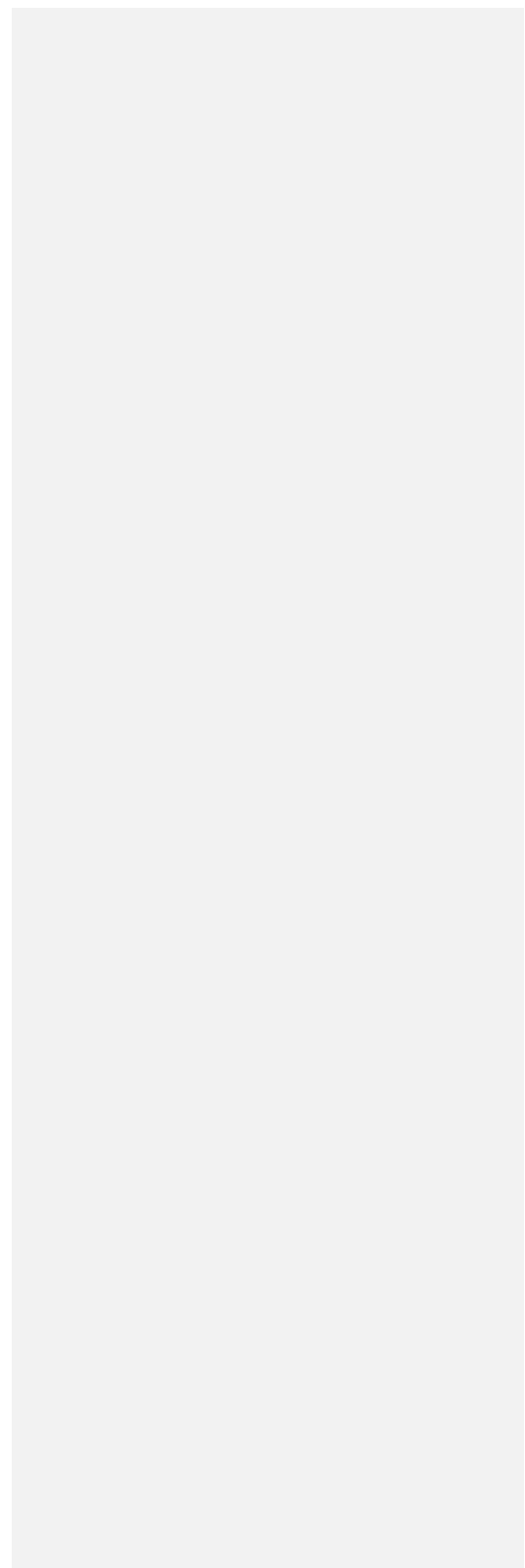


**PARENT HANDBOOK  
KODOMOEN CHILDCARE CENTRE**

**Updated: January 19, 2026**



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### **Introduction: Welcome to Kodomoen Childcare Centre!**

Kodomoen Childcare Centre (hereinafter called Kodomoen) is a non-profit child care centre, licensed under the Ministry of Education. It was established in 2012 through the Japanese Academy of Cultural Exchange and changed operators in 2018 and is currently under Kodomoen Childcare Centre Inc.

Kodomoen has taken over Hakobune Daycare, a Japanese-speaking Christian daycare, which provided child care services for 20 years in downtown Toronto. “Hakobune” means Noah’s Ark in Japanese, and Kodomoen (which means “kindergarten”) is continuing the same vision and mission of supporting families who desire to educate their children in the Japanese language and culture.

### **Age Range, and Hours of Operation**

- a. Kodomoen is a full-time child care centre which provides 8 hour care for children. As of January 2025, we no longer provide 7 hour care. Parents may pick up their child earlier, but the 8 hour fee will apply.
- b. We are licensed for 24 children, primarily in the preschool category of 30 months to 4 years of age.
- c. Kodomoen opens Monday to Friday, within 8am to 5pm, with flexibility during emergencies. The time frames available: 8am – 4pm, 8:30am – 4:30pm, 9am – 5pm
- d. The holidays in which we are closed:

January: New Years, plus 2 or 3 days in January, depending on the year  
 February: Family Day  
 March: Good Friday and Easter Monday  
 May: Victoria Day  
 July: Canada Day  
 August: Civic Holiday, Last Friday of August  
 September: Labour Day  
 October: Thanksgiving  
 December: Christmas Day, Boxing Day, plus 4 or 5 days, depending on the year

- e. The activities off premise:  
 Walks around the neighbourhood and surrounding community  
 Annual Field Trip to Toronto Centre Island

### **Fees**

This fee is calculated based on the Canada Wide Early Learning Child Care (CWELCC) funding grant from the Federal Government of Canada. It is referred to as a base fee; please pay the reduced fee. There was a 52.75% reduction as of December 31, 2022,

and a new funding formula has been implemented as of January 2025, and is capped to \$22 day.

### Kodomoen 2026 Fee Chart

Month	Price	Notes:
January	\$484	Monday January 5 <sup>th</sup> , 2026: First Day Back to Kodomoen
February	\$440	Monday 16 <sup>th</sup> : Family Day, centre closed
March	\$484	TDSB March Break: 16-20, centre opened
April	\$484	Fri. 3 <sup>rd</sup> & Mon. 6 <sup>th</sup> : Good Fri.& Easter Mon., centre closed
May	\$462	Monday 18 <sup>th</sup> : Victoria Day, centre closed
June	\$484	
July	\$506	Wednesday 1 <sup>st</sup> : Canada Day, centre closed
August	\$374	Mon-Fri. 24th-28th: Summer Break, centre closed
September	\$484	Mon. 7th: Labour Day, centre closed
October	\$484	Mon. 12th: Thanksgiving, centre closed
November	\$462	
December	\$506	Mon-Fri 21st-1st Xmas Holiday, centre closed

Forms of payment are:

- Interac ETransfer to [kodomoencc@gmail.com](mailto:kodomoencc@gmail.com): Please write in the note section Full name of Child, month, and year the fee is for. (For example: Ami Sato, April fee 2025)
  - Money order from a Canadian Financial Institution
  - Personal Cheque: Please make cheques payable to "Kodomoen Childcare Centre Inc."
  - Cash
2. **For first time enrolment:** The first-time registration fee is now fully covered under the CWELCC cost-based funding formula. From 2022 to 2024, there was an \$80 registration fee, which was partially subsidized (52.75%), reducing the out-of-pocket cost to \$37.80. Beginning in 2025, this fee is fully covered through CWELCC funding.
  3. **Full-time children** (scheduled every weekday) will continue to pay for the full month, including statutory holidays and closure days.
  4. If a child is **withdrawn** from the program, the administration fee will be applied upon re-enrolment. However, this will be covered by CWELCC funding.
  5. If your child is absent for a week or more, such as a vacation, please notify staff at least 2 weeks in advance. There will be no reduction of fees for these absences.
  6. If your child is absent for a month or more (such as an extended vacation), please notify staff at least two weeks in advance. Your child's spot will be kept if their monthly payments are maintained. As of 2026, we kindly ask parents to continue full monthly payments, even during personal holidays, as well as extended holidays that extend beyond a month.
  7. We ask parents to notify the Supervisor or Principal at least 2 weeks in advance if you decide to withdraw your child for any reason from care.

If you have any questions or concerns, please email us at [kodomoencc@gmail.com](mailto:kodomoencc@gmail.com).

## **Snack and Lunch**

Kodomoen provides a morning and afternoon snack, as well as a hot meal lunch for children. We provide nutritious snacks that include the four food groups recommended by the Canada Food Guide. Some children bring their own water bottle with water or unsweetened tea. Lunch is nutritionally balanced, also using the guideline set out by Canada's Food Guide. It is Japanese based cuisine. The menu is posted on the parent information board. If your child has severe allergies, please speak to the supervisor or principal, as we will create an anaphylaxis emergency plan, and you may bring your own snack and lunch, provided it is nut-free. This should be discussed prior to enrollment.

### **Additional Information:**

**Our procedure for attendance:** We will have an attendance board for arrival and pick-up of each child. We ask parents to drop off their child(ren) no earlier than 5 minutes before the centre opens. If you need special arrangements of time, please speak to the principal or supervisor. For pick up times, please be sure to be ready at the arranged time. We ask parents to call ahead if they are going to be late. We appreciate the many different reasons for being late at pick-up, but we will make note if it becomes a regular occurrence. A late fee will be charged for those who are frequently late. The late charge will be \$1 per minute late. Please speak to the principal or supervisor for further information, if required.

**Parking** is available on the north side of the building, on Harbord St. You may park for a short period of time, during drop-off and pick-up. If an extended period of parking is needed, please go to the Knox Presbyterian church office, located beside the entrance, and they can assist in the procedures for parking.

**In Inclement Weather**, such as a snow storm, we will be emailing all families to notify parents of any closures. If you are not able to come for your scheduled day due to weather, please contact the centre.

### **What to Pack For Your Child :**

- Extra Clothes
- Diapers and Wipes (If applicable)
- Diaper Cream (Optional)
- Water Bottle (Water or Unsweetened Tea)
- Bib (Optional)
- Blanket (Optional: Pillow or Stuffed Animal)
- Sunscreen, hat, closed toe sandals (Summer)
- Snow pants, mitts, tuque/hat, boots (winter)

\*Please label all your child's belongings, as we are not responsible for any lost or stolen items.

## Program Statement

Name of Child Care Centre: Kodomoen Childcare Centre  
Date Policy and Procedures Established: November 23, 2024  
Date Policy and Procedures Updated: March 11, 2025

### Purpose

This policy statement is intended to strengthen the quality of programs and experiences that lead to positive outcomes in relation to children's learning, development, health and well-being.

### Vision

- To create a home away from home for all children, fostering a nurturing, caring environment, with a family-like atmosphere.
- To empower children to become independent and joyful learners, guided by the Biblical principles of love and mutual respect.

### Mission

- To instill the golden rule from the Book of Matthew 7:12 "So in everything, do to others what you would have them do to you."
- To provide a loving, caring environment where children can share and enjoy mutual friendship and feel safe to thrive in all areas of development, through Japanese language and culture.
- Promote Japanese language and culture through Japanese immersion curriculum, where all communication and instruction is in the Japanese language.

### Policy

Kodomoen Childcare Centre is committed to follow the Ministry Policy Statement on Program and Pedagogy as well as to offer a stimulating learning environment that is designed to meet your child's physical, spiritual, social, emotional and intellectual needs.

*Subsection 55 (3) of the Child Care and Early Years Act, 2014 (CCEYA) authorizes the Minister of Education to issue policy statements regarding programming and pedagogy for the purpose of guiding licensees of child care and early years programs and services in developing their programs and services. Under this authority, the Minister has named How Does Learning Happen? (HDLH) as the common provincial framework to guide programming and pedagogy in licensed child care settings.*

*HDLH is a professional learning resource that provides a common framework to help licensees focus on knowledge from research, theory and practice on what's most important for children. It encompasses a broad range of program philosophies and*

approaches, and may look quite different when put into practice in a variety of settings. The program-related requirements from Ontario Regulation 137/15 align with HDLH and help licensees put the ideas and approaches of the pedagogical framework into practice.

Taken from <http://www.edu.gov.on.ca/childcare/programCCEYA.pdf>

## Goals and Approaches

All human life is the gift from God the Creator, no matter the background of each person. This means children should be cherished and respected by peers and adults alike. Through this lens, we reflect our belief that **children are competent, capable, curious and rich in potential, who demonstrate their personal ability to reach their unique potentials**. Most importantly, the personality and talents of each child should be respected as much as Jesus Christ the Lord cherishes and loves each of them. The centre's program is structured with such godly worth of children in mind.

Our goals are outlined, using the following elements in the CCEYA:

*The program statement shall describe the goals that guide the licensee's program for children at a child care centre it operates or at a home child care premises it oversees, and the approaches that will be implemented in the program to,*

- (a) promote the health, safety, nutrition and well-being of the children;*
- (b) support positive and responsive interactions among the children, parents, child care providers and staff;*
- (c) encourage the children to interact and communicate in a positive way and support their ability to self-regulate;*
- (d) foster the children's exploration, play and inquiry;*
- (e) provide child-initiated and adult-supported experiences;*
- (f) plan for and create positive learning environments and experiences in which each child's learning and development will be supported;*
- (g) incorporate indoor and outdoor play, as well as active play, rest and quiet time, into the day, and give consideration to the individual needs of the children receiving child care;*
- (h) foster the engagement of and ongoing communication with parents about the program and their children;*
- (i) involve local community partners and allow those partners to support the children, their families and staff;*
- (j) 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; and*
- (k) document and review the impact of the strategies set out in clauses (a) to (j) on the children and their families.*

### 1. Goal: Promote children's overall health, nutrition, and well-being s.46(a)

**HDLH: Well being** addresses the importance of physical and mental health and wellness. It incorporates capacities such as self-care, sense of self, and self-regulation skills. (p. 7)

**Approach:**

At Kodomoen, we strive to promote children's overall well being, which includes physical, emotional, spiritual, and intellectual elements. Children a better chance of developing self-regulation skills, if they are physically healthy. Therefore, we believe a safe and healthy environment will promote physical and mental health, and wellness. Ways in which this is done is:

- Annual health inspections ensure that we are following the rules and recommendations of Toronto Public Health, receiving a Green Pass
- Requirements of the Fire Code made under the *Fire Protection and Prevention Act, 1997*, where applicable
- Nutrition: Lunch and Snack Menus are carefully planned and posted, milk and water are available
- Allergies are known and food restrictions are communicated between parents and staff
- Policies and Procedures such as Health Policy which includes sanitary practices, Anaphylaxis Policy, Sleep Supervision Policy, Emergency Management, and Serious Occurrences are in place to support children their well being.
- Staff monitor and document children's health and well-being and communicate concerns immediately with families.

Staff encourage children to practice self-care and sense of self throughout the day. On-going activities will be provided to challenge children at their developmental levels and support children in learning concrete strategies to deal with emotions both positive and negative. Some examples of the teaching tools for self-regulation will include guiding children in the act of putting away their belongings, and serving themselves water when thirsty.

**2. Goal: Fostering children's exploration, play and inquiry s.46(b, c, d, e)**

**HDLH: Engagement** suggests a state of being involved and focused. When children are able to explore the world around them with their natural curiosity and exuberance, they are fully engaged. Through this type of play and inquiry, they develop skills such as problem solving, creative thinking, and innovating, which are essential for learning and success in school and beyond. **Expression** or communication (to be heard, as well as to listen) may take many different forms. Through their bodies, words, and use of

materials, children develop capacities for increasingly complex communication. Opportunities to explore materials support creativity, problem solving, and mathematical behaviours. Language-rich environments support growing communication skills, which are foundational for literacy. (p. 7, 8)

### **Approach**

Staff play a key role in facilitating children's exploration, play and inquiry. The first and foremost key is that each staff uses a warm, responsive, and inclusive approach, building positive relationships with children, families, colleagues, and communities. We warmly welcome and send off each child upon arrival and pick up. We thoughtfully use our tone of voice and body language throughout the day, to convey kindness and respect. In doing so, we believe we can foster a sense of safety and belonging for each child and allow them to engage and express themselves in a meaningful and joyful way.

At Kodomoen, there is one classroom with children of different ages. We aim to encourage the children to interact and communicate in a positive way and support their ability to self-regulate, as they learn to take turns, share, and cooperate. We also allow for a smaller group time, where children can explore and play with others close in age and engage in age appropriate activities.

The staff use the emergent play-based curriculum where children's natural curiosity, inquiry, and sense of wonder is capitalized upon. Children's interests are included to shape and form the direction of the curriculum. This is coupled with the yearly events in the Japanese calendar, as we promote the culture of Japan. Doing so allows for both child-oriented and adult-supported activities.

**3. Goal: Plan for and create positive learning environments and experiences in which each child's learning and development will be supported. This includes incorporating indoor and outdoor play, as well as active play, rest and quiet time, into the day, and give consideration to the individual needs of the children receiving child care. s. 46 (f, g)**

**HDLH: Pedagogical documentation** helps to find meaning in what children do and what they experience. It is a way to value children's experiences and include their perspectives; a way to make children's learning and understanding of the world around them visible to the children themselves; a process for educators to co-plan with children and with families.

**Environment as the Third Teacher:** From the aesthetics of the space, to the type of furnishings and materials available, to the organization of time, the environment communicates a powerful message and contributes to shaping the actions that can be taken within it...Children thrive in indoor and outdoor spaces that invite them to investigate, imagine, think, create, solve problems, and make meaning from their experiences. (p. 20 – 22)

**Approach:**

In regards to documentation, staff record children at play in their daily log book once a week, along with daily highlights. We will document skills of children according to *Excerpts From Elect* a resource set out by the government of Ontario. It covers domains of learning including social, emotional, communication/language/literacy, and cognitive. Regular conversations with staff and parents will also be recorded, to come up with meaningful planning. With this documentation, we will be able to observe areas of development, as well plan future activities for further inquiry and skill building.

Weekly overview plans are created and posted on the parent information board, to guide the activities and play of children. It may be subject to change over the week, as children's interests and curiosities change. As observations are made, staff will evolve the activities to incorporate the emerging interests shown by the children.

The program room itself is a brightly lit, large space, with different learning environments to allow children to explore and play. The environments include:

- Building area with blocks and other connecting toys
- Dramatic centre
- Quiet area furnished with books and soft seating
- Sensory table
- Table top experiences for cognitive toys and science exploration
- Large floor area to play with different materials

The outdoor area is adjacent to the building, on the ground floor. It is a fenced enclosure with a sandbox, and large grassy area to run and play games. There is a path running through the middle, where children can play with riding toys. We have the option of shade, using large umbrellas in strategic spots throughout the space.

The schedule allows for uninterrupted play, as well as various experiences, including outdoor and indoor time for children to investigate, imagine, create, and solve problems. Children will be able to be exuberant in play or quiet and reflective. Their individual needs for rest and play are considered and respected throughout the course of the day. Snacks and meals are provided, following Canada's Food Guide, and made primarily in Japanese style.

**A Typical Day (Schedule) at the Centre:**

8:00	Early arrival, self-directed activities
9:00	Regular arrival, self-directed activities, open snack
9:30	Late arrivals, self-directed activities
9:50	Clean up, exercise, outside or gymnasium/Group time, adult supported activity (Depending on group size, we will split into 2 smaller groups, younger group will have physical activity first.)

11:40	Washroom and getting ready for lunch
12.00	Lunch
12:30	Nap time or quiet activities (Children who nap will do so until 2:30pm). Quiet table top activities for children who do not nap
2:30	Self directed activities (snack and washroom during this time)
3:30	Outdoor Play
4:30-5:00	Pick up and dismissal (May come in at 4:30, depending on weather.)

**4. Goal: Staff to form trusting relationships with not only the children, but also their families. Foster the engagement of and ongoing communication with parents about the program and their children s. 46 (h)**

**HDLH:** A shared view of families as competent and capable, curious, and rich in experience informs our relationships with families and has a significant impact on children... Creating an environment that welcomes families into the space, inviting their perspectives and providing opportunities for families to participate in meaningful ways (that they are most comfortable with) on an ongoing basis, supports their sense of belonging. (p. 18)

**Approach**

Our enrolment (registration) form is our first step in allowing parents to communicate with Kodomoen. We ask parents to give a detailed account of the background of the child, from health, to home life, to communication skills.

Our parent handbook is another way we communicate with parents in our centre. It gives an overview of our centre, and allows parents and families to understand Kodomoen and its vision and mission.

The staff foster the engagement of and ongoing communication with parents about the program and their children through daily verbal communication. Health checks are made in order to relay the information to parents. A daily log is written and communicated to parents via a daily log book, to see their highlight of the day, meals, toileting, and general mood.

Every year we have a Christmas concert for the families, showcasing the children. During this time, we invite family and friends to see their children perform songs and dances, as well as have a community lunch, where the Kodomoen community share a meal. By holding such events, families have the opportunity to connect, and feel a sense of belonging.

**5. Goal: Involve local community partners and allow those partners to support the children, their families and staff s. 46 (i)**

**HDLH:** Opportunities to engage with people, places, and the natural world in the local environment help children, families, educators, and communities build connections, learn and discover, and make contributions to the world around them. (p. 19)

### **Approach**

Staff will engage in and with the community is by going on walks. There are some residential areas where children can enjoy the neighbourhoods and local establishments. Margaret Fairly Parkette is another play space, to enjoy the naturalized playground they offer to give opportunities of exploration, inquiry, and play.

Kodomoen is located in a Knox Presbyterian Church, and a great relationship with the church staff allows the children at the centre to experience a fun “Canadian” tradition, Halloween. Every October, the children dress up and walk around the building, where church staff are waiting to give out candy. This helps Japanese families familiarize themselves with events that are not always present in their culture. We will plan other events to strengthen the positive connection that exists.

Another way we involve the community is to have local community helpers and other artists visit the centre. For example, we have had the Fire Department visit one year, and more recently we have had a local Japanese acrobatic performer come and perform a routine. Through these visits, we hope to foster involvement and awareness for the community around us.

We will encourage families to connect with the broader Japanese community by posting events around the city on our parent information board, as well as have flyers for local Japanese language schools for families to take.

Kodomoen holds an annual food drive each year (Japanese Social Services) that allows families in the centre to make contributions to the less fortunate around them.

### **6. Goal: support staff, who interact with the children at Kodomoen, in relation to continuous professional learning, as well as document and review the impact of the strategies set out in this program statement on the children and their families s. 46 (j, k)**

**HDLH:** A solid understanding of child development is essential for educators to apply the pedagogical approaches...when educators have an understanding of child development – of what has come before and what may come next – they are able to provide experiences that challenge children to stretch just beyond what they know and can do. (p. 17)

### **Approach**

There will be an on-going staff monitoring checklist obtained on a regular basis.

There will be an annual review of all policies and procedures for the centre.

There will be a performance appraisal annually, to have each staff evaluate and reflect on professional performance.

Kodomoen will share information about professional learning opportunities, such as the Continuous Professional Learning courses offered by the College of Early Childhood Educators, at George Brown College.

Staff will be provided dedicated time to engage in collaborative inquiry using *How Does Learning Happen?*, share teacher stories, and engage in reflective dialogue in reviewing the impact of program strategies.

### **Glossary**

*Licensee*: The individual or agency licensed by the Ministry of Education responsible for the operation and management of each child care centre it operates (i.e. the operator).

*Staff*: Individual employed by the licensee (e.g. program room staff).

For the purposes of this policy, the following definitions/acronyms apply:

- Child Care and Early Years Act, 2014 (CCEYA)
- How Does Learning Happen? (HDLH)
- Excerpts From ELECT (ELECT)

## **Program Statement Implementation Policies and Procedures**

Name of Child Care Centre: Kodomoen Childcare Centre  
Date Policy and Procedures Established: November 23, 2018  
Date Policy and Procedures Updated: October 7, 2024

### **Policy**

This policy sets out how the program statement will be implemented. These policies set out how the approaches communicated in the program statement will be put into practice by the licensee and are referred to in licensing documents as the Program Statement Implementation Policy.

The Program Statement Implementation Policy also sets out the list of prohibited practices identified in section 48 of Ontario Regulation 137/15 and the measures that will be used to deal with any contraventions of the policy or commission of the prohibited practices.

Kodomoen Childcare Centre is to providing quality care for each child, as we reflect the view that children are competent, capable, curious and rich in potential. Our program statement outlines our goals and approaches to guide our children to learn and grow to their full potential.

Staff, Volunteers, and Students will follow and implement the approaches set out in the program statement. Our program statement outlines specific details on implementation of approaches. The Program Statement will be reviewed annually by staff, volunteers, and students, as well as when updates are made.

It is expected for staff to implement these approaches on an on-going basis, and through peer mentoring and reflective practice, remind volunteers and students to do the same. For example, to be approachable, kind, and caring in their interactions with children.

Documentation and on-going communication with parents and caregivers will illustrate how the approaches are implemented. For example, photographs of events posted on the parent board.

As evidence of implementation, our daily practices, program plans and playroom environments are aligned to the Program Statement.

### **Prohibited Practices**

As outlined in our Prohibited Practices Policy, none of the following practices are to be observed in the program:

1. Corporal punishment (physical punishment such as hitting, spanking, kicking, heavy pushing, shoving, grabbing, squeezing arms, ears, etc.);
2. 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.
3. Deliberate harsh or degrading treatment that would humiliate a child or undermine his or her self-respect;
4. Depriving the child of basic needs (i.e. food, shelter, drink, sleep, toilet use, clothing, and bedding);
5. Inflicting any bodily harm on children including making children eat or drink against their will;
6. Locking the exits of the Centre 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.

