

After School Program

Policies and Procedures



Town of Minto

Phone (519-338-2511)

Fax (519-338-2005)

childcare@town.minto.on.ca

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TYPE OF PROGRAM

This manual has been prepared to provide information about the policies and procedures of the Town of Minto's After School Programs at Palmerston Public School and Minto-Clifford Public School.

We are an Authorized Recreation Program operated by the Town of Minto and have an agreement in place with the Upper Grand District School Board. We are registered with High 5 and select staff are trained in Principles of Healthy Childhood Development. Select staff have training in Quest 1 and Quest 2 which places a focus on adhering to policies and procedures as well as proper implementation of programming.

We are here to offer quality care for children in grades JK to grade 6, on instructional days from the end of school up until 6:00pm, in a familiar and safe environment.

Ratios will be 1 teacher for every 15 children. A second adult is on site in case of emergency and may or may not be involved in the delivery of the program.

Our assigned space is a classroom, however there will also be access to the gymnasium, library, and outdoor spaces on school property.

We provide:

Full time – five days a week

Part-time – minimum of four days per month

THE POLICIES AND PROCEDURES

Our Policies are:

Followed:

- The Programs & Admin Coordinator will conduct random checks at the program to ensure that the policies are being adhered to

Communicated:

- All staff will sign off on the policies and procedures annually
- Policies and procedures are made available to families upon request

Effective:

- Policies are reviewed annually for feedback
- Good practices check with other local After School Program

ADMINISTERING MEDICATION POLICY

A system is in place regarding the administration of medications, emergency treatment, record-keeping, reporting practices and the safe storage of all medications

POLICY STATEMENT

Systems are in place to support the participation of children who require various levels of assistance with the administration of medications. In such cases, all procedures for administering medications must be outlined for staff to follow and staff will be trained to administer the medication.

PURPOSE

To outline the terms and conditions under which children may have medication administered to them by staff (includes leader training regarding emergency treatment techniques including EpiPens for anaphylaxis and AED). To protect children from being given medication that could have detrimental effects on their health and well-being and to ensure that when medication is administered, it is done safely under the direction of a trained physician and with the awareness of staff and parents/legal guardians/caregivers.

WHY IS THIS POLICY IMPORTANT?

The administering of medication can either help or seriously harm a child if mishandled. Given the potential serious implications of possible side effects such as allergic reaction or overdose, medication is not to be administered by staff unless precautions are taken to ensure appropriate authorization by a physician, dosage directions, timing and storage of medication are in place.

PROCEDURE

The Process

Before the Program commences

Develop an Authorization for the Administration of Medication Form. At minimum, information on the form should include:

- The child's name (at the top of every page) and emergency contact phone numbers
- The name and contact information of the prescribing physician
- The exact name of the medication
- The precise dosage to be given

- The exact date/time a dosage is to be given
- Whether the dosage is to be administered by a staff or whether (as in the case of an asthma puffer) is to be self-administered by the child under the direct of supervision of a leader
- Any notes on possible side effects; and steps to be taken should side effect occur
- An indication of whether the child has taken the medication before or if he/she will receive his/her first dose while in the program
- Instructions for storing the medication
- The parent/legal guardian signature

Include a chart on the Authorization for the Administration of Medicine Form for the staff to document each dosage administered, including the date, dosage, time administered, leader's signature, comments on any side effects or other pertinent information.

Whether conditions are of a mild or temporary nature, or they are potentially life-threatening illnesses, an Authorization for the Administration of Medication Form must be completed in advance by the parent/legal guardian.

Staff and Other Support Staff Training

Staff of Children with Life Threatening Illnesses

- Staff must receive specific training to observe warning signs and conditions for children who:
 - a) Experience severe allergies and anaphylactic shock
 - b) Are prone to severe asthma
 - c) Are prone to seizures
 - d) Have diabetes
 - e) Are medically fragile
- Staff must receive specific training on the administration of medications and the follow-up action required for any of the above conditions including the use of EpiPens and/or asthma puffers regardless of whether it is staff-administered or self-administered

Procedures for receiving medications from parents/legal guardians including:

- Ensuring original packaging for drugs
- The prescription label must be cross-referenced with the Medication Authorization Form completed by parents/legal guardians to ensure that it matches
- Staff must examine the label for the date it was dispensed and the expiry date to verify that the medication is a current prescription
- Checking expiry dates on all medications
- Noting number of doses left in package when received
- Ensuring the container has a pharmaceutical sticker or label attached indicating the name of the child and directions for the administration and storage of the medication
- When a unit of measurement is prescribed for dosages (E.g., “a teaspoon” or “5ml”) the parent/legal guardian/caregiver must supply a dosage implement with the medication. The implement is to be labeled with the child’s name and stored in the locked medication box
- With care not to contravene the Privacy Act, the Programs & Admin Coordinator will advise other staff at the site of the medical conditions and identities of children with severe allergic reactions or other life-threatening health conditions so that all appropriate site personnel are aware and prepared to assist if needed in getting care for the child.

