is voted in on a yearly basis.

The school is licensed and inspected annually by The Ministry of Education, The Simcoe County District Health Unit, The County of Simcoe and Wasaga Beach Fire Department.

As a registered non-profit Ontario Corporation, WBCNS must abide by the provincial and federal regulations governing Incorporated Co-operatives. Fees, charitable donations and proceeds from fundraising activities finance the program.

An experienced Early Childhood Educator (ECE) Program Supervisor and preschool teacher designs and oversees the program. An experienced teacher's assistant is also employed to support planning and facilitating daily activities.

Registrations are accepted on a first-come, first-serve basis for pre-school age children (18 months or older but younger than 6 years old). The maximum enrolment per session is 16 children, however the school typically develops a wait list after enrolling 13 students, only admitting the additional students at the teacher's discretion based on group dynamics. The nursery school runs a 3-day (A Day), 2-day (B day) or 5-day program based on enrolment.

Please refer to the WBCNS Pandemic Policy. In the event of a pandemic, any information in the pandemic policy supersedes policies outlined in our regular parent handbook.

### REGISTRATION

To ensure your registration, the parent / guardian must:

- Complete the registration package found online at [www.wbcns.org](http://www.wbcns.org).
- After confirmation from the registrar of an available spot in the program, sign up for automatic withdrawal of fees through the school's third-party payment system, Rotessa. You will receive an email prompt to enter banking information.
- All families are required to pay a non-refundable registration fee at the time of enrollment of \$21.

- During the enrollment process families will be expected to pay the last month's tuition as a deposit. This deposit will be refunded with 30 days written notice of withdrawal from the school. A deposit must be made for EACH child. This deposit will pay for the final month of the school year (June tuition)
- If your child makes changes to the number of days they attend throughout the year, the changes to the original deposit amount be added to the month's tuition when the switch takes place.

Students will not be considered registered until the completed package is submitted and all requirements are met. The deposit amount will then be processed, confirming a space in our program. At no time will the school collect a deposit if there is not a confirmed space in the program.

First consideration will be given to returning members. Applications for the next September opens March 1 for returning members and April 1 for the general public. All applications will be considered in chronological order.

Proof of immunization levels acceptable to the Simcoe County Health Unit shall be provided for each child registered. Parents who do not immunize their children need to contact the Simcoe County Health Unit at 705-721-7520 x8806, for the proper forms that need to be completed and submitted to the school.

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#### WAIT LIST POLICY

In the event of the requested A day or B day being at its full capacity, we will place your child on the waiting list. The child at the top of the wait list will always be offered an available spot first regardless of whether it is their requested day or not. That family then has the choice to either accept the available spot or remain at the top of the list until a space becomes available on their requested day. Names are placed on the list on a first come first served basis. We are sorry that we cannot always meet the needs of parents or guardians when requested. At any time, you may contact us and request a waitlist update or submit an application to be placed on a waiting list. The registrar will contact you when an opening becomes available and families will be given 48 hours to decide. There are no fees applied when you are placed on the waiting list.

#### WITHDRAWAL AND DISCHARGE

If a family wishes to voluntarily withdrawal from the program, 30 days' written notice must be given. Future payments will be stopped but no partial refund will be given for the current month. There will be no tuition refunds after May 1 of the school year.



WBCNS will give parents a minimum of 30 days' notice if a child is to be discharged from the program. Some (but not limited to) possible reasons for ineligibility to remain in the program could be:

- The child is beyond the licensed age limits.
- The parent or guardian does not abide by the Policies and Procedures of the WBCNS.
- The parent or guardian has demonstrated abusive, harassing and/or inappropriate behavior towards any staff members or other parents.
- The parent or guardian has not paid the fees.
- In the opinion of the Supervisor, the program does not or cannot meet the needs of the child.

Steps listed below should be followed before any decision to discharge a student is reached.

- Prior written notice is given to the member setting forth the grounds upon which it is sought to expel the member.
- The notice is given to the member ten days or more before the date of the meeting of the board of directors called to consider the discharge of that member.
- Opportunity is given for the member to appear, either personally or by agent or council, to make submissions at the meeting of board of directors called to consider resolutions expelling that member.

Children who display regular and consistent inability to control temper, aggression, language, or any behaviour that presents a safety concern to themselves, classmates or staff will be:

- Observed by staff and behaviour will be documented over 6 sessions.
- Family will be contacted for a school meeting with the program supervisor and/or other staff and/or other members of the Board of Directors to develop an action plan for the child.
- If the action plan does not resolve behaviour, the family will be asked to seek outside intervention via Simcoe County's Child and Youth Services within 1 week. If outside sources are unable to create a plan to manage the behaviour or the family does not seek or refuses outside support within 1 month, the family's membership will be up for review by the Board of Directors. Membership review may result in suspension or termination of membership.

The Board of Directors reserves the right to discharge with no notice under extreme circumstances. The Board of Directors must vote to discharge a student with three-quarters (3/4) majority.

## ADDRESSING PARENT ISSUES AND CONCERNS

We believe in creating a welcoming environment that supports the cooperation between the family and WBCNS; and therefore, communication between families and the school is encouraged on a daily basis.

WBCNS' approach to handling concerns and complaints is based on a commitment to:

- provide a safe and supportive learning environment
- build relationships between the children, families and WBCNS
- provide a safe environment for everyone

This policy and its associated procedures are to ensure that concerns and complaints are dealt with in a fair and transparent way. Concerns and complaints will be handled responsibly, openly and in a timely manner, with the aim of resolving the matter to the satisfaction of all parties.

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### RAISING A CONCERN OR COMPLAINT

WBCNS aims to address all concerns and complaints within 24-48 hours. Families should follow the processes outlined in this policy and should not contact other families about their concerns or complaints as WBCNS will address them following due process.

Families should follow the steps below when an issue or concern arises:

- Speak with the educator involved with the child – the employee who receives the complaint will record the issue or concern in writing and direct a copy to the Director/Supervisor so that they are aware of all concerns and issues.
- WBCNS will acknowledge all complaints and will provide a timeline for investigating the complaint. The school will make every attempt to resolve the concern or complaint as quickly as possible, however, if a complaint is a complex issue, WBCNS may need more time to investigate and resolve the issue(s). Should the complaint involve complex issues, WBCNS may need to take advice from outside resources which may take more time. The school will inform the family of the new timeline for addressing the complaint and the reasons for any delays.

- At this time, it may be appropriate to discuss any other issues that the Director/Supervisor may feel is important concerning the child in the context of the complaint.
- If the family is still not satisfied with the results of the concerns, they will make an appointment to personally speak to the Director/Supervisor and the Board of Directors. If necessary, a further meeting may be required with outside agencies to resolve the complaint or issue.

<b>About What/Issue</b>	<b>Who to Contact</b>	<b>How</b>
Classroom activities, curriculum, friendship issues	<i>Program supervisor</i>	Remind, email or in person
Complex issues, such as behavior	<i>Program supervisor</i>	Remind, email or in person
School policy or management	<i>Board President</i>	Email or telephone
General enquiries	<i>Any Board member</i>	Email or in person

PLEASE:

- Raise any concerns as soon as possible after the issue occurs Put it in writing, providing detailed, factual information
- Maintain and respect everyone's privacy and confidentiality
- Be calm, courteous, honest, and sincere
- Recognise everyone has rights and responsibilities that must be balanced
- Respect and understand each other's point of view; value difference rather than judge and blame
- Realize an acceptable outcome needs to be achieved for everyone involved

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REMEDIES

When a complaint is justified, WBCNS will work with the family to find an appropriate remedy such as:

- An explanation or further information
- Mediation, counseling, or other support
- An apology, expression of regret or admission of fault
- Change a decision
- Change policies, procedures, or practices
- Cancel a debt (such as for school payments)
- Refund a fee

WBCNS will implement the remedy as soon as possible.

## TUITION AND FUNDRAISING

The school runs 2 programs. A Day runs on Monday, Tuesday and Wednesday mornings. B Day runs on Thursday and Friday mornings. Student tuition is used primarily to pay the salaries of our teachers and for basic supplies, since the Town of Wasaga Beach graciously donates the facilities to us. Other supplies and costs must be paid for through fundraising. Tuition rates are reviewed annually by the Board of Directors and are subject to change. Tuition rates are calculated based on a daily rate that is broken into 10 equal monthly payments.

### TUITION RATES AND FEES (2023/2024 ACADEMIC YEAR)

	A Day	B Day	5 Day
Base Tuition fee per month (per child)	\$228	\$154	\$382
Fundraising Commitment (per month)	\$50	\$50	\$50
PCPC Fee (one time)	\$20	\$20	\$20
Voting co-op Member Fee (one time)	\$1	\$1	\$1
Bond Amount	\$90	\$90	\$90

Parent Co-operative Preschool Corporation (PCPC) is a required membership for all Co-op nursery schools. They have a once per year fee of \$20 (subject to change) per student registered. Additionally, all parents must pay a \$1 annual fee to become

voting members of the co-operative organization. These fees will be paid as a registration fee on enrollment.

Upon enrollment, a deposit consisting of one month's tuition, the PCPC fee of \$21 and the voting member fee of \$1 is due immediately and can be paid via e-transfer to [admin@wbcns.org](mailto:admin@wbcns.org). This amount is due immediately upon enrollment to secure your child's place in the program and will be applied to June's tuition (or the last month your child attends WBCNS).

Families will receive an email invitation to register for the school's third party pre-authorized payment system. You will enter your banking information through this secure platform and payments will be withdrawn according to your enrollment agreement. Monthly tuition payments will be processed on the 1<sup>st</sup> of each month. In the event the 1<sup>st</sup> falls on a weekend or holiday, payments will be processed on the first banking day of the month.

Please note that under extenuating circumstances the school may be required to change their program offerings to comply with county and health unit guidelines. Tuition rates will change accordingly.

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#### CANADA-WIDE EARLY LEARNING AND CHILD CARE SYSTEM

WBCNS continues to assess all new information available in relation to the Canada-Wide Early Learning and Child Care System (CWELCC) but at this time has opted out of the program.

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#### SUBSIDIZED SPACES

Subsidized spaces are funded partially or fully by the County of Simcoe and applications for fee subsidy need to be made directly with the County by the parent / guardian. These members will be pre-assigned a committee duty by the registrar and are actively involved in all areas of the Nursery School at no additional cost to them.

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#### FUNDRAISING

Each family is responsible for fundraising a total of \$50 per month enrolled in the program. A child attending the full school year will be responsible for \$500 in mandatory fundraising. Multiple fundraising opportunities will be available throughout the year to meet that requirement. Families who choose not to participate or do not meet their fundraising goal will still be responsible for that contribution and the balance of their commitment not met in June will be automatically withdrawn. Families will be sent an account statement before that payment is processed.

Families who choose not to participate in fundraising have the option to:

- Pay the full \$500 up front and receive a receipt for a charitable contribution
- Add \$50 to each monthly payment and receive a receipt for a charitable contribution.

#### NSF POLICY

In the case where a payment is returned due to insufficient funds, the member shall be responsible for a \$29 insufficient funds fee, which will cover all bank charges levied against WBCNS. The new amount due is payable immediately via e-transfer to admin@wbcns.org. The board treasurer will contact you in the event of an NSF payment to make arrangement for payment.

If a member has two (2) bounced payments, the member will be required to pay in cash or certified cheque by the 1<sup>st</sup> of each month for the rest of the school year.

If tuition payment is not made, a contract must be set up with the treasurer and president to assist in the payments being made. A broken payment contract will result in the withdrawal of membership of that family.

#### CLASSROOM SCHEDULE

9:00 – 9:15	Arrival and Screening
9:15 – 9:25	Morning Circle
9:25 – 11:00	Free Play; Individual Sensory and Crafts Available
11:00 – 11:15	Tidy Up/Story Time
11:15 – 11:30	Bathroom and Handwashing
11:30 – 11:45	Snack
11:45 – 12:00	Closing Circle and Children/Get Ready for Pickup
12:00	Dismissal

\*Gym Days are Monday for A Day and Friday for B Day (9:30 – 10:30)

## SAFE ARRIVAL AND DISMISSAL POLICY AND PROCEDURES

This policy and the procedures within help support the safe arrival and dismissal of children receiving care.

This policy will provide staff, students and volunteers with a clear understanding of their roles and responsibilities for ensuring the safe arrival and dismissal of children receiving care, including what steps are to be taken when a child does not arrive at the childcare centre as expected, as well as steps to follow to ensure the safe dismissal of children.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for policies and procedures regarding the safe arrival and dismissal of children in care.

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### ARRIVAL

Please wait outside until the start of class. The policy is for parents to drop off their children at the door and not to accompany them into the school. This helps your child transition from one environment to the next. At 9:00 am, after screening is complete our teacher will open the door and welcome the children into class. Doors will be locked at 9:15 to prevent disruption to the class.

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### LATE PICK-UP

If you think you may be late, please call the school to inform teachers so they can let your child know in order to reduce anxiety. After the first late incident, the parent will be charged an additional \$1 per minute that the child remains at the school. After school activities such as teacher prep and school cleaning are difficult when there are children to supervise, so please pick up your child promptly.

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### DISMISSAL

Pick-up time is 12:00. Do not be late; your child trusts you to be there as promised. Don't be surprised if your child either can't wait to leave or wants to stay. Both extremes are very common at this age. These times are very busy at the school, but this is a good time to speak to the teacher about your child's day if you have any questions or concerns. Please talk with other parents outside of the school to relieve congestion of the nursery school entrance.

Children can only be released to adults who have been previously approved on the registration form. Adults who are unfamiliar to teachers will be asked for photo ID to prove their identity. If a new adult must pick up your child and they are not recorded

on their registration form, please let the teachers know. Children will not be released to unapproved adults under any circumstances.

Where a parent/guardian or authorized individual who was supposed to pick up a child from care and has not arrived by 12:00, staff shall ensure that the child is given an activity, while they await their pick-up.

One staff shall stay with the child, while a second staff proceeds with calling the parent/guardian to advise that the child is still in care and inquire their pick-up time. In the case where the person picking up the child is an authorized individual, the staff shall contact the parent/guardian first and then proceed to contact the authorized individual responsible for pick-up if unable to reach the parent/guardian.

If the staff is unable to reach the parent/guardian or authorized individual who was responsible for picking up the child, the staff shall contact authorized individuals listed on the child's file.

Where the staff is unable to reach the parent/guardian or any other authorized individual listed on the child's file (e.g., the emergency contacts) by 12:30 the staff shall proceed with contacting the local OPP detachment. Staff shall follow the OPP's direction with respect to next steps.

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## ABSENTEEISM

If your child will be absent from school, please either use the Remind App or call the school in the morning and leave a detailed message stating your child's name and the reason for absence. It is important to communicate the details of the child's illness because WBCNS has a duty to report directly to the Ministry of Health if a number of children have similar symptoms. The Ministry of Health tracks a variety of illnesses such as influenza, pink eye, and gastrointestinal outbreaks.

Where a child has not arrived as expected and the parent has not communicated a change in drop off, teachers will commence no later than 9:30 contacting via phone call to the first parent/guardian listed in the student's registration package. If the first parent/guardian listed cannot be contacted, teachers will continue to the second listed parent/guardian. In the event that neither parent or guardian can be reached by telephone, teachers will call emergency contacts in their listed order.

If staff are unable to reach any of the parents, guardians or emergency contact's listed in the child's file, they will then contact the OPP.



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

## FIELD TRIPS

WBCNS runs Field trips throughout the school year, which will be conducted away from the school. Notices about these field trips will be communicated to parents prior to the trip where details are provided including whether parent/guardian supervision is required during the trip. Any costs for the child associated with the field trip will be paid for by WBCNS, however cost for parents/guardians and attending siblings may be additional and the responsibility of the parent/guardian.

Possible field trips include: visits to farms, parks, zoo, cooking school, library, fire hall, etc.

Certain activities will also require children to exit the school as a part of the classroom activities such as regular fire drills, visits from police officers, firefighters, paramedics, or school bus drivers. These out-of-class activities will take place in an isolated area of the RecPlex parking lot.

In the event of a pandemic, field trips will be suspended until they can be safely planned.

## SCHOOL CLOSURES

The WBCNS daily classroom schedule follows the Simcoe County School Board schedule for start and end times as well as holidays. WBCNS will continue to be OPEN on all school board PA days.

The school will be closed should extreme weather make roads unsafe. If Simcoe County schools are closed due to extreme weather, WBCNS will also close. The program supervisor and board of directors will make that decision on case by case basis.

It is also possible that WBCNS could be closed in the event of an outbreak of an illness or pandemic. This determination is based on the number of ill children in class and is left to the discretion of the Simcoe County Health Unit. Should this occur, the school will be closed for a major clean and disinfection of classroom material to prevent the spread of illness. You will be notified by email and phone if the school is to be cancelled due to outbreak or pandemic.

If there is a program closure due to a staff/child having a confirmed case of COVID-19, there will be no immediate refunds for the two weeks of missed programming. At the end of the school year the board will take into consideration the total amount of missed

programming and calculate a refund for each family where applicable. Refund amount will be based on the sole discretion of the board of directors.

If all childcare programs are closed by recommendation of the Province of Ontario or SMDHU for an extended period of time tuition payments for the current month of closure will not be refunded immediately. If the mandated closures exceed the current month then tuition will not be withdrawn.

## CLOTHING & POSSESSIONS

Indoor shoes must be worn in the classroom for safety. Please provide your child with a labelled pair of indoor shoes to keep at school. Try to get indoor shoes that are easy for your child to put on and take off for themselves.

All clothes worn by the children should be considered play clothes. It is very restricting to a preschooler to have to keep clean, tidy, and neat during nursery school activities – working with play dough, water table, sand box, finger paints, etc. All clothing must be properly marked with names, i.e. indoor shoes, boots, sweaters, hats, mitts, jackets.

Each child must bring a backpack every day. Inside the backpack, please keep a complete second set of clothing for your child to change into (underwear, socks, pants and top) should they become too dirty or wet during playtime or in case of an accident.

Ensure that clothing does not present a strangulation hazard. Always take off / tie up or tuck in cords, scarves and drawstrings on hoods and jackets to prevent them from getting caught on school equipment.

Your child will be given a communication bag at the beginning of school. This will contain any notes, calendars and artwork, to be sent home. Please return it back to school every day.

If your child brings comfort items to school like toys or blankets, the teachers will attempt to return them to your child's backpack when they are ready to abandon them for school activities. The nursery school or the teachers are in no way responsible for their safe return.

At the cubby area, there is a box for lost and found. At the end of the school year, those items not claimed will be donated.

Please refer to WBCNS Pandemic Policy and Protocols for variations to these guidelines in the event of a pandemic.

## POTTY – LEARNING <sup>1 2</sup>

At WBCNS, children do not need to be potty trained to attend. Teachers are more than happy to support parents and children when they are learning to use the toilet.

WBCNS does have an available area for diaper-changing, as per Ministry of Health requirements, and will change a child so long parents have provided all necessary supplies. Please check with teachers periodically to ensure your child has a supply of diapers and wipes available.

Prior to snack time, the children are escorted to the washroom facilities to use the toilet and wash their hands. At any time, children can alert the teachers to their need to use the toilet and they will be escorted there promptly. We request that you bring your child to the toilet at home or change their diaper prior to leaving for nursery school in the mornings to reduce interruptions during learning time.

WBCNS teachers encourage toilet-learning independence. They will lift small children on and off the toilet and pull clothes down/up if needed. If students have a bowel movement at school, teachers will encourage the children to clean their behinds as well as possible, but they will not perform this task themselves.

Should your child become wet during class, the teachers can bring the child to the washroom and help them change into fresh clothes. If the child is toilet trained and has a BM accident, teachers will try to clean them up the best they can. Teachers will use their best judgement on whether a parent needs to be called (i.e. The child needs a bath) in which case parents should come to the school promptly.

## PARENT COMMITMENT

We all have the right to be safe and feel safe in our school. Wasaga Beach Co-operative Nursery School's Code of Conduct sets clear standards of behaviour that apply to all individuals involved in our school community including parents or guardians, volunteers, teachers, and/or Board members. These standards apply whether they are on school property or at school-sponsored events and activities.

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## SAFETY

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<sup>1</sup> [Simcoe Muskoka District Health Unit: Disposable Diaper Procedure](#) in Appendix A

<sup>2</sup> [Simcoe Muskoka District Health Unit: Cloth Diaper Procedure](#) in Appendix A

All members of WBCNS are to be treated with respect and dignity regardless of race, creed, sexual orientation, disability or any other ground protected by Ontario's Human Rights Code.