Staff will confirm that these practices are not allowed and do not occur in the program.

Contraventions to prohibited practices are taken seriously at Kodomoen, and individuals who are found to be in violation of any of the above mentioned (a) – (f) practices will be subject to corrective action, up to and including termination of employment, volunteer, or student assignment. For more information, please refer to the Staff Health and Safety Policy.

### **Glossary**

*Licensee:* The individual or agency licensed by the Ministry of Education responsible for the operation and management of each child care centre it operates (i.e. the operator).

*Staff:* Individual employed by the licensee (e.g. program room staff).

For the purposes of this policy, the following definitions/acronyms apply:

- Child Care and Early Years Act, 2014 (CCEYA)
- How Does Learning Happen? (HDLH)
- Excerpts From ELECT (ELECT)

## **Monitoring Compliance and Contraventions Policy**

Name of Child Care Centre: Kodomoen Childcare Centre  
 Date Policy and Procedures Established: November 23, 2018  
 Date Policy and Procedures Updated: October 7, 2024

### **Policy and Procedures for Monitoring Compliance**

- Purpose: To provide direction on how Kodomoen Childcare Centre monitors compliance and contraventions for required policies and individual plans.
- Staff, students and volunteers will be monitored on an on-going basis to ensure they are complying with required policies and procedures:
  - Playground Safety Policy
  - Anaphylactic Policy
  - Infection Prevention and Control (IPAC, Health/Sanitary Practice)
  - Gastrointestinal Outbreak Policy
  - Sleep Supervision Policy
  - Serious Occurrence Policy
  - Administration of Medication and Drugs Policy
  - Supervision of Volunteers and Students Policy
  - Program Statement Implementation Policy
  - Staff Training and Development Policy
  - Criminal Reference Check/Vulnerable Sector Check Policy
  - Fire Safety/Evacuation Procedures
  - Individual Support Plans
  - Wait List Policy
  - Emergency Management Policy
  - Parental Issues and Concerns Policy
  - Safe Arrival and Dismissal Policy
  - Staff Health and Safety Policy

### **Roles and Responsibilities**

#### **Supervisor:**

- The supervisor will provide all staff, volunteers with a copy (digital or printed) of all the policies and procedures, processes, and individual plans before interacting with children.
- The supervisor will train staff, volunteers and students about policies, procedures, processes and individual plans they are expected to follow.
- The supervisor is responsible for on-going observations to ensure compliance
- At least twice annually, the supervisor will complete the Compliance and Contraventions Checklist with all staff to monitor, record and address compliance and contraventions. (This checklist is part of the Staff Monitoring Record.)

#### Staff, Students and Volunteers

- It is the responsibility of all staff, students and volunteers to read, review and ensure compliance of all required policies, procedures, processes, and individual plans.
- Staff will receive a digital copy of all policies and procedures, as well as on-going updates and are responsible to signing off on all policies, procedures, processes and individual plans at least twice a year, and when there are updates.
- Volunteers and students are responsible to read and sign off on all policies, procedures, processes, and individual plans a least once a year, and when there are updates.

#### **Policy and Procedures for Recording Compliance and Non-Compliance**

- Compliance Recording:
  - There is a review form of all the policies and procedures that the staff will sign after they have reviewed each policy and procedure, processes, and individual plans. This will be completed prior to each staff, volunteer, or student interacts with children, and will be reviewed once a year (or sooner if there are updates).
  - Staff: The Staff Monitoring Record will be completed twice a year, with a follow up discussion with the supervisor.
  - Volunteers and Students: Any required paper work will be filled out. (Typically, the institution the volunteer comes from will have a performance form to fill out.)
- Non-Compliance Recording:
  - If a contravention of prohibited practices is observed, the incident will be recorded and place in the individual's file.  
Staff: All alleged incidents will be recorded and placed in the staff's file. All discussions and meetings will be recorded and kept in the staff's file. This will be reviewed at the end of the year to determine whether further action is required.

Volunteer and Students: All meetings and discussions will be recorded and placed in the individual's file.

#### **Policy and Procedures for Addressing Compliance and Non-Compliance**

- Compliance with the policies, procedures and individualized plans:  
Staff: Regular verbal communication will be given regarding positive feedback in regards to compliance with the policies, procedures, and individualized plans for children. The bi-annual checklist will be completed, and specific positive comments will be recorded and discussed with the staff.

Volunteers and Students: Regular verbal communication will be made regarding performance, specifically regarding compliance.

- Non-Compliance with policies, procedures and individualized plans:  
Staff: Depending on the contravention observed, there will be a follow up discussion with the individual staff regarding the incident, and the supervisor will determine if

dismissal termination is necessary. There is a reprimand process (including possible dismissal) for any incident involving contraventions to prohibited practices. Please refer to the Staff Health and Safety Policy.

Volunteers and Students: There will be an immediate investigation and possible dismissal of the individual, should the allegation deem credible. The Serious Occurrence Policy will be initiated as well, and the supervisor will determine if further action is required, such as calling of appropriate authorities.

## **Safe Arrival and Dismissal Policy and Procedures**

Name of Child Care Centre: Kodomoen Childcare Centre  
Date Policy and Procedures Established: January 1, 2024  
Date Policy and Procedures Updated: January 8, 2024

### **Purpose**

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 child care 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.

Note: definitions for terms used throughout this policy are provided in a Glossary at the end of the document.

### **Policy**

#### **General**

- Kodomoen Childcare Centre will ensure that any child receiving child care at the child care centre is only released to the child's parent/guardian or an individual that the parent/guardian has provided written authorization the child care centre may release the child to.
- Kodomoen Childcare Centre will only dismiss children into the care of their parent/guardian or another authorized individual. The centre will not release any children from care without supervision.
- Where a child does not arrive in care as expected or is not picked up as expected, staff must follow the safe arrival and dismissal procedures set out below.

### **Procedures**

#### **Accepting a child into care**

1. When accepting a child into care at the time of drop-off, program staff must:
  - greet the parent/guardian and child.
  - ask the parent/guardian how the child's evening/morning has been and if there are any changes to the child's pick-up procedure (i.e., someone other than the parent/guardian picking up). Where the parent/guardian

has indicated that someone other than the child's parent/guardians will be picking up, the staff must confirm that the person is listed on the enrollment form or where the individual is not listed, ask the parent/guardian to provide authorization for pick-up in writing (e.g., note or email).

- document the change in pick-up procedure in the daily written record.
- sign the child in on the classroom attendance record.

#### **Where a child has not arrived in care as expected**

1. Where a child does not arrive at the child care centre and the parent/guardian has not communicated a change in drop-off (e.g., left a voice message or advised the closing staff at pick-up), the staff in the classroom must:
  - inform the Principal and/or Supervisor and staff and they must commence contacting the child's parent/guardian no later than 11:30am. Supervisor or Staff shall contact the child's parent/guardian by phone and/or email. By phone, if there is no answer, a message will be left, and the next contact person on file will be contacted. If there is no response by 2pm, the Principal or Supervisor will phone or email again.
2. 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.

#### **Releasing a child from care**

1. The staff who is supervising the child at the time of pick-up shall only release the child to the child's parent/guardian or individual that the parent/guardian has provided written authorization that the child care may release the child to. Where the staff does not know the individual picking up the child (i.e., parent/guardian or authorized individual),
  - confirm with another staff member that the individual picking up is the child's parent/guardian/authorized individual.
  - where the above is not possible, ask the parent/guardian/authorized individual for photo identification and confirm the individual's information against the parent/guardian/authorized individual's name on the child's file or written authorization.

#### **Where a child has not been picked up as expected (before centre closes)**

1. Where a parent/guardian has previously communicated with the staff a specific time or timeframe that their child is to be picked up from care and the child has not been picked up 15 minutes after the pick up time, the staff on shift shall contact the parent/guardian by phone and advise that the child is still in care and has not been picked up.

- Where the staff is unable to reach the parent/guardian, staff must call the next parent on file, and leave a message. Where the individual picking up the child is an authorized individual and their contact information is available, the staff shall proceed with contacting the individual to confirm pick-up as per the parent/guardian's instructions or leave a voice message to contact the centre.
- Where the staff has not heard back from the parent/guardian or authorized individual who was to pick up the child the staff shall contact the emergency contact person on file and leave a message, wait until program closes and then refer to procedures under "where a child has not been picked up and program is closed").]
- Where the parent is late, there will be a fee of \$1 per minute for each minute late.

#### **Where a child has not been picked up and the centre is closed**

1. Where a parent/guardian or authorized individual who was supposed to pick up a child from care and has not arrived by their arranged time, staff shall ensure that the child is given a snack and activity, while they await their pick-up.
2. One staff shall stay with the child, while a second staff (where applicable) 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.
3. 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.
4. 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) within an hour of their pick up time, the staff shall proceed with contacting the local Children's Aid Society (CAS) at 416-924-4646. Staff shall follow the CAS's direction with respect to next steps.

#### **Dismissing a child from care without supervision procedures**

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

#### **Glossary**

*Individual authorized to pick-up/authorized individual:* a person that the parent/guardian has advised the child care program staff in writing can pick-up their child from care.

*Licensee:* The individual or corporation named on the licence issued by the Ministry of Education responsible for the operation and management of the child care centre and home child agency.

*Parent/guardian:* A person having lawful custody of a child or a person who has demonstrated a settled intention to treat a child as a child of his or her family.

## **Anaphylaxis Policy and Procedures**

Name of Child Care Centre: Kodomoen Childcare Centre  
Date Policy and Procedures Established: November 23, 2024  
Date Policy and Procedures Updated: October 15, 2024

### **Purpose**

Anaphylaxis is a serious allergic reaction that can be life-threatening. It requires avoidance strategies and immediate response in the event of an emergency. These policies and procedures are intended to help meet the needs and save the lives of children with severe allergies and provide relevant and important information on anaphylaxis to parents, staff, students, volunteers and visitors at the child care centre.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for an anaphylactic policy for child care centres. The requirements set out in this policy align with [Sabrina's Law, 2005](#).

Note: definitions for terms used throughout this policy are provided in a Glossary at the end of the document.

### **Policy**

#### **Individualized Plans and Emergency Procedures for Children with Life-Threatening/Anaphylactic Allergies**

- Before attending the child care centre, the supervisor/designate will meet with the parent of a child to obtain information about any medical conditions, including whether the child is at risk of having or has anaphylaxis.
- Before a child attends the child care centre or upon discovering that a child has an anaphylactic allergy, an individualized plan and emergency procedures will be developed for each child with anaphylaxis in consultation and collaboration with the child's parent, and any regulated health professional who is involved in the child's care that the parent believes should be included in the consultation (the form in Appendix A may be used for this purpose).

- All individualized plans and emergency procedures will include a description of symptoms of an anaphylactic reaction that are specific to the child and the procedures to be followed in the event of an allergic reaction or other medical emergency based on the severity of the child's symptoms.
- The individualized plan and emergency procedures for each child will include information for those who are in direct contact with the child on a regular basis about the type of allergy, monitoring and avoidance strategies and appropriate treatment.
- All individualized plans and emergency procedures will be made readily accessible at all times to all staff, students and volunteers at the child care centre and will be kept in the emergency backpacks behind the entrance door.
- **All** individualized plans and emergency procedures will be reviewed with a parent of the child annually, and as necessary to ensure the information is current and up to date.
- Every child's epinephrine auto-injector must be carried everywhere the child goes.
- The epinephrine auto-injector will be in the emergency backpack that the staff will carry with them when the child attends the program.
- When the child is absent, the child's epinephrine auto-injector will be in the medicine box above the refrigerator.

### **Strategies to Reduce the Risk of Exposure to Anaphylactic Allergens**

The following strategies to reduce the risk of exposure to anaphylactic causative agents must be followed at all times by employees, students and volunteers at the child care centre.

- Do not serve foods where its ingredients are not known.
- Do not serve items with 'may contain' warnings on the label in a room where there is a child who has an individualized plan and emergency procedures specifying those allergens.
- Ask the cook to provide the known ingredients for all food provided. The ingredients will be reviewed before food is served to children to verify that causative agents are not served to children with anaphylactic allergies.
- In cases where a child has food allergies and the meals and snacks provided by the child care centre cannot meet the child's needs, ask the child's parent to supply snacks/meals for their child. All written instructions for diet provided by a parent will be implemented.
- Where food is provided from home for children, ensure that appropriate supervision of children is maintained so that food is not shared or exchanged.

- Encourage parents who serve foods containing allergens at home to ensure their child has been rid of the allergens prior to attending the child care centre (e.g. by thoroughly washing hands, brushing teeth, etc.)
- Do not use craft/sensory materials and toys that have known allergens on the labels.
- Share information about anaphylaxis, strategies to reduce the risk of exposure to known allergens and treatment with all families enrolled in the child care centre.
- Make sure each child's individual plan and emergency procedure are kept-up-to-date and that all staff, students, and volunteers are trained on the plans.
- Refer to the allergy list and ensure that it is up to date and implemented.
- Update staff, students, and volunteers when changes to a child's allergies, signs and symptoms, and treatment occur and review all updates to individualized plans and emergency procedures.
- Update families when changes to allergies occur while maintaining the confidentiality of children.
- Update or revise and implement the strategies in this policy depending on the allergies of children enrolled at the child care centre.

#### **Rules for Parents Who Send Food with their Child**

- Ensure that parents label food brought to the child care centre with the child's full name and if applicable, the date the food arrived at the child care centre.
- Parents must advise the child care centre of all ingredients in food supplied by the parent or any ingredients to which children may be allergic.
- Parents who send food with their child must fill out an Alternate Meal Plan Consent Form.

#### **Communication Plan**

The following is our communication plan for sharing information on life-threatening and anaphylactic allergies with staff, students, volunteers, parents and families.

- Parents will be encouraged not to bring foods that contain ingredients to which children may be allergic.
- Parents and families will be informed about anaphylactic allergies and all known allergens at the child care centre through the Parent Handbook, as well as the parent information board outside the classroom of the program.

- A list of all children's allergies including food and other causative agents will be posted in all cooking and serving areas, in each play activity room, and made available in any other area where children may be present.
- Each child with an anaphylactic allergy will have an individualized plan and emergency procedures that detail signs and symptoms specific to the child describing how to identify that they are having an allergic reaction and what to do if they experience a reaction.
- Each child's individualized plan and emergency procedures will be made available and accessible wherever the child may be present while receiving child care.
- The caterer, cook, individuals who collect groceries on behalf of the child care centre and/or other food handling staff, where applicable, will be informed of all the allergies at the child care centre, including those of children, staff, students and volunteers. An updated list of allergies will be provided to the caterer or cook as soon as new allergies are identified. The supervisor or designate will communicate with the caterer/cook about which foods are not to be used in food prepared for the child care centre and will work together on food substitutions to be provided.
- The child care centre will communicate with the Ministry of Education by reporting serious occurrences where an anaphylactic reaction occurs in accordance with the established serious occurrence policy and procedures.
- This communication plan will be continually reviewed to ensure it is meeting the needs of the child care centre and that it is effectively achieving its intended result.

### **Drug and Medication Requirements**

- Where drugs or medications will need to be administered to a child in response to an anaphylactic reaction, the drug and medication administration policy will be followed including the completion of a parental authorization form to administer drugs or medications.
- Emergency allergy medication (e.g. oral allergy medications, puffers and epinephrine auto-injectors) will be allowed to remain unlocked or carried by children with parental authorization so that they can be administered quickly when needed.

### **Training**

- The supervisor will ensure that all staff, students and volunteers receive training from a parent of a child with anaphylaxis on the procedures to follow in the event of a child having an anaphylactic reaction, including how to recognize the signs and symptoms of anaphylaxis and administer emergency allergy medication.

- Where only the supervisor/designate has been trained by a parent, the supervisor/designate will ensure training is provided to all other staff, students and volunteers at the child care centre.
- Training will be repeated annually, and any time there are changes to any child's individualized plan and emergency procedures.
- A written record of training for staff, students and volunteers on procedures to be followed for each child who has an anaphylactic allergy will be kept, including the names of individuals who have not yet been trained. This will ensure that training is tracked and follow-up is completed where an individual has missed or not received training. The form in Appendix B may be used for this purpose.

### Confidentiality

- Information about a child's allergies and medical needs will be treated confidentially and every effort will be made to protect the privacy of the child, except when information must be disclosed for the purpose of implementing the procedures in this policy and for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children's Aid Society).

### Procedures to be followed in the circumstances described below:

Circumstance	Roles and Responsibilities
A) A child exhibits an anaphylactic reaction to an allergen	<ol style="list-style-type: none"> <li>1. The person who becomes aware of the child's anaphylactic reaction must immediately:               <ol style="list-style-type: none"> <li>i. implement the child's individualized plan and emergency procedures;</li> <li>ii. contact emergency services and a parent/guardian of the child, or have another person do so where possible; and</li> <li>iii. ensure that where an epinephrine auto-injector has been used, it is properly discarded (i.e. given to emergency services, or in accordance with the drug and medication administration policy).</li> </ol> </li> <li>2. Once the child's condition has stabilized or the child has been taken to hospital, staff must:               <ol style="list-style-type: none"> <li>i. follow the child care Centre's serious occurrence policies and procedures;</li> <li>ii. document the incident in the daily written record; and</li> <li>iii. document the child's symptoms of ill health in the child's records.</li> </ol> </li> </ol>

Circumstance	Roles and Responsibilities
B) A child is authorized to carry his/her own emergency allergy medication.	1. Staff must: <ol style="list-style-type: none"> <li>i. ensure that written parental authorization is obtained to allow the child to carry their own emergency allergy medication;</li> <li>ii. ensure that the medication remains on the child (e.g., fanny pack, holster) and is not kept or left unattended (e.g. in the child's cubby or backpack);</li> <li>iii. ensure that appropriate supervision is maintained of the child while carrying the medication and of children in their close proximity so that other children do not have access to the medication; and</li> <li>iv. Where there are safety concerns relating to the child carrying his/her own medication (e.g. exposure to other children), notify the centre supervisor/designate and the child's parent of these concerns, and discuss and implement mitigating strategies. Document the concerns and resulting actions in the daily written record.</li> </ol>

### Glossary

*Anaphylaxis*: a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock. Symptoms can vary for different people, and can be different from one reaction to the next, including:

- Skin: hives, swelling, itching, warmth, redness, rash
- Breathing (respiratory): coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness/swelling, hoarse voice, nasal congestion or hay fever-like symptoms (runny nose and watery eyes, sneezing), trouble swallowing
- Stomach (gastrointestinal): nausea, pain/cramps, vomiting, diarrhea
- Heart (cardiovascular): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- Other: anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste in mouth

(Source: <http://foodallergycanada.ca/about-allergies/anaphylaxis/>)

*Causative Agent (allergen/trigger)*: a substance that causes an allergic reaction. Common allergens include, but are not limited to:

- eggs
- milk
- mustard

- peanuts
- seafood including fish, shellfish, and crustaceans
- sesame
- soy
- sulphites which are food additives
- tree nuts
- wheat
- latex
- insect stings

*Epinephrine*: A drug used to treat allergic reactions, particularly anaphylaxis. This drug is often delivered through an auto-injector (e.g. EpiPen or Allerject).

*Staff (Employee)*: Individual employed by the licensee (e.g. program room staff).

*Licensee*: The individual or corporation named on the licence issued by the Ministry of Education responsible for the operation and management of the child care centre.

*Parent*: A person having lawful custody of a child or a person who has demonstrated a settled intention to treat a child as a child of his or her family (all references to parent include legal guardians, but will be referred to as “parent” in the policy).

## **Infection Prevention and Control (IPAC) Policy**

Name of Childcare Centre: Kodomoen Childcare Centre

Date Policy Established: February 16, 2022

Last Updated: January 22, 2025

### **Policy**

The main objective of the policy is to minimize the spread of illness and disease. It is not the responsibility of the centre to care for sick children.

The Kodomoen Childcare Centre health policy outlines the government regulations by the provincial Child Care Early Years Act (CCEYA) as well as the recommendations of Toronto Public Health. The policy also contains guidelines to ensure the smooth operation of the centre and the well-being of the children.

### **Procedure**

#### **Routine Practices**

IPAC measures are routine practices at Kodomoen Childcare Centre, to stay safe and prevent the spread of illness.

Staff may be exposed to infections through their everyday work. Routine practices are a set of strategies to prevent the spread of infection. Routine practices are based on the concept that all body fluids, secretions, excretions, mucous membranes, non-intact skin, blood, and soiled items are potentially infectious. Elements of routine practices include:

- Hand hygiene
- Respiratory etiquette
- Risk assessment
- Personal protective equipment (PPE)
- Cleaning and disinfection

### **Preventing Illness**

What causes infection and how does it spread?

#### **Germ**

Microorganisms, too small to be seen with the naked eye, are everywhere around us, found in food, water, people, animals, air and soil. Many microorganisms are harmless and do not lead to infection, and some are even necessary for health.

Some microorganisms, however, can cause infection. We call these microorganisms pathogens, infectious agents or, more commonly, germs.

Germs cause a number of illnesses commonly seen in child care centres such as common colds, influenza (the flu), norovirus, strep throat and food-borne illness.

For more information, see Toronto Public Health's [Communicable Disease Information for Schools & Child Care Centres](#).

### **The Chain of Transmission**

The Chain of Transmission model helps to understand how germs are spread from person-to-person, and how IPAC measures can “break the links” and prevent illness.

There are six links in the Chain of Transmission:

#### **1. Infectious Agent (Germs)**

Germs include any microorganism that is capable of causing an infection, including:

- Bacteria
- Viruses
- Fungi
- Parasites

Break the chain: IPAC measures such as hand hygiene, cleaning and disinfection, and cooking foods to safe temperatures can break this link in the chain of transmission.

#### **2. Reservoir (Where Germs Live)**

Reservoirs are places where germs live and grow, including people, animals, food, water and the environment.

Break the chain: IPAC measures, such as improving air filtration and ventilation, food safety measures, and staying home when sick can break this link in the chain of transmission.

#### **3. Portal of Exit (How Germs Get Out)**

The portal of exit is how the germs get out and leave the reservoir (e.g., sneezing and coughing).

Break the chain: IPAC measures, such as wearing Personal Protective Equipment (PPE), practicing respiratory etiquette and hand hygiene can break this link in the chain of transmission.

#### **4. Mode of Transmission (How Germs Get Around)**

The mode of transmission refers to how germs spread from person-to-person. The following are the three main modes of transmission:

## Contact Transmission

Contact transmission includes:

- Direct contact, which occurs when germs are spread through direct physical contact, such as kissing, hugging or shaking hands.
- Indirect contact, which occurs when germs are spread through contact with a contaminated object, equipment or surfaces (e.g., shared toys).

## Droplet Transmission

Droplet transmission occurs when an infected person coughs or sneezes into the air. Respiratory illnesses, including the common cold and the flu, can spread when droplets come in contact with the mucous membranes (e.g., the eyes, nose or mouth) of another person.

Droplets can be expelled up to 2 metres through the air. They can also land on surfaces, contaminating the environment. Many survive on surfaces for a long period of time.

## Airborne Transmission

Airborne transmission occurs when an infected individual expels tiny droplets (or aerosols) into the air, either by coughing, sneezing, singing, laughing or otherwise exhaling in some way. These aerosols remain suspended in the air, and may travel along air currents. Transmission occurs when aerosols are inhaled by another individual. Examples include chicken pox, measles and tuberculosis.

Break the chain: IPAC measures, such as improving ventilation, hand hygiene, covering our coughs and sneezes, and using PPE can break this link in the chain of transmission.

## 5. Portal of Entry (How Germs Get In)

The portal of entry refers to how germs enter a new person. Portals of entry include the mucous membranes of our eyes, nose and mouth; the respiratory tract; the gastrointestinal track; and broken skin.

Break the chain: IPAC measures such as practicing hand hygiene, using PPE, and avoiding touching our eyes, nose or mouth with unwashed hands can break this link in the chain of transmission.

## 6. At Risk Individuals

Anyone can develop an infection, however some individuals may be at higher risk of getting very sick. This may include the very young, the very old, pregnant people, unvaccinated people, and those with weakened immune systems or chronic health conditions.

Break the chain: IPAC measures such as keeping up-to-date with immunizations and taking measures to protect those who are at higher risk can help break this link in the chain of transmission.