Administering Medications

Each time medication is administered staff must:

- Observe proper hygiene by washing their hands and the medication measurement implement.
- Administer medication at the exact time and dosage prescribed.
- Observe the child if the medication is to be self-administered.
- Clean the medication measurement implement and return it with the medication to the locked storage box.
- Complete and sign the chart on the Authorization for the Administration of Medication Form.

- Observe the child for side effects. If side effects occur, the parents/legal guardians should be notified immediately. Information regarding the side effects should be recorded on the chart and the program supervisor should be notified. If side effects are severe, call 911.

NOTE:

- If the child has never taken the medication before or is taking his/her first dose in the program, leaders should pay extra attention for possible signs of side effects, including an allergic reaction
- If medication is not given or refused, reasons for such an omission must be noted in the Medication Tracking Sheet and parental contact should be made
- Ideally, one leader should be responsible for administering medication to children – to minimize the chances of double doses. A back up leader should be trained in case of absence however one leader should be “assigned” each day

Observing a Child Self-Administer Medications

In cases where children carry a self-administered asthma puffer, an EpiPen, or an insulin pump, parent/legal guardian should still be required to complete the Authorization for the Administration of Medication Form (form may list side effects). When children use the medication, leaders should still record, monitor, and report to parents/legal guardians. When EpiPens are administered, immediate medical attention is required. Any time that an EpiPen is used, the parent/legal guardian and 911 must be called.

Record Keeping

- Before medication is administered, have the parent/legal guardian complete and sign an Authorization for the Administration of Medicine Form. Keep this on file with the child’s records
- Notify the Programs & Admin Coordinator when a parent/legal guardian has authorized the administration of medication

Storage

- Medication (unless self-administered) must be stored in a locked box out of the reach of children and kept at the temperature recommended on the label. Sometimes this requires that medication is refrigerated, and this may require a cooler
- EpiPens (or other auto injector devices) should be carried on the child with the allergy when they have demonstrated maturity (or as designated by the parent/legal

guardian). An additional prescribed EpiPen® should be available for the child and should be kept in a location that is easily accessible and known to all staff

- Any leftover medication at the end of the prescription term is to be returned directly into the hands of parents in its original container

APPENDIX A – AUTHORIZATION FOR DRUG/MEDICATION ADMINISTRATION

Name of program: _____

This form must be completed by the parent of a child who is requesting that a drug or medication be administered during hours that the child is attending the program, in accordance with the After School Program's medication administration policy and procedures.

Child's Full Name: _____

Child's Date of Birth (dd/mm/yyyy): _____

Date Authorization Form Completed (dd/mm/yyyy): _____

Date Authorization Form Updated (dd/mm/yyyy): _____

Name of Drug or Medication (As per the original container label):	
Date of Purchase or Date Dispensed (dd/mm/yyyy):	
Expiry Date (dd/mm/yyyy):	
Authorization Start Date (dd/mm/yyyy):	
Authorization End Date (dd/mm/yyyy or ongoing):	

Method of Medication Administration (Initial Below)

- Town of Minto Staff are to administer the drug or medication to my child. _____
- My child will self-administer the drug or medication. _____

Authorization for Child to Carry Emergency Allergy Medication

- I authorize my child to carry their own asthma medication.
- Not applicable (this authorization is not for asthma medication).

Medication Administration Schedule

- This drug or medication needs to be administered according to the following schedule:

Day(s) of the Week	Time(s) of the Day/Intervals	Amount/Dosage	Additional Information (where applicable)

AND/OR, where drugs are to be administered on an 'as needed' basis:

The drug or medication needs to be administered when the following physical symptoms are observed:

Amount/Dosage:

Parent/Guardian Authorization Statement:

I hereby authorize the person in charge of drugs or medications at the *(name of program)* to administer the above-named drug or medication to my child and handle the drug or medication in accordance with the procedures I have provided on this form.

I understand that expired drugs or medications will not be administered to my child at any time in accordance with the Town of Minto's medication administration policy.

I understand that staffs at the *(name of program)* are not medically trained to administer drugs and medications.

Print Name:	Relationship to Child:
Signature:	Date Signed (dd/mm/yyyy):

Received By:

Print Name:	Role at the <i>(name of program)</i>:
Signature:	Date Signed (dd/mm/yyyy):

APPENDIX B – RECORD OF DRUG/MEDICATION ADMINISTRATION

Name of program: _____

This form must be completed by the person who oversees drugs and medications for the administration of prescription or over-the-counter medications, in accordance with the After School Program's medication administration policy and procedures.

Child's Full Name: _____

Name of Drug or Medication: _____

Required Dosage: _____

Date (dd/mm/yyyy)	Time (hh:mm, am/pm)	Dosage Administered	Administered By	Full Name of Staff (and/or witness, where applicable)	Signature(s):	Comments/Observations (including symptoms of illness)
			<input type="checkbox"/> Staff <input type="checkbox"/> Child			
			<input type="checkbox"/> Staff <input type="checkbox"/> Child			
			<input type="checkbox"/> Staff <input type="checkbox"/> Child			
			<input type="checkbox"/> Staff <input type="checkbox"/> Child			
			<input type="checkbox"/> Staff <input type="checkbox"/> Child			

ANAPHYLACTIC & SPECIAL MEDICAL NEEDS POLICY AND PROCEDURES

Anaphylaxis is a serious allergic reaction that can be life-threatening. It requires avoidance strategies and immediate response in the event of an emergency. Attending to children who have special medical needs is imperative and this policy supports that staff will take appropriate steps to attend to these needs of each child. These policies and procedures are intended to help meet the needs and save the lives of children with severe allergies and special medical needs and provide relevant and important information on anaphylaxis to parents, staff, students, volunteers, and visitors at the After School Program.