All adult members have the responsibility to act as models of good behaviour. Foul language (swearing, name-calling, and shouting) is not appropriate. Individuals engaging in such behaviour will be asked to leave the premises immediately.

Inappropriate behaviour or harassment of any kind towards a student, parent or teacher will result in immediate intervention up to and including the family's expulsion from the school and/or police intervention. This type of behaviour includes but is not limited to harassment or intimidation by written note, email, words, gestures and/or body language.

No weapons are allowed on school property or at school functions. The consequences for failure to comply will include but is not limited to the family's expulsion from the school.

Alcohol and illicit drugs are not allowed on school property or at school functions. The consequences for failure to comply will include but is not limited to the family's expulsion from the school.

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## COMMUNICATION

The privacy and confidentiality of our parents, guardians, teachers, volunteers, and students is important to us. Any concerns regarding your child's academic and/or behavioural development should be addressed to the teachers. All other concerns and comments should be addressed to the HR committee, that being the VP, Treasurer and/or Secretary from the Board of Directors.

Public criticisms and gossip are both unacceptable. There should be no discussion of concerns with other parents in the school hallways, the parking lot, or via electronic mediums such as Facebook, Instagram, personal blog sites or other social media.

## MEMBERS DUTIES

- Attend General Meetings
- Pay Tuition (or arrange for subsidy)
- Participate in Fundraisers
- Sign up for a Committee or join the Board of Directors

Failure to complete expectations will result in the withdrawal of your bond payment.

In the event of a Pandemic, parent committee duties will be suspended unless otherwise able to complete off-site or virtually. Parents may still be called upon for involvement with organizing the annual fundraiser(s)

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## GENERAL MEETINGS

There shall be at least one annual general meeting per year. The Board of Directors shall determine the date. A quorum for a general meeting shall consist of two-thirds (2/3) of the membership of the Corporation. A two-third (2/3) majority of the voting members present at the general meeting shall be required to adopt or amend the Constitution or By-Laws of the Corporation or to decide on matters of policy.

At the annual general meeting, opportunity will be provided for any member to raise any business concerning the school and the Board of Directors for the following year shall be elected. Each Board Position shall be nominated and seconded at this meeting. The nominees either accept or decline their nomination. Each Board position shall be voted on separately at this General Meeting. Voting shall be done by show of hands unless it's necessary to use a secret ballot, with one vote per member family. A Director may be acclaimed should no other nominations be put forth and accepted for the position.

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## COMMITTEE ROLES & RESPONSIBILITIES

Annually, the Board of Directors will identify which Committees will need to be filled for the year. This decision is based on registration and funding. The Board of Directors based on the needs of the year may create additional Committees.

### **TEACHER HELPER**

**(2 MEMBERS, 1 A DAY, 1 B DAY)**

- Assist the teacher with any tasks needed ex. Laundry, errands, etc.

### **HANDYPERSON**

**(1 MEMBER)**

- Assist with any handy work that needs to be done around the classroom
- Teacher or board member will reach out with jobs that need to be completed
- Any items purchased reimbursed

### **FIELD TRIPS**

**(1 MEMBER)**

- Assist the teachers and board in coordinating field trips
- Act as the liaison between the trip location and the school
- Responsible for booking and confirming field trips

### **PUBLIC RELATIONS / MARKETING**

**(1 MEMBER)**

- Liaison with the Chamber of Commerce to ensure the school is included in the bi-annual Recreation Guide
- Liaison with Wasaga Beach Recreation Department to add information to the RecPlex sign when necessary
- Develop signage if required
- Advertise

#### **FUNDRAISING HELPERS**

**(4 MEMBERS)**

- Coordinate with board to receive and distribute Poinsettias – NOVEMBER 24TH
- 2 Members to receive and organize order in the afternoon
- 2 Members to distribute orders in the evening
- Help with any other fundraisers throughout the year

#### **COMMUNITY INVOLVEMENT**

**(4 MEMBERS)**

- Plan or participate in events around the community such as the Santa Claus Parade, Easter Eggstravaganza, etc.
- Board will provide a budget for any event which requires funding

#### **SOCIAL COMMITTEE**

**(2 MEMBERS – 1 A Day, 1 B Day)**

- Plan, invite and coordinate all members of WBCNS to social gatherings
- A minimum of 2 per semester to be planned
- Events should alternate convenience for A Day and B Day schedules

#### **PARTY PLANNING**

**(6 MEMBERS – 3 PER PARTY)**

- Coordinate the Christmas and the end of the year school parties
- Develop theme, menu, sign-up sheet, décor and entertainment
- Work closely with the teachers for their assistance with songs, crafts, etc
- Board will provide a budget for each event

## **SECTION 2: LICENSING POLICIES AND PROCEDURES**

### **PROGRAM STATEMENT <sup>3</sup>**

WBCNS believes that children are competent, capable, curious and rich in potential. WBCNS encompasses the research and legislation in Ontario's three major early learning documents: How Does Learning Happen? The Early Learning for Every Child Today (ELECT) and Think, Feel, Act Lessons from Research about Young

<sup>3</sup> [Supervision of Children and Program Statement Monitoring](#) in Appendix B

Children. Focusing on the four foundations of learning, Belonging, Well-Being, Engagement, and Expression.

### **1) Promote the health, safety, nutrition and well-being of the children**

- All staff will be emergency prepared
- The Health Unit inspects WBCNS annually
- Staff will be trained in First Aid and CPR Level C
- Staff, Board Members, and participating parents, have read and follow the policies and procedures
  - All individuals above will have the policies and procedures accessible to them upon hire, or enrolment in the program
  - All members will receive updated policies and procedures at any time there is a change in policy
- Food provided will be nutritious and of appropriate portions
  - Parents and Guardians will provide snacks based on the Canada Food Guide
  - All snacks will be refrigerated from arrival until the time of the snack

*WBCNS has been arranged to provide a safe facility for children to play. Healthy nutrition is discussed on a regular basis and re-enforced during snack time. Healthy habits, including hand washing before meals and after using washroom facilities is encouraged and re-enforced continually.*

### **2) Support positive and responsive interactions among the children, parents, child care providers and staff**

- Provide a welcoming environment
  - Staff will greet children and parents, entering the centre in a friendly manner
  - The program will utilize student names and cubbies so that each child has a sense of belonging
- Parent input is valued and opportunity for involvement is provided
  - Parent meetings will occur four times throughout the year
  - Parents are invited to complete an annual parent survey
  - Supervisors and staff will be available daily to parents and children to discuss any comments or concerns in person or electronically

*It is important to the success of the program to have positive and responsive interactions among the children, parents and staff. We encourage engagement and communication with parents about our program and their children at daily drop-off and pick-up times as well as monthly newsletters and calendars, parent/teacher meetings and parent/teacher interviews.*

### **3) Encourage the children to interact and communicate in a positive way and support their ability to self-regulate**

- Our teachers will engage with children on a daily basis and support their learning
  - Teachers will ask questions to assist children in identifying problems and solutions
  - Discussions about feelings, empathy, and awareness of others will take place during small group, large group, and one-on-one activities
- The environment and materials will be intentional and promote social involvement
  - Daily observations will be made by teachers to reflect on the social environment. Teachers will “repeat, rethink, and replace” the placement and materials

### **4) Foster the children’s exploration, play and inquiry**

- Teachers will participate in Emergent Curriculum planning
  - Daily observations will be made to inquire about children’s interest levels
  - Teachers will “Re-think, Repeat, and Replace materials
  - Conversations with parents will assist in implementing aspects of children’s home life within the centre

*Play is the cornerstone of the curriculum. Play is essential to the healthy social and cognitive development of children. Active involvement in free play, group and individual activities allow children to gain a sense of accomplishment as their skills develop.*

### **5) Provide child-initiated and adult-supported experiences**

- Teachers will follow the child’s lead in play
  - WBCNS staff will engage with children in their play, they will take opportunities to provide supporting materials and assist in building on the children’s interests
  - Through daily observations teachers will support changes in children’s interests
- WBCNS will allow children to flow from activities based on their interests
  - A variety of materials and experiences will be placed within the setting based on the children’s interest. Teachers will not impose a time frame or destination for the child’s learning
  - Teachers will allow for more time on an activity where children are engaged



*A child-initiated activity is an activity wholly decided on by the child, and is the result of an intrinsic motivation to explore a project or express an idea. In doing this, children may make use of a variety of resources and demonstrate a complex range of knowledge, skills, and understanding.*

#### **6) Plan for and create positive learning environments and experiences in which each child's learning and development will be supported**

- WBCNS will consider the learning styles and developmental needs of all children
  - Teachers will use large group, small group, and individual lessons to meet the need of each child
  - Staff will have knowledge about each child's abilities and will provide lessons which encourage them to build on their skills utilizing the ELECT document
- Teachers will be flexible and allow children to take a lead role in their learning
  - Daily observations of children's interests will be made, and the program will adapt to support learning.
  - Teachers will engage in intentional learning and prepare questions and further develop the program based on the children's interest

*WBCNS believes that children's behavior is best managed in a positive, nurturing environment. Adults encourage the child by positively reinforcing acceptable behaviour and altering the environment.*

#### **7) Incorporate indoor play, as well as active play, rest and quiet time, into the day, and give consideration to the individual needs of the children receiving child care**

- Teachers plan and prepare for active play
  - WBCNS utilizes the gym facilities once a week for each program (A day and B day)
  - Songs and experiences engage children in active play within the classroom
- The classroom will include designated spaces for quiet play
  - Children will have access to a variety of quiet activities during the program
- Experiences will adapt to meet the need of the individuals and the group
  - Teachers will implement suggestion from Resource Teachers to meet the needs of children's developmental levels

*The daily schedule supports both quite play through the use of quiet reading areas and active play through play centres, songs and movement.*

**8) Foster the engagement of and ongoing communication with parents about the program and their children**

- WBCNS staff are available for parent communication
  - Teachers verbally engage with parents daily regarding the children's day
  - Parent-Teacher interviews occur annually
- Written documentation is easily accessible
  - Program documentation is displayed for parents to follow our emergent curriculum
  - Child portfolios are kept up to date and are available for parents during all operating hours of the nursery school

*It is important to the success of the program to have positive and responsive interactions among the children, parents and staff. We encourage engagement and communication with parents about our program and their children at daily drop-off and pick-up times as well as monthly newsletters and calendars, parent/teacher meetings and parent/teacher interviews.*

**9) Involve local community partners and allow those partners to support the children, their families and staff**

- Staff, students, and parents will attend field trips throughout the year
  - WBCNS will attend field trips to promote community roles within the area
- WBCNS will host community partners to enhance learning
  - Community partners will give presentations at the nursery school to enhance children's comprehension of their importance and role in our community
- WBCNS will work in collaboration with community partners to assist in reaching the developmental goals of children
  - Staff will work in conjunction with Resource Teachers and other supports for children. WBCNS will assist families in making referrals and providing families with contact information as required

**10) Support staff, home child care providers or others who interact with the children at a child care centre or home child care premises in relation to continuous professional learning**

- Staff are required to engage in professional development
  - Staff will set goals providing direction for their continued professional development through workshops, webinars, professional reading, parent presentations, etc.

- WBCNS will support staff in completing and reaching or refining their goals
- Staff goals will be discussed and documented within the first operating month of the school year.
- Board of Directors conduct regular program visits, providing support, feedback, and monitoring of best practices
  - Program visits are conducted regularly to monitor performance and offer support to staff
  - Staff goals are evaluated to ensure goals remain reasonable and teachers are able to maintain focus on their statements
- As an agency, funding will be provided to assist staff with implementing skills and best practices that arise through continuous professional development
  - Staff will place a formal request for materials and state how these materials link professional development to program enhancement

**11) Document and review the impact of the strategies set out in clauses (a) to (j) on the children and their families.**

- Documentation and review of approaches will occur through:
  - Pedagogical documentation
  - Parent Teacher interviews
  - Annual Parent and quarterly executive meetings
  - Annual Program Statement reviews

*An executive Board Member will complete Program Statement reviews with each staff member or individual regularly interacting with the children in the program. This review will be completed at the time of hire and annually after. The document will be placed in the staff, student, duty parent, or volunteers file.*

*The Program Statement will be reviewed annually and documented in the minutes.*

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**IMPLEMENTATION POLICY**

WBCNS will ensure that the Program Statement requirements are met. Through teachers, Board Members, and all Committee Members (Parents), we will work together to ensure a safe and welcoming environment for your children.

The Nursery School will complete bi-annual Program Statement Monitoring evaluations of all staff working in the centre. Any staff found taking part in prohibited practices set out below would be brought to the attention of the Board of Directors and dismissed immediately from providing care.

All staff working in program will greet the children as they enter the centre in the morning. They will work together to follow the interests of each child, and provide a

variety of opportunities and materials, which will allow children to develop each of their skills as their own pace. Staff are responsible for encouraging children in their endeavours and providing support as needed for children to feel successful in the program. At the end of each day, Teachers will discuss any issues that arose throughout the day and work to resolve them- ex. rearranging or replacing materials.

## PROHIBITED PRACTICES

Research from diverse fields of study shows that children who attend programs where they experience warm, supportive relationships are happier, less anxious and more motivated to learn than those who do not. Experiencing positive relationships in early childhood also has significant long-term impacts on physical and mental health, and success in school and beyond.

WBCNS does not permit at our premises:

- a) corporal punishment of the child;
- b) physical restraint of the child, such as confining the child to a high chair, car seat, stroller or other device for the purposes of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing a child from hurting himself, herself or someone else, and is used only as a last resort and only until the risk of injury is no longer imminent;
- c) locking the exits of the child care centre or home child care premises for the purpose of confining the child, or confining the child in an area or room without adult supervision, unless such confinement occurs during an emergency and is required as part of the licensee's emergency management policies and procedures;
- d) use of harsh or degrading measures or threats or use of derogatory language directed at or used in the presence of a child that would humiliate, shame or frighten the child or undermine his or her self-respect, dignity or self-worth;
- e) depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding; or
- f) inflicting any bodily harm on children including making children eat or drink against their will.

Contravention of these Prohibited Practices will result in immediate dismissal from the program.

## MONITORING

The Program Supervisor, Assistant Teacher and the Board of Directors monitor each other to ensure that prohibited practices do not occur at WBCNS, individual support

plans are implemented, and also to identify opportunities for continuing professional learning.

Non-compliance of WBCNS policies including; Anaphylaxis policy, Serious occurrence policy, Medication policy, Supervision of Volunteers and Students policy, Program Statement Implementation policy, Staff Training and Development policy, Criminal Reference Check/VSC policy, Safety/Evacuation procedures, and Program Statement are documented and communicated between Program Supervisor, Assistant Teacher and the Board of Directors. Positive coaching and progressive discipline is utilized to improve compliance.

Compliance of the Wasaga Beach Cooperative Nursery School Policies and procedures is monitored through Program Statement Monitoring. This is to be completed at least twice throughout the school year or as often as needed by the President of the BOD. Any contraventions of the WBCNS policies will result in an executive meeting to be held at the earliest convenience of the majority of the board and is to include the staff member in question. The staff member is not paid for this time. The board will decide as to the appropriate consequence after hearing from the staff member and will give written notice to be kept on file as to their findings. After three contraventions for the same staff member, the staff member will be put on and unpaid suspension until the board to meet and discuss a reasonable consequence or create and develop a plan to avoid further contraventions. This may take up to one month and may result in the dismissal of the staff member if the problem is irresolvable.

Individual Support plans (ISP) are reviewed in consultation with the Resource Teacher. Staff will sign off on each report provided which may include recommendations to carry out the ISP.

#### INCLUSION OF CHILDREN WITH SPECIAL NEEDS <sup>4</sup>

The ability for WBCNS to accept children with special needs into our program is dependent upon the ability of the staff to provide all children in the program with adequate attention and supervision. It is also dependent upon the support provided by external agencies and the training of the teachers. For these reasons, the

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<sup>4</sup> [Individualized Support Plan \(ISP\) for a Child with Special Needs](#) in Appendix B

admission of children with identified special needs in each group/program will be assessed on a case-by-case basis. It is ultimately the Program Supervisor, in consultation with staff and the Board of Directors, who will make the decision whether the Program is suitable for the child.

Parents of children with special needs will work with the Program Supervisor to develop an appropriate individualized support plan to support the needs of the child and the teacher. Individualized support plans include information on each child's required supports, including specific aids (e.g., mobility devices, hearing aids) and modifications to the environment (e.g., specific furniture, additional staff).

If a child identified with special needs is enrolled in the Program and s/he then demonstrates great difficulty integrating and/or adjusting to the set Nursery School program or the Program Supervisor feels that the program is no longer meeting the needs of all children, the following steps will be completed:

**Step 1:** The parent or guardian and staff member(s) involved will attempt to work on a mutually agreeable strategy to deal with the issues/ problems. It is imperative that the staff member(s) document all significant occurrences, noting times and dates of all observations.

**Step 2:** If the issue/problem has not been satisfactorily resolved through Step 1, the parent will be requested to meet with the program staff and the Director in an attempt to reach a solution. Minutes of the meeting will be taken and a time frame shall be determined for the satisfactory resolution of the problem. The Director will advise the Executive of the situation at the first available opportunity (i.e.: the next Executive meeting).

**Step 3:** If the issue/problem has not been satisfactorily resolved by the time limits specified in Step 2, then the situation will be referred to the Executive. A minimum of two (2) weeks notice will be given to the parent or guardian. Notwithstanding this, should the safety or well-being of the children, staff or other parents is felt to be in jeopardy, the Executive has the right and ability to enforce a discharge date of less than two (2) weeks with proper notification to the parent/guardian.

**Step 4:** If the child in question was occupying a subsidized space, the Supervisor will notify Simcoe County of the discharge.

## RATIOS AND GROUP SIZE

WBCNS ensures that every child who receives childcare is supervised by an adult at all times, whether the child is on or off the premises.

WBCNS accepts toddler and preschool age children. Children must be 18 months or older but younger than 6 years old. Spaces available for children 18-30 months old are very limited and will not exceed 3 children per class. The ratio of employees to children may not exceed 1:8 and the maximum number of children in a group is 16.

The program supervisor is counted as an employee as WBCNS employs less than five (5) employees.

The number of program staff required is the minimum number needed to supervise and care for the children and provide programming, which fosters learning and healthy development. Activities off the premises are not exempted from the ratios because when children are in unfamiliar and stimulating surroundings, behaviour becomes less predictable and careful supervision is a necessity.

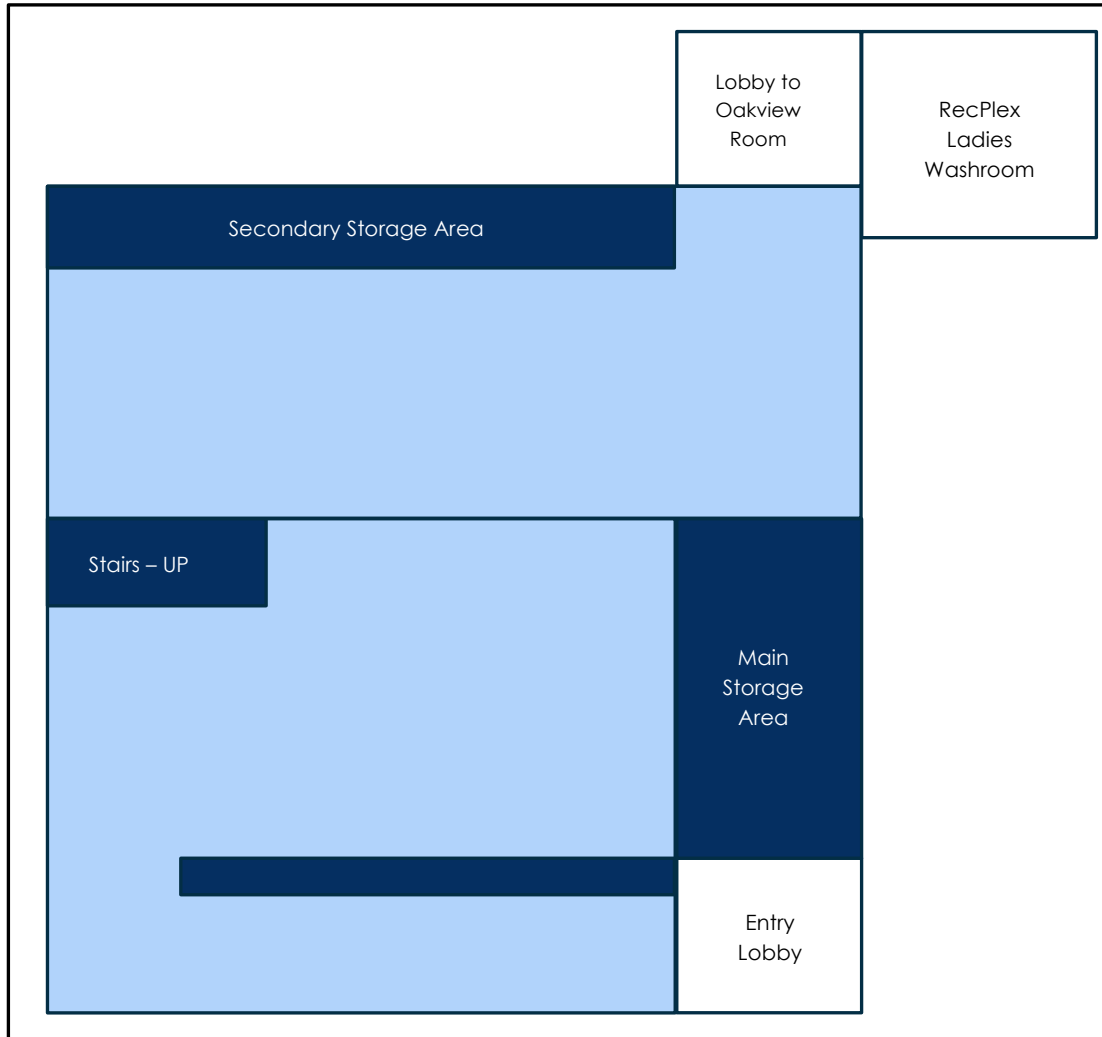
## FACILITIES

To help ensure children are safe while attending the childcare centre, WBCNS ensures that the facilities comply with the requirements of the local authorities that relate to health and safety, fire protection and building and zoning. WBCNS is located in the Town of Wasaga Rec Plex Complex, which is operated and maintained by the Town of Wasaga Beach.