### **Monitoring**

Monitoring for illness includes observing for signs and symptoms of disease (i.e., surveillance) and maintaining records. This is an important part of IPAC, and is key to identifying and possibly preventing an outbreak. Record the following information as part of routine monitoring in a child care centre:

- Attendance and absence of children and staff.
- Signs and symptoms of illness.
- Dates and times that the symptoms started (onset).
- Time that the ill child was picked up from the child care centre.
- Dates of field trips, outings and special events.

### **Daily Health Check & Isolating Children When Sick**

Kodomoen will ensure that an observation is made of each child at the beginning of each day to detect possible symptoms of illness. If a child or staff develops symptoms of illness while attending the child care centre:

- Isolate from other children and staff.
- Parents/guardians should be called to arrange for the child to be picked up.
- Keep children comfortable, provide disposable tissues, and encourage hand hygiene and respiratory etiquette.
- Increase ventilation (e.g., open windows), if it can be done so safely.
- Symptomatic children who are separated from others must be supervised and cared for while in the designated isolation area.
  - Child care centres should make PPE available for staff who are caring for children or others who are showing symptoms of illness.
  - Any staff member providing care to a symptomatic individual should wear appropriate PPE and must receive training on the proper use of PPE.
  - After providing care to a symptomatic individual, remove PPE carefully following the proper doffing procedure, and discard safely.
- Instruct parents/guardians to take sick children home and to contact their health care provider, if necessary. Remind everyone, including parents, of the exclusion policy in the child care centre.

- Follow policies and procedures for exclusion periods (see [Communicable Disease Information for Schools & Child Care Centres](#) for more information).
- Once the symptomatic individual leaves the setting, the isolation area must be cleaned and disinfected.

At Kodomoen Childcare Centre, the following steps will be taken to ensure a healthy and safe environment for children and staff.

- If a child or staff become ill while on premise: staff or supervisor will isolate the child by using the child's cot, and placing it in the office area. The child will remain there until a parent or guardian is picks them up. The supervisor or designated staff will supervise the child until pick up.
- Exclude and re-admit sick children and staff.
- Recognize the signs and symptoms of reportable diseases ([diseases of public health significance](#)).
- Report [communicable diseases](#) and suspected outbreaks to Toronto Public Health.

### **Hand Hygiene and Respiratory Etiquette**

Hands carry and spread germs. Touching our eyes, noses or mouths without cleaning our hands, or sneezing or coughing into our hands, may provide an opportunity for germs to get into our bodies. Keeping hands clean through good hygiene is one of the most important steps to avoid getting sick and spreading germs. At Kodomoen, hand hygiene is one of the single most important measures to prevent the spread of infections.

### **Hand Hygiene**

There are two ways to clean our hands:

#### **1. Hand Washing**

The purpose of [hand washing](#) is to physically remove soil, organic material and germs. The use of soap, warm running water, and friction is an effective way to remove germs from our hands.

When clean, running water is available, wash hands with soap and water and dry thoroughly. In child care centres, children and staff should use a sink that is dedicated for the purpose of hand hygiene.

Follow these steps when washing hands:

1. Wet hands.
2. Apply soap. Child care centres require soap from a dispenser.
3. Lather for 15 seconds. Rub between fingers, back of hands, fingertips, under nails.
4. Rinse well under running water.
5. Dry hands well with a paper towel or hot air blower.
6. Turn taps off with paper towel, if available.

Each room with a designated hand washing station (i.e., IPAC sink) must be equipped with:

- Running water
- Liquid soap in a dispenser
- Paper towels
- [Hand washing](#) information sheet

## 2. Hand Sanitizing

Alcohol-based [hand sanitizers](#) are very useful when soap and water are not available. When hands are not visibly dirty, then a 70-90% alcohol-based hand sanitizer can be used. People who are involved in food preparation should not use hand sanitizers but instead, wash their hands with soap and water.

Alcohol-based hand sanitizers can be harmful if swallowed. To reduce the risk of ingestion, it is important to always have child care staff help and supervise children when they use alcohol-based hand sanitizers. Keep alcohol-based hand sanitizers out of reach of children when not in use.

Follow these steps when using an alcohol-based hand sanitizer:

1. Apply sanitizer (minimum 70% alcohol-based).
2. Rub hands together.
3. Work sanitizer between fingers, back of hands, fingertips, under nails.
4. Rub hands until dry.

Note: Child care centres must ensure products are not expired, appropriate for use and follow manufacturer's instructions.

Everyone should practice hand hygiene:

- When they arrive at the child care centre and before they go home
- After using the washroom or after a diaper change
- After coming in from outdoors
- Before and after eating, and before drinking
- Before and after handling animals, pet cages or other pet objects
- After covering a cough, sneeze or blowing their nose
- Before and after sensory play activities
- Before and after touching their eyes, nose or mouth
- Whenever hands are visibly dirty
- Whenever in doubt

In addition, child care staff should practice hand hygiene:

- Before and after preparing, handling or serving food or bottles
- Before and after giving medication or applying ointment or lotion
- After changing diapers, assisting children to use the toilet or using the washroom
- After contact with broken skin or body fluids (e.g., runny nose, spit, vomit, blood, cut or open sore), even if gloves were worn
- Before and after glove use
- After cleaning, handling garbage or contact with contaminated surfaces

Note: Artificial nails, chipped nail polish, and jewelry can harbour germs. For this reason, it is recommended that staff at child care centres keep their nails short and clean.

### **Respiratory Etiquette**

Germs such as influenza and cold viruses, and even whooping cough, are spread by coughing or sneezing. When you cough or sneeze on your hands, your hands carry and spread these germs. When possible, keep your distance (more than two metres) from people who are coughing or sneezing.

Respiratory infections are spread easily in settings where people are in close contact, such as child care centres. To prevent the spread of germs that cause respiratory infections, proper respiratory etiquette should be taught and practiced regularly by children, staff and visitors.

Respiratory etiquette includes:

- Staying home when ill with a respiratory infection.

- Minimizing droplets and aerosols when coughing or sneezing, by:
  - Covering your mouth and nose when you cough, sneeze or blow your nose. If you don't have a tissue, cough or sneeze into your sleeve, not in your hands.
  - Putting used tissue in the garbage immediately after use.
  - Cleaning your hands with soap and water or an alcohol-based hand sanitizer (minimum 70% alcohol-based), after coughing, sneezing or blowing your nose and before touching your face.
  - Maintaining a two metre distance from others, when possible.
- Practicing proper hand hygiene immediately after coughing or sneezing.

### Education in Child Care Centres

Kodomoen provide educations to staff and children regarding hand hygiene and respiratory etiquette. The following resources may be useful:

- Public Health Agency of Canada, [Coughing and sneezing hygiene for Kids](#) (Video)
- Public Health Agency of Canada, [Hand-washing Heroes](#) (Video)
- Public Health Ontario, [How to Hand Rub](#) (Video)
- Toronto Public Health, [Cover Your Cough](#) (Poster)
- Toronto Public Health, [Hand Washing](#) (Poster)
- Toronto Public Health, [Hand Sanitizing](#) (Poster)

To support hand hygiene in at Kodomoen, we implement a hand hygiene and respiratory etiquette program that includes the following elements at a minimum:

- Educate staff and children on proper hand hygiene and respiratory etiquette
- Assist and supervise children while using alcohol-based hand sanitizer
- Ensure hand washing is carried out when hands are visibly soiled
- Ensure staff, visitors, and children practice hand hygiene upon arrival
- Remind staff and children to avoid touching their face, nose and mouth with unwashed hands
- Provide alcohol-based hand sanitizer (70-90%) stations (e.g. wall mounted hand sanitizer dispensers) near entrances, service counters and other high touch

locations in supervised areas where children cannot access it independently. Monitor and refill as needed.

- Monitor supplies to ensure adequate amounts of liquid soap, paper towel (air dryer if paper towels are not available), hand sanitizer, tissues and waste receptacles with lined plastic bags.

### **Risk Assessment**

As part of routine practices, Kodomoen staff will continuously perform a risk assessment. During a risk assessment, staff assess and analyze whether there is a potential for exposure to body fluids or infectious diseases.

We apply IPAC measures based on assessment that considers:

- Contamination of skin or clothing by germs in the environment.
- Exposure to blood, body fluids, secretions, excretions and body tissues (including vomit, urine or stool).
- Exposure to non-intact (broken) skin.
- Exposure to mucous membranes (e.g., of the eyes, nose or mouth).
- Exposure to contaminated equipment or surfaces.
- Exposure to individuals exhibiting signs or symptoms of infection.

Based on this risk assessment, staff must then choose appropriate IPAC measures and Personal Protective Equipment (PPE). PPE refers to protective clothing that is used to prevent the transmission of illness, including gloves, gowns, masks and eye protection.

Kodomoen ensures that there is an adequate, accessible supply of PPE at all times for staff to use when needed, and that staff receive training and education regarding performing a risk assessment and the proper use of PPE.

### **Single-Use Gloves**

Proper [glove use](#) provides barrier protection. Wear gloves when it is anticipated that hands will be in contact with mucous membranes, broken skin, blood, body fluids, or contaminated surfaces or objects.

Some individuals may be allergic or sensitive to certain types of single-use gloves (e.g., latex). When selecting gloves, consider individual allergies and sensitivities.

To protect hands and reduce irritation, Kodomoen chooses gloves that are comfortable, well-fitting, clean and dry. Clean and dry hands before and after wearing gloves. Ensure that any cuts or abrasions on hands are covered with a waterproof bandage prior to applying gloves.

### **Key Points**

- In Kodomoen, there are many tasks that require the use of single-use gloves for barrier protection, such as:
  - Diapering or toileting infants and children, and
  - It is anticipated that hands will be in contact with mucous membranes, broken skin, blood, body fluids, secretions or excretions (including vomit, urine or stool), or contaminated surfaces or objects.
- Hand hygiene must be practiced before putting on and after taking off gloves.
- Gloves must be single-use and changed between tasks. After performing a task requiring the use of gloves, staff will remove the gloves, discard into a waste receptacle, and perform hand hygiene.
- Gloves should be appropriate for the type of activity.
- Refer to the [Glove Use](#) information sheet.

### **Masks**

Masks help to protect individuals from germs that may enter the mucous membranes of their nose or mouth. Staff will wear a mask if there is a risk of becoming exposed to a cough, sneeze, spray, or splash.

### **Eye Protection**

Eye protection, including goggles or face shields, helps to protect the individual from germs that may enter through the mucous membranes of the eyes. Wear eye protection if there is a risk of becoming exposed to splashes or sprays of body fluids.

### **Diapering and Toileting**

Parents will need to provide diapers and wipes for their own child. Kodomoen posts guidelines outlining the procedure of diapering above the changing tables in the washroom which will be followed.

When a child reaches the approximate age of two, a toilet training plan can be set up with staff.

### **Diapering Sequence:**

#### **Before getting the child:**

1. Put diapering supplies within reach.
2. Place fresh paper beside the changing table.
3. Wear disposable gloves for protection (clean hands before and after you use gloves) **During a pandemic or outbreak, a mask must also be worn during the diapering routine.**

#### **Changing the diaper:**

1. Put the child on the changing table.
2. Remove soiled diaper and put in plastic bag (to be disposed of into garbage).

3. Clean child from front to back with wipes.
4. Put a clean diaper on the child.
5. Remove disposable gloves and discard into waste receptacle.
6. Wash child's hands.
7. Pick child up and get him/her settled without touching anything.

**Cleaning Up:**

1. Throw the used paper in the garbage.
2. Clean and sanitize the surface of the changing table.
3. Wash hands thoroughly.

**Diapering Areas**

To help prevent transmission of infection and reduce the risk of cross contamination during diapering and toileting, Kodomoen considers the location and set-up of the diaper change station:

- We will separate from children's activity, feeding, food preparation and food storage areas.
- Diaper areas are maintained in a sanitary condition. The floor around and underneath the diapering area is in the washroom, which is tiled.
- Diapering supplies are easily accessible to child care staff and out of children's reach. Items are placed in a basket with the child's name and placed on the shelf above the diaper station. The area is equipped with:
  - A designated hand washing station, which is a sink in this case. The sink must only be used for hand washing.
  - Single-use disposable gloves.
  - Appropriate cleaner and disinfectant, labelled and stored on the shelf beside the baskets.
  - Foot activated garbage container equipped with a tight-fitting lid and a disposable leak-proof liner. This garbage container must be emptied, cleaned and disinfected as needed.

**Diapering Surfaces and Diapering Change Pads**

- Constructed of smooth, non-porous, non-absorbent material that is easy to clean and disinfect.
- Free of cracks, tears or rips.
- Cleaned and disinfected after each use, even if a paper liner is used.
- Used for diapering only.

**Designated Hand Washing Sink in Diaper Change Areas and Washrooms**

- Provided in all diaper changing areas and washrooms.
- Designated for hand-washing after diapering, toileting or using the washroom.
- Not to be used for food preparation, rinsing soiled clothing or toy cleaning.
- Equipped with running water, soap in a dispenser, paper towels and a [hand washing](#) information sheet posted.
- Cleaned and disinfected at least once daily, and if soiled.

### **Cloth Diapering and Soiled Personal Clothing**

Although we do not have any children using cloth diapers, in case we ever do, we will observe the following:

- When changing cloth diapers, staff will follow the same precautions as when changing other soiled clothing.
- Cloth diapers will be treated as any other soiled personal clothing. Soiled clothing and cloth diapers must never be rinsed or washed at the child care centre.
- Soiled clothing (including cloth diapers) will be rolled up and placed into a securely tied plastic bag or container. Soiled clothing must be stored away with child's belongings and sent home at the end of the day for laundering.
- If safety pins are used for cloth diapers, close each safety pin immediately and store out of children's reach.

### **Steps for Diapering**

Please refer to the [Diaper Change Routine information sheet](#) for diapering steps.

### **Toileting Areas**

- Toileting will take place in the washroom only.
- The washroom will have a hand washing sink, and children and staff must perform hand hygiene after using the toilet.
- The handwashing sink will have running water, liquid soap in a dispenser, paper towels, and the [hand washing](#) information sheet posted.

### **Steps for Toileting**

Please refer to the [Toilet Routine information sheet](#) for toileting steps.

## Ventilation

Strategies to improve ventilation can also help prevent infections at Kodomoen Childcare Centre. For ventilation, Kodomoen staff will:

- Open windows and doors in rooms and program areas to help increase airflow when it is safe to do so. We will not open windows or doors if doing so poses a safety or health risk.
- Use portable air cleaners that use high efficiency particulate air (HEPA) filters. Especially in high occupancy areas and areas used for isolating children when they are sick. Follow the manufacturer's directions for operation and maintenance.
- During the use of window mounted SC units in the summer, staff will limit the blowing of air across people and surfaces by positioning them to provide an upward movement of air.
- Move activities outdoors when it is safe to do so and when circumstances allow.
- Schedule routine service and maintenance of heating ventilation and air conditioning (HVAC) systems. Review HVAC settings with the service person and if safe to do so, set the HVAC system to increase the amount of outdoor air brought in and to decrease air recirculation.
- For more information on ventilation you may refer to Toronto Public Health's [Reduce the Spread of Respiratory Infection](#) or the Public Health Ontario [Heating, Ventilation and Air Conditioning \(HVAC\) Systems in Buildings and COVID-19](#) fact sheet.

## Environmental Cleaning and Disinfecting

Infections can spread when a person touches a contaminated surface or object and then touches their mouth, nose or eyes. Some germs can survive for long periods of time on surfaces, including doorknobs, faucet handles, toys, and diapering tables. Frequent cleaning and disinfection is an important measure to prevent the spread of infections in child care centres.

These procedures are necessary to protect the health of both children and staff at Kodomoen Childcare Centre.

### Cleaning Agents:

At Kodomoen, a bleach and water solution is primarily used. (Pre-mixed ammonia-based cleaners/disinfectants will be available for back up.) Bottles will be labeled with the concentration level. For visibly unsoiled hard surfaces, a solution of 1/100 ratio solution will be used. For soiled surfaces, (particularly bodily fluids) the area will be cleaned by 1) Removing excess substances 2) Cleaning area with soap and water 3)

Disinfecting the area with bleach solution. Leaving the disinfectant for 1 minute then wiping to dry.

There will be posters providing information regarding directions on how to make bleach solutions, how and when a product is to be used (ex. products used, contact times, proper dispensing and usage), the use of PPEs, how to properly manage blood and bodily fluids.

We will be disinfecting the program room daily, with a list of surfaces that we will be spraying. Once complete, the designated staff will record the time and initial when this was done. During an outbreak, the frequency of disinfecting the program room will increase.

Designated staff are informed on how to mix the bleach and water solution which will be made every day. PPE is properly used during this time. Posters that inform staff on bleach solutions and how to protect oneself are posted on the staff information board, and in the cleaning closet.

It is important to remember that cleaning and disinfection are two separate processes. To be effective, cleaning must be done before disinfection.

## **Cleaning**

Cleaning describes the physical removal of debris and contaminants from a surface, and is accomplished using warm water, soap and friction (e.g., scrubbing). Cleaning reduces the number of germs on a surface, and removes dirt, dust, grease, body fluids and other organic materials. Organic material such as dirt and grease may coat and protect microorganisms. For this reason, cleaning is an important first step prior to disinfection:

- Cleaning must always be done prior to disinfection.
- Cleaning should start from the least soiled area to the heaviest soiled area, and from high surfaces to low ones.
- After cleaning a surface or object, it is important to rinse with clean water to ensure detergent film is removed.
- Clean when children are not present in the area. Cleaning solutions must be prepared and used according to the manufacturer's directions and must not be mixed with other chemicals.

Cleaning equipment may include multi-use gloves (e.g., rubber gloves), masks, eye protection (e.g., goggles), paper towels or cloths, and mops.

- Multi-use gloves (e.g., rubber gloves) help to protect the cleaner's hands. If multi-use gloves are used, they must be cleaned and disinfected after use.

- Additional PPE, such as masks and eye protection, may be worn to protect the cleaner's eyes, nose and mouth from chemical splashing or sprays.
  - If goggles are re-used, they must be properly cleaned and disinfected (as per the manufacturer's directions) after use.
- Mop heads should be detachable and machine-washable.
  - Cloths and mop heads must be laundered between uses.
- Mop buckets must be cleaned and disinfected after each use.

## Disinfection

Disinfection describes the process of killing most germs on surfaces or objects (such as activity tables, diaper change tables or toys), using a chemical solution called a disinfectant. Apply disinfectants to a surface or object after it has first been cleaned.

### Choosing a Disinfectant

Disinfectants must:

- Have a Drug Identification Number (DIN).
  - A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.
  - Note: household chlorine (bleach) may not have a DIN, but is considered an effective disinfectant.
- Have a Safety Data Sheet (SDS).
  - The SDS is provided by product manufacturers and includes important information such as the active ingredients, health and safety requirements, PPE required, and first aid measures for the chemical.
  - The Ministry of Labour requires child care centres to keep an on-site copy of the SDS for each chemical being used.
- Be reviewed for efficacy statements.
  - Efficacy statements indicate the effectiveness of a disinfectant against different types of microorganisms and may describe a disinfectant as being bactericidal, fungicidal, virucidal or sporicidal.
- During an outbreak, child care centres must ensure the disinfectant is effective against many types of germs and microorganisms (e.g. Norovirus).

When using a disinfectant:

- Allow adequate contact time (the specified period of time the disinfectant must be applied to the surface or object).

- When choosing a disinfectant, choose a product that is appropriate for the surfaces and items that will be disinfected, and one with a shorter contact time (e.g., 1 – 2 minutes) to suit your centres' needs.
- Always follow the manufacturer's instructions when preparing and using a disinfectant solution.
  - Many disinfectants (including chlorine (bleach)) require different concentrations for "everyday use," "blood / body fluid spills," and "outbreak situations."
  - Some disinfectants are available in a concentrated form, requiring dilution with water to achieve the required strength. Follow the directions provided by the manufacturer. Chemical products must never be mixed together.
  - If dilution is required, disinfectants must be mixed in a clean bottle that is labelled with the product name and/or active ingredient or a copy of the product label attached.
  - Use a proper measuring tool to measure the product consistently.
- Wear gloves and any additional PPE recommended by the manufacturer.
- Ensure the disinfectant is appropriate for use on specific surfaces.
- Label and store disinfectants in a safe, secure location that is inaccessible to children, and away from heat and light.
  - All chemicals in child care centres must be stored in a locked cupboard or in a location that ensures children cannot access them.
  - All chemicals must also be stored away from food preparation and food storage areas.
- Always check the expiry date. If the product is expired, do not use.
- Use disinfectants when children are not present in the area.

#### Using Chlorine (Bleach) as a Disinfectant

- Most household chlorine (bleach) comes as 5.25% (50,000 mg/L or parts per million (ppm)) sodium hypochlorite, and requires preparation prior to use.
- For instructions on how to prepare chlorine (bleach) solutions for child care centres, please see TPH's [Chlorine \(Bleach\) Solutions for Disinfecting](#) information sheet.
- For more information on how to dilute chlorine, see Public Health Ontario's [Chlorine Dilution Calculator](#).
- Chlorine (bleach) is not a cleaning agent, and surfaces must first be cleaned in order for bleach to be an effective disinfectant.

- Chlorine (bleach) must be diluted using water only. Never mix chlorine with any other chemicals or cleaning products.
- Chlorine (bleach) solution must be prepared daily, as it loses efficacy within 24 hours.
- As with all chemicals, chlorine (bleach) must be labelled and must be stored in a safe, secure location that is inaccessible to children, and away from heat and light.

### **Safety Considerations**

When using cleaning and disinfection products, there are several important safety considerations, including:

- Provide staff with health and safety training on the use of cleaning and disinfection agents.
- Read and follow the manufacturer's instructions to ensure safe and effective use of the product.
- Provide a Safety Data Sheet (SDS). The SDS includes important information, such as the active ingredients, health and safety requirements, PPE required, and first aid measures for the chemical.
- If diluting is indicated for use, use water at room temperature unless otherwise stated.
- Never mix chemical products.
- Wear the appropriate PPE as recommended by the manufacturer.
- PPE, such as gloves, gowns, eye protection and masks should be provided and used for cleaning and disinfection.
- Staff must perform hand hygiene after cleaning, immediately after removing gloves.
- Disinfectants must not contain phenols, as phenols may cause hyperbilirubinemia (jaundice) in infants and young children (PIDAC, 2018).
- Cleaning and disinfecting products must be labelled and must be stored in a safe, secure location that is inaccessible to children, and away from heat and light. All chemicals in child care centres must be stored in a locked cupboard or in a location that ensures children cannot access them. Chemicals must also be stored away from food preparation and food storage areas.
- Toys that are likely to be mouthed, pacifiers and teething rings must be rinsed thoroughly with clean water after disinfection.

- Try to avoid cleaning activities that generate dust during hours of operation or when an area is occupied (e.g., sweeping, dusting). Dusting/sweeping should be performed using a damp cloth or dust mop, and should be performed first so that particles that fall on the floor will be captured when the floor is cleaned.
- To minimize eye and respiratory irritation, minimize mist and optimize ventilation (e.g., open windows or doors). Clean and disinfect when children are not present in the area.
- Special considerations should be considered for individuals with asthma, as some cleaning and disinfection products may trigger asthma attacks. Individuals should speak with their health care provider to learn more about reducing the risk of an asthma attack while disinfecting.

### **Steps for Environmental Cleaning and Disinfection**

1. Gather equipment, perform hand hygiene and don appropriate PPE.
2. Clean the surface or object, using warm water, soap, and friction. Clean in a progression from infrequently touched to frequently touched surfaces and from top to bottom. Cleaning removes dirt and debris.
3. Rinse the surface or object, using clean, warm water. Rinsing removes soap residue.
4. Disinfect the surface or object.
5. Rinse after disinfection, when required according to manufacturer's instructions.
6. Allow to dry.
7. Remove PPE and perform hand hygiene.
8. Store newly cleaned and disinfected items in a manner that prevents contamination.

### **Carpets and Floor Mats**

Carpets and floor mats can be more heavily contaminated for prolonged periods than non-carpeted floors and can be a potential source of microorganisms during outbreaks. Child care centres that use carpets and floor mats must ensure that:

- Floors should be vacuumed or wet-mopped daily.
- Carpets/floor mats must be cleaned as often as necessary and promptly if a spill occurs. Steam cleaning is done twice a year, in accordance with Toronto Public Health.

- If carpets do not appear to be adequately cleaned, re-cleaning is necessary or replacement must be considered.
- Floor mats that cannot be adequately cleaned and disinfected should be promptly removed and replaced.