POLICY STATEMENT

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

- Direct parent to specify on registration form about any medical conditions, including whether the child is at risk of having or has anaphylaxis
- Prior to a child attending the program 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.
- 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 always be made readily accessible to all staff, students, and volunteers at the After School Program and will be kept in the Participant Registration Binder
- All individualized plans and emergency procedures will be reviewed with a parent of the child semi-annually to ensure the information is current and up to date
- Every child's epinephrine auto-injector must be carried everywhere the child goes

Strategies to Reduce the Risk of Exposure to Anaphylactic Allergens

The following strategies to reduce the risk of exposure to anaphylactic causative agents must always be followed by employees, students, and volunteers in the After School Program

- 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
- In cases where the snacks provided by the After School Program 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
- Ensure that the parents label food brought to the After School Program with the child’s full name and the date the food arrived at the program, and that the parents advise of all ingredients
- Where food is provided from home for children, ensure that appropriate supervision of children is maintained so that food is not shared or exchanged
- Ensure children are rid of specific allergens prior to attending the After School Program.
- 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 program
- 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 when maintaining the confidentiality of the children
- Update or revise and implement the strategies in this policy depending on the allergies of children enrolled at the After School Program.

Communication Plan

The following is our communication plan for sharing information on life-threatening and anaphylactic allergies and special medical needs 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 After School Program through parent information letters
- 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 attending the program
- Staff will communicate with the Programs & Admin Coordinator by reporting serious occurrences where an anaphylactic reaction occurs in accordance with the established serious occurrence policy and procedures

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 of medications
- Emergency allergy medication (i.e., Oral allergy medicine, 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

- Staff will ensure that the supervisor and/or 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 as well as pertinent training for any child who has special medical needs

- Where only one staff has been trained by a parent, the staff will ensure training is provided to all other staff, students, and volunteers at the After School Program.
- Training will be repeated annually, and anytime 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.

Confidentiality

- Information about 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

Procedures

Circumstance	Roles and Responsibilities
A) A child exhibits an anaphylactic reaction to an allergen	<ol style="list-style-type: none"> 1. The person who becomes aware of the child’s anaphylactic reaction must immediately: <ol style="list-style-type: none"> i. Implement the child’s individualized plan and emergency procedures; ii. Contact emergency services and parent/guardian of the child, or have another person do so where possible; and iii. Ensure that where an epinephrine auto-injector has been used, it is properly discarded 2. Once the child’s condition has been stabilized or the child has been taken to hospital, staff must: <ol style="list-style-type: none"> i. Follow the After School Program’s serious occurrence policies and procedures;

	<ul style="list-style-type: none"> ii. Document the incident in the daily written record; and iii. Document the child’s symptoms of ill health in the child’s records
<p>B) A child is authorized to carry his/her own emergency allergy medication</p>	<p>1. Staff must:</p> <ul style="list-style-type: none"> i. Ensure that written parental authorization is obtained to allow the child to carry their own emergency allergy medication; ii. Ensure that the medication remains on the child and is not kept or left unattended iii. Ensure that appropriate supervision is maintained of the child while carrying the medication and of children in their proximity, so the other children do not have access to the medication; and iv. Where there are safety concerns relating to child carrying his/her own medication, notify the Programs & Admin Coordinator 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

INDIVIDUALIZED PLAN AND EMERGENCY PROCEDURES FOR A CHILD WITH AN ANAPHYLACTIC ALLERGY

Child's Name: _____

Child's Date of Birth (dd/mm/yyyy): _____

List of allergen(s)/causative agent(s):

-
-

Asthma: Yes (higher risk of severe reaction) No

Location of medication storage:

Epinephrine auto-injector brand name:

Epinephrine auto-injector expiry date (dd/mm/yyyy):

Other emergency medications:

Emergency services contact number:

CHILD'S SPECIFIC SIGNS AND SYMPTOMS OF A NON-LIFE-THREATENING ANAPHYLACTIC REACTION:	CHILD'S SPECIFIC SIGNS AND SYMPTOMS OF A LIFE-THREATENING ANAPHYLACTIC REACTION:
DESCRIPTION OF PROCEDURE TO FOLLOW IF CHILD HAS A NON-LIFE-THREATENING ANAPHYLACTIC REACTION:	DESCRIPTION OF PROCEDURE TO FOLLOW IF CHILD HAS A LIFE-THREATENING ANAPHYLACTIC REACTION:
STEPS TO REDUCE RISK OF EXPOSURE TO CAUSATIVE AGENT/ALLERGEN:	
ADDITIONAL NOTES (if applicable):	

Parental Statement

I (Parent/Guardian) herby give consent for my child _____(Child’s Name) to (Check all that apply):

- Carry their emergency allergy medication in the following location (i.e., blue fanny pack around their waist): _____
- Self-administer own medication in the event of an anaphylactic reaction

AND/OR

I (Parent/Guardian) herby give consent to any person with training on this plan at the After School Program to administer my child’s epinephrine auto-injector and/or asthma medication and to follow the procedures set out in my child’s Individualized Anaphylaxis Plan and Emergency Procedures.