WBCNS ensures that there is 2.8 square metres of unobstructed floor space for each child, as required by the regulations. Room temperature is maintained at a level of at least 20 °C.



FLOOR PLAN



WBCNS maintains a Floor Plan which demonstrates where the following is located:

- Washing, dressing and toileting; - RecPlex Ladies Washroom
- Storage for toys, indoor play materials and equipment; - Main Storage Area
- Storage for food; - Main Storage Area
- Storage of required records; - Main Storage Area
- Storage for medical supplies, cleaning materials and equipment and other hazardous substances; and - Secondary Storage Area
- Heating and electrical equipment.



## PLAY MATERIALS

WBCNS ensures that play materials in are,

- Provided in numbers that are adequate to serve the licensed capacity of WBCNS;
- Of sufficient variety to allow for rotation of the play materials in active use;
- Available and accessible to the children throughout the day;
- Of such type and design to allow the children to make choices and to encourage exploration, play and inquiry; and
- Appropriate to support the learning and development of each child.

WBCNS ensures that the play materials, equipment and furnishings are maintained in a safe and clean condition and kept in a good state of repair, and that there is adequate storage available for the play materials.

## ACCESSIBILITY STANDARDS<sup>5 6</sup>

This policy has been developed in accordance with the Accessibility Standards for Customer Service, Ontario Regulation 429/07 - Accessibility for Ontarians with Disabilities Act, 2005 (AODA). The regulation requires accessibility standards for customer service if the organization provides good or services to the public or other third parties.

All legislated changes impacting this policy will be reflected in WBCNS's policy through updates, on an on-going basis. No changes will be made to this policy before considering the impact on people with disabilities. This policy applies to all employees of WBCNS.

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## OUR COMMITMENT

WBCNS strives to provide our services in a respectful and accessible manner to all customers, including persons with disabilities. Persons with disabilities will benefit from the same services, in the same place, in a similar way, as other customers. It is the commitment of WBCNS to provide equitable treatment, with respect to providing our

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<sup>5</sup> [Accessibility Standards Training Form](#) in Appendix B

<sup>6</sup> [Accessibility Standards for Customer Service Feedback Form](#) in Appendix B

services without discrimination in accordance with the provisions of the Ontario Human Rights Code.

When providing our services to a person with a disability, we are committed to the following four core principles:

*Dignity* – Our service should be provided in a method that allows a person with a disability to maintain self-respect and the respect of others.

*Independence* – We strive to provide an environment that allows a person with a disability to access our services without help from others.

*Integration* – A person with a disability should be able to benefit from the same services as others. Only use an alternative method when it is necessary to allow a person with a disability to access our services. If we are unable to remove a barrier, we will attempt to offer other methods to provide services to people with disabilities, always remembering these principles.

*Equal Opportunity* – We will use methods to provide services to persons with disabilities such that they have the same opportunity as others to access our services.

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## COMMUNICATION

We will communicate with a person with a disability in a manner that takes into account his or her disability and offer communication methods that are suitable to their communication needs (i.e. e-mail, telephone, or in-person, etc.)

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## USE OF GUIDE DOGS AND SERVICE ANIMALS

We are committed to welcoming persons with disabilities accompanied by their guide dog or service animal in those areas of the company premises that are open to the public and other third parties, unless the animal is otherwise excluded by another law. At WBCNS the public areas can be identified as being the entrance greeting area, the play area in bottom floor, reading area, sitting/snack area and restrooms. If law excludes a service animal, use other measures to provide services to the person with a disability.

WBCNS is permitted to ask for proof that the animal is a service animal. The person with a disability is required to provide a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.

Should we have a customer that requires the use of a service animal, the customer will be required to provide training for WBCNS employees on the service animal, as well as how to properly interact with the animal and the customer using it.

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## SUPPORT PERSONS

We are committed to welcoming persons with disabilities who are accompanied by a support person. Our teachers are unable to act as individual support persons for students, so when a support person is required for a student, they are expected to be present whenever the student is present.

A person with a disability will be allowed to enter the public areas of the school with his or her support person. At WBCNS the public areas can be identified as being the entrance greeting area, the play area in bottom floor, reading area, sitting/snack area and restrooms. At no time will a person with a disability who is accompanied by a support person be prevented from having access to his or her support person while on our premises.

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## ASSISTIVE DEVICES

We are committed to serving people with disabilities, who use assistive devices to obtain, use or benefit from our services. We will ensure employees are familiar with various assistive devices that may be used by customers with disabilities at our facility. Should we have a student that requires the use of an Assistive Device, the child's parent or guardian will provide training for WBCNS employees on the use of the device.

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## NOTICE OF TEMPORARY DISRUPTION OF SERVICE

We will provide notice when facilities or services that people with disabilities rely on to access or use services are temporarily disrupted. The notice will be placed in a conspicuous place in areas open to the public or third parties. The notice will include the reason for the disruption, its anticipated duration, and a description of alternative facilities or services, if available.

Modifications to this policy and other policies

WBCNS will reassess how we provide services to persons with disabilities, as often as is necessary to ensure our services are fully accessible. No changes will be made to this policy or other policies before considering the impact on persons with disabilities.

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## FEEDBACK PROCESS

Feedback regarding the way WBCNS provides services to people with disabilities can be submitted to WBCNS in letter format using mail, or in person in writing or verbally. Our ultimate goal is to meet and surpass customer expectations while serving customers with disabilities.

## SANITARY PRACTICES <sup>7 8 9</sup>

Cleaning duties are posted in the classroom. Completion of the daily sign off sheet is mandatory to ensure that licensing requirements are met. This is audited by external agencies. Cleaning requirements are as follows:

- ✓ Wash paint off the art station if it was used.
- ✓ Clean and disinfect the following surfaces using the Simcoe Muskoka District Health Unit protocols using the water / chlorine bleach solution tested by the Teachers daily. Ensure to clean the following:
  - ✓ mouthed toys under the sink
  - ✓ table tops and chairs
  - ✓ large toys / play centres
  - ✓ front and back door handles and hand railings
  - ✓ bench in front hall
  - ✓ counter tops and cabinet doors
  - ✓ sensory tables (water station / sand table) if required
  - ✓ lunch bin
  - ✓ sink and faucet
- ✓ Sweep the entire floor – especially the sand BEFORE vacuuming, then vacuum all carpets
- ✓ Mop the floor and stairs including under rugs (by folding back) using antibacterial floor cleaner
- ✓ Empty the garbage and replace with a new bag. Take the garbage to the dumpster on the side of the RecPlex.
- ✓ INITIAL the cleaning schedule calendar to confirm all cleaning was completed!!

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<sup>7</sup> [Simcoe Muskoka District Health Unit: Surface Disinfection with Chlorine \(Bleach\)](#) In Appendix

<sup>8</sup> [Simcoe Muskoka District Health Unit: Sensory Play Cleaning Guidelines](#) in Appendix B

<sup>9</sup> [Simcoe Muskoka District Health Unit: Cleaning Biological Messes](#) in Appendix B

## NON-SMOKING

Smoking is prohibited according to the Smoke Free Ontario Act. The WBCNS is a non-smoking facility. Be advised that smoking or handling a cigarette is strictly prohibited, at all times in and on the grounds of the nursery school whether or not children are present. No smoking signs are posted at all entrances and exits.

## SAFE DRINKING WATER<sup>10</sup>

In accordance with the Safe Drinking Water Act of Ontario, WBCNS will flush the water taps daily and test our water for Lead contamination.

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## TAP FLUSHING

The teachers will flush the tap water by opening the cold-water faucet and allowing the water to run for five minutes. This event is recorded. Tap flushing will be daily until the school has 2 consecutive water sample results which show that lead is below Ontario Drinking Water Quality Standards of 0.010 mg/L. After two (2) years of data showing Lead is below limits, tap flushing can be completed and recorded weekly, on Monday mornings.

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## WATER TESTING

Water samples must be taken from the tap annually between the dates of May 1 and October 31. These dates are important because studies show that Lead in water is usually elevated during warmer months, so a sample taken in this timeframe will show a worst-case scenario. Samples are taken for standing tap water and for flushed tap water. Results of water testing must be submitted to the Ministry of Environment. The WBCNS is registered as 500070994. This registration number should be quoted on all correspondence to the Ministry of Environment.

WBCNS has had two (2) consecutive years of water samples below Ontario Drinking Water Quality Standards and is eligible for a reduced sampling protocol of once every 3 years, however flushing will continue to be weekly. Any lead exceedances

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<sup>10</sup> [Water Flushing Forms](#) in Appendix B

will be reported to the Ministry of the Environment, as a Serious Occurrence and the parents of the children attending the school within 24 hours. No water shall be used and a re-test will be completed immediately. A minimum of 2 re-tests showing the water is acceptable is required prior to using the school water again. The Ministry of Environment for reduced water testing is available at [www.ontario.ca/drinkingwater](http://www.ontario.ca/drinkingwater)

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## RECORDS

After 2 consecutive years of water samples below Ontario Drinking Water Quality Standards, WBCNS will submit a reduced led sampling request. All correspondence with the MOE and all records of water flushing and testing shall be kept in the WATER binder at the school for at least 6 years.

## EMERGENCY PREPAREDNESS

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### EMERGENCIES

In the event of any of the following:

- Power Outages
- Floods
- Sewage backup
- Water interruption/ no potable water

The program supervisor will contact the parents of the child and ask that they pick up their child immediately. When it is reasonably possible the program supervisor will also contrast the Public Health/SMDHU and inform them of the incident.

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### EMERGENCY CONTACT INFORMATION

WBCNS ensures that there is an up-to-date list of telephone numbers that is accessible in the event of an emergency and that includes contact information for,

- emergency services
- the nearest poison control centre; and
- a taxi service.

WBCNS ensures that the following information is up to date and readily accessible in the event of an emergency to each staff member:

- The home and work addresses and telephone numbers of a parent of each child receiving child care at the child care centre or home child care

premises, and a telephone number of a person to be contacted if a parent cannot be reached.

- Any special medical or additional information provided by a parent of each child receiving child care at the child care centre or home child care premises that could be helpful in an emergency.

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## FIRST AID KIT

Every child care provider will deal with an emergency requiring first aid treatment at some time. Even in settings that seem safe, accidents and injuries can happen. Children may receive minor injuries as they engage in active exploration and play, learn about their environment and develop fine and gross motor control.

It is critical to be prepared at all times to respond quickly and effectively when an emergency does occur. A well-stocked and accessible first-aid kit ensures that care for minor injuries can be provided as quickly as possible while waiting for emergency medical help. As such, there is a first-aid kit and manual readily available to all staff.

First Aid box contents shall conform to Regulation 1101 of the Workplace Safety and Insurance Act, which requires the following contents for a facility which typically contains between 5 and 15 people.

- a notice board, displaying the Board's poster known as Form 82,
- the valid first aid certificates of qualification of the trained workers on duty, and
- an inspection card with spaces for recording the date of the most recent inspection of the first aid box and the signature of the person making the inspection.
- a current edition of a standard St. John Ambulance First Aid Manual;
- a card of safety pins;
- 24 adhesive dressings (band-aids) individually wrapped,
- 12 sterile gauze pads, 3 inches square,
- 4 rolls of 2-inch gauze bandage,
- 4 rolls of 4-inch gauze bandage,
- 4 sterile surgical pads suitable for pressure dressings, individually wrapped,
- 6 triangular bandages,
- 2 rolls of splint padding, and
- 1 roll-up splint.

Employers shall inspect first aid boxes and their contents at not less than quarter-yearly intervals and shall mark the inspection card for each box with the date of the most recent inspection and the signature of the person making the inspection.

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## STANDARD FIRST AID TRAINING

Every employee working at WBCNS must have a valid certification in standard first aid, including infant and child CPR, issued by a training agency recognized by the Workplace Safety and Insurance Board or otherwise approved by a director.

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## FIRE

If it is safe to do so, Teachers may use available Fire Extinguishers to put out small fires. Fire Extinguishers can also be used to clear a path to blocked emergency exit. In the event of a Fire Alarm, follow Evacuation procedures.

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## EXTREME WEATHER

In the event of extreme weather and there is a potential for a tornado or other extreme winds that could cause school windows to be broken and the school playroom becomes unsafe, the children should be evacuated to the RecPlex Ladies Washroom adjacent to the rear school exit. The cordless telephone and emergency kit should be brought into the shelter area so parents can be contacted and informed of the situation.

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## EVACUATION

Upon the sounding of the RecPlex Fire Alarm, the class is required to evacuate the facility. There are 2 exits from the Nursery school, the main entrance facing Mosley Street and the rear exit to the RecPlex Washrooms and through the Oakview Room to the Oakview Room exit. As the Main Entrance is the closest exit, it shall be used as a primary exit. The teachers shall assemble the children in the cubby area and lead them outside to the RecPlex front lawn for safety. Teachers are to take the first aid kit and the attendance book with them for use in completing a head count when evacuation is complete.

If further evacuation is required or if weather requires, the children may be further evacuated to Worsley Public School.

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## EMERGENCY KIT

The Emergency Kit contains the following equipment:

- First Aid Kit
- Emergency blankets
- Facial tissue / paper towel
- Paper, pen, pencils



- Markers and tape
- Evacuation plan
- Class list with emergency contact numbers
- Water and paper cups
- Flashlight
- Emergency snacks

The Emergency Kit should be inspected at the beginning of each school year and during all major cleans for expiry dates.

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## EVACUATION DRILLS

Evacuation drills are required to be completed and recorded monthly for both classes. Children will be required to leave the building and proceed to the south-east section of the parking lot.

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## RECORD OF FIRE DRILLS FORM <sup>11</sup>

Fire Drills will be held at least once every month for each class to ensure efficient execution of the Emergency Procedures. Fire drill records are to be retained for a period of 2 years.

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## IMMUNIZATION, ILLNESS AND COMMUNICABLE DISEASES <sup>12</sup>

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### IMMUNIZATION OF CHILDREN

All children who attend WBCNS must have an up to date immunization record on file. If a parent objects in writing to the immunization on the ground that the immunization conflicts with the sincerely held convictions of the parent's religion or conscience or a legally qualified medical practitioner gives medical reasons in writing to the licensee as to why the child should not be immunized, then the child is exempt from this requirement.

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### ILLNESS

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<sup>11</sup> [WBCNS Fire Drills](#) in Appendix B

<sup>12</sup> Simcoe Muskoka District Health Unit: Hand Hygiene in Childcare in Appendix B

Child care centres present specific risks for the spread of illness because large groups of children share the same rooms, toys/activities, eating spaces and bathroom facilities. In addition, some children are still in diapers, have developing immune systems and decreased hygienic practices.

Children should not be in attendance at the nursery school when they are ill or have a contagious disease. Children who are ill do not benefit from or enjoy the program to its fullest and they also put other children, duty day parents and the staff at risk of becoming ill. If you are unsure if your child should attend school, please call the Teachers during school hours.

If your child has any of these symptoms they should remain at home until they are symptom free for 24 hours:

- Listlessness, drowsiness, sleepiness, or lack of interest in their surroundings
- Irritability, fussiness, crankiness, inconsolable crying
- Poor skin colour
- Difficulty breathing
- Fever
- A cold with coloured nasal discharge (green) or cough
- Red or discharging eyes or ears
- Unexplained rash
- Vomiting or diarrhea (**must** be symptom free for 48 hours before returning to school)

If your child is ill, please call the school and inform them of the nature of the child's illness. This allows the Program Supervisor of the nursery school to track illnesses and, if necessary, report illness to the Simcoe Muskoka District Health Unit

If your child becomes ill at school, they will be separated from other children to protect the interests of the sick child, and to prevent the spread of infection. A parent or emergency contact will be contacted to pick up the child immediately. Where it appears that a child requires immediate medical attention, or the child's parent(s) cannot take the child home, arrangements are made to have the child examined by a legally qualified medical practitioner or registered nurse. This information must be documented in the Child's Daily Written Record.

Simcoe Muskoka District Health Unit provides a quick reference guide to common childhood illnesses and their recommended exclusion periods. A more detailed guide to common childhood illnesses can be found at:



Last Updated: February 1st, 2024

<http://www.simcoemuskokahhealth.org/HealthUnit/Workplaces/Businesses/ChildCare/Illnesses.aspx>

<b>Reportable and Non-Reportable Diseases Quick Reference for General Information and Exclusion Recommendations</b>			
<b>Reportable</b>	<b>Transmission</b>	<b>Start of symptoms from time of exposure</b>	<b>Exclusion</b>
<b>Chickenpox</b> Report to Health Unit	<ul style="list-style-type: none"> <li>Person to Person.</li> <li>Mainly through droplets from coughing and sneezing, or close contact with fluid from blisters.</li> </ul>	10 to 21 days	Stay at home until child is well enough to participate in normal activities. The presence of a rash is not a reason to keep the child at home.
<b>Gastroenteritis</b> Report to Health Unit if there is a cluster	<ul style="list-style-type: none"> <li>Contact with feces, unwashed hands or dirty surfaces, food, water or animals.</li> </ul>	Variable 24-48 hours	24 hours symptom free <b>or</b> Until tests are negative dependent on viral, bacterial, parasitic agent.
<b>Rubella (German Measles)</b> Report to Health Unit Immediately	<ul style="list-style-type: none"> <li>Person to Person.</li> <li>Through the air by droplets from sneezing and coughing or by contact with discharge of the nose and throat.</li> </ul>	14 -23 days.	7 days after the rash appears.
<b>Influenza</b> Report to Health Unit if there is a cluster	<ul style="list-style-type: none"> <li>Person to Person.</li> <li>Mainly through droplets from coughing and sneezing</li> </ul>	1 -3 days	5 days from first symptoms.
<b>Meningitis</b> Report to Health Unit Immediately	<ul style="list-style-type: none"> <li>A syndrome caused by different infections and non-infectious agents.</li> <li>Is dependent on the virus, bacteria or fungal agent identified.</li> </ul>	Variable Contact Health Unit	Variable Contact Health Unit
<b>Mumps</b> Report to Health Unit Immediately	<ul style="list-style-type: none"> <li>Person to Person.</li> <li>Mainly through droplets from coughing and sneezing</li> </ul>	12 -25 days.	9 days after onset of facial swelling.
<b>Measles (Rubeola)</b> Report to Health Unit Immediately	<ul style="list-style-type: none"> <li>Person to Person.</li> <li>Mainly through droplets from talking, coughing and sneezing</li> </ul>	8-12 days	4 days after the rash appears.
<b>Whooping Cough (Pertussis)</b> Report to Health Unit	<ul style="list-style-type: none"> <li>Person to Person.</li> <li>Mainly through droplets from coughing and sneezing</li> </ul>	6-21 days	3 weeks after the whooping begins if untreated, or at least 5 days after child starts antibiotics
<b>Non-Reportable</b>	<b>Transmission</b>	<b>Start of symptoms from time of exposure</b>	<b>Exclusion</b>
<b>Fifth Disease (Parvovirus B 19)</b>	<ul style="list-style-type: none"> <li>Person to Person.</li> <li>Mainly through droplets from coughing and sneezing</li> </ul>	4 -14 days	Most infectious before onset of the rash No exclusion recommendations
<b>Hand Foot &amp; Mouth Disease</b>	<ul style="list-style-type: none"> <li>Person to Person.</li> <li>Mainly through droplets from coughing and sneezing, contact with fluid from blisters or contact with fecal matter.</li> </ul>	3-6 days	Exclude when child has fever or open blisters on skin Attend when feeling well
<b>Scarlet Fever</b>	<ul style="list-style-type: none"> <li>Person to Person.</li> <li>Mainly through droplets from coughing and sneezing</li> </ul>	1-3-days	After 24 hours on antibiotics.
<b>Pink Eye (Conjunctivitis)</b>	<ul style="list-style-type: none"> <li>Person to Person.</li> <li>Contact with discharge from infected eyes or contaminated hands.</li> </ul>	Variable Hours to days	Most are viral infections and can return if feeling well. For more severe infections, diagnosed as a bacterial infection, return after 24 hours on antibiotic eye drops.
<b>Herpes Simplex Virus (HSV)</b>	<ul style="list-style-type: none"> <li>Person to Person.</li> <li>Contact with saliva or open sores.</li> </ul>	2- 12 days	No exclusion recommendation Cover lesions
<b>Impetigo</b>	<ul style="list-style-type: none"> <li>Person to Person.</li> <li>Contact with discharge from the rash.</li> </ul>	4-10 days	After 24 hours on antibiotics
<b>Molluscum Contagiosum</b>	<ul style="list-style-type: none"> <li>Person to Person.</li> <li>Direct skin to skin contact or contact with contaminated toys, clothing, and bedding.</li> </ul>	2 to 8 weeks	No exclusion recommendation Cover growths with bandage

Please direct any questions to our Infectious Diseases Team at:  
1-877-721-7520 or 705-721-7520 ext. 8809

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## DISEASES OF PUBLIC HEALTH SIGNIFICANCE <sup>13 14</sup>

Child care operators are legally required to report suspect or confirmed Diseases of public health significance to their local health unit.