### **Creating a Cleaning & Disinfection Schedule**

Frequently-touched surfaces are those with frequent hand contact and include but are not limited to sinks, faucet taps, toilets, railings, floor mats, feeding tables, plastic bibs, doorknobs, light switches and electronic devices that are touched frequently by hands. These surfaces require frequent cleaning and disinfection.

Create a cleaning and disinfection schedule for every classroom:

- Identify areas that are to be cleaned and the frequency of cleaning.
  - Split the schedule to into four areas: after every use, daily, weekly and monthly.
- Identify frequently touched surfaces. Frequently-touched surfaces must be cleaned and disinfected daily and as necessary (e.g., when visibly dirty).
- Identify surfaces that are not touched frequently (e.g., ceilings, window sills). These must be cleaned and disinfected on a regular basis, and as needed, and maintained in a clean and sanitary manner.
- Floors, walls, and ceilings should be kept clean and in good repair. Floors and walls should be made of a material that is smooth, non-porous and easily cleanable.
- Surfaces should be cleaned and disinfected more frequently during outbreaks to decrease the spread of infections.

### **Toy Cleaning and Disinfecting**

Toys and play-based learning are essential to each child's well-being, growth and development. However, toys may become contaminated from unwashed hands or saliva, and increase the risk of spreading infections. It is important that child care centres implement a toy cleaning and disinfection program.

At Kodomoen Child Care Centre:

- The designated staff will disinfect hard surfaces of the classroom daily. This will be recorded on our Record posted beside the classroom entrance.

- Toys will be disinfected on a weekly basis, unless otherwise recommended by Toronto Public Health. Toys that are not in use are stored in plastic bins and set aside, either on a shelf or just outside the classroom (in the designated area).
- Children practice hand hygiene when they go to the washroom after our play time.
- Toys provided are age-appropriate and safe for use.
  - Toys are made out of material that can be cleaned and disinfected or laundered, and should be able to withstand frequent cleaning and disinfection.
- Toys are kept in good repair and inspected regularly for damage.
  - Toys that are damaged, broken or have missing parts are discarded, as this will compromise the effectiveness of proper cleaning and disinfection.

When a toy is mouthed or becomes contaminated by a child's cough, sneeze or runny nose, or if the toy appears dirty, it is removed from use and not handled by another child until it has been properly cleaned and disinfected. For mouthed toys, they are disinfected, and thoroughly dried before being put back into circulation.

Indoor play structures (e.g., playhouses/climbers) must be cleaned and disinfected as often as necessary. A thorough cleaning of the entire play structure must be done according to schedule. Frequency of cleaning is determined by the age group using the play structure.

Toys <sup>1</sup>	Frequency <sup>2</sup>	Method
Mouthed toys <sup>3</sup>	After each use	Clean & disinfect:
Infant toys (<18 months)	Daily	<ul style="list-style-type: none"> <li>• two or three compartment sink method OR</li> <li>• a mechanical dishwasher compliant with O. Reg 493/17 OR</li> </ul>
Toddler toys (18 months to 30 months)	Weekly	If using chlorine bleach: <ul style="list-style-type: none"> <li>• Refer to the <a href="#">Chlorine (Bleach) Solutions for Disinfecting</a>.</li> </ul>
Pre-school toys (30 months to 5 years of age)	Weekly	If using disinfectants other than chlorine (bleach): <ul style="list-style-type: none"> <li>• Use according to the manufacturer's directions relating to concentration and contact time.</li> </ul>
Kindergarten & school age toys	Monthly	

Toys <sup>1</sup>	Frequency <sup>2</sup>	Method
		Clean toys prior to disinfecting. Rinse mouthed toys thoroughly with water after disinfecting.
Dress-up clothes (all age groups)	Weekly	Launder dress-up clothes and plush toys in a washing machine using hot water and dry in a clothes dryer using a hot cycle. Remember to check the manufacturers directions first before laundering items.
Shared plush toys <sup>4</sup>	Frequency determined by age group	

Notes:

- <sup>1</sup> Do not use disinfectants containing phenols for disinfecting toys.
- <sup>2</sup> Increase frequency during an outbreak, clean and disinfect or launder items daily.
- <sup>3</sup> Remove and store mouthed or soiled items separately in a designated labelled container until items can be cleaned and disinfected or laundered.
- <sup>4</sup> Suspend use of shared plush toys during an outbreak and launder once the outbreak has been declared over.

At Kodomoen, hard plastic toys are cleaned and disinfected using a mechanical dishwasher, provided that it is in compliance with [Ontario Food Premises](#)

[Regulation](#) (O. Reg. 493/17).

- Mouthed toys are rinsed thoroughly with water following disinfection.

### Sensory Arts and Crafts and Outdoor Polay Activities

Play is essential for every child's development. However, sensory play materials can become contaminated with germs. Kodomoen takes measures to create a safe, healthy environment for children during play.

- Staff and children must wash their hands before and after participating in sensory play or arts and crafts activities.
- Do not eat or drink while participating in sensory play or arts and crafts activities.

- Sensory play bins that contain dry materials must be cleaned and disinfected after they are dumped and before replenishing.
- During an outbreak in the child care centre, all group sensory play must be paused until the outbreak is over. Sensory play items that were in use prior to the outbreak (e.g., play dough) must be discarded.
- All sensory play materials must be age-appropriate and safe for use by children.
- Sensory and craft play materials such as sand, gravel and other soiled materials obtained from outdoor locations; meat trays, soiled egg cartons or toilet paper rolls; manure or other products containing possible fecal matter; or chemicals must not be used.
- When considering sensory play and arts & craft materials refer to Health

Canada's [Use arts and crafts materials safely](#) webpage.

### **Water Play Tables**

- Staff and children must wash their hands before and after using the water play table.
- Toys used for water play must not retain water, as they can provide an environment for bacterial and/or mould growth.
- Toys used for water play must be cleaned and disinfected after each session.
- Water play tables must be emptied, cleaned and disinfected after each session.
- Fresh, clean water must be used for each session. When not in use, water play tables should be kept covered.

### **Playdough**

- Staff and children must wash their hands before and after handling playdough.
- Homemade playdough or slime, due to its high moisture content, is more likely than store-bought playdough or slime to harbour and allow for the growth of microorganisms.
  - Used homemade playdough and slime must be discarded daily.
  - Unused homemade playdough/slime may be stored in the refrigerator for up to one week.
  - Store-bought playdough must be discarded according to manufacturer's instructions.
- If playdough is mouthed or if an outbreak is declared, it must be discarded immediately.

### **Sand Play**

- We use sand that is pre-packaged, sealed, and labelled as play sand. Sand is not brought in from outdoors. Purchased sand must be silica-free, as the presence of silica can cause respiratory problems.
- If sand becomes wet from water, it is air dried thoroughly overnight, before covering the play table.
- Food is kept away from the sand. If the sand becomes wet or contaminated from a substance other than water, discard it immediately.
- Sand for the sensory table is emptied after use, and put in a sealable container . The sensory table is disinfected and put outside the classroom when not in use.
- The outdoor sand box is positioned beside the gym wall, where there is shade in parts of the day. If it too hot and sunny, we will close the sandbox and have a portable sand box to be used under a shaded spot.
- The outdoor sandbox is raked regularly and a visual inspection is made for signs of contamination and safety hazards before each use.

#### **Food Sensory Play**

- Certain food products, including cereal, dry pasta, rice, and dry beans, are sometimes used for sensory play.
  - Only dried food products is used. Raw food products (e.g., raw flour, eggs) is not used.
- Dried food products are labelled and stored in a sealed container with a tight-fitting lid. These food items not used food consumption, and is not stored with food intended for consumption.
- Dried food products used in group activities must be discarded weekly. If the dried food product becomes wet or contaminated, it must be discarded and replaced.
- After use, when a sensory play table is emptied, it must be properly cleaned and disinfected prior to being refilled.

#### **Natural Products**

- Natural products, such as pine cones, twigs or leaves are sometimes used for sensory play activities.
- If natural products such as these are used for sensory play, each item must be assessed before being placed into circulation.

#### **Arts & Crafts**

- When choosing materials for arts & crafts, Kodomoen uses materials that are safe for children.

- Product labels and warnings are read.
- Age-appropriate, non-toxic, non-allergenic, and non-edible arts & crafts materials are used.
- To help ensure arts & crafts materials are safe for children, refer to Health Canada's [Information for Art Class Teachers on Chemical Safety](#).
- Materials used for arts & crafts must be stored out of reach of children when not being used.

### **Gardening**

Gardening can be a wonderful learning experience for young children, giving them an opportunity to care for something over time and to develop an appreciation for nature. Kodomoen currently does not have a garden, but there are occasional activities related to gardening, such as making Grass Heads in the summer. During these activities, we will follow the safety measures below.

- Use gardening soil and plants that are safe for children and staff.
  - Soil must not contain manure, or other products containing fecal matter or chemicals. Avoid the use of chemical pesticides and/or herbicides.
  - For more information regarding soil quality, identifying potential sources of soil contamination, or collecting and interpreting soil samples, please see Toronto Public Health's [soil and gardening guidelines](#).
- Supervise children during gardening activities.
  - Do not allow children to place their hands or objects into their mouth or eat soil or plants during gardening.
  - Outdoor gardens must be located in an area that is safe for children.
- Use gardening tools appropriate for children.
- Have staff and children wash their hands with soap and water after participating in gardening activities.

If a garden is one day planted, we will consider the following:

When planning a garden it is important to consider previous and current land use practices of neighbouring properties. Some actions to consider include:

- Build a raised bed garden (child-sized plots) or use planters or pots.
- Protect soil from animals (e.g., mesh, fencing).
- Wash produce thoroughly.
- Peel root vegetables before you eat them.

- Eliminate stagnant water to prevent mosquito breeding sites.
- Select plants that are not poisonous. Special care should be taken in selecting those that do not cause allergic reactions.

### **Personal Items**

Kodomoen Childcare Centre will use the following methods for handling and storage of personal items.

- Label and separately store personal items such as combs, creams, ointments, wipes, hats, pacifiers and teething rings to prevent accidental sharing and to avoid cross-contamination with other children's personal items.
- Sharing and borrowing of personal items must not be permitted.
- Creams, ointments, and lotions must be dispensed in a manner that prevents cross-contamination and does not contaminate the original batch (e.g., using a single use applicator or a clean paper towel). Double-dipping must not be permitted.

### **Cubbies**

- Individual cubbies or storage units are at Kodomoen as a way of storing children's personal items.
- We label cubbies with the child's name, along with a picture.
- Cubbies and storage areas are kept in a sanitary manner. Cubbies should be emptied routinely for cleaning and disinfection.

### **Nap Time and Sleep Equipment**

Sleep is an essential part of children's physical, mental and emotional health, and many child care centres schedule nap or sleep time as part of their programming.

Sleep equipment includes sleeping cots, and bedding/linens. To ensure these items are not a potential source of infection, Kodomoen takes the following IPAC measures:

- Children must be placed in a sleeping arrangement that minimizes the spread of respiratory infections.
- Cots are arranged at least 46 cm (or 18 inches) apart, and children placed in an alternating head-to-toe or toe-to-toe arrangement.

- Sleep equipment and bedding/linens is labelled and assigned to a single child. Bedding/linens are taken home at the end of the week, and it is the responsibility of the parents/guardians to bring fresh bedding/linen the following week.
- Cots and mats are cleaned and disinfected weekly and when needed (e.g., when soiled).
- Bed sheets are laundered weekly, and as needed.
- When not in use, sleeping equipment and bedding is stored in a manner that prevents contamination. Cots, mats and bedding should be stored in a designated area, away from children's play areas to prevent children from playing with or climbing on them.

### **Laundry**

Dirty clothing, linen and bedding can be a potential source of infection in child care centres. It is important to take appropriate precautions.

Bed sheets and extra blankets are used will be collected at the end of the week, put in a plastic bag. Wearing gloves, any soiled linen or blanket will be placed in a separate plastic bag and tied until washing day. The bags will be brought to the laundry room for washing, typically on Fridays, or as necessary. Designated staff will wash and dry the linens using the washer and dryer located in the church building.

Staff will complete a risk assessment and wear appropriate PPE when handling contaminated items, including bedding, linen or soiled clothing.

### **Key Points**

- Soiled clothing is sent home for laundering. Do not rinse, soak or wash soiled clothing.
- Always minimize shaking of any soiled clothing or laundry to prevent contamination of the surrounding area.
- When changing soiled cloth diapers or clothing, solid stool may be carefully emptied into the toilet. Soiled clothing should then be rolled and placed into a waterproof, sealed plastic bag that is labelled with the child's name.
- Sealed bags containing soiled clothes is placed in the child's backpack or in the bin above their locker.

### **Laundering on site**

- The laundry is in a designated location that is separate from the kitchen or food preparation area, inaccessible to children. It is located in the basement of the church.

- Store dirty laundry and soiled items separate from clean items in a covered and properly labelled bag that is designated for dirty laundry.
- Store clean laundry in a clean, dry location away from dirty laundry.
- Bedding (sheets and blankets) is secured on the cot for each child to be used for the week. It will be laundered at the end of the week, or as needed.
- Bedding, linens, and dress-up clothes are laundered in separate cycles from items used for environmental cleaning (e.g., cloths, mop heads).

### Food Safety

Proper food handling practices within child care centres reduce the risk of foodborne illness, which is caused by eating or drinking foods that have been contaminated by bacteria, viruses, moulds or parasites. The symptoms of food borne illness may vary, but the most common symptoms include fever, stomach cramps, nausea, vomiting and diarrhea. Usually, these symptoms begin within hours after eating contaminated food, although in some cases may take days or weeks to appear.

Children are considered a high risk population because they do not have a fully developed immune system, and therefore are at a higher risk of experiencing severe health complications if they experience food borne illness. Learn how to [report food poisonings](#) to Toronto Public Health.

To help keep children safe and healthy, Kodomoen will take measures to ensure that food is prepared, handled and stored safely. Kodomoen Childcare Centre has a written [policies and procedures](#) in place regarding food safety and safe food handling practices.

### Food from an Inspected Source

All food products purchased or brought in to the centre must be from an approved source (e.g., restaurants, supermarkets, bakeries) that is inspected or graded. Inspection results in the City of Toronto can be viewed on the [Dine Safe](#) webpage.

Kodomoen keeps all receipts of where the food was purchased, typically from a supermarket or bakery. The receipts indicate the items and date of purchase.

Meals are prepared in house by a certified cook, and daily temperatures are recorded for health and safety. Menus are posted on the parent information board and kept for the duration of two weeks.

Parents can provide food for their own child, for example, expressed breast milk or food required for special dietary restrictions. Food containers sent in with a child must be clearly labelled with the child's name and date of delivery. A form is provided detailing the food brought in from outside the centre, and placed in the child's file.

## Temperature Control

The “Danger Zone” is a temperature range in which bacteria that cause foodborne illness can multiply at its quickest. This range is between 4°C (40°F) and 60°C (140°F). To prevent bacteria from growing to dangerous levels, every effort must be made to prevent food from being stored within this temperature range.

- When taking a temperature of food with a probe thermometer, ensure the thermometer is located in the centre of the food for an accurate reading. The probe thermometer must be washed, rinsed and sanitized between uses.
- Refrigeration equipment must be maintained in such a way that potentially hazardous foods are stored at 4°C (40°F) or lower at all times ([O. Reg 493/17](#)). Refrigeration equipment must provide adequate space, and each refrigerator must be equipped with an accurate and easily readable thermometer.
- Maintain hot holding equipment to keep hot foods above 60°C (140°F).

## Utensils Sanitation

To effectively clean and disinfect utensils and dishes, use either the manual dishwashing method or a mechanical dishwasher.

The manual dishwashing method can be conducted in two ways:

- Two-compartment method: the wash and rinse steps are shared within the first sink. The second sink is used for immersing dishes and utensils fully in a sanitizing solution.
- Three-compartment method: dedicates one sink to each action. One for washing, the second for rinsing, and the third for sanitizing.

Kodomoen is equipped with a mechanical dishwasher that it is in compliance with [O. Reg 493/17 Food Premises](#).

The mechanical dishwasher is equipped with accurate and easily readable thermometers to determine effective wash and rinse cycle temperatures:

- Items are washed in a temperature between 60°C to 71°C
- Rinse temperature is at least 82°C for at least 10 seconds (or a chemical rinse solution in compliance with the standards set out in the [O. Reg 493/17](#))
- If the above cannot be confirmed, the dishwasher must be [NSF certified](#) as per [O. Reg 493/17](#).

- If you have questions regarding mechanical dishwashers contact Toronto Public Health by calling 416-338-8410 or emailing [publichealth@toronto.ca](mailto:publichealth@toronto.ca) and ask to speak with a public health inspector.

### Food Recalls

Operators must be aware of the foods that are being served to children within their child care centre. Toronto Public Health advises child care operators to subscribe for Health

Canada's [Recalls and Safety Alerts](#). Food recall warnings and allergy alerts can prevent food borne illnesses or a serious allergic reaction.

### Food Allergies

Severe allergic reactions (e.g., anaphylactic reaction) occur when the body's immune system reacts strongly to a particular substance. These reactions may be caused by food, insect stings, latex and medications. Health Canada and the Canadian Food

Inspection Agency (CFIA) have identified [common food allergens](#) including: eggs, milk, mustard, peanuts, crustaceans and molluscs, fish, sesame seeds, soy, sulphites, tree nuts and wheat.

Anaphylaxis is a serious, potentially life-threatening medical emergency that must be recognized and responded to promptly. Work closely with the child and parent/legal guardian to gather as much detail as possible regarding the allergen(s), the child's reaction to the allergen(s), and the steps to take if an allergic reaction occurs. As per

the [Ontario Regulation 137/15](#) made under the [Child Care & Early Years Act](#)

([CCEYA](#)), each child care centre must have an anaphylactic policy that includes the following:

- A poster is placed on the parent information board, indicating the allergies identified in the centre. We ask parents to wash hands and face prior to entering the classroom if they know their child has consumed the indicated foods before entering the classroom. Parents who send food with their child to the centre will also be reminded of the foods not allowed on premise.
- Development of an individualized plan for each child with an anaphylactic allergy is placed in the child's file, and a list of children with allergies is posted closest to the snack table.
- Training on procedures to be followed in the event of a child having an anaphylactic reaction is done prior to employment and volunteering, as well as an annual review.

For full details regarding allergies, please refer to the Anaphylaxis policy.

For more information regarding the above information, contact the Ministry of Education by calling 416-325-2929 or visit the following webpages:

- Food Allergy Canada, [Child Care Centres](#)
- Ontario Ministry of Education, [Supporting Students with Medical Conditions](#)
- Toronto Public Health, [Food Allergies](#)

### Key Points

- Kodomoen Childcare Centre is in compliance with the [Ontario Food Premises Regulation \(O.Reg 493/17\)](#) and the [Health Protection and Promotion Act \(HPPA\)](#).
- All food products served by Kodomoen is an approved source (e.g., restaurants, supermarkets, bakeries) that is inspected. Recent inspection results in the City of Toronto can be viewed on Toronto Public Health's [DineSafe](#) webpage.
- Kodomoen has at least one certified food handler present during hours of operation.
- Food is stored in a fridge and freezer in the kitchen, and dried food is stored in cupboards that are designated for the centre. They are stored in a manner to prevent contamination from hazardous materials, such as cleaning and disinfecting solutions, insecticides and other contaminants.
- All individuals must wash their hands prior to handling food. Prevent physical handling of the food as much as possible by using utensils such as tongs.
- Record is kept of the source of food (e.g., restaurant, supermarket or bakery), a description of the food item, the date the food was brought into the child care centre, and a copy of the receipt or invoice. This is recorded and kept in the reimbursement record attached to the receipts.
- All food contact surfaces, utensils and food preparation materials are washed, rinsed and sanitized between uses and whenever contaminated. Use sanitizer in the food preparation areas that complies with the standards set out in O. Reg 493/17 Food Premises.
- Recipes will be given upon request. All prepared food is made on premise.

- Areas where food preparation occurs (e.g., kitchens) is equipped with a designated hand washing sink. The designated hand washing sink is equipped with:
  - Hot and cold running water under pressure
  - Liquid soap in a dispenser
  - Paper towels or a mechanical hand dryer
  - A [hand washing](#) information sheet

### **Four Steps for Food Safety**

To prevent foodborne illness from occurring, Kodomoen follows these steps for food safety:

#### 1. Clean – hands, utensils, surfaces, fruits & vegetables

- Staff always wash their hands before and after handling food. Staff, volunteers, and students will wear clean clothing. Hair will be tied back and fingernails cut short.
- Food surfaces must be non-absorbent and easily cleaned and sanitized. Cutting boards, knives and other cooking utensils must be washed, rinse and sanitized between uses. Other surfaces, such as countertops, refrigeration equipment, hot holding equipment and microwaves must be washed and sanitized as often as necessary to prevent contamination.
- Raw fruits and vegetables must be washed and scrubbed under a stream of cold running water before being cut or handled. Raw meat and eggs must not be washed prior to handling, as this increases the risk of contamination of the food preparation area and surfaces. Food packaging, such as lids of cans and jars, should be washed prior to opening.

#### 2. Separate – don't cross-contaminate

- This is to ensure harmful germs are not spread to or from other foods.
- Raw foods (meat, seafood and eggs) must be kept separate from ready-to-eat (RTE) foods such as cheese, fruits and vegetables.
- Different coloured cutting boards for meats and vegetables can be helpful in reducing the risk of contamination.
- Separate utensils and platters for raw and cooked food is required.

#### 3. Cook – ensure food is cooked to the right temperature

- Food is safely cooked once the internal temperature has reached a temperature high enough to kill or inactivate pathogens that can cause foodborne illness.
- Child care centres should be equipped with a probe thermometer to measure hot holding temperatures and cooking temperatures of foods. This thermometer must be washed, rinsed and sanitized between uses.
- Child care centres are encouraged to document any food temperatures taken. A food temperature log should include:
  - The date
  - Type of food
  - Final cooking temperature (if applicable)
  - Time of food arrival (for catered centres) and,
  - Serving temperature.
- Visit Toronto Public Health's [Food Preparation webpage](#) for more information.

#### 4. Chill – refrigerate promptly

- Food that is not going to be consumed immediately must be properly cooled, as bacteria multiply fastest in the “danger zone” – between 4°C (40°F) and 60°C (140°F). This includes both freshly cooked and raw foods. Keep the fridge at 4°C (40°F) or colder.
- To effectively and safely cool warm foods, they should be divided into several shallow containers to allow for quicker cooling. These foods must be refrigerated within 2 hours of cooking, but it is recommended to refrigerate as soon as possible. Ensure refrigeration equipment is not over crowded to allow for proper air circulation and more consistent cooling.
- Frozen food must be thawed either in the refrigerator or in cold running water for a short period of time. Foods must not be thawed on the counter or under hot running water.

### Safe Water

Safe drinking water is essential to public health. Child care centre operators are responsible for providing safe and potable water to children and staff.

Under the [Ontario Safe Drinking Water Act](#), child care centres are identified as being a designated facility. This means that drinking water within child care centres is regulated by the Ministry of the Environment, Conservation and Parks, and there are

specific sampling, testing, treatment and reporting [requirements](#) that apply. For questions, [contact the Ministry of the Environment, Conservation and Parks](#).

If a child care centre becomes aware of an adverse water quality incident, they must contact:

- The Ministry of the Environment, Conservation and Parks at 416-325-3000 or 1-800-268-6060
- Toronto Public Health Central Health Line at 416-338-7600

In the event of a Boil/Drinking Water Advisory or a water disruption/shortage, have a contingency plan. This plan should include:

- Identifying safe alternative sources of water, such as bottled water, and how much water will be needed for the setting, including water for drinking, hand washing, and cleaning
- Identifying steps to take if the centre is closed due to a prolonged water disruption

In the event of a water interruption during hours of operation, Kodomoen will consider:

- Using safe, alternative sources of water, including water for drinking, handwashing, and cleaning
- Discontinuing any food preparation on site
- Having food prepared in advance or using a catering service
- Using single-use, disposable plates and utensils for any food consumption
- Suspending operations if the repair or interruption has compromised water quality or safety, or if the duration of interruption exceeds a day of operation
- If you have questions, contact Toronto Public Health by calling 416-338-8410 or by emailing [publichealth@toronto.ca](mailto:publichealth@toronto.ca) and ask to speak with a public health inspector
- Once the water interruption has concluded, child care centres should advise TPH

### **Pest Control**

Exposure to pests such as mice, flies, rats and cockroaches pose a potential health risk as they are known to carry disease, contaminate food supplies and trigger or worsen asthma symptoms in some individuals. In some cases, pests can also cause structural damage.