Parent/Guardian Initials: _____

EMERGENCY CONTACT INFORMATION

Contact Name	Relationship to Child	Primary Phone Number	Additional Phone Number

HEALTHCARE PROFESSIONAL CONTACT INFORMATION (optional):

Contact Name	Primary Contact Number

SIGNATURE OF HEALTHCARE PROFESSIONAL (optional):

X	Date:
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SIGNATURE OF PARENT/GUARDIAN (required):

Print Name:	Relationship to Child:
X	Date:

APPENDIX B – TRAINING AND CONSENT

I (Parent/Guardian) hereby confirm that:

- (a) I have trained the person(s) named in the Trainee Confirmation below (Table 1) on my child’s Individualized Plan and Emergency Procedures on _____ (date) and
- (b) I give consent to the person(s) named in the Trainee Confirmation (Table 1) below to train any other staff, students, and volunteers (Table 2) who may be interacting with my child to perform the procedures detailed in my child’s Individualized Plan and Emergency Procedures.

Parent/Guardian Full Name: _____

Parent/Guardian Signature: _____

Date (dd/mm/yyyy): _____

Table 1: Trainee Confirmation

Name of Trainee	Position	Signature of Trainee	Date Training Received (dd/mm/yyyy):	Date Signed (dd/mm/yyyy):

Table 2: Training Log for Staff, Students and Volunteers

Name of Individual	Position	Signature of Individual	Date Training Received (dd/mm/yyyy):	Date Signed (dd/mm/yyyy):

CHILD GUIDANCE AND COACHING POLICY

Staff are to be knowledgeable and understand the requirements of their position. All Staff will build positive relationships with the children in their program and will provide consistent expectations and proper supervision to ensure that problems/situations can be avoided. In the case where a situation cannot be avoided, Staff are expected to complete the Child Guidance and Coaching Log Sheet.

POLICY STATEMENT

Staff will practice and promote a healthy, positive atmosphere within the After School Program. Staff will provide the children with consistent expectations and proper supervision to minimize the number of problems/situations that may occur within the program. Acceptance and a good sense of humour is an important part of building strong relationships with the children, while continuing to enforce the rules and provide support by guiding or coaching the children when problems/situations may arise.

PURPOSE

This policy is put in place to ensure that the children attending the program are following the rules set in place to keep all individuals in the program safe and enjoying their time.

PROCEDURE

The Process

- Problem solve with the children as disagreements/situations happen. Identify the problem and brainstorm with the children on possible solutions to the problem for in the future. Follow through with solutions and re-evaluate if necessary
- Document the situation on the Child Guidance and Coaching Log Sheet
- Always ensure proper supervision of the program. Many problems/situations can be prevented with proper observations. Develop an ability to see or know what is always going on in the program. Use redirection before the situation escalates into a problem
- Use logical and natural consequences to problems
- Set age-appropriate limits
- Acceptance of each child must be sincere and unconditional. Respect all children's feelings. Teach them that it is not wrong to feel angry or frustrated but there are socially acceptable ways of displaying these feelings. It is the staff's role to support these children in exploring appropriate ways to express anger as well as their other feelings
- Use positive reinforcement in a sincere manner

- Provide the children with choices, whenever possible
- Make use of a “cooling off” period or a “sensory break” if applicable. Provide the child with a quiet activity (book or sensory item) until the child feels in control of their emotions and can return to the group activity. It is up to the child to identify when they are ready to rejoin the group
- Consistency is key

APPENDIX A – CHILD GUIDANCE AND COACHING LOG SHEET

Name of Child: _____

Date: _____

SITUATION EXPLANATION:

Guidance/Coaching Provided to Child:

Staff Member: _____

Date: _____

Contacted Parents: YES NO

Method of Contact:

- Phone
- In Person
- Email
- Text

Details:

Notified Children's Programs Supervisor: YES NO

Staff Member: _____

Additional Comments:

CONCUSSION POLICY

Concussions can have a serious affect on a young, developing brain. Proper recognition and response to a concussion in a Town of Minto Program can prevent further injury and can help with recovery. Children and adolescents are among those at greater risk for concussions due to body trauma at any time. There is a heightened risk due to concussion during physical activity which includes playground time or sports activities.

These procedures set out the roles and responsibilities of all Town of Minto Recreation Staff including Managers, Coordinators, Day Camp Staff, After School Program Staff and Volunteers.

POLICY STATEMENT

The Town of Minto has developed this protocol to educate staff, parents, and program participants about appropriate concussion management. This protocol outlines procedures for staff to follow in managing concussions and outlines Town of Minto policy as it pertains to return to play issues following a concussion.