The health unit investigates all reports of diseases of public health significance in Simcoe County and Muskoka. If they identify that there is a risk to others in the centre, they will work together with the program supervisor to ensure that families and staff are properly notified.

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## OUTBREAK MANAGEMENT <sup>15 16 17 18 19 20</sup>

If we should have above normal baseline ill children with similar symptoms the Health Unit will be called i.e. enteric symptoms, respiratory symptoms. If two or more children and/or staff in the same classroom are experiencing symptoms of gastroenteritis (nausea, vomiting and/or diarrhea) within a two-day period, public health must be notified, and the following control measures must be implemented:

- Ensure surfaces contaminated by feces or vomit are immediately cleaned and disinfected using a disinfectant capable of killing non-enveloped viruses like Norovirus, Feline Caliciviral and Rotavirus. Wearing gloves, mask and a water-resistant gown will reduce the risk of infection to the staff cleaning and disinfecting.
- Review hand hygiene with staff. Increased hand washing is strongly recommended during an outbreak and children and staff must have access to warm running water, single use soap and paper towels in dispensers. Sharing towels is not recommended.
- Wash children's hands upon arrival at child care facility in addition to usual hand-washing practices.

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<sup>13</sup> [Simcoe Muskoka District Health Unit: Diseases of Public Health Significance](#) in Appendix B

<sup>14</sup> [Simcoe Muskoka District Health Unit: Diseases of Public Health Significance Notification Form](#) in Appendix B

<sup>15</sup> [Simcoe Muskoka District Health Unit: Child Care Centre Enteric Outbreak Checklist](#) in Appendix B

<sup>16</sup> [Simcoe Muskoka District Health Unit: Enteric Outbreak Line List - Children](#) in Appendix B

<sup>17</sup> [Simcoe Muskoka District Health Unit: Enteric Outbreak Line List – Staff](#) in Appendix B

<sup>18</sup> [Simcoe Muskoka District Health Unit: Child Care Centre Respiratory Outbreak Checklist](#) in Appendix B

<sup>19</sup> [Simcoe Muskoka District Health Unit: Respiratory Outbreak Line list - Children](#) in Appendix B

<sup>20</sup> [Simcoe Muskoka District Health Unit: Respiratory Outbreak Line List – Staff](#) in Appendix B

- Use of alcohol-based hand rubs (ABHRs), particularly for staff, will support increased hand hygiene in the centre. ABHRs should have over 60% alcohol concentration, be kept out of reach of children and only used with children under direct supervision.
- Suspend interactions between groups that have experienced illness and groups that have not experienced illness. Staff should be dedicated to assigned rooms and not move between rooms. Breaks should be covered off by a supervisor if possible. Staff responsible for diapering should not be preparing or handling food.
- Implement a program of increased cleaning and disinfection of bathrooms and common touch surfaces such as door handles, handrails, sink/toilet handles etc.
- Stop sensory play activities such as water tables, sand tables etc.
- Clean and disinfect toys in outbreak affected areas on a daily basis. All plush toys, if not dedicated per child, should be removed during the duration of the outbreak. Toys handled by a child who has become ill while in care should be immediately removed from circulation until they have been washed and disinfected. "Mouthed" toys should continue to be one-time use items, being cleaned and disinfected after each use.
- Contaminated clothing should be put into a plastic bag and sent home with parents for hot water washing. Play clothing/costumes, re-usable mop heads, and all linens including cot liners should be washed on a hot cycle with a detergent and hot air dried.
- Soft furnishings or carpets should be steamed cleaned.
- Hard surfaces (including common high touch surfaces and toys) should be thoroughly cleaned with detergent, hot water and a single use cloth then wiped down or immersed with an appropriate disinfectant that is capable of inactivating the particular agent responsible for the outbreak then allowed to air dry. It is critical to ensure the appropriate contact time is used for the disinfectant.

It is essential that parents and guardians are kept informed of the outbreak status. Notices should be posted indicating to visitors, delivery services, families etc. that the facility is experiencing an outbreak.

An outbreak of gastroenteritis is declared over in consultation with the Simcoe Muskoka District Health Unit. Generally, the outbreak is declared over 4 days after the last episode of illness at the centre.

Please refer to WBCNS Pandemic Policy and Protocols for pandemic specific outbreak management procedures.

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#### PANDEMIC PLAN AND PROTOCOL

Please refer to WBCNS Pandemic Policy & Protocols for detailed pandemic policies and protocols.

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#### VISITS FROM HEALTH & SAFETY OFFICERS

WBCNS ensures that any recommendations from a local medical officer of health, the fire department, a program advisor and/or any inspector must be recorded in the daily written record and carried out (e.g., hand washing, etc.).

Where a report has been made by the local medical officer of health or the local fire department, the report is kept on the premises and copies of the reports will be sent to the program advisor within 2 business days.

Where there are no reports made by the local medical officer of health or the local fire department, a record of the visit is still maintained as a record so WBCNS is able to confirm that no reports have been made by the local medical officer of health or the local fire department.

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#### DAILY WRITTEN RECORD

WBCNS keeps a daily record of significant events that affect the health, safety or well-being of staff and children. The daily written record should contain a dated entry for each day the program operates. If there is nothing to report for that day, the entry can reflect that the day was uneventful.

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#### OBSERVATION OF CHILDREN

The Staff of the WBCNS shall ensure that a daily observation is made of each child in attendance, before the child begins to associate with other children. Any children deemed by the supervisor to be in ill health and not well enough to attend that day shall be sent home with the parent.

All incidents of ill children, or children coming to school with cuts, contusions, etc will be logged in the daily written record.

#### ACCIDENT REPORTING <sup>21</sup>

If a child is injured while in the care of WBCNS, the Supervisor shall complete an Accident Form to describe the circumstances of the injury and any first aid administered. A copy of this report must be provided to the parent and a record of

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<sup>21</sup> [Child Care Centre Accident/Injury Report](#) in Appendix B

the accident shall be made in the daily written record and maintained in the child's file.

## SERIOUS OCCURRENCES

WBCNS is responsible for delivering services that promote the health, safety and well being of children. WBCNS is accountable to the public and to the ministry to demonstrate that their services are consistent with relevant legislation, regulations and policies.

Serious occurrence reporting is one of many tools that provide WBCNS programs an effective means of monitoring the appropriateness and quality of our service delivery.

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### WHAT IS A SERIOUS OCCURRENCE?

Definition: for the purposes of this definition, 'client' refers to child, volunteer, parent and/or staff. Serious occurrences are defined as follows:

1. Death Of A Child who is registered with the Wasaga Beach Cooperative Nursery School, whether it occurs on or off the premises,
2. Abuse, Neglect Or An Allegation Of Abuse Or Neglect of a child while at the WBCNS,
3. A Life-Threatening Injury To Or A Life-Threatening Illness of a child who is registered with the WBCNS,  
CCLS sub categories a. Injury b. Illness
4. Missing Or Temporarily Unsupervised Child(ren) an incident where a child who is participating in class at the WBCNS goes missing or is temporarily unsupervised,  
CCLS subcategory: a. Child was found b. Child is still missing
5. Unplanned Disruption Of Service of the normal operations of the WBCNS that poses a risk to the health, safety or well- being of children participating in class,  
CCLS subcategory: a. Fire b. Flood c. Gas Leak d. Detection of Carbon Monoxide e. Outbreak f. Lockdown g. Other Emergency Relocation or Temporary Closure

*An allegation of abuse and/or neglect of a child that occurred while the child was not attending the child care service is not a serious occurrence because it is unrelated to the child care service, but this situation must still be reported to CAS.*

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### INFORMATION OF SERIOUS OCCURRENCE



<p>Type:</p>	<p>Provide the type of serious occurrence.</p> <p>The operator uses one of the following terms:</p> <ol style="list-style-type: none"> <li>1. Death of a Child</li> <li>2. Allegation of Abuse and/or Neglect</li> <li>3. Life-threatening Injury or Illness             <ol style="list-style-type: none"> <li>a. Injury</li> <li>b. Illness</li> </ol> </li> <li>4. Missing or Unsupervised Child(ren)             <ol style="list-style-type: none"> <li>a. Child was found</li> <li>b. Child is still missing</li> </ol> </li> <li>5. Unplanned Disruption of Normal Operations             <ol style="list-style-type: none"> <li>a. Fire</li> <li>b. Flood</li> <li>c. Gas Leak</li> <li>d. Detection of Carbon Monoxide</li> <li>e. Outbreak</li> <li>f. Lockdown</li> </ol> </li> <li>6. Other Emergency Relocation or Temporary Closure</li> </ol>
<p>Description:</p>	<p>Provide a one sentence description of the occurrence.</p> <p>Sample wording (not intended as a comprehensive list – for illustration purposes only):</p> <p>Missing child:</p> <ul style="list-style-type: none"> <li>● A child was left on the playground unsupervised at the end of outdoor play.</li> <li>● A child left the centre and was found later at home.</li> <li>● A child walked to a friend's home after school. The parent and the centre did not know the child's whereabouts for one hour.</li> </ul> <p>Disaster on the premises:</p> <ul style="list-style-type: none"> <li>● Smoke was observed coming from the furnace room.</li> </ul>
<p>Action Taken by Operator / Outcome: (add update if applicable)</p>	<p>Provide a description of the action taken by the operator. This section will include the operator's longer term plans and additional outcomes to minimize recurrence of the occurrence, e.g. behaviour management training.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>● The operator sought medical attention for the child's injury.</li> <li>● The child was transported to hospital by ambulance, treated and released that day.</li> </ul> <p>If an update is made to add additional actions taken/outcomes, the operator will indicate the date of the update.</p>
<p>Signature:</p>	<p>The operator or designate (e.g. the child care centre supervisor) signs the Serious Occurrence Notification Form.</p>

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## SERIOUS OCCURRENCE STEPS & RESPONSIBILITIES SUMMARY

<p>Immediate Actions</p>	<p>Ensure the health and safety of client(s) addressed / call 911 if required</p> <p>Notify (where applicable):</p> <ul style="list-style-type: none"> <li>● coroner for any death</li> <li>● police</li> <li>● family</li> <li>● Children's Aid Society</li> <li>● the President or the Vice President of WBCNS</li> </ul>
<p>Within 3 - 24 Hours</p>	<p>Determine if the incident is a serious occurrence according to the definition.</p> <p>Submit 'Child Care Serious Occurrence Initial Notification Report'</p>
<p>Following Submission of Serious Occurrence Inquiry Report</p>	<p>Review all information and action taken by WBCNS, provides updates if required and complete any required follow-up in a timely manner.</p>

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#### RESPONDING TO A SERIOUS OCCURRENCE

The client shall be provided with immediate medical attention when warranted, call 911 as needed.

Appropriate steps shall be taken to address any continuing risk to the individual's health and safety. Inform the parent / guardian, the emergency contact.

Ensure that the local coroner is notified immediately in the case of a death.

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#### REPORTING A SERIOUS OCCURRENCE

Complete the on-line form available on the childcare licensing web site <http://www.earlyyears.edu.gov.on.ca/> This must be completed within 24 hours. The form will be accessed by all interested parties. Interested agencies will then contact the school if there are any additional steps we must take. A copy of the form is attached to this policy for information purposes only.

The ministry may request additional information from the service provider. The ministry may also initiate its own review, depending on the circumstances.

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## COMMUNICATING A SERIOUS OCCURRENCE <sup>22</sup>

WBCNS will post a High level Serious Occurrence Notification Form (in the parent resource area near our licence) at the centre when a serious occurrence has happened, within 24 hours.

This notice will be posted for a minimum of 10 business days or from the date of the last update to the form as required. This form will ensure that all parents and visitors to the centre are aware of the Serious Occurrence.

This form is to be retained for at least two years from the date of the occurrence and forms are available for current and prospective parents, licensing and municipal children's services staff upon request.

Anytime SMDHU is contacted by program staff or parents with apparent COVID-19 symptoms a serious occurrence will be reported and posted in the classroom (unless otherwise informed by SMDHU)

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## ANAPHYLACTIC POLICY <sup>23</sup>

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, etc. WBCNS 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 in the centre.

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## STRATEGY TO REDUCE RISK OF EXPOSURE

- Foods with "May Contain" nut warnings will not be served.
- Staff purchasing foods on behalf of the centre must read food ingredient labels every time they purchase a product.
- All children and staff will wash hands before and after handling food.
- Children/staff/volunteers will be instructed to not share food.
- All surfaces will be cleaned with a cleaning solution (water and germ destroyer approved by Public Health) prior to and after preparing and serving foods.
- All cleaning supplies, medicines and any other products that may be of danger and/or commonly produce allergic reactions will be stored away.
- Garbage bins will be removed from room and emptied after class.

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<sup>22</sup> [Child Care Serious Occurrence Report](#) in Appendix B

<sup>23</sup> [Anaphylaxis Parent Training Record](#) in Appendix B

- Extra special supervision of anaphylactic children during eating (ie. sitting opposite /next to staff).
- During field trips children with anaphylaxis will sit with their parent or guardian.
- On off-site trips, parents will be required to bring their own Epi-Pen.
- Consent by the child's physician is required for any child carrying their own Epi-Pen.
- Communication Plan for the Dissemination of Information
- Parents will be informed by newsletter/handout of all anaphylactic allergies in the centre.
- A list of all allergies and suggestions for healthy snacks will be described in the handbook.
- List of allergies will be posted in each room operated by the child care and on the Information Board.

Parents with children with anaphylaxis will provide an individual plan for their child prior to enrolment.

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#### INDIVIDUAL EMERGENCY PLAN

Prior to enrolment, the parent/guardian will meet with the Program Supervisor to provide input for the child's individual Emergency Plan. Parents are requested to advise the Program Supervisor if their child develops an allergy, requires medication and/or of any change to the child's Emergency Plan. Individual Emergency Plans will be revised yearly and as directed by the parent or physician.

Copies of Individual Emergency Plans are in each child's file, emergency bags, and Policy and Procedures binder and are also posted in every room operated by the child care, including child care office.

The operator will review the child's Emergency Plan if the child has an anaphylactic reaction with staff, students and volunteers prior to employment or placement and annually thereafter or when there is a change in the plan.

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#### TRAINING

Where a child has an anaphylactic allergy, day nursery staff, students, and volunteers are provided with training from a physician, or parent.

- Training will include the procedures to be followed in the event of a child having an anaphylactic reaction, including how to recognize the signs and symptoms of anaphylaxis and administer medication.
- Any new staff, student and/or volunteer who commence employment or placement after the initial training, will be given the training by the Program Supervisor or parent and training will be repeated annually, and any time

there are changes to any child's individualized plan and emergency procedures.

- The Program Supervisor will be trained by the parent or physician of the child annually and receive consent from the parent to train new staff, students and volunteers.
- Volunteers and Students are not permitted to administer medication unless under extreme circumstances (i.e. staff member is unconscious).
- Staff will conduct a check to confirm child(ren) have their required medication with them before each transition (i.e. moving from the class to the gym, leaving the school, etc.)
- The staff will be required to sign and date that they have received training
- The Secretary will keep a log on file of all training dates, trainers and staff signatures

#### CHILDREN WITH EXISTING MEDICAL CONDITIONS REQUIRING THE ADMINISTRATION OF DRUGS AND MEDICATION

Parents must inform the school of any existing medical conditions that could impact the health of the child while at school. This includes anaphylactic allergies.

If prescription medication is required while a child is at school, the parent must complete the "Medical Authorization Form" which provides written authorization including drug name, dosage, time of administration, possible side effects, physician's name and phone number.

Medication must be brought in original container, clearly labelled with the child's name, name of medication, dosage and date of purchase and instruction for administration of drugs. Medication must be given directly to the school's staff for safe storage. Medication must be inaccessible to children at all times.

In cases of a potential emergency, such as asthma, seizure, anaphylaxis or other medical emergency, where medication may be required in an emergency situation, parents can provide the above information once, indicating the condition under which the medication may be used. Parents must indicate, in writing, that they permit the School to use their best judgment in deciding to administer the medication.

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## EMERGENCY PLAN <sup>24</sup>

A child specific Emergency Plan will be developed for all children with existing medical conditions so all persons know how to react to an emergency. The Emergency Plan must be reviewed by the child's doctor and follow their recommendations.

Teachers and volunteer staff must be aware of the Emergency Plan in case it is to be put into action. Any emergency-specific training for teachers, must be completed by the parents, and any potential medical personnel prior to the child beginning attendance at the school.

The Emergency Plan shall be posted in the Teachers area for quick reference in an emergency.

## NUTRITION

Adequate and appropriate nutrition is vital to children's health, growth, development, and well-being.

Meals should be served at regular meal times and provide nutrients necessary for growth and development. Educators can create contexts to support children's health and well-being by providing healthy meals and snacks and establishing positive eating environments that are responsive to children's cues of hunger and fullness.

Snacks should provide nutritional value as well as refreshment in a child's busy day. These foods should be easy for the child to handle and not detrimental to dental health.

Every child is given food and beverages in accordance with the following rules:

1. Where food or drink or both are supplied by a parent, the container for the food or drink is labelled with the child's name.
2. Drinking water must be available at all times.

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<sup>24</sup> [Emergency Plan for Children with Existing Medical Conditions Including Anaphylaxis in Appendix B](#)

3. All meals, snacks and beverages must meet the recommendations set out in the Health Canada documents "Eating Well with Canada's Food Guide", as amended from time to time, as the case may be.

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## MENUS

WBCNS posts planned snack menus for the current and following week in a conspicuous place in each childcare centre it operates with any substitutions noted on the posted menus. The licensee shall keep this menu for thirty days after the last day for which it is applicable. Menus for snacks must contain at least two food groups.

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## SENDING FOOD FROM HOME

WBCNS ensures that, where food or drink or both are supplied by a parent of a child receiving child care, the container for the food or drink is labelled with the child's name; and all food or drink is stored, prepared and served so as to retain maximum nutritive value and prevent contamination. Food from home is stored in the school fridge prior to snack time.

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## FOOD ALLERGY AND RESTRICTION POSTING

WBCNS ensures that a list is posted in each serving area that sets out the names of the children receiving child care in the child care centre who have food allergies or other food restrictions and their respective allergies or restrictions.