Kodomoen is located in Knox Presbyterian Church (Knox), which implements and follows an integrated pest management (IMP) system. An IPM system emphasizes pest prevention and recognizes that pests may only survive and thrive if access to food, water and shelter is available.

Knox implements an IPM system which includes the following practices:

- Use pest-proofing strategies to keep pests out of the building.
  - Inspect the exterior structure of the building. Eliminate pest's access into the building by addressing structural issues, repairing and replacing screens, and sealing holes, cracks or other openings.
  - Have screened and tight-fitting doors and windows to protect against entry.
- Remove access to food, water and shelter through enhanced cleaning and disinfection practices.
  - Clean all rooms, closets, cupboards and storage areas regularly.
  - For all food preparation areas, ensure that a cleaning schedule is in place to eliminate food debris.
  - Clean under stoves, refrigerators and dry storage areas on a regular basis.
  - Ensure that clutter and accumulation is reduced both inside and outside of the facility, in order to eliminate places where rodents can live.
  - Ensure food and sensory play materials (e.g., dried pasta) are stored in labelled plastic containers with tight-fitting lids.
  - Store garbage in pest-proof containers with lids.
  - Always inspect dried food and food deliveries for the presence of pests or rodent droppings. If pests or rodent droppings are found in food products, throw out the entire product immediately. Ensure that all surfaces contaminated by pests are cleaned and disinfected.
- Knox Presbyterian Church works with a licensed pest control company.
  - Continuously monitor for pest activity. Notify a licensed pest control operator if any pest activity is observed in the premises such as, live or dead rodents and/or their feces.
  - Schedule routine visits both for prevention and during instances when the child care centre is experiencing an infestation.
  - Pest control services that include the application of a pesticide or rodenticide must be arranged at a time when children are not present in the facility.

- Operators should ensure that any contract with a pest control service includes an inspection system, treatment procedures, record keeping, and follow up.
- Keep pest control records on-site.
  - When a public health inspector conducts an inspection in a child care centre, they will assess for any evidence of pests or an infestation. Record the dates and times that pest control services were provided and ensure that documentation is kept on the premise for at least one year.
  - Operators must ensure that all pest reports are made available to the public health inspector upon request.

## **Prevention of Mosquito and Tik Bites**

### **West Nile Virus**

West Nile virus (WNV) is a potentially serious illness that is transmitted to humans through the bite of an infected mosquito. Although the risk of becoming infected with WNV in Toronto is low, protecting ourselves against mosquito bites can help reduce the risk even further. While anyone can be infected with WNV, the chances of having a severe illness are greater as you get older or if you have a weakened immune system. For more information, visit Toronto Public Health's [West Nile Virus](#) webpage.

### **Lyme Disease**

Lyme disease is transmitted through the bite of an infected blacklegged tick. Tick populations are expanding in Canada, and [blacklegged ticks have been found in Toronto](#), which suggests that these ticks are becoming established here. However, the risk of getting Lyme disease in Toronto is considered to be low. For more information, visit Toronto Public Health's [Lyme Disease](#) webpage.

### **Prevent Mosquito and Tick Bites**

From spring to fall, when participating in outdoor activities, Kodomoen will follow these simple steps to help protect children against WNV and Lyme disease:

- Cover up and wear light-coloured clothing, long-sleeve shirts and pants outdoors, when weather permitting. Light coloured clothing makes ticks easier to spot.
- Avoid wooded or bushy areas when spending time outdoors. Watch for signs posted at park entrances that have warnings for ticks in the park.
- Remove leaf litter, brush and weeds from the edge of the property. Keep tree branches and shrubs trimmed to let in more sunlight.
- Drain any standing water. The most effective way to keep mosquitoes away is to drain or remove areas of standing or stagnant water, which is where mosquitoes

like to breed. Drain or clean up any containers where water may collect, including toys, planters, storage bins, eaves troughs and roof gutters.

- Ensure the centre has tight-fitting screens on windows and doors to prevent any entry of mosquitoes or other pests.
- Child care centres are advised to obtain written permission from parents or legal guardians before applying insect repellents on children. If insect repellents are used on children, the product must not contain more than 10% DEET. Do not use on children under six months of age. Always follow instructions on insect repellent labels carefully. For more information regarding the use of insect repellents, visit Toronto Public Health's [Using Insect Repellent](#) webpage.

If a tick is found, prompt removal is essential to reduce the spread of Lyme disease. Contact the child's parents/guardians if a tick is found on a child to discuss removal of the tick and to pick up their child if necessary.

For information regarding tick removal, identification and follow up, visit Toronto Public Health's [Lyme Disease webpage](#). Additional information is available from Health

Canada's [Lyme Disease: How to Remove and Identify a Tick](#).

### **Occupational Health and Safety**

Occupational health and safety involves health and safety aspects in the workplace. The Ministry of Labour (MOL) directly oversees and enforces all matters relating to occupational health and safety. As such, the MOL employs Infection Control Practitioners in order to review requirements and provide consultation on IPAC issues in the workplace. As a result, occasional audits of "Health Care Facilities" are conducted. (Excerpt from *Infection Prevention and Control in Child Care Centres: Requirements and Best Practices, 2019-Revised, p. 26*)

In compliance with occupational health and safety legislation, Kodomoen provides personal protective equipment (PPE) where required. This includes gloves, masks, and eye protection.

Gloves are provided and must be worn when diapering, making bleach solutions, cleaning and disinfecting blood and bodily fluids, and food preparation. They also must be worn when it is anticipated that hands will come into contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment or environmental surfaces.

Occupational health and safety involves health and safety aspects in the workplace. The Ministry of Labour (MOL), Training and Skills Development directly oversees and enforces all matters relating to occupational health and safety in workplace settings.

Infection Control Practitioners employed by the MOL review requirements and provide consultation on IPAC issues in the workplace. Their work includes occasional audits of “Health Care Facilities,” and, although child care centres are not defined under

the [Health Care and Residential Facilities Regulation](#), the MOL has set precedent by applying this regulation to work settings where IPAC is a key component of that work setting. In order to comply with occupational health and safety legislation, activities in the child care centre may require the use of PPE, including gloves, masks, eye protection and gowns. Operators may also be required to report staff cases to the MOL.

Additionally, the [Health Protection and Promotion Act](#) (HPPA), as well as sections of the [Ontario Public Health Standards](#), require local public health units to investigate and alert the MOL with respect to occupational health hazards.

Under the [Occupational Health and Safety Act](#) (OHSA), employers must take every precaution reasonable in the circumstances to protect the health and safety of workers. This includes precautions to protect workers from exposure to infectious diseases:

- Provide access to appropriate PPE for use when required
- Wear appropriate PPE for the type of activity (e.g., rubber gloves for cleaning and disinfection versus medical-type gloves for diaper changing)
- Provide training (e.g., routine practices, the correct use of PPE etc)
- Ensure proper donning (putting on) and doffing (taking off) techniques are practiced
- For more information, visit the [Ministry of Labour, Training and Skills Development](#) webpage.

### **Biting Information**

Biting incidents can occur among young children in child care centres during play or if they become upset. Most bites do not break the skin and are unlikely to cause infection. In addition, the risk of Hepatitis B, Hepatitis C or HIV transmission in child care centres is extremely low. When bites do break the skin, both children involved in the incident need proper assessment and management.

### **Be Prepared Before a Bite Happens**

- Ensure your facility has written [policies](#) for managing child and staff exposures to blood and body fluids, including bites.

- Ensure staff have received training for the proper care of bite wounds.
- Ensure first aid equipment is readily available.
- Ensure [staff are immunized](#) against Hepatitis B.

If the skin is not broken, clean the wound with soap and water, apply a cold compress and sooth the child who was bitten.

#### **If the Skin is Broken**

- Observe both children to see if there is any blood involved.
- Allow the wound to bleed gently without squeezing.
- Clean carefully with soap and water and apply first aid as per your policy.
- Inform the parents of both children as soon as possible (preferably within two hours of the incident).
- Advise both children's parents to contact their health care provider regarding post-exposure immunization and advice.
- If either child has Hepatitis B, C or HIV, report the incident to Toronto Public Health as soon as possible and ensure confidentiality of the children and parents is respected.

#### **Tips to Reduce Biting Incidents**

- Teach children not to bite. When children are old enough to understand, teach that biting hurts and can be dangerous to them and to the person they bite.
- Do not pretend to bite children or let children bite you in play. Do not bite children back if they bite as this will teach them to bite.
- Reinforce a "no biting" rule at all times.
- Young children are still learning self-control. Show children how to express anger with words like "no" or "I don't like that" instead of with biting.
- Redirect or distract children if you see a problem developing with a playmate.

## **IPAC Policy: Gastrointestinal Outbreak Management**

Name of Childcare Centre: Kodomoen Childcare Centre

Date Policy Established: February 16, 2022

Last Updated: January 22, 2025

To protect children, families and staff, it is important that child care centres and Toronto Public Health (TPH) work closely with one another in the prevention, early identification and control of infectious diseases. When a case or outbreak of an infectious disease is suspected, early identification is crucial in ensuring the prompt implementation and enhancement of [infection prevention and control \(IPAC\) measures](#) that can help prevent further spread.

Early recognition of an outbreak, along with [IPAC measures](#), will help limit the spread of illness and the number of children or staff who become ill.

### **Gastrointestinal Illness**

Gastrointestinal (enteric) illness refers to inflammation or infection of the gastrointestinal tract. Symptoms of gastrointestinal illness may occur suddenly, and include:

- Vomiting
- Diarrhea
- Abdominal pain
- Headache
- Fever, chills and/or myalgia

Gastrointestinal illness may be due to:

- Viruses, such as Norovirus, Rotavirus or Adenovirus;
- Bacteria, such as E. coli, Salmonella, Campylobacter, Shigella, C. Difficile, or Staphylococci; or
- Parasites, such as Cryptosporidium, Giardia, or Amoeba.

In child care centres, gastrointestinal illness is most often caused by viruses, such as norovirus. These viruses are very contagious; they can spread person-to-person by direct contact, or through indirect contact with surfaces or objects in the ill person's environment. For example, infection may be spread through:

- Touching contaminated surfaces or objects.
- Caring for a person with the illness.
- Changing diapers, or shared diapering equipment that is not effectively cleaned between uses.
- Sharing food, utensils, toys or items with someone who is infected.

- Eating food or drinking liquids contaminated with the virus (contamination of food or water may occur at the source or during transportation, preparation, handling or storage).

An **outbreak** of gastroenteritis is defined as two or more cases meeting the following case definition with a common epidemiological link (e.g., the same room or program, or same child care provider) with initial onset within a **48 hour period**.

A case (child or staff) of **gastrointestinal illness can be defined as:**

- Two or more episodes of diarrhea within a 24-hour period, or;
- Two or more episodes of vomiting within a 24-hour period, or;
- One or more episodes of diarrhea and one or more episodes of vomiting within a 24-hour period.

If the number of children or staff experiencing gastrointestinal symptoms increase:

- Review your surveillance data, communication books or daily logs.
- Identify similar symptoms of illness in children/staff.
- Review recent child/staff absenteeism records.
- Consider other possible reasons for symptoms (new medications or diet changes).

### Reporting an Outbreak

Kodomoen Childcare Centre will report suspected outbreaks and/or [reportable](#)

[diseases](#) (Diseases of Public Health Significance) to TPH, as outlined in the [Health Protection and Promotion Act, R.S.O. 1990, c.H.7, Regulation 135/18](#).

The following will be the procedures to follow when there is an outbreak.

Contacting TPH:

- If an outbreak is suspected or if you are unsure if there is an outbreak, call the TPH Communicable Disease Notification Unit (CDNU) for further guidance: 416-392-7411, Monday to Friday, 8:30 a.m. to 4:30 p.m.
- After hours, call 311
- Fill out the [Reportable Disease Notification Form](#) and fax it to: 416-392-0047
- Use the [TPH Gastrointestinal Outbreak Reporting Form](#) to report a gastrointestinal outbreak. TPH will use this information to determine if an outbreak exists.

When calling TPH have the following information ready when you call:

- Date and time of the first case
- Date and time of the most recent case
- Total number of ill children and staff per room and total number for the child care centre

- Signs or complaints of symptoms of illness (e.g., diarrhea, vomiting)

If TPH declares that there is an outbreak, a unique outbreak number will be assigned. It is important to include the outbreak number on all outbreak-related documentation.

### **Working With Toronto Public Health**

After reporting a gastrointestinal outbreak, a TPH outbreak investigator (public health nurse or public health inspector) will follow up to conduct an outbreak investigation. During a gastrointestinal outbreak, it is important to work with TPH to minimize further illness spread.

The outbreak investigation may include:

- Assessing the outbreak
- Declaring the outbreak
- Reviewing the Line Lists
- Providing exclusion directions for ill children and staff
- Assisting in the collection and transportation of specimens to the Public Health Ontario Laboratory
- Interpreting laboratory reports
- Reviewing outbreak control measures
- Declaring the outbreak over

In many cases, a public health inspector may also be assigned to conduct an on-site visit to review IPAC measures, confirm outbreak control measures are in place, and provide consultation and education.

#### **Communicating Updates to TPH**

It is important to notify the TPH outbreak investigator if:

- A positive test result is received,
- There is spread of illness to another group or cohort,
- There is a change in symptoms experienced,
- There is a hospitalization or death of a child or staff,
- There is a parental concern or a difficult question, or
- There is media interest or concerns.

### Create and Maintain a Line List

A Line List is a tool that summarizes information about children and staff associated with the outbreak. Kodomoen will keep a line list to keep track of the number of cases each day during an outbreak. An Enteric Outbreak Line List will be kept on the attendance clipboard.

Each new case that meets the case definition should be added to the Line List. Each case should only be listed once, and all cases should be listed in chronological order of when the symptoms began or when the illness started. A separate Line List should be maintained for children and for staff.

Update the Line List daily, and complete all information required. To gather and confirm information, the child care centre operator may be required to contact parents, guardians or staff members. If new information is received, update the Line List and report new information to the outbreak investigator

### Collect Samples

Specimen sampling is used to identify the cause of the outbreak. This could include stool samples, food and/or water samples.

During a gastrointestinal outbreak, save any leftover food, if available, for analysis. The food should be dated and kept in the refrigerator. As this food may be a source of illness, the TPH outbreak investigator may arrange to have the food tested. All menus and catering information must be made available.

To help identify the source of the outbreak, it may be necessary to distribute stool kits to collect stool samples. TPH will provide the stool kits, along with a letter to parents instructing them on how to use the kits. Here is information on [How to Collect a Stool](#)

### Sample.

It is important to obtain consent from parents or guardians before submitting a stool specimen to the Public Health Ontario Laboratory. In the event that an opportunity to collect a stool specimen presents itself prior to notifying the parent or guardian, the specimen can be collected but not sent to the lab until consent has been provided. Results from laboratory specimens will always be provided to the parent or guardian of the child by TPH.

### Communicating with Families and Staff

Once an outbreak is declared, TPH will provide a letter or fact sheet to be shared with parents and guardians, to inform them of the outbreak and what actions are necessary should their child become symptomatic. TPH will also provide an Outbreak Notification Sign that should be posted at all entrances to inform parents, guardians, staff and visitors of the outbreak.

## Outbreak Control Measures

During an outbreak, [IPAC measures](#) can help prevent further spread of illness.

### Routine Practices

- Routine practices such as hand hygiene, respiratory etiquette, and cleaning and disinfection must always be followed when there is a potential risk of exposure to body fluids.
- Child care centres must ensure that personal protective equipment (PPE) is worn during activities in which staff may be exposed to infection. For example, staff must wear appropriate PPE when they are required to handle soiled items, such as diapers; when they clean and disinfect surfaces or objects that have been contaminated by body fluids, such as vomit; or when they provide care to a child experiencing symptoms of illness.

### Exclusion and Cohorting of Ill Children and Staff

- Separate sick children and staff at the centre from well children and staff.
- Children who become ill while attending will be isolated from other children, and parents or guardians should be called to arrange for them to be picked up. The Supervisor or Principal will supervise and take care of the ill child.
- During the outbreak, children and staff should be assigned to dedicated rooms (e.g., cohorting). As much as possible, limit the movement of staff from room-to-room.
- Children and staff who are experiencing gastroenteritis will be sent home and should not return to the child care centre until they are no longer infectious to others which means symptom-free for at least 48 hours.

### Enhanced Cleaning and Disinfection

During an outbreak, additional cleaning and disinfection measures are needed. For example:

- Frequently-touched surfaces, objects and toys should be cleaned and disinfected more frequently, at a minimum of twice daily and as needed.
- The disinfectant used during an outbreak must be effective against common outbreak pathogens (e.g., norovirus). In some cases, a higher concentration of disinfectant is needed during an outbreak (e.g., "Outbreak Situation" level). Always follow the manufacturer's instructions. If using chlorine (bleach) as a disinfectant, refer to Toronto Public Health's [Chlorine \(Bleach\) Solutions for](#)

[Disinfecting](#) information sheet.

### Group Activities

During an outbreak, group activities such as sensory play should be stopped temporarily until the outbreak is declared over. Any sensory play materials (e.g., play dough) that were prepared and in use prior to an outbreak being declared should be discarded.

### **Hand Hygiene & Respiratory Etiquette**

Practicing hand hygiene frequently is the most effective way to prevent the spread of infection. During an outbreak, it is important to provide frequent hand hygiene and respiratory etiquette reminders to all children and staff in the child care centre.

### **Declaring the Outbreak Over**

The outbreak of gastroenteritis must be declared over by TPH. The outbreak will be declared over by the TPH outbreak investigator when the child care centre is clear of new cases for a specified period of time.

Generally, the outbreak is declared over 5 days from the onset of symptoms in the last case. This may change depending on the identification of a specific pathogen causing the outbreak.

Please read the **Staff Health and Safety Policy** for detailed information regarding the safety and health of all staff and volunteers.

## **Sleep Supervision Policy and Procedures**

Name of Child Care Centre: Kodomoen Childcare Centre  
Date Policy and Procedures Established: November 23, 2018  
Date Policy and Procedures last Updated: April 15, 2024

### **Purpose**

Children's sleep and rest play an integral part in a child's well-being and development. The purpose of this policy and procedures described within is to provide staff, students and volunteers with rules and procedures to follow to safeguard children from harm, injury or death while sleeping.

Procedures for monitoring sleeping children reduce the risk of harm or injury so that caregivers can look for and identify signs of distress and implement immediate responses to protect the health and safety of children.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for sleep policies for child care centres.

Note: definitions for terms used throughout this policy are provided in a Glossary at the end of the document.

### **Policy**

#### **General**

- All children will be provided with the opportunity to sleep or engage in quiet activities based on their needs.
- All children at Kodomoen will be provided time to sleep for a period of no more than two hours each day and will be assigned to a cot.

#### **Placement of Children for Sleep**

- Children over 18 months of age who sleep will be placed on individual cots for sleep.
- Children will be placed in the Toe-Head-Toe placement, to reduce the risk of airborne illness.

#### **Consultation with Parents**

- All parents of children who regularly sleep at the child care centre will be advised of the centre's policies and procedures regarding sleep at the time of their child's enrolment and/or any time the policies and procedures are revised, as applicable. This information will be available to parents in the Parent Handbook.
- Staff will consult with parents about their child's sleeping arrangements at the time of enrolment and at any other appropriate time (e.g. when a child transitions to a new program or room, or at the parent's request).

- Written documentation will be kept in each child's file to reflect the sleep patterns identified by their parent, and updates to the documentation will be made whenever changes are communicated to the child care centre. (Enrolment Form)
- Parents will be advised by the supervising staff of any significant changes in their child's behaviours during sleep and/or sleeping patterns.
- Any changes in sleep behaviours will result in adjustments being made to the child's supervision during sleep time, where appropriate, based on consultation with the child's parent.

### **Direct Visual Checks**

At Kodomoen, Direct Visual Checks will be conducted as needed.

- Direct visual checks of each sleeping child will be conducted to look for indicators of distress or unusual behaviours.
- Direct visual checks are not required for children engaging in quiet activities, but these children will be supervised at all times.
- The frequency of direct visual checks and the steps to complete them will depend on the typical sleep patterns of each child and their age, as identified in the sleep supervision procedures provided in this policy.
- Staff will ensure that all sleep areas have adequate lighting available to conduct the direct visual checks of sleeping children.

### **Procedures**

Should a child have symptoms of illness (e.g. a cold) or if there are other issues or concerns related to the child's health, safety and well-being during sleep, the frequency of direct visual checks must be increased. The individual needs of each child during sleep as identified by the parent and/or the child's physician must be followed at all times.

<b>Procedures for Completing Direct Visual Checks</b>
<p>2. Staff must:</p> <ul style="list-style-type: none"> <li>v. be physically present beside the child;</li> <li>vi. check each child's general well-being by looking for signs of distress or discomfort including, at a minimum:               <ul style="list-style-type: none"> <li>• laboured breathing;</li> <li>• changes in skin temperature;</li> <li>• changes in lip and/or skin colour;</li> <li>• whimpering or crying; and</li> <li>• lack of response to touch or voice.</li> </ul> </li> </ul>

### Procedures for Completing Direct Visual Checks

3. Where signs of distress or discomfort are observed, the staff who conducted the direct visual check must attempt to wake the child up. Where no signs of distress or discomfort are observed, proceed to step 3.

Where the child wakes up, staff must:

- attend to the child's needs;
- vii. separate the child from other children if the child appears to be ill;
- viii. document the incident in the nap record book and in the child's symptoms of ill health record, where applicable.

Where the child does not wake up, staff must immediately:

- perform appropriate first aid and CPR, if required;
- ix. inform other staff, students and volunteers in the room of the situation;
- x. contact emergency services or, where possible, direct another individual to contact emergency services;
- xi. separate the child from other children or vice versa if the child appears to be ill;
- xii. inform the supervisor/designate of the situation; and
- xiii. contact the child's parent;

Where the child must be taken home or to the hospital, the supervisor or designate must immediately:

- contact the child's parent to inform them of the situation and next steps.

Where the child's condition has stabilized, and/or after the child has been taken home and/or to the hospital, the staff who conducted the direct visual check and any staff who assisted with responding to the incident must:

- follow the serious occurrence policies and procedures, where applicable;
- xiv. document the incident in the daily written record; and
- xv. document the child's symptoms of illness in the child's records.

4. Staff must:

- adjust blankets as needed;
- xvi. ensure the child's head is not covered;
- xvii. ensure there are no other risks of suffocation present;
- xviii. document the date, time and initial each direct visual check on the room's nap record book; and

Procedures for Completing Direct Visual Checks
xix. verbally inform other staff in the room that the check has been completed, where applicable and possible.

### Additional Sleep Supervision Procedures

Children with stuffed animals will be monitored carefully, to ensure that the child's face is not covered.

For children who do not sleep, there will be cots provided for them in the program room, where they can read a book, or do other quiet activities.

We ask caregivers to provide a blanket for the week. This will be returned at the end of the week, to be washed at home.

A staff member is present in the sleep room while the children rest. The lights and curtains will be lowered, to create a comfortable rest environment. Each child will be alternating in position of rest (feet, head, feet, head) in order to minimize the spread of disease.

Staff supervising the rest room will have a communication device, such as a cell phone to make sure they are able to call for assistance if needed.

Once a child is awake, they will join the other children in the program room. Any child that remains sleeping will be woken up at 2:30pm, as we do not want any sleep disruptions in their regular routine at home.

### Glossary

*Adequate lighting:* The lights and curtains will be lowered, to create a comfortable rest environment.

*Direct Visual Check:* A mechanism for monitoring sleeping children whereby an individual is physically present beside a child to look for signs of distress, discomfort or unusual behaviours (e.g. change in skin colour, change in breathing, signs of overheating) and react as required.

*Licensee:* The individual or corporation named on the licence issued by the Ministry of Education responsible for the operation and management of the child care centre.

*Parent:* A person having lawful custody of a child or a person who has demonstrated a settled intention to treat a child as a child of his or her family (all references to parent include legal guardians, but will be referred to as "parent" in the policy).

*Staff (Employee):* An individual employed by the licensee (e.g. program room staff).

## **Supervision of Students and Volunteers Policy**

Name of Child Care Centre: Kodomoen Childcare Centre  
Date Policy and Procedures Established: November 23, 2018  
Date Policy and Procedures Updated: October 15, 2025

### **Purpose**

Kodomoen Childcare Centre welcomes both placement students and volunteers into the various programs offered in our child care program. We believe it is a valuable part in gaining experience in a child care environment. Volunteers and students also play an important role in supporting staff in the daily operation of child care programs.