A safe return-to-play protocol is important for all children following any injury but is essential after a concussion. The following procedures have been developed to ensure that a program participant who may be concussed are identified, treated, and referred appropriately. Consistent application of this protocol will ensure program participants receive appropriate follow-up medical care and program accommodations and are fully recovered before returning to activity.

PURPOSE

To address this increased risk of concussions and to prevent and identify the signs and symptoms of concussion, the Town of Minto is committed to increasing awareness for all students, staff, parents, volunteers, and health care practitioners to support the proper management of concussions.

DEFINITIONS

Concussion

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head. Concussion can also occur from a fall or blow to the body that causes the head and brain to move rapidly. Concussion is the term for a clinical diagnosis that is made by a medical doctor or a nurse practitioner.

Concussion Signs and Symptoms

A concussion symptom is something an individual will feel. A concussion sign is something others may notice. There is no single indicator for concussion; the signs and/or symptoms can take time to appear. A concussion cannot be seen, and some individuals may not experience or report symptoms until hours or days after the injury; these can become more noticeable during activities requiring concentration or during physical activities.

RECOGNITION OF CONCUSSION

These signs and symptoms – following a witnessed or suspected blow to the head or body – are indicative of probable concussion

Signs (observed by others)	Symptoms (reported by participant)
<ul style="list-style-type: none">• Appears dazed or stunned• Exhibits confusion• Forgetful• Unsure about activity being played• Moves clumsily (altered coordination)• Balance issues• Personality change• Responds slowly to questions• Forgets events prior to incident• Forgets events after the incident• Loss of consciousness (any duration)	<ul style="list-style-type: none">• Headache• Fatigue• Nausea or vomiting• Double vision, blurry vision• Sensitivity to light and noise• Feels “sluggish”• Feels “foggy”• Problems concentrating• Problems remembering

Any program participant who exhibits signs, symptoms, or behaviours consistent with a concussion must be removed immediately from program and may not be allowed to return to program until cleared by an appropriate healthcare professional or Concussion Passport is completed.

MANAGEMENT AND REFERRAL GUIDELINES FOR ALL STAFF

1. The following situations indicate a medical emergency and require activation of the Emergency Medical System:
 - a. Any program participant with a witnessed loss of consciousness of any duration should be transported immediately to the nearest emergency department via emergency vehicle.
 - b. Any program participant who has symptoms of a concussion and who is not stable (i.e., condition is worsening) is to be transported immediately to the nearest emergency department via emergency vehicle

- c. Any program participant who exhibits any of the following symptoms should be transported immediately to the nearest emergency department via emergency vehicle:
 - i. Deterioration of neurological function
 - ii. Decreased level of consciousness
 - iii. Decrease or irregularity in respirations
 - iv. Any signs or symptoms of associated injuries, spine or skull fracture or bleeding
 - v. Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
 - vi. Seizure activity
2. Any program participant who is symptomatic but stable (nor worsening) may be transported by his/her parent/guardian. The parents/guardians should be advised to contact the program participants primary care provider or seek care at the nearest emergency department on the day of the injury.

PROCEDURS

Recognize the Concussion

- All staff should become familiar with the signs and symptoms of concussion described above.
- Annual training will occur for staff in all programs

Remove from Activity

1. Any program participant who exhibits signs, symptoms, or behaviours consistent with a concussion such as: loss of consciousness, headache, dizziness, confusion, or balance problems must be removed immediately from the activity and may not return to play until cleared by an appropriate healthcare professional or Concussion Passport is completed.

“When in doubt, sit them out”

Refer the Program Participant for Medical Evaluation

1. The staff is responsible for notifying the Programs & Admin Coordinator who will notify the program participants parents/guardians of incident.
 - a. The Programs & Admin Coordinator will contact the parents to inform them of the incident. Depending on the injury, an emergency vehicle will transport the program participant from the event.
 - b. If a program participants parents/guardian cannot be reached, and the program participant is able to be sent home rather than transported directly to a medical facility:

- i. The Programs & Admin Coordinator will call the program participants identified Emergency Contact
- ii. The Programs & Admin Coordinator should continue efforts to reach a parent/guardian
- c. Staff should remain with the program participant until a parent/guardian arrives

Return to Play Procedures After Concussion

1. Returning to activity and play is a medical decision or a conscious decision made by the program participants parent/guardian by signing off on the Concussion Passport stating they have been informed of the concern and decline to have their child assess by a medical professional (Appendix C). The program participant must meet all the following criteria to return to activity:
 - a. Rest and exertion (including mental exertion) does NOT result in any concussion symptoms
 - b. Clearance from a qualified medical provider (medical doctor or nurse practitioner) or Concussion Passport signed by parent stating they have been informed of the concern and decline to have their child assessed by a medical professional
2. Once the above criteria are met, the program participant will progress back to full activity following the Return to Play Program process detailed below. It is the responsibility of the program participants parent/guardian to document the program participants progress on the Return to Play Program Form (Appendix D)
3. The parent/guardian will use this form to record daily observations and report the program participants symptoms. The parent/guardian will ensure that the program participant performs the recommended steps outlined in the program
4. The Return to Play process should be followed as described below. The program participant should spend at least 24 hours at each step before advancing to the next step. If concussion symptoms occur at any step, the program participant should rest for 24 hours and then resume activity one step below where he/she was when symptoms began.