## ANIMALS

Parents should be consulted and provide consent prior to introducing any animals into the childcare centre. They should be informed of the benefits of engaging and interacting with animals, as well as the risks (e.g., allergies, infectious disease transmission and injury) and how the childcare centre plans to mitigate those risks.

Staff, volunteers/students and children should be educated on appropriate infection prevention and control measures and behaviours for animal contact, including the following:

- Always treat animals gently and calmly. Never hurt, tease, frighten, chase, surprise or corner an animal.
- Avoid kissing animals.
- Never disturb an animal that is eating or sleeping.

- Always perform hand hygiene (wash hands or use alcohol-based hand-rub) after touching animals, their food bowls, toys, bedding, etc.
- Avoid touching their faces after animal contact until hand hygiene is performed.

WBCNS ensures that any dog or cat that may visit the premises is inoculated against rabies, and has proof of vaccination on site at any time the animal is present.

In the unlikely event of an animal bite occurring in the classroom, child would first be assessed by teachers and appropriate first aid/medical attention would be given. SMDHU would be contacted immediately and informed of the incident. The health unit will then follow up and ensure appropriate courses of action are taken.

### SECTION 3: WBCNS WORKERS AND VOLUNTEERS <sup>25</sup>

#### CRIMINAL REFERENCE CHECKS<sup>26 27</sup>

Obtaining a vulnerable sector check is a precautionary measure that is used to help determine whether individuals who are involved in the provision of child care are fit and suitable to hold these positions of trust. Considering a person's relevant criminal history helps to ensure the safety and well-being of children in care.

A vulnerable sector check is required from every employee, volunteer and parent. In determining whether an individual requires a vulnerable sector check, WBCNS will consider the nature of their interaction with children in the licensed program, whether they will be directly involved in children's supervision, whether they will be left unsupervised with children, and whether they will interact with children in the licensed program on a recurring (versus a one-time) basis.

Any individual who comes into the program on a recurring basis and interacts with children will require a vulnerable sector check; this includes individuals who teach music or other activities at the centre on a recurring basis and who may supervise children. An individual who assumes the role of an employee to assist with the supervision of children would require a vulnerable sector check.

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<sup>25</sup> [Employee/Volunteer Form](#) in Appendix C

<sup>26</sup> [Criminal Reference Check Request](#) in Appendix C

<sup>27</sup> [WBCNS Offence Declaration Form](#) in Appendix C



All employees, students and volunteers, including all board members/directors of WBCNS, should apply for a vulnerable sector check; however, the local police force will ultimately determine whether a criminal reference check or vulnerable sector check is provided in the given circumstance.

For licensees who obtained and reviewed vulnerable sector checks prior to the new police record check requirements under O. Reg. 137/15 coming into effect, a written attestation may be required to demonstrate compliance. In these situations, licensees obtained and reviewed vulnerable sector checks for volunteers and employees within the last five years, but have not retained the vulnerable sector check in the staff or volunteer file. The written attestation should include the following information:

- Name of individual
- Start date
- Date vulnerable sector check was completed
- Date vulnerable sector check was obtained by the licensee
- Name of the police force that conducted the vulnerable sector check
- Confirmation that the individual has not been convicted of any offence set out under Section 9 of the CCEYA

No person is required to provide or obtain a vulnerable sector check or offence declaration in respect of a person who is under 18 years old. If a person turns 18 years old while in a position where he or she interacts with children at WBCNS, the licensee shall obtain from the person, within one month after the person turns 18 years old, a statement that discloses every previous finding of guilt of the person under the *Youth Criminal Justice Act (Canada)*, if the person received an adult sentence. If a person turns 19 years old while in a position at WBCNS, WBCNS shall require the person to apply to obtain a vulnerable sector check within one month after the person turns 19 years old.

When vulnerable sector checks are obtained

- All VSC checks are to be conducted by the police force. For all employees the VSC needs to be the original VSC with the seal. For all students/volunteers the VSC can be a copy of the original VSC but the original is recommended. All VSC of all employees, students/volunteers will be reviewed by the PA
- All VSC information will be kept in a locked filing cabinet in the employee's, student /volunteer file and will be protected according to the school's Privacy Policy
- Vulnerable sector checks shall be prepared no earlier than six months before the day it is obtained by WBCNS. If more than six months but less than five years have passed since the day the vulnerable sector check was performed,

the volunteer or student must also provide an offence declaration that addresses the period since that day; and WBCNS may not accept a copy of a vulnerable sector check if five or more years have passed since the day it was performed and in this case, the volunteer or student must provide a new vulnerable sector check or copy.

WBCNS may permit a person who has not provided a vulnerable sector check to start their employment or volunteer position if,

- WBCNS requires the person to apply to obtain a vulnerable sector check as soon as reasonably possible;
- written evidence (e.g. receipt) from the local police force confirms the request for a VSC
- written plan to include how a VSC will be obtained
- the individual will complete an attestation form to state the individual does not have any previous offences
- the length of time required to obtain a vulnerable sector check justifies it; and
- WBCNS puts additional measures in place to protect children who interact with the person until the vulnerable sector check is obtained (i.e. said person will not be left alone with the children until there has been a satisfactory outcome of the VSC)

WBCNS shall obtain and file, from each person from whom it has previously obtained a vulnerable sector check, a new vulnerable sector check, on or before every fifth anniversary after the date of the most recent vulnerable sector check; and an offence declaration, in every calendar year except a year in which a vulnerable sector check is obtained. Each offence declaration shall be current to within 15 days of the anniversary date of the previous offence declaration or vulnerable sector check and shall address the period since the most recent offence declaration or vulnerable sector check. Any person from whom a licensee is required to obtain a vulnerable sector check is required to provide the licensee with an offence declaration, as soon as reasonably possible, any time he or she is convicted of an offence under the Criminal Code (Canada).

If a WBCNS's relationship with a person in respect of whom it has previously obtained a vulnerable sector check terminates and then subsequently resumes, the licensee shall obtain a new vulnerable sector check or offence declaration as follows:

If the relationship was terminated for six or more months, the licensee shall obtain a new vulnerable sector check from the person before the relationship resumes.

If the relationship was terminated for less than six months and, but for the termination, the person would have provided a vulnerable sector check or offence declaration

during the period of termination, the licensee shall obtain from the person such vulnerable sector check or offence declaration before the relationship resumes.

## PROHIBITED PERSONS FROM CARING FOR CHILDREN AT WBCNS

No individual shall provide child care at WBCNS if:

1. The individual has been convicted of any of the following offences:
  - 1.1. An offence under this Act.
  - 1.2. An offence under any of the following sections of the Criminal Code (Canada):
    - A. Section 151 (sexual interference).
    - B. Section 163.1 (child pornography).
    - C. Section 215 (duty of persons to provide necessaries).
    - D. Section 229 (murder).
    - E. Section 233 (infanticide).
  - 1.3. Any other federal or provincial offence prescribed by the regulations.
2. The individual has been found guilty of professional misconduct under the Early Childhood Educators Act, 2007, the Ontario College of Teachers Act, 1996, the Social Work and Social Service Work Act, 1998 or another prescribed Act, and based on that finding,
  - i. i. the individual's membership in the regulatory body established under that Act was revoked and the individual has not been readmitted since that time,
  - ii. ii. a certificate or documentation issued to the individual under that Act that authorized the individual to practice was revoked and has not been reissued since that time, or
  - iii. iii. the individual's authority to practice was restricted in any other way prescribed by the regulations.

## VOLUNTEERS

WBCNS is committed to providing a high quality, safe and secure environment for all children enrolled in our program. The safety and well being of children who are being supervised on our premises is one of WBCNS highest priorities.

WBCNS staff are responsible for supervising volunteers at all times. Students and/or Volunteers are not to be left alone with any child who is enrolled in care during our care hours.

Students and Volunteers may be used in the classroom from time to time. Minimum qualifications for volunteers are:

- Must be over 18 years of age
- Must have a criminal reference check on file
- Must have reviewed the organizations policies, procedures and practices, as described on the Employee / Volunteer Form.
- Participating duty parents are not considered volunteers and two may take the place of a staff member providing they have completed files located at WBCNS.
- All records documenting the volunteer must remain on file at the school for 2 years.

All students and volunteers who fail to adhere to the policies and procedures of WBCNS may face disciplinary action, up to and including dismissal. WBCNS believes in fairness and openness and where volunteers can expect a commitment to resolving conflict and receiving supportive and constructive criticism. If disciplinary action is required, the organization follows the same steps as its staff practices: performance review, verbal warning, written warning, suspension, dismissal.

## OTHER PERSONS PROVIDING SERVICES

WBCNS is committed to providing a high quality, safe and secure environment for all children enrolled in our program. The safety and well being of children who are being supervised on our premises is one of WBCNS highest priorities.

WBCNS staff are responsible for supervising other persons providing services in the centre at all times. They are not to be left alone with any child who is enrolled in care during our care hours.

Other Persons providing services may visit and be present in the classroom from time to time. Minimum qualifications include:

- Must be over 18 years of age
- Must be approved by the board of directors
- Prior notice to the classroom staff and board president

Examples of "other persons providing services" include: public health nurse, dental hygienist, etc.

## BOARD OF DIRECTORS

The Board of directors maintains an overview of the nursery school's operation on behalf of the general membership. It is a governing body that sets policies and makes decisions and has the powers and responsibilities stated in the programs letters patent By-Laws. They must comply with the legal requirements set out in the legislation governing the school and be advocates in promoting the program in the community and encourage parent participation in the ongoing life of the program. They must be aware of conflicts between acting in the best interests of the Nursery School program and their own personal and child's interests. The Board of Directors are to ensure responsible functioning of the program by hiring and monitoring the program supervisor and establishing fair personnel policies. Nursery school policies and employees must be reviewed annually. They are to ensure the financial viability of the program by developing and approving financial plans, monitoring financial records and establishing fee collection.

- The Board reserves the right to cancel either program based on enrollment numbers. Should enrollment in either program drop to 5 students or less, the said program will be cancelled after 2 consecutive months of low enrollment.
- The Corporation reserves the right to dissolve at any time, upon the vote of three-quarters (3/4) of the current membership. Upon dissolution, any remaining assets, after payment of expenses and refunds to members of tuition paid in advance, are to be forwarded to a charitable organization.
- Questions or suggestions about this administration of the school are to be directed to the Board of Directors and may be submitted by contacting the President directly.
- The Board of Directors supports the Program Supervisor and the Assistant in running the school program.
- The Board of Directors shall meet once a month, or as the Board deems necessary. Any Director may call additional meetings. A quorum for executive meetings shall be 4 out of 5 members of the Board.
- Every executive member of the corporation or other person who has undertaken or who undertakes any duty with respect to the corporation shall be fully indemnified and saved harmless from all and any claims whatsoever by the Corporation.
- Board Members have a duty to report professional misconduct by Early Childhood Educators to the College of Early Childhood Educators (this also applies to charges under the Criminal Code).

- To compensate for the extra hours that are required as volunteer time as a member of the Board of Directors, the Board is exempt from monthly fundraising payments but will still participate in both fundraisers

All Board of Directors will complete a Vulnerable Sector: Criminal (Police) Reference Check which will be kept on file.

### **PRESIDENT**

- Provide leadership to the Board of Directors
- Calls and chairs board meetings and general meetings
- Prepares agenda for Board meetings and General meetings
- Participates in the hiring and performance evaluation of the teacher(s)
- Maintains regular contact with the teacher(s) between board meetings
- Represents the Nursery School in the community
- Is a signed agent of the co-operative
- Make an appointment at the bank to update signing authorities as needed
- Serves as a contact person, along with the Registrar for families inquiring about membership
- Ensures classroom has an up to date hard copy of the policy handbook.
- Arrange for Water Testing at the beginning of the year
- Serves as a contact person for Child Care Licensing
- Notify the Ministry in writing within 15 days of any change in directors or officers
- Liaison with the Landlord
- Ensures water testing is complete and conducts annual review of test results
- Books the Oakview Room for school holiday and graduation parties and applies to the Town of Wasaga Beach for grants to cover the costs of the room booking
- Annually, updates all external agencies of current Board of Directors contact information, including:
  - Ministry of Education
  - County of Simcoe Social and Community Services
  - PCPC
  - Early Years

### **VICE PRESIDENT / HR DESIGNATE**

- Assist the president and take on responsibilities in the President's absence
- Chairs Board meetings and General meetings in the President's absence
- Plan for orientation of parents to school policies and procedures
- Is a liaison with all parent committees, ensuring parents in both semesters have signed up for a spot as well as providing guidance and help where needed
- A member of the HR committee
- Arrange for annual Fire Inspection in September

- Retain all tests of the fire alarm systems and all tests of the fire protection equipment for 2 years
- Arrange for class photography in the Fall
- Liaisons with the insurance company to alert them of all field trips and maintains records
- Obtain Certificate of Insurance from insurance company
- Fill out and drop off Annual Application for the Emergency Use of Facilities by the Community form along with the Certificate of Insurance to Worsley Elementary School

### TREASURER

- Maintain and overview of the school's finances
- Prepares a draft of the annual budget with the teacher(s)
- Maintains school bank account and co-signs cheques with President or VP
- Deposits monthly tuition cheques and fundraising cheques
- Provides charitable tax receipts when donations to the school are made
- Provides Child Care tax receipts in January and June to all families
- Pays salaries and bills authorized by the executive
- A member of the HR committee
- Liaisons with County of Simcoe to monitor changes in government child care policies and funding and to provide quarterly and annual summaries created by the book keeper (WEG)
- Ensures accurate records are kept of all financial transactions
- Liaisons with book keeper to produce financial reports, charity year end submissions, etc
- Reports to each Board and General meeting on the financial affairs of the school
- Ensures Fiscal Year End Financial Statement is communicated and accepted by all co-op Members
- Ensures all insurance is arranged and provide a current copy to Simcoe County
- Pays and reports WSIB quarterly and then reconciles annually
- Pays payroll remittance monthly to CRA
- Corresponds with the County of Simcoe regarding funding applications such as GOG and WEG

### REGISTRAR

- Handles inquiries about applications for membership via email, telephone calls and in-person.
  - Collects, signs and files registration packages and ensures all families have submitted the required cheque's for the year (recorded on a checklist)



- Maintains a waiting list for the current and following year
- Records and files registration and medical forms and maintains confidentiality
- Arranges visits to the school to prospective members after notifying the teacher
- Compiles membership list
- Ensures all new members receive orientation, parent handbook, etc. & any revisions to the handbook
- Publicizes registration using Social Media In addition, places registration posters on public boards (example: library, Town Hall, Early Years Centre, Mom groups)
- Ensures there are copies of registration packages
- Complete the schedule for cleaning duties and distributes it to all families as well as posting it on the school communication board
- Provide Simcoe County with school registration information and provide copies of Immunization records in September and in February
- Maintains the list of Emergency Contacts current for the Teachers
- Assembles and distributes a class contact list including telephone numbers and email addresses
- Ensures both an electronic and hard copy wait list is created and maintained for any inquiries or registration for the following school year

#### SECRETARY

- Maintain the Board of Directors and Schools corporate records
- Keeps minutes of all board meetings and general meetings
- Keeps a record of attendance at each meeting
- A member of the HR committee
- Files all minutes, once approved, in the minute binder
- Updates the motion/ minutes book on a regular basis
- Updates by-laws and policies regularly for reference
- Keeps correspondence specific to the board of directors
- Check mail regularly and send to the school
- Maintains up-to-date copy of the Parent Handbook as well as various other documents

#### HEALTH ASSESSMENTS AND IMMUNIZATION OF STAFF

Preventive health care strategies within a childcare centre include immunization of both children and staff, as deemed appropriate by the local medical officer of health or public health unit. Staff must also undergo a health assessment before commencing work to identify any active communicable diseases or other infection risks. This assessment allows licensees and staff to take appropriate measures to prevent the spread of infection and disease.

Where a staff has does not have an immunization record on file, there must be a written objection on the grounds that the immunization conflicts with their sincerely



held convictions based on their religion or conscience a legally qualified medical practitioner gives medical reasons in writing as to why the staff should not be immunized.

## STAFF TRAINING AND DEVELOPMENT POLICY

Childcare centre staff begin employment with varying levels of knowledge, skill and experience. Employees must understand what is required of their work, and also need opportunities to acquire new information and support to upgrade and continue to improve their skills, knowledge and approaches. WBCNS employees are encouraged to take continuing education classes, training seminars, qualification upgrades or other ongoing professional learning to support their roles. Any opportunities that arise, or appropriate readings will be sent out to staff to take part in at their discretion. Staff, as a team, will identify strengths and areas to be worked on which will help to guide their professional development.

## PROGRAM SUPERVISOR & ASSISTANT TEACHER

The Program Supervisor must be a member in good standing of the College of Early Childhood Educators and has at least two years of experience providing licensed child care and is approved by a director; or they must be approved by the Director. WBCNS must employ at least one Registered Early Childhood Educator (RECE). Where Resource Teachers are employed for children with special needs, they must also be RECE and have a certification in Standard First Aid.

The Program Supervisor has the overall responsibility for the program, teaching methods, behaviour management and health and safety measures. If you have questions about these responsibilities or your child's progress, please discuss them with the Program Supervisor.

Program Supervisor Duties include:

- Provide an environment that is safe and secure.
- Provide a warm, nurturing environment where children are valued and respected with emphasis on self-esteem, security, choice making, acceptance of the individual, independence and trust.
- Develop an anti-bias curriculum that is indicative of the school's philosophy.
- Supervise the children both indoors and outdoors and know where each child is at all times.
- Design and plan opportunities and activities that are considerate of the children's interests and developmental levels.
- Arrange field trips throughout the school year

- Create an environment that provides problem based play activities to challenge the children's thinking abilities.
- Create an environment that encourages positive behaviour and the development of social skills.
- Follow all requirements of the Child Care and Early Years Act 2014
- Take daily class attendance and log child entry / exit times
- Report outbreaks of illness to the Health Board as required
- Represent the school in a professional manner to the community
- Welcome visitors to the school and arrange for the visit to be pleasant and worthwhile
- Be courteous and allow for inspections by our regulating bodies
- Review parent handbook, helping to update policies and procedures as changes occur
- Keep an inventory of materials and equipment in the classroom
- Order supplies and equipment approved by the Board of Directors
- Be alert to enrollment needs at all times
- Complete water testing as required
- Perform regular Fire Drills
- Participate in professional development workshops
- Have a Vulnerable Sector- Criminal Reference Check completed every 5 years
- In the years when a Criminal Reference Check is not required an Offense Declaration Form must be completed
- Keep First Aid and CPR current (2 day- 16 hour adult/child/infant CPR recognized by the Workplace Safety & Insurance Board or otherwise approved by the Director)
- Report serious occurrences
- Administer medication if approved and be aware of allergic reactions including anaphylaxis
- Arrange for parent volunteers or substitute teachers if required
- Record Fire & Health reports in a Daily Written Record & send copies of the report to the Program Advisor within 2 business days
- If a staff member suspects a child is, or may be, in need of protection, they must report this to the Children's Aid Society in accordance with Section 72 of the Child & Family Services Act

## WORKER OCCUPATIONAL HEALTH & SAFETY <sup>28</sup>

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<sup>28</sup> [Employee Health and Safety Training Form](#) in Appendix C

WBCNS is committed to providing its employees with a safe workplace. It is the responsibility of the Board of Directors to inform their employees of their rights under the Occupational Health and Safety Act of Ontario. These are three (3) basic rights: The right to know, the right to refuse unsafe work, and the right to participate in a safe workplace. Any health and safety concerns the teachers have are to be communicated to the Board of Directors in writing for response within 21 days.

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#### THE RIGHT TO KNOW – WORKPLACE HAZARDS

WBCNS teachers are made aware of the hazards of their work. These hazards are related to working with young children who sometimes have volatile personalities. Other hazards in the workplace concern the workspace and the storage of material. It is the responsibility of the teachers to ensure that school material is stored safely when not in use. Any damaged equipment or damage to the room should be removed if possible and repaired as soon as possible. Use of or access to unsafe material or areas will be limited until repair is made.

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#### THE RIGHT TO KNOW - WHMIS

WBCNS have access to cleaning materials that are used regularly to disinfect the school. The teachers will receive general WHMIS training and specific training on the chemicals that are used at the school and their safe use.

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#### THE RIGHT TO REFUSE UNSAFE WORK

If WBCNS employees feel they cannot complete their work safely, they have the right to refuse this work. Work refusals will be investigated so a solution can be reached and the employee can return to work safely.