This policy will provide supervising staff, students and volunteers with a clear understanding of their roles and responsibilities.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for policies and procedures regarding volunteers and students for child care centres.

Note: definitions for terms used throughout this policy are provided in a Glossary at the end of the document.

### **Policy**

#### **General**

- Students and volunteers will always be supervised by an employee and never permitted to be alone with any child or group of children who receive child care.
- Students and volunteers will not be counted in staff to child ratios.

#### **Additional Policy Statements**

Volunteers and students are required to have Japanese language skills of speaking and listening, as the centre operates in the Japanese language.

#### **Student and Volunteer Supervision Procedures: Roles and Responsibilities**

##### **The licensee/designate must:**

- Ensure that all applicable policies, procedures and individual plans are reviewed with students and/or volunteers before they start their educational placement or begin volunteering, annually thereafter and when changes occur to the policies, procedures and individualized plans to support appropriate implementation.
- Ensure that all students and/or volunteers have been trained on each child's individualized plan.
- Ensure that all students and/or volunteers have a health assessment and immunization as directed by the local medical officer of health.

- Ensure that a vulnerable sector check (VSC) and annual offence declarations are on file for all students and/or volunteers in accordance with the child care centre's criminal reference check policy and procedures and Ontario Regulation 137/15.
- Ensure that expectations are reviewed with students and/or volunteers including, but not limited to
  - how to report their absence;
  - how to report concerns about the program
- Inform students and/or volunteers that they are never to be included in staff to child ratios or left alone with children.
- Appoint supervising staff to the students and/or volunteers, and inform them of their supervisory responsibilities.
- Inform students and/or volunteers of their duty to report suspected child abuse or neglect under the Child and Family Services Act.

**The supervising staff must:**

- Ensure that students/volunteers are never included in staff to child ratios.
- Ensure that students/volunteers are supervised at all times and never left alone with children.
- Introduce students and/or volunteers to parents/guardians.
- Provide an environment that facilitates and supports students' and/or volunteers' learning and professional development.
- Provide students and/or volunteers with clear expectations of the program in accordance with the established program statement and program statement implementation policy.
- Provide students and/or volunteers with feedback on their performance.
- Work collaboratively with the student's practicum supervising teacher.
- Monitor and notify the centre supervisor/director of any student and or volunteer misconduct or contraventions with the centre's policies, procedures, prohibited practices or individual plans (where applicable) in accordance with the child care centre's written process for monitoring compliance and contraventions.

**Students and/or volunteers must:**

- Maintain professionalism and confidentiality at all times, unless otherwise required to implement a policy, procedure or individualized plan.
- Notify the supervisor or designate if they have been left alone with children or have any other concerns about the child care program (e.g. regarding staff conduct, program statement implementation, the safety and well-being of children, etc.).
- Submit all required information and documentation to the licensee, supervisor or designate prior to commencing placement or volunteering, such as a valid VSC, health assessment and immunization.

- Review and implement all required policies, procedures and individualized plans, and sign and date a record of review, where required.
- Review allergy lists and dietary restrictions and ensure they are implemented.
- Respond and act on the feedback and recommendations of supervising staff, as appropriate.
- Report any allegations/concerns as per the “Duty to Report” under the *Child and Family Services Act*
- Complete offence declarations annually, no later than 15 days after the anniversary date of the last VSC or offence declaration (whichever is most recent) in accordance with the child care centre’s criminal reference check policy.
- Provide an offence declaration to the supervisor/designate as soon as possible any time they have been convicted of a Criminal Code (Canada) offence.
- Volunteers are required to show proof of vaccinations, and a copy will be kept in their file. If the volunteer has an exemption to vaccinations, a copy of the exemption form is required (and will be kept in the volunteer’s file).

Volunteers and students are expected to participate in the monthly fire drills set out by Kodomoen Childcare Centre.

### **Glossary**

*Licensee*: The individual or corporation named on the licence issued by the Ministry of Education responsible for the operation and management of the child care centre.

*Staff (Employee)*: Individual employed by the licensee (e.g. program room staff).

*Student*: Individual who is enrolled in an education program/school and is completing a placement.

*Volunteer*: An individual who participates in the child care program and interacts with children in care but is not paid by the licensee (e.g. parents assisting on an occasional or recurring basis with child care programming, such as excursions, field trips, etc.).

## Waiting List Policy

Name of Child Care Centre: Kodomoen Childcare Centre  
Date Policy and Procedures Established: November 23, 2018  
Date Policy and Procedures Updated: January 2, 2025

### Purpose

Kodomoen Childcare Centre realizes the importance of creating a policy for parents waiting for their child to be enrolled in the centre. We aim to create a policy that is transparent, consistent, and fair.

### Applicable Law

- *Child Care and Early Years Act, 2014*, Ontario Regulation 137/15, 75.1
- *Childcare Centre Licensing Manual, August 2016; pages 139 - 140*

### Policy

When a parent emails or calls, expressing interest in enrolling their child, we will ask them to provide:

1. Date of call or email
2. Child's full name
3. Age
4. Child's date of birth (unborn children may have their expected month and year of birth)
5. Expected start month
6. Indication of full-time or part-time (and which days of the week)

We ask parents to email or call to inform staff of any information changes, as soon as possible.

### Wait List Management

Kodomoen does not charge a waiting list fee of any kind.

To ensure that families are able to access Kodomoen's programs in the shortest time possible, the following practices will be implemented:

1. The date of registration (either by phone or email) will be the date reflected for the list priority
2. We will call 3-4 weeks before the desired month of enrollment, to confirm if the family is still interested in enrolling their child. We will indicate at this time (either by email, phone, or directly), what the availability is. We will indicate an individual's position by issuing a number, i.e. "You are number 3 on our list. This means that there are two other families ahead of you." Due to confidentiality, we

will not be disclosing by name who else is on the list, and what number they are on the wait list.

3. If a call is not returned, the child will remain in the same priority on the waitlist. We will wait a week, and if the call is not returned, we will call a second time. If the call is not returned after a week, the child will be put at the bottom of the wait list.
4. If a space is refused, the next family in order of sequence will be contacted.

## **Parent Issues and Concerns Policy and Procedures**

Name of Child Care Centre: Kodomoen Childcare Centre  
Date Policy and Procedures Established: November 23, 2018  
Date Policy and Procedures Updated: October 15, 2024

### **Policy**

#### **General**

Parents/guardians are encouraged to take an active role in our child care centre and regularly discuss what their child(ren) are experiencing with our program. As supported by our program statement, we support positive and responsive interactions among the children, parents/guardians, child care providers and staff, and foster the engagement of and ongoing communication with parents/guardians about the program and their children. Our staff are available to engage parents/guardians in conversations and support a positive experience during every interaction.

All issues and concerns raised by parents/guardians are taken seriously by Kodomoen Childcare Centre and will be addressed. Every effort will be made to address and resolve issues and concerns to the satisfaction of all parties and as quickly as possible.

Issues/concerns may be brought forward verbally or in writing. Responses and outcomes will be provided verbally, or in writing upon request. The level of detail provided to the parent/guardian will respect and maintain the confidentiality of all parties involved.

An initial response to an issue or concern will be provided to parents/guardians within two business day(s). The person who raised the issue/concern will be kept informed throughout the resolution process.

Investigations of issues and concerns will be fair, impartial and respectful to parties involved.

#### **Confidentiality**

Every issue and concern will be treated confidentially and every effort will be made to protect the privacy of parents/guardians, children, staff, students and volunteers, except when information must be disclosed for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children's Aid Society).

#### **Conduct**

Our centre maintains high standards for positive interaction, communication and role-modeling for children. Harassment and discrimination will therefore not be tolerated from any party.

If at any point a parent/guardian, provider or staff feels uncomfortable, threatened, abused or belittled, they may immediately end the conversation and report the situation to the supervisor and/or licensee.

### Concerns about the Suspected Abuse or Neglect of a child

Everyone, including members of the public and professionals who work closely with children, is required by law to report suspected cases of child abuse or neglect.

If a parent/guardian expresses concerns that a child is being abused or neglected, the parent will be advised to contact the [local Children's Aid Society](#) (CAS) directly.

Persons who become aware of such concerns are also responsible for reporting this information to CAS as per the "Duty to Report" requirement under the *Child and Family Services Act*.

For more information, visit

<http://www.children.gov.on.ca/htdocs/English/childrensaidd/reportingabuse/index.aspx>

### Procedures

Nature of Issue or Concern	Steps for Parent and/or Guardian to Report Issue/Concern:	Steps for Staff and/or Licensee in responding to issue/concern:
<p><b>Program Room-Related</b></p> <p>E.g: schedule, sleep arrangements, toilet training, indoor/outdoor program activities, feeding arrangements, etc.</p>	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> <li>- the classroom staff directly or</li> <li>- the supervisor or licensee.</li> </ul>	<ul style="list-style-type: none"> <li>- Address the issue/concern at the time it is raised or</li> <li>- arrange for a meeting with the parent/guardian within two business days.</li> </ul> <p>Document the issues/concerns in detail. Documentation should include:</p> <ul style="list-style-type: none"> <li>- the date and time the issue/concern was received;</li> <li>- the name of the person who received the issue/concern;</li> <li>- the name of the person reporting the issue/concern;</li> </ul>
<p><b>General, Centre- or Operations-Related</b></p> <p>E.g: child care fees, hours of operation, staffing, waiting</p>	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> <li>- the supervisor or licensee.</li> </ul>	<ul style="list-style-type: none"> <li>- the details of the issue/concern; and</li> <li>- any steps taken to resolve the issue/concern and/or information given to the parent/guardian regarding next steps or referral.</li> </ul>

<b>Nature of Issue or Concern</b>	<b>Steps for Parent and/or Guardian to Report Issue/Concern:</b>	<b>Steps for Staff and/or Licensee in responding to issue/concern:</b>
lists, menus, etc.		<p>Provide contact information for the appropriate person if the person being notified is unable to address the matter.</p> <p>Ensure the investigation of the issue/concern is initiated by the appropriate party within [insert number] business days or as soon as reasonably possible thereafter. Document reasons for delays in writing.</p>
<b>Staff-, Duty parent-, Supervisor-, and/or Licensee-Related</b>	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> <li>- the individual directly</li> <li>or</li> <li>- the supervisor or licensee.</li> </ul> <p>All issues or concerns about the conduct of staff, duty parents, etc. that puts a child's health, safety and well-being at risk should be reported to the supervisor as soon as parents/guardians become aware of the situation.</p>	<p>Provide a resolution or outcome to the parent(s)/guardian(s) who raised the issue/concern.</p>
<b>Student- / Volunteer-Related</b>	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> <li>- the staff responsible for supervising the volunteer or student</li> <li>or</li> <li>- the supervisor and/or licensee.</li> <li>-</li> </ul> <p>All issues or concerns about the conduct of students and/or volunteers that puts a child's health, safety and well-being at risk should be reported to the supervisor as soon as parents/guardians become aware of the situation.</p>	

**Escalation of Issues or Concerns:** Where parents/guardians are not satisfied with the response or outcome of an issue or concern, they may escalate the issue or concern verbally or in writing to Kodomoen Childcare Centre.

Issues/concerns related to compliance with requirements set out in the *Child Care and Early Years Act., 2014* and Ontario Regulation 137/15 should be reported to the Ministry of Education's Child Care Quality Assurance and Licensing Branch.

Issues/concerns may also be reported to other relevant regulatory bodies (e.g. local public health department, police department, Ministry of Environment, Ministry of Labour, fire department, College of Early Childhood Educators, Ontario College of Teachers, College of Social Workers etc.) where appropriate.

**Contacts:**

Ministry of Education, Licensed Child Care Help Desk: 1-877-510-5333 or [childcare\\_ontario@ontario.ca](mailto:childcare_ontario@ontario.ca)

Kodomoen Childcare Centre: 416-599-2426, or [kodomoencc@gmail.com](mailto:kodomoencc@gmail.com)

## **Drug and Medication Administration Procedures**

Name of Child Care Centre: Kodomoen Childcare Centre  
Date Procedures Established: August 24, 2023  
Date Procedures Updated: November 4, 2024

Kodomoen Childcare Centre can only administer prescribed medication. We will provide a form for the parent to fill out that describes what medication, and details of the amount and time of when the medication was given.

### **Procedures:**

#### **Administration of Drugs or Medications to Children**

1. Medication must be dispensed in the office.
2. Read the label carefully to ensure medication is for the appropriate child.
3. Check that the date of the medication is current and note its duration. (No more than a year old) If it is not current (i.e. expired) a doctor's note is required with new instructions for administration.
4. Make sure the prescription label has clear instructions for the administration for the medication.
5. Administering the medication: First designated person will be the Supervisor. If the supervisor is unavailable, a RECE staff person will administer the medication.
6. Give the exact dosage with the appropriate spoon or syringe provided.
7. Medication is always dispensed to one child at a time.
8. Return the medication to the appropriate place.
9. Sign the medication authorization form documenting dosage, time/date of administration, and name/signature of person administering the medication.
10. After the medication is finished, file the medication form in the child's file in the office.

#### **The Use Of Ventrolin Masks, etc. The Following Must Take Place:**

The staff who may have to administer this type of prescribed medication must receive training by an appropriate person (parent or supervisor) in the proper technique and use, and when are the appropriate times to administer the prescribed medication.

1. For those prescribed medications that may be needed quickly, e.g. puffers for asthma attacks, these may be kept in the rooms close at hand, but must be inaccessible to children.

#### **Error in Dispensing Procedure:**

A dispensing error can in some instances result in a serious harm to the child. For example, an allergic reaction may occur which can lead to anaphylactic shock. The child may initially experience itching, rash, swelling around the eyes or anywhere on the

body. These symptoms can progress to breathing difficulties which would require immediate medical attention. In this situation, call 911.

If there is an error in the dispensing procedure, the following action should be followed directly.

1. Closer and constant observation of the child should begin immediately. Inform the supervisor/director. Inform the Supervisor/Director, if the supervisor/director is unavailable a staff will be assigned on a one to one basis to supervise and observe the child for any changes in behaviour and to record reaction/observations. A record of the incident will be noted on the Accident Report form.
2. a) Check the child's file for any known allergies.  
  
b) Call the child's doctor giving full details of the incident. Ask the doctor about any follow-up in event of error. For example, should the child be given the correct dosage and when, and any other further instructions, such as giving him/her milk, induce vomiting, etc.  
  
c) If unable to reach the child's doctor or at the doctor's request telephone the Hospital for Sick Children **Ontario Poison Centre 416-813-5900**.  
  
d) As a third resource especially if there is no immediate success with b) or c), telephone the pharmacist listed on the medication container and give full details of the incident to the pharmacist. Ask about any follow-up in an event of an error, ex. Should we give the correct medicine and when? Ask for any further instructions.
3. After calling the doctor, immediately call the parents/guardian informing them of the specific details of the incident and your follow-up to date.
4. If a child is administered another child's medicine in error, parents of the each child must be informed of the details of the incident and your follow-up to date.
5. Give a copy of the accident report to the parents/guardian on arrival at Kodomoen Childcare Centre and one copy to the child's file.

If deemed a Serious Occurrence by the supervisor/director, a report must be made to the program advisor, through the Child Care Licensing System (CCLS). A report must also be made to Toronto Public Health within 24 hours, and a written report handed in within 7 days.

This policy will be reviewed annually with staff, volunteers, students, and any staff at time of employment will also go over this policy.

**Record-Keeping:**

- All records of medications will be kept in the child's locker box during use, then the child's file once the duration of administration is completed. This will be part of the child's file for the rest of the enrolment, and the duration of file retention.

**Emergency Management Policy and Procedures**

Name of Child Care Centre: Kodomoen Childcare Centre  
Date Policy and Procedures Established November 23, 2018  
Date Policy and Procedures Updated: November 15, 2024

**Policy**

The purpose of this policy is to provide information and clear direction for staff and licensees to follow during fire drills and fire emergencies. The procedures are set up to be followed during monthly drills as well as real fire emergencies. It is to support the well-being and safety of everyone involved.

As outlined in the original fire safety plan, staff will ensure that the children will be kept safe, are accounted for, and always supervised during the evacuation process.

For any emergency situations involving a child with an individualized plan in place, the procedures in the child's individualized plan will be followed.

If any emergency situations that happen that are not described in this document, the Supervisor or Principal will provide direction to staff for the immediate response and next steps. Staff will follow the direction given.

If any emergency situations result in a serious occurrence, the serious occurrence policy and procedures will also be followed.

All emergency situations will be documented in detail by the Supervisor or Principal in the daily written record.

**Definitions**

*All-Clear:* A notification from an authority that a threat and/or disaster no longer pose a danger and it is deemed safe to return to the child care premises and/or resume normal operations.

*Authority:* A person or entity responsible for providing direction during an emergency situation (e.g. emergency services personnel, the licensee).

*Emergency:* An urgent or pressing situation where immediate action is required to ensure the safety of children and adults in attendance. (Examples are a fire, lockdown, bomb threat, flooding, power failure, etc.) These also include situations that may not affect the whole child care centre (e.g. child-specific incidents) and where 911 is called.

**Emergency Services Personnel:** persons responsible for ensuring public safety and mitigating activities in an emergency (e.g. law enforcement, fire departments, emergency medical services, rescue services).

**Evacuation Site:** the designated off-site location where shelter is obtained during an emergency. The evacuation site is used when it is deemed unsafe to be at or return to the child care centre.

**Licensee:** The individual or agency licensed by the Ministry of Education responsible for the operation and management of each child care centre it operates (i.e. the operator).

**Meeting Place:** the designated safe place near the child care centre where everyone is to initially gather before proceeding to the evacuation site, or returning to the child care centre if evacuation is not necessary.

**Staff:** Individual employed by the licensee (e.g. program staff, supervisor).

**Unsafe to Return:** A notification from an authority that a threat and/or disaster continue to pose a danger and it is unsafe to return to the child care premises.

The following is our **off-site meeting place** in case of evacuation:

**St. Volodymyr (Vladimir) Institute**, 620 Spadina Ave., Toronto, ON M5S 2H4

(One building south of Knox Presbyterian Church)

**Note: All directions given by emergency services personnel will be followed under all circumstances, including directions to evacuate to locations different than those listed above.**

## Procedures

<p><b>Roles and Responsibilities of Staff During an Emergency</b></p>	<ol style="list-style-type: none"> <li>1) The staff member who becomes aware of the disaster must inform all other staff of the incident and that the centre must be evacuated, as quickly and safely as possible. If the disaster is a fire, the fire alarm pull station must be used and staff must follow the centre's fire evacuation procedures.</li> <li>2) Staff members who are outdoors must ensure everyone who is outdoors proceeds to a safe location.</li> </ol>
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	<p>3) If it a situation where it is impossible to leave the program room, staff inside the child care centre must:</p> <ul style="list-style-type: none"> <li>- Remain calm;</li> <li>- Gather all children and move them away from doors and windows;</li> <li>- Take children's attendance to confirm all children are accounted for;</li> <li>- Take shelter in closets and/or under furniture with the children, if appropriate;</li> <li>- Keep children calm;</li> <li>- Ensure children remain in the sheltered space; Turn off/mute all cellular phones; and</li> <li>- Wait for further instructions.</li> </ul> <p>If the situation requires staff and children to leave the building:</p> <ul style="list-style-type: none"> <li>- Remain calm;</li> <li>- Gather all children, the attendance record, emergency backpack with first aid kits and children's emergency contact information, any emergency medication;</li> <li>- Exit the building with the children using the nearest safe exit, bringing children's outdoor clothing (if possible) according to weather conditions;</li> <li>- Escort children to the meeting place; and</li> <li>- Take children's attendance to confirm all children are accounted for;</li> <li>- Keep children calm; and</li> <li>- Wait for further instructions.</li> </ul>
<p><b>Providing Additional Support for any Child or Adult who Needs it in Case of an Emergency</b> (including the consideration of special medical needs)</p>	<p>The supervisor or Principal will carry or designate a staff to carry additional items, including medication, to the emergency designated area.</p> <p>If a special needs child has an individual plan that includes instructions to follow during an emergency situation, that will be followed as much as possible.</p>
<p><b>Ensuring Children's Safety and Maintaining Appropriate Levels of</b></p>	<p>All staff will remain with the children until parents arrive or emergency personnel declare the emergency clear, and can return to regular programming. The ratio of staff to child will remain the same at all times.</p>

<b>Supervision During an Emergency</b>	
<b>Communication with Parents</b>	<p>As soon as possible, the Supervisor and/or staff must notify parents/guardians of the emergency situation, evacuation and the location to pick up their children.</p> <p>If an emergency occurred where that did not require evacuation of the child care centre, the Supervisor or Principal will provide a notice of the incident to parents/guardians by email and written letter on the information board.</p> <p>Where normal operations do not resume the same day that an emergency situation has taken place, the Supervisor or Principal must provide parents/guardians with information as to when and how normal operations will resume as soon as this is determined.</p>
<b>Contacting Appropriate Emergency Response Agencies</b>	<p>If the discovery is made by Kodomoen Staff, the Supervisor, Principal or designated staff will call 911, as well as notify Knox Presbyterian Church staff as soon as possible.</p> <p>If the situation involves an individual Kodomoen staff or child and immediate attention is needed, the Supervisor or Principal will call 911 and notify emergency personnel of the situation.</p> <p>All directions given by emergency services personnel will be followed under all circumstances., including directions to evacuate to locations different than those listed above.</p>
<b>Addressing Recovery from an Emergency</b>	<p>The Principal or Supervisor will communicate with parents via email when it is safe to resume operations, and when the centre will reopen. The supervisor will be in contact with the program advisor. In regards to media, we will refrain from responding to any media until we have contacted a lawyer for advice.</p>
<b>Debriefing Staff, Children and Parents After an Emergency</b>	<p>The Supervisor or Principal will debrief staff, children, and parents as soon as possible. (Ideally, within 24 hours) The meeting location would be announced near the date planned. If it is possible to use the church building, it will be done in one of the rooms available. Otherwise, communication will be made through email,</p>

	detailing the next steps and how to best support one another.
<b>Resuming Normal Operations of the Child Care Centre</b>	The Supervisor or Principal will communicate with parents via email when it is safe to resume operations, and when the centre will reopen. The Supervisor will be in contact with the program advisor to keep the Ministry of Education updated of the incident. In regards to media coverage, will refrain from responding to any media until we have contacted a lawyer for advice.
<b>Supporting Children and Staff Who May Have Experienced Distress During an Emergency</b>	The Supervisor and Principal will be available to provide guidance and support in regards to staff or children who may experience distress from the emergency situation. The Supervisor will contact Toronto Children's Services for additional resource assistance, such as counselling services.

## Serious Occurrence Policy and Procedures

Name of Child Care Centre: KoKodomoen Childcare Centre  
Date Policy and Procedures Established: August 20, 2018  
Date Policy and Procedures Updated: October 24, 2024

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### Purpose

The purpose of this policy and the procedures within is to provide clear instructions for staff, students and volunteers to follow for how to identify, respond to and report a serious occurrence. It ensures that there is a plan to deal with any serious incidents that may affect the health, safety and well-being of children and those working directly with children, and that these serious incidents are addressed by the child care centre and reported to the Ministry of Education for review.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for policies and procedures with respect to serious occurrences for child care centres.

Note: definitions for terms used throughout this policy are provided in a Glossary at the end of the document.

### Policy

#### Identifying a Serious Occurrence

Under the *Child Care and Early Years Act, 2014*, serious occurrences are defined as:

5. the **death of a child** who received child care at a child care centre,
6. **abuse, neglect or an allegation of abuse or neglect of a child** while receiving child care at a child care centre,
7. a **life-threatening injury** to or a **life-threatening illness** of a child who receives child care at a child care centre,
8. an incident where a child who is receiving child care at a child care centre **goes missing** or is temporarily unsupervised, or
9. an **unplanned disruption** of the normal operations of a child care centre that poses a risk to the health, safety or well-being of children receiving child care at the child care centre.

### **Reporting a Serious Occurrence**

- Staff will notify the licensee, supervisor or designate of a serious occurrence as soon as they become aware of the incident.
- All serious occurrences will be reported to the Ministry of Education in the Child Care Licensing System (CCLS) within 24 hours of the licensee, supervisor or designate becoming aware of the occurrence.
- Identifying information such as children or staff names will not be included in the serious occurrence reports.
- If CCLS cannot be accessed (for example, where CCLS or an internet connection is unavailable), the licensee, supervisor or designate will notify the program advisor (PA) assigned to the licence by email or by telephone within 24 hours of becoming aware of the occurrence. A serious occurrence report will be submitted in CCLS as soon as the system can be accessed.
- Where a Ministry of Education PA cannot be reached by telephone, a voicemail message will be left to notify the PA of the incident.
- All updates to serious occurrences will be reported in CCLS through update reports until the serious occurrence has been closed by the Ministry of Education.
- Where the Ministry of Education requests updates to a serious occurrence in CCLS, these will be provided as soon as possible through update reports.
- Serious occurrences reported to the Ministry of Education will be documented in the daily written record.