Step 1: Complete Cognitive and Physical Rest. This may include staying home from school/program or limiting school/program participation for several days and includes rest from physical activity, such as aerobic exercise, playing, bike riding, etc. Cognitive rest also includes refraining from use of computer games, TV, loud music, iPads, texting and reading.

Step 2: Return to School/Program Full Time. With or without accommodations.

Step 3: Return to Light Physical Activity. This step can't begin until the program participant no longer has concussion symptoms at rest. No resistive exercises (such as push-ups, sit-ups) should be attempted.

Step 4: Return to Individual Sport Specific Physical Activity. Running in the gym or outside.

Step 5: Return to Non-contact Activities. Program participants returns to activities where there is no body contact (dance, badminton) a non-contact practices and progressions of skills (passing drill). Resistive exercises may begin.

Medical Examination. *Prior to returning to physical activities with contact, it is recommended that a program participant have a medical exam to confirm they are ready for physical activities that involve contact.*

Step 6: Return to Physical Activity with Contact. Program participant returns to regular participation in all physical activities for contact sports. No competition.

Step 7: Return to Competition. Program participant returns to full participation in all sports including contact sports and competitions.

Once the program participant has completed the Return to Play process, the parent/guardian should take the program participant and the form back to the same medical professional who performed the initial visit for a re-evaluation.

APPENDIX A - CONCUSSIONS SIGNS AND SYMPTOMS

Program Participants Name: _____ Date/Time of Incident: _____

Where and How Incident Occurred (be sure to include description of the bump or blow to the head of body): _____

Description of Incident (be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the incident, or previous concussions, if any. See section on DANGER SIGNS on the back of this form): _____

Any program participant involved in an incident requiring this form does NOT return to physical activity that day. Further observation by a parent/guardian and/or medical professional is required.

Directions:

Use this form to monitor a program participant with a possible concussion. Check for signs or symptoms as soon as possible after the incident.

A program participant who is experiencing one or more symptoms of concussion should:

1. Sit out academic and physical activities (rest)
2. Have a parent/guardian contacted
3. Be seen by a medical doctor or nurse practitioner as soon as possible

To learn more about concussion please visit:
www.ontario.ca/concussions

OBSERVED SIGNS OR REPORTED SYMPTOMS	
Appears dazed or stunned	
Is confused about events	
Repeats questions	
Answers questions slowly	
Can't recall events <i>prior</i> to the hit, bump or fall	
Can't recall events <i>after</i> the hit, bump or fall	
Loses consciousness (even briefly)	
Shows behaviour or personality changes	
Forgets program schedule or events	
Physical	
Headache or "pressure" in head	
Nausea or vomiting	
Balance problems or dizziness	
Fatigue or feeling tired	
Blurry or double vision	
Sensitive to light	
Sensitive to noise	
Numbness or tingling	
Does not "feel right"	
Cognitive	
Difficulty thinking clearly	
Difficulty concentrating	
Difficulty remembering	
Feeling more slowed down	
Feeling sluggish, hazy, foggy, or groggy	
Emotional	
Irritable	
Sad	
More Emotional than usual	
Nervous	

Danger Signs:

The program participant should be seen in an emergency department right away if he/she has:

- One pupil (the black part of the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behaviour
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional Information

A concussion is a brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, hit or jolt to the head OR a fall or blow to the body that causes the head to move rapidly.

A program participant should be monitored by a parent/guardian for 24 to 48 hours following an incident as the signs and symptoms of a concussion can take time to emerge and a medical professional may need to be consulted.

Parents/guardians should ask the student about the possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

Resolution of Incident – in all instances a copy of the checklist is provided to parent/guardian and/or medical professional

- NO** signs or symptoms – parent informed, program participant returned to program with parental/guardian consent, program participant does NOT participate in any physical activity
- Signs and/or symptoms present – parent informed, program participant picked up or left at program with parental/guardian consent
- Signs or symptoms present prompted the decision to call 911, parent informed

Name of program staff completing this form: _____

Job title: _____ Program Site: _____

Comments:

APPENDIX B - RETURN TO PLAY PLAN

Student Name: _____ Start Date: _____

If at any time during the following stages of the Plan, signs and/or symptoms of a concussion return, an examination of the program participant by a medical doctor/nurse practitioner is recommended. The program participant will resume the plan at an appropriate stage if needed.

Each stage must take a minimum of 24 hours and a program participant must be symptom free to proceed to next stage.