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#### THE RIGHT TO PARTICIPATE

WBCNS employees regularly inspect their workplace for hazards. Any unsafe conditions are to be reported to the Board of Directors immediately for resolution.

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#### REPORTING OF EMPLOYEE INJURY

If a WBCNS employee becomes injured during the course of their work, it will be reported to the Workplace Safety Insurance Board (WSIB). The employee will return to work as soon as they are able. If required, a return to work program will be developed to encourage a prompt and safe return to regular duties.

## SECTION 4: SCHOOL ADMINISTRATION

### PRIVACY POLICY

At WBCNS, we are committed to protecting the privacy of the personal information of our contributors, employees, volunteers, students, suppliers and other stakeholders. We value the trust of those we deal with, and of the public, and recognize that maintaining this trust requires that we be transparent and accountable in how we treat the information that you choose to share with us.

Personal information is any information that can be used to distinguish, identify or contact a specific individual. This information can include an individual's opinions or beliefs, as well as facts about, or related to, the individual. Exceptions that are not considered personal information include business contact information and certain publicly available information, such as names, addresses and telephone numbers as published in telephone directories.

Personal information gathered by WBCNS is kept in confidence. Our personnel are authorized to access such personal information based only on their need to deal with the information for the reason(s) for which it was obtained. Safeguards are in place to ensure that the information is not disclosed or shared more widely than is necessary to achieve the purpose for which it was gathered. We also take measures to ensure that the integrity of this information is maintained and to prevent its being lost or destroyed.

We offer individuals we deal with the opportunity to opt not to have their personal information shared with our personnel and third parties for purposes beyond those for which it was explicitly collected. All listings of WBCNS program volunteers, program participants, Board of Directors, staff, financial contributors and other volunteers are considered strictly confidential and shall not be released for use by others outside WBCNS without prior written and specific authorization or as may be required by law.

### INSURANCE

WBCNS has an insurance policy that is maintained in full force and effect that includes, comprehensive general liability coverage and personal injury coverage, including, where applicable, coverage for the employees and volunteers at WBCNS.

All consent forms must be signed by parents or guardians on school application.

With notification of each trip, a consent and waiver of liability form will be sent to be signed by a parent / guardian. The insurance company shall be notified of all school field trips. Transportation for our field trips will be by parent drop-off and pick-up with direct continuous parent / guardian supervision.

## CHILDREN'S RECORDS

WBCNS maintains up-to-date records that are available for inspection by an inspector or program adviser at all times of the following matters in respect of each child receiving child care:

1. An application for enrolment signed by a parent of the child.
2. The name, date of birth and home address of the child.
3. The names, home addresses and telephone numbers of the parents of the child.
4. The address and telephone number at which a parent of the child or other person can be reached in case of an emergency during the hours when the child receives child care.
5. The names of persons to whom the child may be released.
6. The date of admission of the child.
7. The date of discharge of the child.
8. The child's previous history of communicable diseases, conditions requiring medical attention and, in the case of a child who is not in attendance at a school within the meaning of the Education Act, immunization or any statement from a parent or legally qualified medical practitioner as to why the child should not be immunized.
9. Any symptoms indicative of ill health.
10. Written instructions signed by a parent of the child for any medical treatment or drug or medication that is to be administered during the hours the child receives child care.
11. Written instructions signed by a parent of the child concerning any special requirements in respect of diet, rest or physical activity.

These records shall be kept on the premises at WBCNS.

WBCNS keeps a copy of any individualized support plan that is in place for a child with special needs who receives child care.

WBCNS ensures that the records required to be maintained under this section with respect to a child are kept for at least three years from the date the child is discharged.

WBCNS ensures that, records are available for review by a medical officer of health, and copies of those records are provided to him or her on request.

## ATTENDANCE

WBCNS keeps a record of the daily attendance of each child receiving child care showing the time of arrival and the time of departure of each child or if a child is absent.

## RELEASE OF INFORMATION

WBCNS does not require parents to provide consent to the release of personal information concerning their child as a condition for enrolment.

## FINANCIAL RECORDS

The fiscal year of the school shall be June 1 to May 31, inclusive. The annual financial statement will be available as soon as possible after the fiscal year. Registration fees for the upcoming year shall be held for deposit until after the financial statement has been issued.

Financial records are kept for at least six years, and financial records include, at a minimum:

- Assets;
- Liabilities;
- Income;
- Expenses; and
- Accumulated surplus and deficit

## REPORTING STATISTICAL INFORMATION

WBCNS has the duty to provide all statistical information requested to the Ministry of Education.

## RECORD RETENTION

WBCNS maintains all records for at least three years from the date it is made, unless otherwise specified (ex. Financial records are maintained for 6 years.)

## POSTING OF LICENSE AND DECAL

WBCNS posts a copy of the license in a conspicuous place at the childcare centre. This provision makes it easier for parents to recognize licensed childcare and access important information about the licensed childcare program. Copies are not to be made of this license unless it is for the purpose of posting.

A license and signage must be returned within 30 days after the day

1. the licensee's license expires and is not renewed;
2. the licensee's license is revoked; or
3. the licensee voluntarily ceases operating the child care centre or agency in respect of which the license was issued.

# APPENDIX A: LICENCING POLICIES AND PROCEDURES



SIMCOE MUSKOKA DISTRICT HEALTH UNIT: DISPOSABLE DIAPER PROCEDURE

**Infection  
Control**

**F A C T S**



**Disposable Diaper Procedure**

- Wash hands and organize needed supplies.
- Gloves should be available in the diaper change area for use during enteric outbreaks or diarrheal incidents. If using gloves, put them on now.
- Hold child away from your clothes as you place him/her on change table.
- Remove the soiled diaper and discard in a plastic-lined receptacle with cover (foot pedal preferred). Place soiled clothing into a plastic bag, without washing or rinsing, to send home with parents for cleaning.
- Clean child with a pre-moistened disposable wipe or single use towel. Discard the soiled wipes/towels in soiled diaper or a plastic-lined receptacle.
- Use skin care products only if requested by the parent, and only for the designated child. Skin care products should be labelled with each child's name and dispensed using a disposable applicator.
- If you are wearing gloves, remove and dispose of them now in the plastic-lined receptacle.
- Wash your hands or use a pre-moistened disposable towel.
- Diaper and dress the child.
- Wash the child's hands with soap, running water and use paper towels to dry.
- Return the child to the activity or sleep area.
- Clean and disinfect the diapering area. All equipment or supplies that were touched should be cleaned and disinfected. Allow the surfaces to air dry after the disinfectant is applied.
- Surfaces soiled with faeces or body fluids should be cleaned with soap and water then disinfected with a 1:10 bleach and water solution (e.g. 1 cup of bleach: 9 cups of water) for 10 minutes or an appropriate disinfectant that is effective against non-enveloped viruses (e.g. Norovirus, Rotavirus). Manufacturer recommendations on product labels should be followed for mixing instructions and appropriate contact times.
- Wash your hands thoroughly with soap and water. If in a location without hand washing facilities, use a pre-moistened disposable towel or alcohol based hand sanitizer.



For more information call the Communicable  
Disease Team ext. 8809



Tel: 705-721-7520  
Toll free: 1-877-721-7520  
[www.simcoemuskokahealth.org](http://www.simcoemuskokahealth.org)

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SIMCOE MUSKOKA DISTRICT HEALTH UNIT: CLOTH DIAPER PROCEDURE

**Infection  
Control**

**F A C T S**



**Cloth Diaper Procedure**

- Wash hands and organize needed supplies.
- Gloves should be available in the diaper change area for use during enteric outbreaks or diarrheal incidents. If using gloves, put them on now.
- Hold child away from your clothes as you place him/her on change table.
- Fold the soiled surface of the cloth diaper inward and set it aside. If pins are used remove and close them.
- Place soiled diaper and any soiled clothing into a plastic bag, without washing or rinsing, to send home with parents for cleaning.
- Clean child with a pre-moistened disposable wipe or single use towel. Discard soiled wipes/towels in a plastic-lined receptacle.
- Use skin care products only if requested by the parent, and only for the designated child. Skin care products should be labelled with each child's name and dispensed using a disposable applicator.
- If you are wearing gloves, remove and dispose of them now in the plastic-lined receptacle.
- Wash your hands or use a pre-moistened disposable towel.
- Diaper and dress the child.
- Wash the child's hands with soap, running water and use paper towels to dry.
- Return the child to the activity or sleep area.
- Clean and disinfect the diapering area with a low level disinfectant such as 200 ppm bleach (5ml bleach: 1 L water).
- Surfaces soiled with faeces or body fluids should be cleaned with soap and water then disinfected with a 1:10 bleach and water solution (e.g. 1 cup of bleach: 9 cups of water) for 10 minutes or an appropriate disinfectant that is effective against non-enveloped viruses (e.g. Norovirus, Rotavirus). Manufacturer recommendations on product labels should be followed for mixing instructions and appropriate contact times.
- Wash hands thoroughly with soap and water. If in a location without hand washing facilities, use a pre-moistened disposable towel or alcohol based hand sanitizer.



For more information call the Communicable Disease Team ext. 8809



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SUPERVISION OF CHILDREN AND PROGRAM STATEMENT MONITORING

**Program Statement Monitoring**

Staff Name: \_\_\_\_\_

This Staff....	Year: <input checked="" type="checkbox"/> September-December <input type="checkbox"/> January-June
Provides constant supervision of all children, never leaving them unattended	
Shows knowledge and understanding of Policies and Procedures	
Uses appropriate language and voice level	
Provides positive modelling of gross motor experiences, allowing the children to build on their skills	
Builds strong relationships with children, families, and other staff in a welcoming environment	
Demonstrated programming which follows the interest of the children	
Provides an inclusive experience for all developmental needs and provides flexibility	
Participates and engages with children to question, investigate and further their play	
Encourages problem solving and decision making	
Shows respect for children by acknowledging their feelings and responding appropriately	
Uses the ELECT Documents as a reference tool for documentation, scaffolding children's learning and program development	
Respects individual differences and needs, avoids comparisons or degrading comments	
Documents children's learning through play	
Participates in engaging with the community	
Actively works towards making and meeting professional development goals	

Is staff member in compliance at this time? YES \_\_\_\_\_ NO \_\_\_\_\_

Staff confirms that they have or have not observed any non-compliance. YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Staff/Volunteer Signature

\_\_\_\_\_  
Board of Directors Signature



INDIVIDUALIZED SUPPORT PLAN FOR A CHILD WITH SPECIAL NEEDS (ISP)

This form must be completed for a child whose cognitive, physical, social, emotional or communicative needs, or whose needs relating to overall development, are of such a nature that additional supports are required for the child. The plan must be developed in consultation with a parent of the child.

Photo of Child (Recommended)

Child's Full Legal Name: Click here to enter text.

Child's Date of Birth: dd/mm/yyyy

Date ISP Completed: dd/mm/yyyy

Date ISP Updated: dd/mm/yyyy

Individualized Support Plan

**1) HOW THE CHILD CARE PROGRAM WILL SUPPORT THE CHILD TO FUNCTION AND PARTICIPATE IN A MEANINGFUL AND PURPOSEFUL MANNER WHILE RECEIVING CHILD CARE:** (e.g. collaborating with resource consultants and other specialists, providing flexibility in programming, additional staff where applicable, etc.)

Click here to enter text.

**2A) DESCRIPTION OF SUPPORTS, AIDS, ADAPTATIONS AND/OR OTHER MODIFICATIONS TO THE PHYSICAL ENVIRONMENT** (if applicable): (e.g. specialized/modified furniture, rearranging layout, lowering coat hooks, reducing extraneous noise, etc.; or not applicable (N/A))

Click here to enter text.

**2B) INSTRUCTIONS RELATING TO THE CHILD'S USE OF/INTERACTION WITH SUPPORTS OR AIDS OR THE ADAPTED/MODIFIED PHYSICAL ENVIRONMENT** (if applicable): (e.g. child will sit on specific furniture during floor activities, staff/provider will assist child with mobility during transitions, etc.; or not applicable (N/A))

Click here to enter text.

**3A) DESCRIPTION OF SUPPORTS OR AIDS, ADAPTATIONS OR OTHER MODIFICATIONS TO THE SOCIAL ENVIRONMENT** (if applicable): (e.g. consistent routine in daily schedule with/without visual aids, making available toys/games that promote sharing, turn taking, and cooperation, modeling greetings and turn taking with other adults and children, pairing a child with special needs with a child with strong social skills; or not applicable (N/A))

Click here to enter text.



**3B) INSTRUCTIONS RELATING TO THE CHILD'S USE OF/INTERACTION WITH SUPPORTS OR AIDS OR THE ADAPTED/MODIFIED SOCIAL ENVIRONMENT** (if applicable): *(e.g.; eye contact with the child, , etc.; or not applicable (N/A))*

Click here to enter text.

**4A) DESCRIPTION OF SUPPORTS OR AIDS, OR ADAPTATIONS OR OTHER MODIFICATIONS TO THE LEARNING ENVIRONMENT** (if applicable): *(e.g. use of pictorials to engage child during learning activities, providing braille reading materials, providing the child with additional time to complete activities, simplifying language around vocabulary, instructions etc.; or not applicable (N/A))*

Click here to enter text.

**4B) INSTRUCTIONS RELATING TO THE CHILD'S USE OF/INTERACTION WITH SUPPORTS OR AIDS OR THE ADAPTED/MODIFIED LEARNING ENVIRONMENT** (if applicable): *(e.g. providing sensory bag during programming, handles and grasping aid use to support use of play materials, interaction with a professional resource consultant, ; or not applicable (N/A))*

Click here to enter text.

**Additional Information (if applicable):**

Click here to enter text.

**Confirmation:**

- This plan has been created in consultation with the parent of the child, as defined in section 2(1) of the *Child Care and Early Years Act, 2014*.
- This plan has been created in consultation with a regulated health professional or other person who works with the child in a capacity that would allow the person to help inform the plan (where applicable).
- This plan has been created in consultation with the child (where appropriate for the child's age)

**Parent Signature (optional):**

<b>Print full legal name:</b> Click here to enter text.	<b>Relationship to child:</b> Click here to enter text.
<b>Signature:</b>	<b>Date:</b> dd/mm/yyyy

The following individuals participated in the development of this individual plan (optional):

First and Last Name	Position/Role	Signature
Click here to enter text.	Click here to enter text.	

Notes:

- It is recommended that information be included in the ISP about the procedure to follow in case of evacuation and/or for the child's participation in activities off the premises (where applicable).
- Supplemental documents may be included with this form (e.g. additional individualized plan developed by a resource consultant).
- Sensitive or confidential medical information should not be included in the plan, unless consent, in writing, has been given by the parent.
- Licensees are required to maintain the confidentiality of a child's medical history including diagnosis. Sensitive or confidential medical information and detailed reports from medical professionals should not be included in the plan unless consent, in writing, has been given by the parent.





ACCESSIBILITY STANDARDS TRAINING FORM

The Board of Directors and WBCNS employees shall be trained on the requirements of the Accessibility for Ontarians with Disabilities Act, 2005 and how WBCNS meets these requirements as outlined in our policy.

I, the undersigned, received training on the WBCNS accessibility standards:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

ACCESSIBILITY STANDARDS FOR CUSTOMER SERVICE FEEDBACK FORM

Thank you for visiting Wasaga Beach Co-operative Nursery School. We value all of our students and their families and strive to meet everyone's needs.

Please tell us the date and time of your visit: \_\_\_\_\_

1. Did we respond your customer service needs today?

Yes

No

2. Was our customer service provided to you in an accessible manner?

Yes

Somewhat

No (*please explain*)

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3. Did you have any problems accessing our goods and services?

Yes

Somewhat

No (*please explain*)

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Please add any other comments you may have:

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---

Contact information (optional):

---

You may mail this form or drop off in person at:

Wasaga Beach Co-operative Nursery School  
1724 Mosley Street, Unit 2  
Wasaga Beach, Ontario  
L9Z 1Z7

Thank you for your time and consideration.

SIMCOE MUSKOKA DISTRICT HEALTH UNIT: SURFACE DISINFECTION WITH CHLORINE (BLEACH)

# Surface Disinfection with Chlorine (Bleach)

Fact sheet for operators of facilities such as child care centres and personal service settings



Disinfection is the process of destroying germs on surfaces and objects.

**Note:** For solutions greater than 200 ppm chlorine, a potable water rinse must be used following disinfection

**Steps to follow:**

1. Clean the area to be disinfected with soap and water then allow to dry
2. Wet the affected area with bleach solution and ensure the area remains wet for the required contact time

**Reminders:**

- Prepare fresh solutions daily—add bleach to water. Solutions are based on the use of 5.25% bleach (sodium hypochlorite).
- To prepare other concentrations of bleach please use the [chlorine dilution calculator](#) provided by Public Health Ontario

When to disinfect	Concentration	Recipe	Contact time*	Surfaces to disinfect
Everyday use—no rinse	200ppm	Add 1 teaspoon (5 millilitres) of bleach to 4 cups (1 litre) of water	2 minutes	Food contact surfaces
Everyday use – rinse required	500ppm	Add 2 teaspoons (10 millilitres) of bleach to 4 cups (1 litre) of water	5 minutes	Chairs Tables Countertops Door handles Bathroom surfaces Light switches Toys Diaper change tables Cots Sensory bins Shelving Vinyl covers Play mats
Blood/Body Fluids/ Outbreak—rinse required	5000ppm	Add 20 teaspoons (100 milliliters) of bleach to 4 cups (1 litre) of water	10 minutes	Affected area/All surfaces

\*Contact times are as recommended by Clorox



SIMCOE MUSKOKA DISTRICT HEALTH UNIT: SENSORY PLAY CLEANING GUIDELINES

**Infection Control** **FACTS** 

## Sensory Play Guidelines

**Water Play**

Water play tables can trap, grow and spread germs from one child to another. They must be drained, emptied, disinfected and air-dried after each use.

Choose a tub that is small in size, light in weight and easy to handle. The type of surface is important for easy cleaning. Choose tubs with smooth, non-absorbent and non-corrosive surfaces. Rounded corners and edges are better for easy cleaning.

Individual water play containers are recommended as they are easily cleaned and disinfected between uses and less likely to contribute to the spread of infections. Individual water play is strongly recommended for a child who is ill with cough, cold-like symptoms or skin infection.

All toys used in water play should be cleaned, disinfected and allow to air dry daily. Immediately remove from use any toys that have been in contact with a child's mouth.

**DO NOT USE WATER TABLES DURING AN OUTBREAK**

**Instructions for Safe Use:**

- Fill water play tub with fresh tap water before use. Do not add bleach or vinegar to the water. If water tables are used for the whole day, then the water should be changed for each group play.
- Ensure all staff and children wash hands prior to and after using water play tub.
- Empty tub after use and wash with detergent.
- Rinse off the detergent with clean, clear water.
- Disinfect thoroughly by using 200 ppm chlorine or 400 ppm quaternary ammonium. Let the disinfectant sit in the tub for at least 10 minutes or as per manufacturer's recommendation.
- Empty and allow to air dry.
- Disinfect all water toys daily.



**Sand Play**

Play sand used within these tubs must be free of disease causing or injury producing agents such as parasitic eggs, insects, faeces or foreign objects.

Pre-packaged sterilized sand that can be purchased at most hardware stores is a safe benign product that should be used in play sand tubs.

It is important to note that once play sand becomes moist or wet it may be capable of sustaining microbiological growth and as a precaution it is recommended that the wet or moist sand be replaced.

**Other Sensory Play**

Dry sensory food such as pasta, rice and grains should be properly stored in puncture-proof containers to prevent insect infestation. If dry food becomes moist or wet, it should be replaced immediately.