### **Posting a Serious Occurrence Summary (Notification Form)**

- Within 24 hours of becoming aware of a serious occurrence, the Supervisor will complete a Serious Occurrence Notification Form in either CCLS or using the form available in Appendix A.
- The form will provide a summary of the serious occurrence and of any action taken by the child care centre.
- The summary will not include identifying information (for example, names and ages of children, staff, or program rooms) and will contain gender-neutral language (for example, they, a child and more).
- The summary will be posted at the child care centre in a place that is visible and accessible to parents for a minimum of 10 business days, regardless of the serious occurrence type and the status of any related investigation.
- Where a serious occurrence is updated or revised, the summary should also be updated to reflect this change.
- All serious occurrence summaries will be retained for 3 years from the date they are created or last updated (whichever date is most recent).

### Concerns about the Suspected Abuse or Neglect of a Child

- If any person, including a person who performs professional duties with respect to children, has reasonable grounds to suspect that a child has suffered, or is at risk to suffer, physical or emotional harm or sexual exploitation or molestation inflicted by the person having charge of the child, the person will report the suspicion directly to a children's aid society (CAS).
- Suspected abuse or neglect that will be reported will include physical, emotional and sexual abuse and/or neglect.
- Where a parent expresses concerns that a child is being abused or neglected, the parent will be advised to contact their local CAS directly. The person who becomes aware of these concerns is also required to report the concerns to the local CAS.

Debrief Staff, students, and volunteers after a serious occurrence:

Once a serious occurrence is declared over, a meeting will be held within one week, to debrief staff, students, and volunteers of the incident, including any follow up instructions Toronto Health may have.

Supports that will be provided to children and families after a serious occurrence:

Any questions or concerns will be directed to the Principle and supervisor. Each serious occurrence will be handled on a case by case basis. Depending on the serious occurrence, if further assistance is needed, such as counselling, the supervisor will consult the famil(ies) involved as well as the Principle on how to proceed.

Measures that will be implemented to prevent initial incidents or recurring of serious occurrences:

As already required, there will be a daily check of children, and any abnormal markings recorded.

Staff will review the serious occurrence policy annually.

Regular staff meetings will be held to include discussion of preventative measures of incidents, and recurring of serious occurrences.

Incidents that are not reportable serious occurrences, and how to handle such incidents:

Examples of Incidents that are **not** Serious Occurrences

A child with a pre-existing seizure disorder had a seizure at the child care centre. The licensee was aware of the condition, had a plan in place to respond and

followed the plan to appropriately respond to the incident. The child did not require emergency medical attention: The Principle or supervisor will contact the parents/guardians to notify them of the incident, and ask for the child to be picked up early.

A child fell on the playground and sustained a cut that required a few stitches: An accident report will be filled in by staff or supervisor, and the follow up report will be recorded on the original report. A copy of the medical report from the hospital (request from parents) will be attached to the report, if available.

A child tripped while running and chipped a tooth: An accident report will be filled in by staff or supervisor, and the follow up report will be recorded on the original report. A copy of the medical report from the hospital (request from parents) will be attached to the report, if available.

A child ingested a non-toxic substance (e.g., playdough): The staff will take immediate action by asking child to spit out remaining substance, and have the child rinse of their mouth with water. Parents will be informed upon pick-up.

## **Procedures to Respond to a Serious Occurrence**

### **Steps to Follow for All Serious Occurrences**

#### ***Steps for Staff, Students and Volunteers to Follow:***

Immediately:

- Ask for assistance from other staff, students, or volunteers.
- Provide immediate medical assistance, if applicable, according to Standard First Aid and CPR training, where applicable.
- Call emergency services and follow direction from emergency services personnel, where applicable.
- Ensure that other children are removed from the scene and do not have access to the area, where applicable.
- Address any risks to the health or safety of the child and/or other children present to prevent the risk of further harm.
- Notify the supervisor/designate.

Ongoing and after the incident:

- Follow any direction provided by third-party authorities (for example, police, CAS, public health, and more)

- Ensure that children are supervised at all times.

Within 24 Hours:

- Document the incident in:
  - xx. the daily written record;
  - xxi. the child's record of symptoms of illness, if applicable; and/or
  - xxii. in an accident report, if applicable.
- Where an accident report is created, provide a signed copy to a parent of the child.

***Steps for the Licensee/Supervisor/Designate to Follow:***

Immediately:

- Provide assistance to children, staff, students, volunteers and families.
- Provide immediate medical assistance, if applicable, according to Standard First Aid and CPR training.
- Call emergency services and follow direction from emergency services personnel, where applicable.

Within 24 hours of becoming aware of the incident:

- Collect all pertinent information to report the incident to the Ministry of Education as a serious occurrence, including:
  - A description of the incident;
  - The date, time, place where it occurred, actions taken and outcome;
  - The current status of the incident and child/parties involved; and
  - All other parties notified (for example, emergency services, CAS, parents).

Report the serious occurrence in CCLS or notify the Ministry of Education program advisor by telephone or email where CCLS is not available. Note: Where CCLS is not available, a serious occurrence report will be submitted in CCLS as soon as it becomes available.

Post a summary of the serious occurrence and of any action taken by the child care centre in a place that is visible and accessible to parents.

Ongoing and after the incident:

- Follow any direction provided by third-party authorities (for example, police, CAS, public health, and more)
- Maintain confidentiality at all times.

- Update the serious occurrence report in CCLS, as required.
- Conduct an internal review of the serious occurrence with staff, students and volunteers to establish next steps and reduce probability of repeat occurrences.
- Provide children, parents, staff, students and/or volunteers with supports, if needed.
- Review with staff, students and volunteers the child care centre's program statement policies and procedures that set out prohibited practices and expectations of promoting the health, safety, nutrition and well-being of all children.

### **Steps to Follow According to Specific Serious Occurrence Categories**

#### **SERIOUS OCCURRENCE: Death of a Child**

##### ***Steps for Staff, Students and Volunteers to Follow:***

##### **Death occurs while a child is receiving child care:**

See 'Steps to Follow for All Serious Occurrences' for staff, students and volunteers.

##### ***Steps for the Licensee/Supervisor/Designate to Follow:***

See 'Steps to Follow for All Serious Occurrences' for the Licensee/Supervisor/Designate, and

Death occurs while a child is receiving child care:

Immediately, upon becoming aware of the incident:

- Contact a parent of the child, or where a parent cannot be reached, contact the child's emergency contact.

Death occurs while a child is not receiving child care:

Within 24 hours of becoming aware of the incident:

- Contact local Children's Aid Society (CAS) or police services to find out if there is an investigation. If an investigation is ongoing, conduct an internal investigation after CAS or police services have completed their investigation, if applicable.

#### **SERIOUS OCCURRENCE: Allegation of Abuse and/or Neglect**

##### ***Steps for Staff, Students and Volunteers to Follow:***

'Steps to Follow for All Serious Occurrences' for staff, students and volunteers, and

##### **Where there is a concern about the abuse or neglect of a child by any person:**

Immediately:

- Report concerns to the local Children's Aid Society (CAS) as per the duty to report obligations under the *Child, Youth and Family Services Act, 2017 (CYFSA)*.
- Document the conversation with CAS and follow their recommendations.
- Notify the supervisor/designate of the incident and the report made to CAS, where appropriate.
- Refrain from discussing the allegation with others.
- Maintain confidentiality at all times.

***Steps for the Licensee/Supervisor/Designate to Follow:***

See 'Steps to Follow for All Serious Occurrences' for the Licensee/Supervisor/Designate, and

**Where there is a concern about the abuse or neglect of a child by a staff, student or volunteer, or where a person has otherwise reported alleged abuse/neglect concerns to the supervisor/designate:**

Immediately:

- Notify the person who reported concerns about their duty to report obligations under the *Child, Youth and Family Services Act, 2017 (CFSA)*.
- Report the concerns to the local Children's Aid Society (CAS) as per the duty to report obligations under the CYFSA, unless it is confirmed that a report has already been made to CAS.
- Document the concerns.
- Contact and notify a parent of the child, where appropriate.
- Based on the nature of the allegation and/or the direction of CAS and/or internal policies, determine next steps such as disciplinary measures and additional actions, such as an internal investigation to protect children in care.
- Determine whether the individual alleged to have abused/neglected a child is registered with a professional regulatory body (for example, College of Early Childhood Educators, Ontario College of Teachers and more). If so:
  - Report the allegation of abuse to the appropriate regulatory body;
  - Report to the College of Early Childhood Educators when the employment of a registered early childhood educator (RECE) is suspended or terminated or if the RECE resigns.
- Refrain from discussing the allegation with others.
- Maintain confidentiality at all times.

Once all external investigations are complete (for example, by police and/or CAS), if applicable:

- Update the serious occurrence report in CCLS, as required.
- Update all other authorities to whom the allegation was reported (for example, College of Early Childhood Educators, Ontario College of Teachers, CAS and more).

#### **SERIOUS OCCURRENCE: Life-threatening Injury or Illness**

##### ***Steps for Staff, Students and Volunteers to Follow:***

See 'Steps to Follow for All Serious Occurrences' for staff, students and volunteers.

##### ***Steps for the Licensee/Supervisor/Designate to Follow:***

See 'Steps to Follow for All Serious Occurrences' for the Licensee/Supervisor/Designate.

#### **SERIOUS OCCURRENCE: Missing or Unsupervised Child(ren)**

##### ***Steps for Staff, Students and Volunteers to Follow:***

'Steps to Follow for All Serious Occurrences' for staff, students and volunteers, and

Immediately, upon becoming aware that a child or children are missing:

- Alert the supervisor/designate, and all staff, students and volunteers;
- Search the child care premises, including outdoor areas (for example, hallways, washrooms, playground, outdoor classrooms and more);
- Ensure that remaining children are supervised at all times.

Where the child or children are not found after being deemed missing:

- Continue to search the premises.
- Update the supervisor/designate.

Where the child or children are found after being deemed missing:

- Update the supervisor/designate.

After the child or children have been found, after being deemed missing:

- Document the incident in the daily written record.

##### ***Steps for the Licensee/Supervisor/Designate to Follow:***

See 'Steps to Follow for All Serious Occurrences' for the Licensee/Supervisor/Designate, and

Immediately, upon becoming aware that a child is missing:

- Assist with searching for the missing child(ren).

Where the child or children are not found after being deemed missing:

- Call emergency services and follow direction from emergency services personnel.
- Contact the child(ren)'s parent(s), or where a parent cannot be reached, contact the child's emergency contact.

Where the child or children are found after being deemed missing:

- Update the child(ren)'s parent(s), or where a parent cannot be reached, the child(ren)'s emergency contact(s).

#### **SERIOUS OCCURRENCE: Unplanned Disruption of Normal Operations**

- **Fire**
- **Flood**
- **Gas Leak**
- **Detection of Carbon Monoxide**
- **Outbreak**
- **Lockdown**
- **Other Emergency Relocation or Temporary Closure**
- **Public Health ordered closure**

#### ***Steps for Staff, Students and Volunteers to Follow:***

'Steps to Follow for All Serious Occurrences' for staff, students and volunteers, and

Where the incident is suspected to be an outbreak:

Immediately:

- Notify the supervisor/designate on site of concerns.
- Separate children who are showing symptoms of illness from other children.
- Follow any directions provided by the local public health authority.

Within 48 Hours:

- Record symptoms of ill health in the affected child(ren)'s records.
- Document the incident in the daily written record.

Where the incident is not an outbreak (all other disruptions of normal operations):

Immediately:

- Follow the child care centre's fire safety and evacuation plan and/or the emergency management policies and procedures, as applicable.

Within 48 Hours:

- Document the incident in the daily written record.

**Steps for the Licensee/Supervisor/Designate to Follow:**

See 'Steps to Follow for All Serious Occurrences' for the Licensee/Supervisor/Designate, and

Where the incident is suspected to be an outbreak:

Immediately:

- Contact the local public health department.

Where the incident is deemed an outbreak by the local public health department:

Immediately:

- Follow instructions from the local public health department.
- Contact the parent(s) of the affected child(ren) and ensure the affected child(ren) are picked up by their parent(s) and/or taken to hospital.
- Obtain an outbreak posting from the local Medical Officer of Health and post in an area easily accessible for parents.

**Note:** Outbreaks must be reported as a serious occurrence only if deemed an outbreak by public health.

Within 24 Hours:

- Notify all parents of children enrolled at the child care centre of the outbreak.

c) Where the incident is not deemed an outbreak, follow any direction provided by public health.

d) Where the incident is not an outbreak (all other disruptions of normal operations):

Immediately:

- Follow the child care centre's fire safety and evacuation plan and/or the emergency management policies and procedures, as applicable.

**Note:** a hold and secure (an external threat in the area) is not a reportable serious occurrence.

Steps to conduct an internal investigation about an allegation of abuse:

The supervisor will conduct an investigation, including a meeting with the family and staff involved. (in separate meetings.)

- The supervisor will notify the board of directors of the report, as well as the minutes from the meetings conducted. The Board of Directors will decide what action to take.

- Depending on the severity of the allegation, there will be a notice of suspension or termination for the staff involved.

Supervision and Ratios during a Serious Occurrence:

-All staff will make the children's safety and well being their priority during a serious occurrence. If it involves evacuating the premise, all staff will escort children to the designated emergency building. (St. Vladimir Institute, south of Knox Presbyterian Church) in the same way monthly fire drills are executed. If it involves an occurrence with one or a few children, the supervisor and staff (as needed) will assist with the immediate situation. The other staff will assist the other children not directly affected by the occurrence.

**Supervisor Support:**

- The Principal and supervisor will provide support and assistance in responding to a serious occurrence by:
  - Taking immediate action if present for the occurrence (i.e. provide First Aid)
  - Collect all relevant information, so as to provide information to First Responders if necessary.
  - Report to all necessary parties, such as the program advisor, Toronto Public Health, CCLS, etc.
  - Debrief staff, volunteers, students of the occurrence and be available to answer any questions or concerns that may arise.

**Glossary**

*Children's Aid Society (CAS):* A local agency with the exclusive mandate, under the [Child, Youth and Family Services Act, 2017](#) to investigate allegations of child abuse or neglect and to deliver child protection services.

*Emergency:* An urgent or pressing situation in which immediate action is required to ensure the safety of children and adults in the child care centre.

*Interact:* To be or become involved in communication, social activity or work with somebody else or one another (Source: Encarta Dictionary). Examples of interactions with children include conversing, playing, directing, intervening, supervising or assisting in fulfilling their needs (for example, food/drink consumption, toilet use).

*Licensee:* The individual or agency

licensed by the Ministry of Education responsible for the operation and management of each child care centre it operates (meaning, the operator).

*Lockdown:* A threat inside the building that will restrict movement within the child care centre.

*Parent:* A person having lawful custody of a child or a person who has demonstrated a settled intention to treat a child as a child of his or her family (all references to parent include legal guardians but will only be referred to as “parent” in this policy).

*Serious Occurrence:* An incident that must be reported to the ministry of education within 24 hours.

*Staff:* Individual employed by the licensee (for example, program room staff).

## Police Record Check Policy and Procedures

Name of Child Care Centre: Kodomoen Childcare Centre  
 Date Policy and Procedures Established: November 23, 2018  
 Date Policy and Procedures Updated: October 16, 2024

### Purpose

The purpose of this policy and the procedures outlined is to provide clear and transparent rules and processes for regularly collecting and using information in police record checks, offence declarations and attestations for staff, students and volunteers and other persons who provide child care and other services to children.

This policy is intended to help protect the health, safety and well-being of children, families and those involved with the child care centre by setting out measures to verify that individuals involved in providing child care in positions of trust are not prohibited doing so under the *Child Care and Early Years Act, 2014* (CCEYA) and do not have a criminal history that may put children in care at risk.

This policy sets out additional measures to protect children while a vulnerable sector check is being obtained, which help to reduce risk where there is a gap between the time an individual starts interacting with children and the time they provide their vulnerable sector check (VSC).

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for staff screening and police record checks for a child care centre.

Note: definitions for terms used throughout this policy are provided in a Glossary at the end of the document.

### Policy

#### Vulnerable Sector Checks (VSCs)

- Kodomoen Childcare Centre will obtain a VSC from the following individuals in accordance with the timelines indicated below.

#### Individual

Employees, volunteers and students who interact with children

#### Timeline

- Before beginning employment or otherwise interacting with children;
- On or before the 5th anniversary after the date the most recent VSC;
- After any break in the relationship with the licensee that has lasted 6 or more months, before the relationship resumes; and

- After any break in the relationship with the licensee that has lasted less than 6 months, only if a VSC would have been required during the break, before the relationship resumes.
- All VSCs will be reviewed by the Supervisor or Principal to ensure that they are:
  - conducted by a police service from the city or town in which the person lives, where applicable;
  - prepared no earlier than six months before the day it was obtained by the child care centre, for employees (see exception below for students and volunteers);
  - the original documents (i.e. not a photocopy, see exception below for students and volunteers);
  - not altered;
  - clear and legible;
  - provided in English (otherwise a certified translated copy into English must be provided);
  - complete (i.e. no information missing or cut off);
  - inclusive of all information required about Criminal Code (Canada) convictions as set out in section 9 of the CCEYA.
- The following exceptions will apply to volunteers and students only:
  - VSCs for volunteers and students that are performed more than six months before the day they are provided to the child care centre will be accepted as long as the VSC is less than 5 years old from the date it was performed to the child care centre. In these cases, the volunteer/student will also be required to provide the child care centre with an offence declaration addressing the period since the day the VSC was performed.
  - The child care centre will accept a photocopy of a VSC from a volunteer or student as long as it is less than 5 years old from the date was performed.
- A criminal record check (CRC) will only be accepted in the place of a VSC where:
  - any statute of Ontario or Canada prohibits the disclosure of information contained in a VSC in respect of a person (e.g. information about persons under 18 years of age, pardoned offences, etc.);
  - a police service will only issue a CRC, not a VSC, for an individual; and/or
  - a licensee is a corporation and the director or officer does not interact with children at the child care centre.
- A Criminal Record and Judicial Matters Check will be accepted in place of a CRC but will not be accepted in place of a VSC.
- Any person who turns 18 while in a position where they interact with children at the child care centre will be asked by the Supervisor or Principal to provide a statement disclosing every previous finding of guilt under the Youth Criminal Justice Act

(YCJA) if they received an adult sentence. Where the individual confirms that there are no such findings, the Supervisor or Principal will document the request and the individual's confirmation in their file.

- Any person who turns 19 while in a position where they interact with children at the child care centre will be asked by the Supervisor or Principal to apply for a VSC within one month after their 19<sup>th</sup> birthday. That person must provide the child care centre with evidence that they have submitted a VSC application.
- All VSCs provided to the child care program must be intended for the position that the individual will hold (i.e. employee and volunteer positions). Where the VSC has not been provided for the correct position, it will not be accepted.
- There will be no exceptions made for individuals to obtain a police record check (e.g. for medical reasons).

#### **Offence Declarations (ODs)**

- Kodomoen Childcare Centre is responsible for obtaining an OD from the following individuals in accordance with the timelines indicated below.

##### **Individual**

Employees, volunteers, students (including international students)

##### **Timeline**

- Annually, no later than 15 days after the anniversary of the most recent VSC or OD;
- Where a VSC has been provided by a student or volunteer that is more than 6 months old and less than 5 years old before the individual starts interacting with children; and
- After any break in the relationship with the licensee that has lasted less than 6 months, only if an OD would have been required during the break, before the relationship resumes.

##### **Individual**

Other persons who provide child care or other services to children at the child care centre

##### **Timeline**

- if an attestation is not otherwise provided, prior to interacting with children; and
- annually, no later than 15 days after the anniversary date of the most recent OD or attestation (if the person continues to provide such child care/other services).
- ODs will be obtained from the individuals mentioned above every calendar year except if the individual has to provide a VSC that year.
- Any individual from whom the child care centre is required to obtain a VSC must provide ODs to the Supervisor or Principal at the child care centre as soon as

reasonably possible any time they are convicted of any offence under the Criminal Code (Canada).

- Where the templates in Appendix A are not used, the Supervisor or Principal will ensure that every OD includes all of the following information:
  - the name of the individual who is making the offence declaration;
  - the date of the last VSC or OD, or date of 18<sup>th</sup> birthday (whichever is most recent);
  - a list of all of the individual's convictions for offences under the *Criminal Code* (Canada), if any, from the date of the last VSC or OD (whichever is most recent), or a statement that the individual has not been convicted of any offences under the *Criminal Code* (Canada);
  - the date the OD was made; and
  - the signature of the individual who is making the offence declaration.
- The Supervisor received an OD from an individual will review it and keep it on file at the child care centre in a secure location for three years after it was created.

#### **Attestations**

- The Supervisor or Principal is responsible for obtaining an attestation from the following individuals in accordance with the timelines indicated below.

##### **Individual**

Other persons who provide child care or other services to children at the child care centre

##### **Timeline**

- If an offence declaration is not otherwise provided, prior to interacting with children; and
- Annually, no later than 15 days after the anniversary date of the most recent OD or attestation (if the person continues to provide such child care/other services).
- All attestations will be from the person's employer or the person/entity who retained the person's services (e.g. a child's parent).
- Where the template in Appendix B is not used, every attestation will include the following confirmations:
  - the employer, person or entity has obtained and reviewed a VSC from that person;
  - the VSC was performed within the last 5 years; and
  - the VSC did not list any convictions for any offences under the Criminal Code of Canada which are listed in subparagraph 1 ii of subsection 9 (1) of the CCEYA.

- The Supervisor or Principal who received an attestation from an individual will review it and keep it on file at the child care centre in a secure location for three years after it was created.

Where an individual needs to keep their original attestation, the Supervisor or Principal will review the attestation and create a true copy to keep on file at the child care centre.

#### **Using Information Revealed in a VSC, OD and/or Attestation and Confidentiality**

- No individual will be hired as an employee, accepted as a volunteer or student, or be allowed to otherwise interact with children at Kodomoen Childcare Centre if their VSC, OD and/or attestation reveals any of the following findings:
  - Any conviction for an offence under the CCEYA;
  - Any conviction under the following sections of the *Criminal Code* (Canada):
    - Section 151 (sexual interference);
    - Section 163.1 (child pornography);
    - Section 215 (duty of persons to provide necessities);
    - Section 229 (murder); and/or
    - Section 233 (infanticide);
- In addition, a person with other convictions under the Criminal Code (Canada) for offences that pose a high risk to the health, safety and well-being of children, families and other representatives of the child care centre will not be hired or kept as an employee, accepted or kept as a volunteer or student, or be allowed to otherwise interact with children at the child care centre. These include, but are not limited to:
  - Physical or sexual abuse or assault;
  - Manslaughter;
  - Indictable criminal offences for child abuse;
  - Convictions for any violent offence, whether or not it involved weapons;
  - Offences which indicate a pattern of behavior which could create risk in terms of the role the individual is expected to play; and
  - Current prohibitions or probation orders forbidding the individual to have contact with children under 16 years of age.
- Any person with a work permit or work visa that indicates that the individual is not permitted to work with children will not be hired or kept as an employee, accepted or kept as a volunteer or student, or be allowed to otherwise interact with children at the child care centre.
- Information about an individual's criminal record and history will be treated confidentially and every effort will be made to protect the privacy of staff, students, volunteers and any other person mentioned in this policy except when information must be disclosed for the purpose of implementing the procedures in this policy and for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children's Aid Society).

- All CRCs, VSCs, ODs, attestations and statements of findings of guilt under the YCJA will be kept filing cabinet located beside the office desk, in the classroom.