Stage	Stage Description	Date Completed	Parent Initials	Participants Initials
1. Complete Cognitive and Physical Rest	Cognitive (limiting reading, texting, TV, music, etc.) and physical rest (no recreational & competitive activities) <input type="checkbox"/> Concussion symptoms are no longer present – go to Stage 2			
2. Return to School/Program Full Time	Program participant returns to school and regular program activities with no individualized strategies. Physical rest continues. <input type="checkbox"/> No return of symptoms			
3. Return to light physical activity	Program participant returns to light aerobic activity (walking, swimming, etc.) keeping heart rate at 70% or less. No weight training/drills or contact. <input type="checkbox"/> No return of symptoms			
4. Return to Individual Sport Specific Physical Activity.	Program participant returns to individual sport specific activities (shooting a ball, running in the open area, etc.). No weight training/drills or contact. <input type="checkbox"/> No return of symptoms			
5. Return to Non-Contact Activities	Program participant returns to activities where there is no body contact (dance, badminton, passing a ball, etc.) Weight training may be started. <input type="checkbox"/> No return of symptoms			
Medical Examination	Prior to returning to physical activities with contact, it is recommended that a program participant have a medical exam to confirm they are ready for physical activities that involve contact.			
6. Return to Physical Activity with Contact	Program participant returns to regular participation in all physical activities and full training/practices for contact sports. No competition. <input type="checkbox"/> No return of symptoms			
7. Return to Competition	Program participant returns to full participation in all sports/activities including contact sports and all competitions <input type="checkbox"/> No return of symptoms			

APPENDIX C - CONCUSSION PASSPORT FOR TOWN OF MINTO PROGRAMS

_____ (Program Participants name) sustained a possible concussion on (Date). It is recommended that this program participant be seen by a medical doctor or nurse practitioner and this form be completed and returned to the Town of Minto office.

Results of Medical Examination:

- Program Participant has been examined and **no concussion** has been diagnosed and therefore may resume full participation in learning and physical activity with no restrictions.
- Program participant has been examined and **a concussion has been diagnosed** and therefore should begin a Return to Participation Plan. The Plan is an individualized, gradual, approach to assist a program participant to return both to learning and physical activity. Each stage must take a minimum of 24 hours. The program participant must return to regular activities, without accommodations, prior to the program participant returning to physical activities.
- I have been informed of the Town of Minto's concern and decline to have the program participant assessed by a medical professional.

Parent/Guardian Name: (Please print)

Parent/Guardian Signature: _____ Date: _____

Comments: _____

FIRE, TORNADO AND EVACUATION SAFETY

A system is in place that describes the methods and frequency for education of the following drills.

- Fire
- Tornado
- Evacuation

POLICY STATEMENT

Fire, tornado, and evacuation education will be conducted to ensure staff and children are aware about survival strategies and procedures to reduce risk when faced with these dangerous conditions.

PURPOSE

To ensure that everyone associated with the program or activity is familiar with the procedures so that risk of personal injury in real life circumstances can be reduced.

WHY IS THIS POLICY IMPORTANT?

Staff and children who are trained in specific and coordinated survival strategies when faced with a fire, tornado or other situation resulting in an evacuation have increased chances of survival. Education enabled a detailed examination of the effectiveness of a safety plan. This can mean the difference between life and death in a real-life situation. World weather patterns are becoming more unpredictable and there has been a significant increase in incidence of tornados in populated areas in recent years.

PROCEDURE

The Process

- Determine frequency of discussions around drill procedures
- Develop staff responsibilities and training as well as child training content and timing
- Document when education takes place

Fire Drill Considerations

Onsite

Upon stating that there is a potential fire, children should immediately line up in single file. Staff should take all lists/contact information as well as any necessary medications and proceed to the nearest exit and then to a safe place away from the building. Children should be counted during the exit process and a leader should be last to exit the building ensuring that all children are accounted for. Go to the prearranged location as indicated.

Tornado Drill Considerations

Onsite

- Designate one staff to monitor weather conditions. A “storm watch” means that a storm may develop whereas a “storm warning” indicates that severe weather is imminent, and precautions should be taken
- Identify and designate safe areas within a building for the refuge in case of tornado. Avoid any areas with access to windows or doors or areas with a large roof span. The safest areas are usually an interior hallway or room on the lowest floor without direct access to doors or windows to protect everyone from breaking glass
- Always conduct a head count as children are lining up, when they are in position and again after the drill
- During, children should sit in a tuck position with their back against the wall, head tucked forward and hands over the back of their head until the danger is over
- Use area specified for the identified space the program is utilizing

Outdoor Activity

- Outdoor activities should be closed, and all children moved as quickly as possible to safe shelter in cases of severe weather including lightening, thunderstorms, tornado watch and temperature extremes
- Activities should not be resumed until all weather warnings have cleared

Evacuation Drill Considerations

In the case of an unexpected evacuation, follow fire drill considerations and use emergency evacuation location as indicated in the handbook.

APPENDIX A – RECORD OF EDUCATION

Location of Program: _____

Date Conducted (dd/mm/yyyy):			
Time Conducted (hh:mm, am/pm):			
Program Participating in the Education:			
Age of Program:			
Number of Children Present:			
Number of Program Personnel Present:	Staff:	Students:	Volunteers:
Time Taken to Complete Education:			
Person Responsible for Initiating Education:			
Were the written procedures followed during the education:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide a rationale in the comment section below.		
Additional Comments: (I.e., Rationale for the time taken to evacuate the site, observations, issues or concerns, children’s reactions, next steps for improvement, etc.)			
Name and Signature:			

FOOD STORAGE POLICY

Staff are to be knowledgeable and understand the requirements of their position. This food storage policy has been implemented to communicate the responsibilities and guidelines for managing and preventing the risk of food related illnesses.