Call the Communicable Disease Team: ext. 8809



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**Infection  
Control**

**F A C T S**



## Procedure for cleaning up blood or bodily fluids on hard surfaces

Blood, vomit and feces may contain germs that can cause serious infections. People who clean blood and other bodily fluids should reduce the risk of infection to themselves and others by following these procedures:

### Procedure for Blood Spills/Vomit/Feces

1. Wear appropriate personal protective equipment, such as disposable gloves when cleaning up a spill. If the possibility of splashing exists, protective eyewear and a gown should be worn. Eye glasses are not considered to be protective eyewear.
2. Dispose with care, any broken glass or sharps into a puncture-proof container. If available, disposal of sharps into an approved sharps container for biomedical waste is preferred.
3. Clean the spill area with paper towel to remove most of the spill. Disinfectants cannot work properly if the surface has blood or other bodily fluids on it. Cloth towels should not be used unless they are to be thrown out.
4. Discard the paper towel soaked with the blood, vomit, feces or fluid in a plastic-lined garbage bin.
5. Care must be taken to avoid splashing or spraying during the clean up process.
6. Clean the affected area with soap and water then disinfect with a 1:10 bleach solution for 10 minutes or an appropriate disinfectant with proven effectiveness against non-enveloped viruses (eg. Poliovirus, Norovirus, Rotavirus, Feline Calicivirus). Refer to the manufacturer's label to ensure the disinfectant is left on the contaminated surface for the correct contact time. With bleach, this would mean the surface stays wet for at least 10 minutes.
7. Ventilate the room well when using a bleach solution. Make sure it is not mixed with other cleaning agents.
8. Wipe the treated area with paper towels soaked in tap water. Allow the area to dry.
9. Discard contaminated paper towels, gloves and other disposable equipment in a plastic lined garbage bin. Immediately tie and place with regular trash. Take care not to contaminate other surfaces during this process. Change gloves if needed.
10. Practice hand hygiene, either with soap and water or an alcohol-based hand rub of at least 60% concentration, for 15 seconds after gloves are removed. If the hands are visibly soiled, then soap and water should be used over a hand rub.
11. If an injury occurs during the cleaning process, such as a skin puncture with a blood-contaminated sharp object, seek medical attention immediately. Any occurrence that takes place in a workplace should be reported to the occupational health and safety representative.

#### Mixing a 1:10 Bleach Solution

100 mL bleach: 900 mL of water  
(1 cup of bleach: 9 cups of water).  
Contact time on surface is 10 minutes

For more information call the  
Communicable Disease Team at ext. 8809



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Toll free: 1-877-721-7520  
[www.simcoemuskokahealth.org](http://www.simcoemuskokahealth.org)

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**Notice of Reduced Lead Sampling**

Schools, Private Schools and Day Nurseries  
(O. Reg. 243/07 under Section 5 (2.1))

**Instructions**

Please complete this form and fax/email directly to:

Ministry of the Environment  
Drinking Water Programs Branch

**Fax:** 416 314-8716

**Email:** Reg170\_formssubmission.moe@ontario.ca

This form can also be found at:  
www.ontario.ca/drinkingwater

Use this form to notify the ministry of reduced lead sampling under Section 5 (2.1) of O.Reg. 243/07.

If you require assistance in completing the form, please call 1 866 793-2588 (toll free).

Once this form is submitted, the ministry will only contact you about this notice if there are any questions or concerns with the information provided below.

**Part A: Form Submission Information as per O.Reg. 243/07 under Section 5 (2.1) (please check)**

**This is my submission for O.Reg. 243/07 Notice of Reduced Lead Sampling to the Ministry. I confirm that for the facility listed below:**

- a) Samples have been taken and tested for lead in accordance with the regulation and for at least 24 consecutive months;
- b) None of the test results from the most recent 24 consecutive months have exceeded the Ontario Drinking Water Quality Standard for lead of 0.010 mg/L;
- c) Every tap in the school, private school or day nursery that is used in the preparation of food or drink for consumption by children under 18 years of age has been sampled at least once;
- d) At least one tap from every washroom or change room where children under 18 years of age are allowed to fill drinking water bottles or containers has been sampled at least once.

**Part B: Schools, Private Schools and Day Nurseries Information**

**Drinking Water Information System (DWIS) No.**  
Ministry assigned 9 digits number starting with "5".

**Drinking Water System (DWS) No. – if applicable**  
Ministry assigned 9 digits number starting with "2". (Only for facility with its own source of drinking water.)

Name of School/Private School/Day Nursery

Name of Interested Authority (e.g., Ministry of Education or Ministry of Children and Youth Services)

Ministry of Education SFIS No.

Children and Youth Services Identification No.

Location of School/Private School/Day Nursery

Unit/Suite No.	Street No.	Street Name	Rural Route	Lot/Part/Block/Section
Concession/Plan		City/Town/Municipality	Province	Postal Code

Business Telephone No. (including area code)

Ext.

Fax No. (including area code)

**I declare that all information provided on this form is true and correct to the best of my knowledge.**

Prepared by (print name)

Telephone No. (including area code)

Ext.

Signature

Date (yyyy/mm/dd)

Collection of information on this form is collected by the Drinking Water Management Division on behalf of the Ministry of the Environment in accordance with the *Safe Drinking Water Act, 2002* (SDWA) and its regulations. The collection, use and dissemination of this information are governed by the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The information gathered herein will be used for the purpose of notice of reduced lead sampling frequency, and may be used for secondary purposes including reporting, investigating and law enforcement under the SDWA and its regulations. Information contained on this form, including personal information, may be disclosed to other government agencies including municipalities, public health unit employees, the Ministry of Health and Long Term Care, the Ministry of Education and the Ministry of Community and Social Services pursuant to section 42 of FOIPPA for the consistent purpose of administering programs related to drinking water safety.



WBCNS FIRE DRILLS

Date	# of Children	# of Adults	Notes	Initials

SIMCOE MUSKOKA DISTRICT HEALTH UNIT: HAND HYGEINE IN CHILDCARE



**Infection  
Control**

**F A C T S**



## Hand Hygiene in Child Care

The single most important thing you can do to control infections is to keep hands clean! For children under the age of five, soap and water is the preferred method for washing hands. Child care staff and parents are responsible for teaching the proper way for children to wash their hands. Children who are young must be supervised when washing their hands and often assistance is required.

**Procedure for Infant Hand washing:**

- Clean the infant's hands thoroughly with a damp paper towel moistened with liquid soap.
- Rinse the infant's hands from wrists to fingertips using a fresh paper towel moistened with clear water.
- Dry the infant's hands with a fresh paper towel.
- Turn off the faucet using the paper towel and throw out the towel into a lined garbage container.
- Wash your own hands.

Use a hand wash sink supplied with hot and cold running water, paper towels and liquid soap in dispensers. Hot water temperatures should not exceed 49 °C (120 °F) to prevent scalding.

To wash hands properly, rub all parts of the hands and wrists with soap and water including in between fingers and under the finger nails.

Wash hands for at least 15 seconds or more. Pay special attention to the areas of the hand most frequently missed.

Staff in child care facilities should support good hand hygiene:

- Keep nails short.
- Avoid wearing rings.
- Avoid artificial nails or nail polish.
- Remove watches and bracelets when washing hands or helping children wash hands.
- Wash forearms if they are likely to have been contaminated.
- Make sure that sleeves are rolled up and do not get wet during washing.

**Skin Care**

Intact skin is the first line of defence, therefore careful attention to skin care is an essential part of the hand hygiene program. If integrity of skin is an issue, the individual should be referred to a physician for assessment. Hand lotion prevents drying and cracked skin and should be used daily, particularly in winter months. Pump-type containers are recommended. To refill lotion/cream, containers should be cleaned with soap and water and dried prior to refilling. "Topping up" of lotion/cream should be avoided.



Call the Communicable Disease Team: ext. 8809

Revised 2010-12-06



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### **Alcohol Based Hand Rubs**

Alcohol-based hand rubs are a good alternative to soap and water when children's hands are not visibly dirty and access to a handwashing sink is limited (e.g. field trips). They are also an excellent tool for staff to use while moving between tasks in the centre. Alcohol-based hand rubs (ABHRs) kill the germs on hands, including temporary illness-causing bacteria that are picked up off doorknobs, light switches and other surfaces that hands come into contact with.

Only hand rubs with alcohol as the main ingredient should be used in child care settings. The effectiveness of the sanitizers depends on the amount and type of alcohol used. Alcohol-based hand rubs should contain a concentration of 60-90% alcohol.

The products should have a Drug Identification Number (DIN) or Natural Product Number (NPN) meaning they are registered with Health Canada. Non-alcohol based products may not kill common bacteria and viruses found in child care and are not recommended.

As per the Office of the Ontario Fire Marshal, ABHRs are normally dispensed and used in very small quantities therefore they present minimal fire hazards under normal use. The fire risks can be reduced through education regarding the proper application of ABHRs, including the risk to health if used incorrectly.

Another noted concern is regarding the alcohol absorption in children when regularly using ABHRs. As per the Ontario Poison Control centre, the amount of alcohol absorbed by the skin is minimal and once the alcohol has evaporated, licking of the hands carries no chance of alcohol intoxication.

The following precautions for ABHRs are recommended in all child care settings:

- Dispensing should occur only under the direct supervision of staff.
- ABHRs should be in secure wall dispensers.
- Dispensers should be clearly labelled.
- ABHRs should be rubbed on hands until hands are completely dry.
- When not in use, the sanitizer product should be kept in a location not easily accessible to children (e.g. individual pump bottles locked in a cupboard at end of day).
- Children and staff should avoid exposure to open flames during and immediately after application.



SIMCOE MUSKOKA DISTRICT HEALTH UNIT: DISEASES OF PUBLIC HEALTH SIGNIFICANCE



# Diseases of Public Health Significance

## TOOLKIT

Timely reporting of Diseases of Public Health Significance is mandated and essential for their control. If you suspect or have confirmation of the following specified Diseases or their etiologic agents, (as per Ontario Regulation 135/18 and amendments under the Health Protection and Promotion Act, R.S.O. c.H.7) please report them to the local Medical Officer of Health.

**Note: Diseases bolded (and influenza in institutions) should be reported immediately to the Medical Officer of Health.** Other diseases can be reported by the next working day by fax, phone, or mail.

- ▶ Acquired Immunodeficiency Syndrome (AIDS)
- ▶ Acute flaccid paralysis (AFP)
- ▶ Amebiasis
- ▶ **Anthrax**
- ▶ Blastomycosis
- ▶ **Botulism**
- ▶ **Brucellosis**
- ▶ Campylobacter enteritis
- ▶ Carbapenemase-producing Enterobacteriaceae (CPE)
- ▶ Chancroid
- ▶ Chickenpox (Varicella)
- ▶ Chlamydia trachomatis infections
- ▶ Cholera
- ▶ Clostridium difficile associated disease (CDAD) outbreaks in Public Hospitals
- ▶ **Creutzfeldt-Jakob Disease, all types**
- ▶ Cryptosporidiosis
- ▶ Cyclosporiasis
- ▶ **Diphtheria**
- ▶ Echinococcus multilocularis
- ▶ Encephalitis, including:
  - ▶ 1. Primary Viral
  - ▶ 2. Post-infectious
  - ▶ 3. Vaccine-related
  - ▶ 4. Subacute sclerosing panencephalitis
  - ▶ 5. Unspecified
- ▶ Food poisoning, all causes
- ▶ **Gastroenteritis, institutional & public hospital outbreaks**
- ▶ Giardiasis, except asymptomatic cases
- ▶ Gonorrhea
- ▶ **Group A Streptococcal disease, invasive**
- ▶ Group B Streptococcal disease, neonatal
- ▶ **Haemophilus influenzae disease, invasive, all types**
- ▶ **Hantavirus pulmonary syndrome**
- ▶ **Hemorrhagic fevers, including:**
  - ▶ 1. Ebola virus disease
  - ▶ 2. Marburg virus disease
  - ▶ 3. Lassa Fever
  - ▶ 4. Other viral causes
- ▶ **Hepatitis, viral:**
  - ▶ 1. **Hepatitis A**
  - ▶ 2. Hepatitis B
  - ▶ 3. Hepatitis C
- ▶ Influenza
- ▶ Legionellosis
- ▶ Leprosy
- ▶ Listeriosis
- ▶ Lyme disease
- ▶ **Measles**
- ▶ Meningitis, acute
  - ▶ 1. bacterial
  - ▶ 2. viral
  - ▶ 3. other
- ▶ **Meningococcal disease, invasive**
- ▶ Mumps
- ▶ Ophthalmia neonatorum
- ▶ Paralytic shellfish poisoning (PSP)
- ▶ Paratyphoid Fever
- ▶ Pertussis (Whooping Cough)
- ▶ **Plague**
- ▶ Pneumococcal disease, invasive
- ▶ **Poliomyelitis, acute**
- ▶ Psittacosis/Ornithosis
- ▶ Q Fever
- ▶ **Rabies**
- ▶ **Respiratory infection outbreaks in institutions & public hospitals**
- ▶ Rubella
- ▶ Rubella, congenital syndrome
- ▶ Salmonellosis
- ▶ **Severe Acute Respiratory Syndrome (SARS)**
- ▶ Shigellosis
- ▶ **Smallpox**
- ▶ Syphilis
- ▶ Tetanus
- ▶ Trichinosis
- ▶ Tuberculosis
- ▶ Tularemia
- ▶ Typhoid Fever
- ▶ Verotoxin-producing E. coli infection indicator conditions including, Haemolytic Uraemic Syndrome (HUS)
- ▶ West Nile Virus Illness
- ▶ Yersiniosis



SIMCOE MUSKOKA DISTRICT HEALTH UNIT: DISEASES OF PUBLIC HEALTH SIGNIFICANCE  
NOTIFICATION FORM



**simcoe  
muskoka**  
DISTRICT HEALTH UNIT

15 Sperling Drive,  
Barrie, ON L4M 6K9  
*Your Health Connection*

Diseases of Public Health Significance Notification Form		
Disease being reported:		Date:
Please indicate type of institution/facility reporting: <input type="checkbox"/> School <input type="checkbox"/> Child Care Centre <input type="checkbox"/> Other (please specify):		
Person reporting to health unit (Name and Position):		
Name of Institution/Facility:		
Address:		
City:	Postal Code:	
Phone:	Fax:	
Name of Child/Student:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____
Date of Birth:	Date of Onset:	
Name of Parent/Guardian:		
Home Address:		
City:	Postal Code:	Phone:
Comments:		
<p><small>This information is collected under Section 5 of the Health Protection and Promotion Act, R.S.O 1990, c.H.7. The personal health information collected in this form will be used for case management and to provide statistical data to the Ontario Ministry of Health and Long Term Care. Questions regarding the collection and use of personal health information should be directed to the Director, Program Foundations and Finance, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, telephone (705)721-7520.</small></p>		
<p>Note: Bolded diseases are to be phoned immediately to the Infectious Diseases team at 705-721-7520 ext. 8809. All other diseases are to be reported the next working day. <b>PLEASE FAX THE COMPLETED COPY OF THIS FORM TO THE SIMCOE MUSKOKA DISTRICT HEALTH UNIT CONFIDENTIAL FAX LINE: (705) 733-7738.</b></p>		

August 15, 2018



**SIMCOE MUSKOKA DISTRICT HEALTH UNIT: CHILD CARE CENTRE ENTERIC OUTBREAK CHECKLIST**



Outbreak #: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Child Care Centre Enteric Outbreak Management Checklist	Date Initiated yy/mm/dd
1. Health Unit notification – CD team, Barrie or Gravenhurst	
2. Appropriate time frame for reporting probable or suspected outbreak to the health unit.	
3. Identify cases and staff: Development of working case definition. <ul style="list-style-type: none"> <li>• Start Enteric Line List (separate lists for children and staff).</li> <li>• Case Definitions should include: <b>more than one episode</b> of diarrhea or vomiting within a 24 hour period, <b>or</b> one episode of diarrhea and one episode of vomiting within a 24-hour period, <b>or</b> one symptom of enteric illness accompanied with laboratory confirmation of a known gastrointestinal pathogen.</li> </ul>	
4. Enteric precautions: <ul style="list-style-type: none"> <li>• Increase Handwashing - review with staff/volunteers/children and review use of hand sanitizers.</li> <li>• Review diapering procedures and staff assignments - staff providing diapering should not handle food.</li> </ul>	
5. Isolate any symptomatic children until alternate daycare arrangements are made.	
6. Cohort care of children, as able.	
7. Exclude ill children & staff until 48 hours symptom free. Exclusion period to be reviewed with Health Unit. Supervisors to review with symptomatic staff exclusion from working in other Centres for the duration of the outbreak.	
8. Discuss deferring admissions and short term care until outbreak under control.	
9. Notify families, visitors and community stakeholders of outbreak status. Educate visitors/parents/volunteers on precautions. Post signage indicating outbreak.	
10. Cancel social activities, field trips and community functions.	
11. Increased cleaning – equipment, toys etc. cleaned followed by disinfecting with a product proven effective against non-enveloped viruses (e.g. Poliovirus, Norovirus, Rotavirus, Feline Calicivirus). All bedding, dress up clothes, plush toys laundered on high heat. Steam clean all carpets in affected rooms.	
12. Review activities and sensory play. Water play should be discontinued for duration of the outbreak.	
13. Specimen collection: Number of kits on site _____ Expired? <input type="checkbox"/> Yes <input type="checkbox"/> No Call CD Team to arrange pick-up of specimens.	
14. Daily update of new and resolved cases to be faxed to health unit – CD Team.	

<b>Childcare Center</b>	Name: _____	<b>SMDHU</b>	Name: _____
	Signature: _____		Signature: _____
	Date: _____		Date: _____
	Faxed to SMDHU: <input type="checkbox"/> Yes <input type="checkbox"/> No		Reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No

Revised: March 2018



SIMCOE MUSKOKA DISTRICT HEALTH UNIT: ENTERIC OUTBREAK LINE LIST - CHILDREN

Page \_\_\_\_\_ of \_\_\_\_\_  
**ENTERIC ILLNESS LINE LISTING FORM**  
**Child Care Centre Children**  
**Child Care Centre Children**  
**Fax completed form to CD Team at: (705) 733-7738**



Name of Day Nursery: \_\_\_\_\_ Outbreak Number: 2280 - \_\_\_\_\_ Date outbreak declared: \_\_\_\_/\_\_\_\_/\_\_\_\_

Case # (sequentially)	Case Identification			Onset date of first symptom (yy/mm/dd)	Symptoms										Treatment			Date returned to child care (yy/mm/dd)			
	Name (LAST, First)	Gender (M/F)	Date of Birth (yy/mm/dd)		Classroom & days attending	Parent contact & phone #	Fever	Vomiting	Nausea	Cramps	Watery diarrhea	Bloody diarrhea	Loose stools	Decreased appetite	Chills	Other - please specify	Stool specimen submitted		Hospitalized	Comments (Physician name, treatment, etc.)	Date resolved (yy/mm/dd)

This information is collected under Section 5 of the Health Protection and Promotion Act, R.S.O. 1990, c. H. 7. The personal health information collected in this form will be used only for outbreak management and to provide statistical data to the Ontario Ministry of Health and Long Term Care. Questions regarding the collection and use of personal health information should be directed to the Associate Director of Corporate Services, Simcoe Muskoka District Health Unit, 15 Spurling Drive, Barrie ON L4M 6R2, telephone (705) 721-7520.



SIMCOE MUSKOKA DISTRICT HEALTH UNIT: CHILD CARE CENTRE RESPIRATORY OUTBREAK  
CHECKLIST



Outbreak #: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Child Care Centre Respiratory Outbreak Management Checklist		Date Initiated yy/mm/dd
1.	Health Unit notification – CD team, Barrie or Gravenhurst	
2.	Appropriate time frame for reporting probable or suspected outbreak to the health unit.	
3.	Identify cases and staff: Development of working case definition. <ul style="list-style-type: none"> <li>Start Respiratory Line List (separate lists for children and staff cases).</li> <li>Case definition should include <b>at least two</b> of the following: cough, runny nose, sneezing, congestion, sore throat, hoarseness, difficulty swallowing, tiredness, muscle aches, loss of appetite, headache, chills or irritability.</li> </ul>	
4.	Respiratory precautions: <ul style="list-style-type: none"> <li>Increase Handwashing – review with staff/volunteers/children and review use of hand sanitizers.</li> <li>Review staff assignments (staff providing care should not handle food).</li> </ul>	
5.	Isolate any symptomatic children until alternate daycare arrangements are made.	
6.	Cohort care of children, as able.	
7.	Exclude ill children and staff <b>until 5 days</b> from onset of symptoms or complete resolution of symptoms whichever is shorter. Exclusion period to be reviewed with Health Unit. Supervisors to review with symptomatic staff exclusion from working in other Centres for the duration of the outbreak.	
8.	Discuss deferring admissions or “short term care” until outbreak under control.	
9.	Notify families, visitors and community stakeholders of outbreak status. Educate visitors/parents/volunteers on precautions. Post signage indicating outbreak.	
10.	Cancel social activities, field trips and community functions.	
11.	Increase cleaning - equipment, toys etc. should be cleaned followed by disinfecting with a product proven effective against non-enveloped viruses (e.g. Poliovirus, Norovirus, Rhinovirus, Rotavirus). All bedding, dress up clothes, plush toys laundered on high heat. Steam clean all carpets in affected rooms.	
12.	Review activities and sensory play. Water play should be discontinued for duration of the outbreak	
13.	Specimen collection: Parents should be advised to bring child to physician for assessment and possible arrangement of specimens.	
14.	Daily update of new and resolved cases to be faxed to health unit – CD Team.	