#### **Additional Measures to Protect Children**

- Where appropriate, a person who has not provided a VSC will be allowed to start their employment or volunteer position, or otherwise start interacting with children if they apply to obtain a VSC as soon as possible and provide evidence of their application to the Supervisor.
- Until a VSC is obtained, the child care centre will put additional measures in place to protect children who interact with a person who has not yet provided their VSC. Examples of the additional measures that will be used may include, as appropriate:
  - verifying of the candidate's credentials (e.g. their standing with regulatory bodies) and three references;
  - obtaining an offence declaration from the individual until a VSC is obtained;
  - ensuring all interactions between the person and children are supervised at all times by an employee who has provided a clear VSC;
  - monitoring and documenting the individual's behaviour and interactions with children on a weekly basis, at a minimum, by the Supervisor, designate or lead RECE in the program room(s) in which the individual works, where appropriate;
  - ensuring the individual is not left alone with children; and
  - conducting informal interviews with staff who work with the individual at the child care centre to collect their observations of the individual's behaviour with children, parents and colleagues.
- If a VSC is not provided within a month of their start date, the child care centre will review the application and timeline, with possible suspension of participation until the VSC is obtained, except in extenuating circumstances where evidence is provided that indicates that the delay for obtaining a VSC is out of the individual's control.

#### **Additional Policy Statements**

Consider including additional policy statements, as applicable, e.g. the requirement to establish of a memorandum of understanding, Ministry of Education requirements to provide a police record check when a new licence application is submitted, the process for tracking when a new VSC, OD or attestation is required for individuals (e.g. using the Ministry of Education's VSC tracking form), how to handle police record checks that are provided by a police department by email, whether pre-employment screening measures will be used where a VSC has not yet been provided, how to obtain an out-of-country VSC, etc.

<p>There will be an annual review of each staff and volunteer's file. During this time, each staff and volunteer will be responsible for checking the dates of their VSC and Offence</p>
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Declarations. If they find they are coming up to an expiration date, the staff or volunteer will be required to obtain a VSC or Offence Declaration from the Supervisor.

## Police Record Check Procedures

### A. Obtaining a PRC (i.e. VSC or CRC as applicable)

#### *Process and Responsibilities*

10. The person from whom a PRC is required must:
- apply for a PRC from the local police department where the individual resides, submit the required fee for a PRC; and
  - provide the evidence of application (where there is a delay in processing the application) to the Supervisor ; or
  - provide the original PRC to the Supervisor for review prior to starting the position or otherwise interacting with children, or within [time period] if the person has been allowed to start their position or interact with children.
11. Upon receipt of a PRC, Supervisor must:
- confidentially review the PRC to ensure that it meets the requirements outlined in this policy;
  - where the individual needs to keep their original PRC, create a true copy of the document to keep on file at the child care centre for three years after the true copy was created; and
  - place the PRC (original or true copy, where applicable) in a secure location at the child care centre with limited access.
12. 6 months before a new VSC is required, the Supervisor must:
- notify the individual(s) who need to provide a new VSC in writing and require them to apply for a new VSC; and
  - obtain a new VSC from the individual(s) no later than the 5-year anniversary date of the most recent VSC.

#### [How to create a true copy of a PRC:](#)

13. Make a complete and legible photocopy of the original PRC;
14. Make a true copy statement on the photocopy by:
- Writing "Original received and reviewed by:" and printing the full name of the individual who received and reviewed the original PRC;
  - Writing "Date received and reviewed:" and printing the full date the PRC was received and reviewed; and
  - Signing the true copy statement (the signature must be that of the individual who received and reviewed the PRC).

## **B. Submitting an Offence Declaration**

### **Process and Responsibilities**

15. The Supervisor or designate (i.e. Principal) must:

- Make the OD template available at all times at the child care centre to individuals who are required to complete an OD; and
- When the anniversary date for a previous OD is approaching provide a reminder to the individual in writing and the OD template.

16. The individual who is required to provide an OD must:

- Complete either the template available online or at the child care centre, or complete their own OD that contains all the required information;
- Provide the completed OD to the Supervisor no later than 15 days after the anniversary date of the most recent OD.

17. Upon receipt of an OD, the Supervisor must:

- confidentially review the OD to ensure that it meets the requirements outlined in this policy; and
- Place the OD in a secure location at the child care centre with access limited.

## **C. Obtaining an Attestation**

### **Process and Responsibilities**

1. The Supervisor must inform any 'other person' that an attestation is required prior to interacting with children.

Upon receipt of an attestation, the Supervisor must:

- confidentially review the attestation to ensure that it meets the requirements outlined in this policy; and
- Place the attestation in a confidential file in a securely locked cabinet with access limited to the licensee or designate only.

Where the immediate health and safety of the children are a concern (e.g. a PRC, OD or attestation reveals that an individual has been convicted of child pornography), the licensee or designate will:

- follow the serious occurrence policies and procedures;
- notify the local Children's Aid Society immediately in accordance with "duty to report" obligations under the *Child, Youth and Family Services Act, 2017* or subsequent legislation; and
- notify other authorities (e.g., College of Early Childhood Educators, Consolidated Municipal Service Manager/District Social Services Administration Board, local police service, local public health, etc.), as applicable.

## Glossary

**Attestation:** A written declaration provided for an ‘other person’ who provides child care or other services to children in a child care centre, completed by the person’s employer or the person or entity who retained the person’s services (e.g. a parent/guardian of a child). See the Attestations section of this policy for information on what needs to be included in an attestation.

**Break in a Relationship with the Licensee:** The ending of a relationship between the licensee and an individual from whom a VSC is required (i.e. employee, student or volunteer) that is later restarted. Examples of breaks in relationship include, but are not limited to:

- The end of an employee’s contract and the start of a new contract after a period of time has passed.
- A student’s placement ends and the student is hired as an employee the following week.
- A volunteer completes their volunteer hours and starts volunteering again after a period of time has passed.

Breaks in relationship do not include vacations, parental leaves or sick leaves where the person intends to return to their position after a period of time.

**Certified Translated Copy:** A copy of a police record check that is signed and dated by a translator certified with a body belonging to the Canadian Translators, Terminologists and Interpreters Council (CTTIC), that certifies that the translated copy is a true copy of the original document.

**Police Record Check:** A document concerning an individual that was prepared by a police service or service from national data on the Canadian Police Information Centre system and contains information concerning the individual’s personal criminal history. There are three types of police record checks: (1) Criminal Record Checks (2) Criminal Records and Judicial Matters Checks (3) Vulnerable Sector Checks.

- (1) **Criminal Record Check (CRC):** A basic type of police record check that is not intended for people who are seeking positions working with vulnerable persons.
- (2) **Criminal Records and Judicial Matters Check:** A type of police record check that may include criminal convictions, findings of guilt under the Youth Criminal Justice Act (Canada), outstanding charges, warrants and judicial orders, absolute discharges, conditional discharges and other records as authorized by the Criminal Records Act (Canada). This check is not intended for people who are seeking positions with vulnerable persons and cannot take the place of a vulnerable sector check.
- (3) **Vulnerable Sector Check (VSC):** An enhanced type of criminal record check for persons who may hold positions of trust or authority over vulnerable persons, that is performed at the request of an organization responsible for the well-being of a child or vulnerable person to protect children and vulnerable persons, as governed by [section 6.3\(3\) of the Criminal Records Act \(Canada\)](#). A VSC verifies whether an individual has a criminal record and any record suspensions for sexual offences and local police records for information relevant to the VSC.

*Employee:* An individual paid directly by the licensee (not a third party) to provide a service in the child care program (e.g. program staff).

*Interacting:* To be or become involved in communication, social activity or work with somebody else or one another (Source: Encarta Dictionary). Examples of interactions with children include conversing, playing, directing, intervening, supervising or assisting in fulfilling their needs (e.g. food/drink consumption, toilet use).

*Licensee:* The individual or corporation named on the licence issued by the Ministry of Education responsible for the operation and management of the child care centre.

*Offence Declaration (OD):* A written declaration signed by an individual that lists all of their convictions for offences under the *Criminal Code* (Canada), if any, during the period stated in the declaration.

*Other person providing child care or other services to children at the child care centre ('other person'):* Any person who provides child care or other services to a child who receives child care at the child care centre, other than an employee, student or volunteer (e.g. resource teachers, nurses, occupational therapists, speech pathologists, entertainers, sport/activity instructors, etc.). This would not include Ministry of Education program advisors, fire/health inspectors, CAS investigators, quality assurance analysts or other inspectors.

*Student:* An individual who is on an educational placement with the child care centre and interacts with children in care.

*True Copy:* A photocopy or digital copy of an original document that is signed and dated by the individual who reviewed it, confirming that the original was reviewed and that the photocopy matches the original document. **True copies may be kept in hardcopy or electronically.**

*Volunteer:* An individual who participates in the child care program and interacts with children in care but is not paid by the licensee (e.g. parents assisting on an occasional or recurring basis with child care programming, such as excursions, field trips, etc.).

*Vulnerable Person:* A person who, because of his or her age, disability or other circumstances, whether temporary or permanent is:

- a) in a position of dependency on others; or
- b) is otherwise at a greater risk than the general population of being harmed by a person in a position of trust or authority towards them.

## **Appendix A: Templates for Attestations and Offence Declarations**

A template for **offence declarations for employees, students and volunteers** is available for download and printing at the following link:

[http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/3038E~1/\\$File/3038E.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/3038E~1/$File/3038E.pdf)

A template for **offence declarations for other persons who provide child care or other services to children** at the child care centre is available for download and printing at the following link:

[http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/3038E~1/\\$File/3038E.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/3038E~1/$File/3038E.pdf)

A template for **attestations for other persons who provide child care or other services to children** at the child care centre is available for download and printing at the following link:

[http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/0387E~1/\\$File/0387E.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/0387E~1/$File/0387E.pdf)

**Staff Health and Safety  
Policy and Procedures  
(Workplace Violence & Harassment Policy Inclusive)**

Name of Centre: Kodomoen Childcare Centre  
Date Policy Established: November 23, 2018  
Policy Updated: February 10, 2025

### **Policy**

Kodomoen Childcare Centre (herein Kodomoen) is committed to ensuring the health, safety and well-being of all employees and children. Every effort will be made to provide a safe and healthy work environment. All employers, supervisor and employees must be dedicated to the continuing objective of reducing risk or injury. As the employer, Kodomoen is responsible for worker health and safety, and is committed to comply with taking every reasonable precaution in the workplace. Responsibilities for health and safety begins with the Board of Directors and should flow through all levels in the organization. These responsibilities are defined in the OHSA (Occupational Health and Safety Act) and should be an integral part of the job.

The supervisor will be held accountable for the health and safety of the employees under their supervision. Records will be made maintained of safety training, inspection of maintenance of equipment and personal protective equipment, non-compliance with policies and procedures, corrective action taken, any injury or illness, and suggested preventative actions to avoid reoccurrence.

In turn, every employee must protect their own health and safety by working in compliance with the law and with the safe work practices and procedures established by the employer. Employees will receive training and relevant information, as well as competent supervision in the specific work tasks to protect their health and safety. It is in the best interest of all parties to consider health and safety in every activity. Commitment to health and safety must form an integral part of this organization from the director to the employee.

### **Procedures**

The supervisor and employees will do a visual assessment to look for hazards in the workplace, some such hazards are listed here, but are not limited to:

- Lifting, carrying, pushing and pulling heavy objects
- Repetitive work
- Slippery or uneven floor
- Proper use of ladder
- Safe use of washer and dryer
- No cell phone use in program, unless approved

- Noise level
- Dust, vapours and fumes in the air
- Bodily fluid and protocol to clean up
- Animal waste outside and environment is safe to play in
- Unsafe debris such as needles outside in the playground space
- Damaged or overloaded storage racks
- Violence risk factors

### **Worker Rights**

*The Right to Participate* - Workers have the right to be part of the process of identifying and resolving workplace health and safety concerns.

*The Right to Know* - The workers have the right to know about any potential hazards and to which they may be exposed. The parts of OHS that implement the Workplace Hazardous Material Information (WHMIS) play an important role in giving workers the right to know.

*The Right to Refuse* - Workers have the right to refuse work that they believe is dangerous to either their own health and safety or that of another co-worker. OHS describes the exact process for refusing dangerous work and the responsibilities of the employer in responding to such a refusal.

OHS s.43 (3) Refusal to Work - Note: Legislative Requirements

- A workplace (site specific) having 5 workers or less do not require a health and safety inspection.
- Workplaces with 5-19 workers per site do not require having a certified inspector.
- Workplaces with 20 or more workers are mandated to have a Joint Health and Safety Committee of two (2) members (one has to be a certified inspector). One member is appointed by management and the other member is worker appointed. Discovery will adapt a good practices policy by incorporating a monthly health and safety check at all Discovery sites. A designated inspector will be appointed by the Director.

### **Implementation - Health and Safety Check**

1. The opening staff are to perform a daily inspection of the immediate work area, recording any concerns into the Staff Log book. These concerns are to be brought to the attention of the attending Supervisor immediately.
2. The staff are responsible to assure safety as the number one (1) priority for themselves and the children in their care.
3. A monthly inspection of the site will be executed by then supervisor, specifically the outdoor play area.
4. The supervisor will document any concerns and follow up with the appropriate measures to rectify any issues that may have arisen. Any and all concerns will be brought to the attention of the Supervisor and appropriate personnel of Knox

Presbyterian Church, who will assist in rectifying any concerns and or put into place safety measures accordingly.

### **Footwear Guidelines**

Kodomoen aims to prevent the risk of injury or accidents to exposed feet and to set standards for footwear, ensuring compliance with legislative requirements made under Ontario Health and Safety Act.

The potential for foot injuries and related slip, trip and fall injuries can be prevented whenever practicable. Falling or rolling objects, slippery surfaces, sharp objects, loss of one's balance, exposed energized electrical conductors, chemical substances or other hazards can create a potential for such hazards. To protect against those hazards, which continue to exist after all control measures have been implemented, appropriate protective footwear shall be used. These footwear Safety Procedures are based on the Canadian Standards Association ("CSA") Standard Z195-M92 and BS EN 13832-2 "Protective Footwear".

This policy applies to all staff including supervisors, support staff, students and administrative staff. The following Footwear Safety Procedures are to be implemented and enforced by supervisor(s) and followed by worker(s) at all Discovery site locations:

- Shoes and sandals with front and back straps. Securely strapped to the feet.
- Shoes or boots with a heel height of 2 inches or less.
- Running shoes.
- All shoes or boots should have an anti-slip rubber sole with treads.

1. All staff should wear appropriate footwear as prescribed above at all times during regular working hours.
2. All staff are prohibited from wearing any type of footwear that is a floating platform and from being bare footed at any time.
3. All staff are required to wear running shoes while in the gym.

### **Universal Precautions Blood and Bodily Fluids**

Staff members must use universal precautions when handling blood or body fluids that may contain blood. "Universal Precautions" is the term used to describe the procedures to prevent the spread of infection from bodily fluids. The risk of serious illness from bodily fluids must not interfere with the provision of first aid. There are several precautions that staff can use to protect their own health as outlined in the Universal

### **Precautions Procedure**

Since it is impossible to know for certain if a child is infected with a virus, all instances of blood and bodily fluids with visible blood in child care settings should be treated as if infected. When dealing with blood or bodily fluids please ensure to take extra

precautions. The following will outline procedures that must be adhered to for staff and children's well-being:

- Ensure that all of your own cuts, scrapes and / or chapped hands are covered with bandages.
- Use impermeable gloves if blood, or bodily fluids containing visible blood, are anticipated. (Gloves are kept in first aid backpack and readily available in the classrooms).
- Stop the bleeding, cover the wound and change the student's clothing if contaminated with excessive amounts of blood.
- Follow accepted guidelines for control of bleeding and for any bodily fluids containing blood.
- Use absorbent materials to stop bleeding; such as, absorbent paper towels, cloth towels, etc. Use the absorbent materials as a barrier between yourself and the blood and/ or bodily fluid, in addition to the use of your disposable, impermeable gloves.
- Wash hands and other affected skin areas after contact with blood for at least 20 seconds after coming into contact with blood or bodily fluids that might contain blood.
- Wash exposed surfaces and equipment with soap and water, next have surfaces and equipment cleaned with appropriate disinfectant.
- Remove and safely discard gloves, and discard blood-stained materials in a sealed plastic bag and placed in a lined, garbage can.
- Immediately, clean skin, wash hands, with soap and water or an appropriate antiseptic for at least 20 seconds.
- Use proper disposal procedures for contaminated clothing and equipment. Put child's blood-stained laundry in a sealed plastic bag to be sent home at pick-up.
- Avoid direct contact with student if you have an open skin condition.

### **Standard First Aid Kit & Manual**

Ontario Regulation 137/15 (34) Every licensee shall ensure that there is a first-aid kit and first-aid manual that is readily available for first-aid treatment in each child care centre it operates and, in each premises, where it oversees the provision of home child care.

Discovery 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 ensures that care for minor injuries can be provided as quickly as possible while waiting for emergency medical help.

Minimum First Aid Requirements from the Workplace Safety and Insurance Board, in accordance with Regulation 1101 under the Workplace Safety and Insurance Act, 1997;

1. The supervisor is designated as the medical officer, and ensures that all full time staff is employer holder of a valid Emergency First Aid Certificate. The supervisor or a designated staff are on premise at all times.
2. At Kodomoen, more than five workers and not more than fifteen workers are employed, and thus has a designated area to use as a first aid station, which is the office area in the program room. A first aid box is located above the fridge, containing as a minimum,
  - (a) A current edition of a standard First Aid Manual;
  - (b) 1 card of safety pins; and
  - (c) Dressings consisting of,
    - (i) 24 adhesive dressings individually wrapped,
    - (ii) 12 sterile gauze pads, 3 inches square,
    - (iii) 4 rolls of 2-inch gauze bandage,
    - (iv) 4 rolls of 4-inch gauze bandage,
    - (v) 4 sterile surgical pads suitable for pressure dressings, individually wrapped,
    - (vi) 6 triangular bandages,
    - (vii) 2 rolls of splint padding, and
    - (viii) 1 roll-up splint.
4. All employees are certified holders of a valid Standard First Aid Certificate, and is capable of administrating first aid, should the need arise. They are aware that the first aid box is on top of the fridge in the office area.

### **Disciplinary Action**

An employee shall be disciplined with just cause in an attempt to correct attitudes or conduct that interferes with the proper, efficient operation of the program.

The following are options open to the Executive Director or Supervisor:

### **Verbal Reprimand**

A verbal reprimand may be given by the Supervisor or Executive Director in private, for a minor offense. A first verbal reprimand need not become part of an employee's file and the matter should be closed when a two-way discussion has been completed.

### **Verbal Letter of Reprimand**

A verbal reprimand may be given by the Supervisor or Executive Director for a repeated minor offense. A first verbal reprimand will become part of an employee's compliance and contravention observations and the matter should be closed when a discussion has been completed.

### **Letter of Reprimand**

When a continued or serious infraction occurs, the Supervisor or Executive Director shall write a letter to the employee stating the infraction and warning him/her against further misbehavior. A copy of this letter must be placed in the employee's file for 12 months.

### **Suspension**

An employee may be suspended without pay, for a specific length of time depending on the seriousness of the offense while the case is being investigated. An employee must be given written notice of such suspension. Any employee may grieve any disciplinary action according to the grievance procedure.

### **Discharge**

Discharge will be used when other corrective actions have failed or are not applicable. No notice is required where an employee is dismissed for gross misconduct (physical, sexual, verbal or inappropriate abuse of power).  
Accessibility for Ontarians with Disabilities Act 2005

### **Workplace Violence & Harassment Policy**

Kodomoen Childcare Centre strives to ensure the safety, well-being and a respectful workplace for all employees. Kodomoen is committed to providing a work environment in which all individuals are treated with respect and dignity.

The definition of **Workplace Harassment** is engaging in a course of vexatious comments, conducts or behavior against a worker that is known or ought to be reasonably known to be unwelcome. This may be offensive, embarrassing, humiliating, or demeaning to an employee or group of employees. Also included is behaviour that intimidates, isolates, or even discriminates against others. Workplace harassment will not be tolerated from any person in the workplace. Everyone in the workplace must be dedicated to preventing workplace harassment. Board of Directors, supervisor, and all staff are expected to uphold this policy and will be held accountable by the board of directors and/ or Ministry personnel, as it applies.

Sources of workplace harassment are but not limited to:

- Making remarks, jokes or innuendos that demean, ridicule, intimidate or offend
- Displaying or circulating offensive pictures or materials in print or electronic form
- Bullying
- Repeated offensive or intimidating calls
- Inappropriate sexual touching, advances suggestions or requests.

This definition of workplace harassment is broad enough to include harassment prohibited under the “Ontario Human Rights Code” as well as what is often called “psychological harassment” or “personal harassment”. Under the Human Rights provincial law the code gives everyone equal rights and opportunities without discrimination or harassment. This policy is not intended to limit or constrain the reasonable exercise of management functions in the workplace even if these functions are undesirable, such as:

- Rescheduling of work assignments
- Job assessments and evaluations,
- Workplace inspections
- Disciplinary actions
- Dress code

· *Differences of opinion or minor disagreements between co-workers do not constitute workplace harassment.*  
 · *Any definition that would constitute Workplace Violence would not be considered as Workplace Harassment.*

Employees are encouraged to report any incidents of workplace harassment to their Supervisor or Principal; there will be no negative consequences for reports made in good faith. The organization will investigate and deal with all concerns, complaints, or incidents of workplace harassment in a fair and timely manner while respecting workers privacy as much as possible.

1. Reporting the incident immediately to your Supervisor or Principal who will assess the situation and ensure that the code of conduct set out in the Human Rights Code is being adhered to.
2. The Supervisor or Director will gather all the information needed from both parties to make an informed decision.
3. The same will mediate with the employees to ensure any misrepresentations are cleared up.
4. Consultation with outside parties (Ministry of Labour) may be warranted before reaching a decision.
5. A report will be filled out outlining the situation for the organizations records and /or ministry regulations and appropriate consequences will be implemented in settling of the situation.

Nothing in this policy prevents or discourages a worker from filing an application with the Human Rights Tribunal of Ontario on a matter related to Ontario’s Human Rights Code within one year of the last alleged incident. A worker also retains the right to exercise any other legal avenues that may be available.

Kodomoen Childcare Centre will implement a **Workplace Violence Policy** to ensure the safety, well-being and a respectful workplace for all employees. Kodomoen is committed to the prevention of workplace violence and is ultimately responsible for

workers health and safety. We will take whatever steps are reasonable to protect our workers from workplace violence from all sources.

Workplace Violence is defined as the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to a worker, it also includes:

Attempt to exercise physical force against a worker in a workplace, that could cause physical injury to the worker; and a

- Statement or behavior that an employee could reasonably interpret as a threat to exercise physical force against a worker in a workplace, which could cause physical injury to the worker.

Examples of Workplace Violence include:

- Verbally threatening to attack a worker
- Leaving threatening notes at or sending threatening e-mails to a workplace
- Shaking a fist in a worker's face
- Wielding a weapon at work
- Throwing an object at work
- Hitting or trying to hit a worker
- Sexual violence against a worker
- Kicking an object against a worker is standing on such as a ladder; or
- Trying to run down a worker using a vehicle.

Violent behavior in the workplace is unacceptable from anyone. This policy applies to all staff including Directors, and the Supervisor and to all visitors including second party agencies working with children in the program, and to all volunteers and placement students. Everyone is expected to uphold this policy and to work together to prevent workplace violence.

Kodomoen Childcare Centre as the employer will ensure this policy and the supporting program are implemented and maintained and that all workers and supervisor have the appropriate information and instruction to protect them from violence in the workplace. The Supervisor will adhere to this policy and the supporting program. The Supervisor is responsible for ensuring that measures and procedures are followed by workers and that workers have the information they need to protect themselves.

Every employee must work in compliance with this policy and the supporting program. All employees are encouraged to raise any concerns about workplace violence and to report any violent incidents or threats. Reporting procedure will consist of;

1. Reporting the incident immediately to your Supervisor or Principal who will assess the situation and ensure that the code of conduct set out by the Discovery School Based Program and Human Rights Code is being adhered to.

2. The incident will be dealt with promptly to determine the source of the problem and this will be documented for reporting /tracking purposes. The employee will be made to review the workplace violence policy to ensure that they are following proper procedures.
3. Depending on the situation the violent employee may need to take time off to address issues being exhibited and/or the police may be called to deal with the situation.
4. A report will be filled out outlining the situation for the organization's records and /or ministry regulations.

*The Ministry of Labour encourages internal resolution of complaints, but if concerns remain, workplace parties can contact the nearest Ministry of Labour office.*

[www.labour.gov.on.ca](http://www.labour.gov.on.ca)

Kodomoen Childcare Centre pledges to investigate and deal with all incidents and complaints of workplace violence in a fair and timely manner, respecting the privacy of all concerned as much as possible. Kodomoen will uphold this policy to ensure a respectful workplace and the well-being of all its employees, children and families.