Childcare Center	Name: _____	SMDHU	Name: _____
	Signature: _____		Signature: _____
	Date: _____		Date: _____
	Faxed to SMDHU: <input type="checkbox"/> Yes <input type="checkbox"/> No		Reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No

Revised: March 2018



SIMCOE MUSKOKA DISTRICT HEALTH UNIT: RESPIRATORY OUTBREAK LINE LIST – CHILDREN



SIMCOE MUSKOKA DISTRICT HEALTH UNIT: RESPIRATORY OUTBREAK LINE LIST – STAFF





CHILD CARE CENTRE ACCIDENT/INJURY REPORT

**Name of Child Care Centre: Wasaga Beach Co-operative Nursery School**

**Accident Information**

Child's Full Legal Name: \_\_\_\_\_

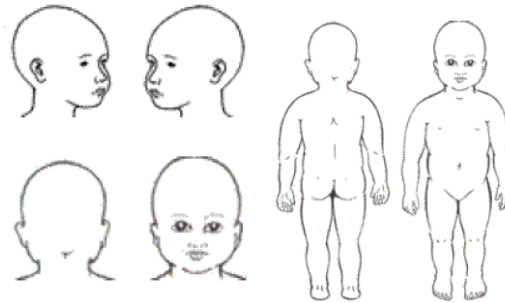
Date of Accident (dd/mm/yyyy) \_\_\_\_\_

Time of Accident (hh:mm AM/PM): \_\_\_\_\_

Location where the accident occurred (e.g., preschool room, playground etc.):  
\_\_\_\_\_

Name(s) of individual(s) who observed the accident:  
\_\_\_\_\_

Please **circle the area(s)** of the child's body where the injury occurred:



**Nature of the Injury:**

Bruise      Cut      Scrape      Bump

Other: \_\_\_\_\_

**Description of what Caused the Accident/Injury:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Child's Reaction to the Accident/Injury:**

Crying      Child has a positive attitude      No reaction from child

Other: \_\_\_\_\_

**First Aid Administered and by Whom:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How and when the parent was notified:**

Phone                      Time notified: \_\_\_\_\_                      By Whom: \_\_\_\_\_

Voicemail was left      Time notified: \_\_\_\_\_                      By Whom: \_\_\_\_\_

Email                      Time notified: \_\_\_\_\_                      By Whom: \_\_\_\_\_

In-person at pick-up      Time notified: \_\_\_\_\_                      By Whom: \_\_\_\_\_

**Administrative Information**

A copy (via email or photocopy) of this report has been provided to a parent of the child by \_\_\_\_\_ (name).

Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family, and includes legal guardians.

**Parent Name (optional)** \_\_\_\_\_

**Parent Signature (optional):** \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor/Designate Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Note to Parents: Please consider providing us with a status update the next day that your child participates in the child care program, so that any additional health or safety needs can be met.

Name and position of the individual completing this form:

same as above (supervisor/designate), or \_\_\_\_\_



Signature (if other individual completing this form): \_\_\_\_\_

CHILD CARE SERIOUS OCCURRENCE REPORT

<b>Ministry of Education</b>		<b>Child Care Serious Occurrence Report</b>		
<b>Part 1: Initial Notification (IN) Report (TO BE SUBMITTED WITHIN 24 HOURS OF OCCURRENCE)</b>				
<b>REGION (select one):</b> <input type="checkbox"/> TORONTO (CENTRAL) <input type="checkbox"/> TORONTO (WEST) <input type="checkbox"/> LONDON <input type="checkbox"/> BARRIE <input type="checkbox"/> OTTAWA <input type="checkbox"/> NORTH BAY / SUDBURY <input type="checkbox"/> THUNDER BAY		MEDU Program Advisor: _____		
<b>Name of day nursery/private-home day care agency:</b> _____  <b>Site address (full address):</b> _____		<b>Operator/Designate:</b> _____  <b>Phone number:</b> _____  <b>Email address:</b> _____		
<b>DATE OF INCIDENT (MM/DD/YYYY):</b> _____ <b>TIME OF INCIDENT (IF KNOWN):</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		<b>DATE &amp; TIME WHEN INCIDENT IS DEEMED TO BE A SERIOUS OCCURRENCE*</b> <b>(MM/DD/YYYY):</b> _____ <b>TIME:</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		
* PLEASE EXPLAIN IF MORE THAN 24 HOURS HAVE PASSED SINCE DATE & TIME OF INCIDENT/OCCURRENCE:				
<b>REPORTED BY:</b> _____		<b>POSITION:</b> _____		<b>PHONE #:</b> _____
<b>SECTION A: CHILD DATA</b>				
First and last initial of child(ren) involved: (NO FULL NAMES):		child(ren) date of birth (MM/DD/YYYY):	Age(s)	
1. _____		1. _____	1. _____	
2. _____		2. _____	2. _____	
<b>SECTION B: TYPE OF SERIOUS OCCURRENCE (report only one from the following)</b>				
<input type="checkbox"/> 1. Death	<input type="checkbox"/> 5. Disaster on premises PLEASE SPECIFY: _____			
<input type="checkbox"/> 2. Serious injury <input type="checkbox"/> a) Caused by service provider <input type="checkbox"/> b) Accidental <input type="checkbox"/> c) Self-inflicted/unexplained	<input type="checkbox"/> 6. Complaint about service standard (including adverse water quality)			
<input type="checkbox"/> 3. Alleged abuse/ Mistreatment	<input type="checkbox"/> 7. Other (Complaint made by or about a child or any other Serious Occurrences)			
<input type="checkbox"/> 4. Missing Child (Note: Ministry must be notified of final outcome)				
<b>SECTION C: DETAILS OF SERIOUS OCCURRENCE</b>				
<b>SUMMARY OF OCCURRENCE</b> – <input type="checkbox"/> tick if other pages are attached What, where and when it happened, actions taken by the operator  _____  _____  _____				
<b>WHO HAS BEEN NOTIFIED?</b> <input type="checkbox"/> Police <input type="checkbox"/> Parent/Guardian/Emergency Contact <input type="checkbox"/> CAS PLEASE SPECIFY: _____ <input type="checkbox"/> Other PLEASE SPECIFY: _____ PLEASE SPECIFY: _____		<b>FURTHER ACTION PROPOSED BY OPERATOR</b> <input type="checkbox"/> tick if other pages are attached		
<b>DIRECTION, IF ANY, PROVIDED BY MINISTRY</b> – <input type="checkbox"/> tick if other pages are attached  _____  _____				



**Ministry of Education Child Care Serious Occurrence Report**

<b>Part 2: Inquiry Report (IR) (TO BE SUBMITTED WITHIN 7 DAYS OF IN REPORT)</b>	
<b>CURRENT STATUS/CONDITION:</b>	<b>CHILD'S ALLEGATION/CHILD'S VIEW (IF APPLICABLE):</b>
<b>FURTHER ACTION PROPOSED BY OPERATOR</b>	<b>IS THIS EXPECTED TO BE THE ONLY/LAST REPORT SUBMITTED FOR THIS OCCURRENCE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:

**SECTION D: INQUIRY REPORT SIGN OFF**

<b>SUBMITTED BY (NAME &amp; POSITION)</b>	<b>PHONE NUMBER</b>	<b>COMPLETION DATE &amp; TIME:</b> (MM/DD/YYYY): _____ TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
---	---------------------	---

<b>ADDITIONAL DETAILS (IF REQUIRED):</b>
<b>PLEASE IDENTIFY THE SECTION OF THE REPORT THAT IS BEING EXPANDED UPON</b>

(reference only, use on-line version)





ANAPHYLAXIS PARENT TRAINING RECORD

Parent Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

I \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_ (Child) have trained the staff listed below on recognizing the signs and symptoms of my child's anaphylaxis as well as the emergency procedures to be followed in the event of my child is having an anaphylaxis reaction.

Staff Name	Signature	Training Date	Parent/Guardian

I \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_ (Child) have trained \_\_\_\_\_ (Supervisor/Designate) on recognizing the signs and symptoms' of my child's anaphylaxis as well as the emergency procedures to be followed in the event of my child is having an anaphylaxis reaction and I hereby authorize him/her to train all new staff, co-op students and/or volunteers or who could not be present at the above training.

Training of New Staff Students and Volunteers

I \_\_\_\_\_ Supervisor/Designate have been trained by the parent of \_\_\_\_\_ (Child). I have trained the staff listed below on recognizing the signs and symptoms of this child's anaphylaxis as well as the emergency procedures to be followed in the event of this child is having an anaphylaxis reaction.

Staff Name	Signature	Training Date	Supervisor/Designate

EMERGENCY PLAN FOR CHILDREN WITH EXISTING MEDICAL CONDITIONS INCLUDING ANAPHYLAXIS

This detailed individual emergency plan shall be developed for all children who have existing medical conditions and posted at the school for quick reference.

*This form must be completed for a child who has one or more acute\* or chronic\*\* medical conditions such that he or she requires additional supports, accommodation or assistance.*

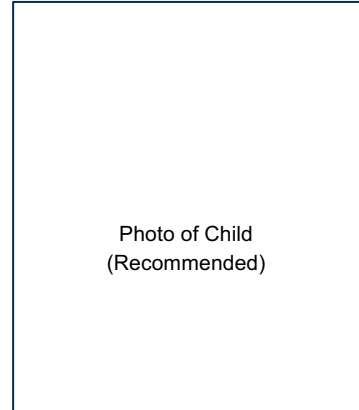
**Child's Full Name:** [Click here to enter text.](#)

**Child's Date of Birth:** [Click here to enter text\(dd/mm/yyyy\)](#)

**Date Individualized Plan Completed:** [Click here to enter text.](#)

**Medical Condition(s):**

- Diabetes
- Asthma
- Seizure
- Other: [Click here to enter text.](#)



**PREVENTION AND SUPPORTS**

**STEPS TO REDUCE THE RISK OF CAUSING OR WORSENING THE MEDICAL CONDITION(S):** *[Include how to prevent an allergic reaction/other medical emergency; how not to aggravate the medical condition (e.g. Pureeing food to minimize choking)]*

[Click here to enter text.](#)

**LIST OF MEDICAL DEVICES AND HOW TO USE THEM** (if applicable): *(e.g. feeding tube, stoma, glucose monitor, etc.; or not applicable (N/A))*

[Click here to enter text.](#)

**LOCATION OF MEDICATION AND/OR MEDICAL DEVICE(S)** (if applicable): *(e.g. glucose monitor is stored on the second shelf in the program room storage closet; or not applicable (N/A))*

[Click here to enter text.](#)

**SUPPORTS AVAILABLE TO THE CHILD** (if applicable): *(e.g. nurse or trained staff to assist with feeding and/or disposing and changing of stoma bag; or not applicable (N/A))*

[Click here to enter text.](#)



**SYMPTOMS AND EMERGENCY PROCEDURES**

**SIGNS AND SYMPTOMS OF AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:** *[include observable physical reactions that indicate the child may need support or assistance (e.g. hives, shortness of breath, bleeding, foaming at the mouth)]*

Click here to enter text.

**PROCEDURE TO FOLLOW IF CHILD HAS AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:** *[Include steps (e.g. Administer 2 puffs of corticosteroids; wait and observe the child's condition; contact emergency services/parent or guardian, parent/guardian/emergency contact information; etc.)]*

Click here to enter text.

**PROCEDURES TO FOLLOW DURING AN EVACUATION:** *(e.g. ice packs for medication and items that require refrigeration; how to assist the child to evacuate)*

Click here to enter text.

**PROCEDURES TO FOLLOW DURING FIELD TRIPS:** *(e.g. how to plan for off-site excursion; how to assist and care for the child during a field trip)*

Click here to enter text.

**ADDITIONAL INFORMATION RELATED TO THE MEDICAL CONDITION (IF APPLICABLE):**

Click here to enter text.

This plan has been created in consultation with the child's parent / guardian.

**Parent/Guardian Signature:**

<b>Print name:</b> Click here to enter text.	<b>Relationship to child:</b> Click here to enter text.
<b>Signature:</b>	<b>Date: (dd/mm/yyyy)</b> Click here to enter text.

--	--

The following individuals participated in the development of this individual plan (optional):

First and Last Name	Position/Role	Signature
Click here to enter text.	Click here to enter text.	

Frequency at which this individualized plan will be reviewed with the child's parent/guardian:

Click here to enter text.

**WBCNS STAFF ROLES AND RESPONSIBILITIES:**

<p>Administer medications and/or instructions as set out in child's individual Emergency Plan</p> <p>Call 911</p> <p>Call emergency contact person(s)</p> <p>Call volunteer parent to support the classroom and initiate pick-up of remaining children if required</p> <p>One teacher or the parent escorts the child in the ambulance and remains with the child</p> <p>Written report to be filled out by staff dealing with emergency</p> <p>Serious Occurrence to be filed</p> <p>Additional requirements:</p>
--

Other information:





**TRAINING OF TEACHERS AND VOLUNTEERS**

Staff Name	Signature	Training Date	Parent/Guardian



**PARENT ACCEPTANCE OF THE PLAN**

I acknowledge my participation in the development of the preceding Emergency Plan and agree to execute reliability the parent commitments listed within them.

I give my consent for the staff of WBCNS to execute the Emergency Plan if they deem that the child is experiencing the described emergency. I agree to assume responsibility for all costs associated with medical treatment and absolve WBCNS and its employees/volunteers of responsibility for any adverse reaction resulting from administration of the medication. This protocol has been recommended by the child's physician. I also consent to the posting of this plan in every room operated by WBCNS and to the sharing of this information with all staff, students and volunteers.

Name of Parent(s) / Guardian(s) (PRINT)

---

Signature of Parent(s) /Guardian(s)

---

Date

---

Medication Authorization Form

This medication is to be administered under the following circumstances (circle one):

EMERGENCY / REGULARLY

If this medication is required due to an existing medical condition, a complete 'Emergency Plan for Children with Existing Medical Conditions' must be completed and attached to this form.

Medication name:	
Start date of administration:	
End date of administration:	
Dosage:	
Time(s) of administration:	
Storage requirements:	

Stop medication if the following symptoms occur:	
--	--

I authorize WBCNS staff to administer the medication above to the child to whom it is prescribed as described on this form.

Name of Parent / Guardian (PRINT)

---

Signature of Parent/Guardian

---

Child's Name (PRINT)

---

Teacher Training of Emergency Plan  
(Supervisor)

---

Teacher Training of Emergency Plan (Second  
Teacher)

---

Class

---

Date

---

## APPENDIX B: WBCNS WORKERS AND VOLUNTEERS



EMPLOYEE / VOLUNTEER FORM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I have reviewed and understand the following policies. I have been given a chance to ask questions if I was unsure of any policy:

- Program Statement (including How Does Learning Happen)
- Prohibited Practices
- Sanitary practices
- Emergency Preparedness
- Immunization, Illness and Communicable Diseases
- Daily Written Record
- Observation of Children
- Children in Need of Protection
- Accident Reporting
- Serious Occurrences
- Anaphylactic Policy
- Children with Existing Medical Conditions requiring the Administration of Drugs and Medication
- Criminal Reference Checks
- Health Assessments and Immunization of Staff
- Worker Occupational Health & Safety
- Privacy Policy

I have provided a current criminal reference check including a Vulnerable Sector Check (last5years).

Date of check: \_\_\_\_\_. In the years when a Criminal Reference Check is not required, I have completed an Offense Declaration Form.

A parent volunteering to count as a teacher must supply a current First Aid Certificate (2 day-16 hours, adult/child/infant CPR) approved by Workplace Safety & Insurance Board or the Director.

Date of First Aid / CPR course (if applicable):\_\_\_\_\_

I have read, understood and had the opportunity to ask questions and here by agree to do the following:

- I agree to follow all WBCNS rules, policies, procedures including health and safety, behaviour management and confidentiality.
- I agree to work reliably to the best of my ability, and give as much notice as possible whenever I cannot work as expected.

Signature:\_\_\_\_\_Date:\_\_\_\_\_

Notice with Respect to the Collection of Personal Information



CRIMINAL REFERENCE CHECK REQUEST



Wasaga Beach Co-op Nursery School

1724 Mosley Street Unit 2, Wasaga Beach, Ontario L9Z 1Z7

(705) 429-4228

Re: Request for Vulnerable Sector Check at WBCNS

To whom it may concern:

Please conduct a vulnerable sector check for \_\_\_\_\_ who will be working with children between the ages of 2-5 years at the Wasaga Beach Co-op Nursery School. This check is required for:

- A Volunteer Position (Parent helper)
- A Paid Position (Class room teacher)

Thank you for your attention,

Representative of WBCNS requesting check:

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Enclosed: OPP Vulnerable Sector Check Form (available at OPP Station)



WBCNS OFFENCE DECLARATION FORM



Ministry of  
Education

Offence Declaration

1. Instructions

This form is intended for use by child care programs licensed under the *Child Care and Early Years Act, 2014*, to meet the following requirements:

- Licensees must obtain offence declarations from all individuals from whom they have previously obtained a vulnerable sector check. The offence declaration must be obtained in every calendar year, except a year in which a vulnerable sector check is obtained, and dated no later than 15 days after the anniversary date of the most recent offence declaration or vulnerable sector check.
- Licensees must obtain a statement from any person who turns 18 years old while in a position where he or she interacts with children receiving care, within one month after the person turns 18 years old. The statement must disclose every previous finding of guilt of the person under the *Youth Criminal Justice Act (Canada)*, if the person received an adult sentence.
- Where a licensee has accepted a copy of a vulnerable sector check from a volunteer or student, instead of the original documents, the volunteer or student must provide an offence declaration that addresses the period since day the vulnerable sector check was performed if more than six months but less than five years have passed since the day the vulnerable sector check was performed.
- Any person from whom a licensee is required to obtain a vulnerable sector check is required to provide the licensee with an offence declaration, as soon as reasonably possible, any time he or she is convicted of an offence under the *Criminal Code (Canada)*.

This form must be completed and signed by the individual from whom an offence declaration is required. The form must also be signed by the licensee or designate to confirm receipt.

This form must be retained for ministry review.

2. Declaration

Child Care Program Name: \_\_\_\_\_

I, \_\_\_\_\_, declare that,  
First Name, Last Name

\_\_\_\_\_  
Date of last vulnerable sector check or last offence declaration, whichever is most recent, or date of 18th birthday (yyyy/mm/dd)

- I have **not** been convicted of an offence under section 151 (sexual interference) of the *Criminal Code (Canada)*.
- I have **not** been convicted of an offence under section 163.1 (child pornography) of the *Criminal Code (Canada)*.
- I have **not** been convicted of an offence under section 215 (duty of persons to provide necessities) of the *Criminal Code (Canada)*.
- I have **not** been convicted of an offence under section 229 (murder) of the *Criminal Code (Canada)*.
- I have **not** been convicted of an offence under section 233 (infanticide) of the *Criminal Code (Canada)*.
- I have been convicted of the following offences under the *Criminal Code (Canada)*:

Add Item (+)

I declare that the above discloses all of my convictions under the *Criminal Code (Canada)* since the date specified above.

In addition, I am aware of my duty to provide the licensee of the child care centre or home child care agency, as the case may be, with an offence declaration as soon as reasonably possible at any time that I am convicted of an offence under the *Criminal Code (Canada)*.

3. Signature (For completion by the employee/volunteer/student/provider/person who is ordinarily a resident or regularly at a home child care premises.)

First and Last Name	Signature	Date (yyyy/mm/dd)
---------------------	-----------	-------------------

4. Signature (For completion by the licensee/designate.)

First and Last Name	Signature	Date (yyyy/mm/dd)
---------------------	-----------	-------------------

Print Form

Clear Form





EMPLOYEE HEALTH AND SAFETY TRAINING FORM

Employee Name: \_\_\_\_\_

I have received training on the following Occupational Health & Safety Subjects:

- Workplace Hazards
- WHMIS
- Work refusals
- Workplace inspections
- Reporting any and all workplace injuries

I have read, understood and had the opportunity to ask questions and here by agree to do the following:

I agree to work safely to the best of my ability. I understand that workplace health and safety is a priority and I am responsible for my own safety while at work.

Employee Signature: \_\_\_\_\_

Employer Signature: \_\_\_\_\_

Date: \_\_\_\_\_