POLICY STATEMENT

To ensure the safety of the Town of Minto After School Program staff, children, and their families, we aim to monitor and maintain a high quality of food storage practices.

PURPOSE

This policy is put in place to ensure that staff are taking the necessary precautions regarding food safety at the After School Program.

PROCEDURE

Staff will implement these standards at the Town of Minto After School Program by inspecting food to ensure they are in good order, for example, not damaged packing and are within their used by date period. Staff will inspect all foods at the After School Program weekly and will fill out the Weekly Snack Food Inspection Checklist. Staff will then see that they are appropriately stored as per the following:

- Store dry foods in sealed containers
- Store foods on shelving in the locked storage bin
- Any food removed from its original container must be stored in a container with the used by date of the food written on it
- Ensure the food storage area is well-cleaned, ventilated, dry, pest free and not in direct sunlight.

For cold storage the following applies:

- All foods are wrapped, covered, and dated (used by date and date opened) and labelled
- Foods are stored at the correct temperature
- Store foods on shelves

APPENDIX A – WEEKLY SNACK FOOD INSPECTION CHECKLIST

	Week 1 Date:	Week 2 Date:	Week 3 Date:	Week 4 Date:	Week 5 Date:
All snack food is secured in sealed container					
All snack food that requires refrigeration is in appropriate refrigerator					
Snack food is not expired					
Snack packaging is not ripped or tampered with					
Quantity of snack products are appropriate for number of children attending program					
Staff Initial:					

HAND WASHING PROCEDURES

Systems are in place for children to wash their hands prior to eating snacks and after using toilet facilities.

POLICY STATEMENT

Staff will be vigilant to ensure that children wash their hands after using the toilet facilities and prior to eating meals or snacks.

PURPOSE

Germs can easily spread on play surfaces and toys despite efforts to keep areas clean. Hand washing is an effective way to reduce the spread of germs to reduce the risk of illness.

WHY IS THIS POLICY IMPORTANT?

When children play together in close quarters, the likelihood of germs spreading through the program population is reduced if regular hand washing regime is practiced. Children's immune systems are still developing, and they have greater chance of becoming ill if exposed.

PROCEDURE

The Process

Teach and reinforce the following hand washing techniques with the children:

1. Wet hands
2. Using soap rub hands together washing between fingers, palms, back of hands and wrists for 25 seconds
3. Rinse with clear water
4. Dry hands with a paper towel and use the paper towel to turn off the water tap
5. Toss paper towel in the garbage taking care not to touch any surfaces

Establish a routine of taking a washroom break 5 to 10 minutes prior to each snack. Proceed directly to snack eating area immediately after washing their hands to prevent children from getting down on the floor or ground areas prior to eating.

Children will also be encouraged to sneeze or cough into their elbows opposed to their hands to prevent the spread of germs.

ILLNESS POLICY

It is everyone's responsibility to maintain a healthy environment. Communication with both the child(ren)'s parent and school staff are important. Through this communication, staff, and the parent(s) can make decisions together regarding any symptoms the child may have and whether they should be at the program or not.

All staff will be consistent with communication with school staff upon arrival to the program location. Staff should be aware of the characteristics of the children in their group and how their demeanor changes when they are feeling ill.

POLICY STATEMENT

All After School Program's will maintain a safe and healthy environment for children, their families, staff, students, volunteers, and self.

DEFINITIONS

Symptoms or conditions of ill health for which a child, staff, student, and volunteer should be excluded from care include but are not limited to:

- Fever. A fever may be accompanied by general symptoms such as listlessness, sleepiness, sore throat, coughing, runny nose and eyes, earache
- Difficulty breathing – persistent cough or wheezing
- Infected skin or eyes or undiagnosed rash
- Severe itching
- Unexplained diarrhea – exclude for 24 hours, diarrhea free
- Nausea and vomiting – exclude for 24 hours, vomiting free
- Known or suspected reportable or communicable diseases

PROCEDURE

Program Staff

- Do not attend program if feeling unwell
- Report incidents of known or suspected reportable illnesses to the Programs & Admin Coordinator
- Each day observe children upon entry to programme, and throughout the day for symptoms of ill health
- If child displays symptoms of ill health, make record of their symptoms on the attendance and in the communication log
- In collaboration with the Programs & Admin Coordinator, notify parent/guardians of any observed symptoms of ill health specific to their child at the end of the day, or sooner as required for pick up from programme

- If a child displays symptoms of ill health that prevent them from fully participating in the entire programme (i.e., indoor, and outdoor play).
 - Attempt to make the child as comfortable as possible in a quiet space located away from other children where they can continue to be easily supervised
 - Record symptoms of ill health in the communication log
 - In collaboration with the Programs & Admin Coordinator, contact the parent/guardian and request that they come and pick up their child. The child may not remain at the programme
 - If the parent/guardian is unable to pick up their child, inform them that they must send another authorized adult to come pick up their child
 - If the parent/guardian cannot be reached, contact the emergency back-up listed by the parent/guardian on the child's registration form
- Program staff that are unwell will contact the Programs & Admin Coordinator as soon as possible to indicate their absence at work, including the symptoms of ill health that they are experiencing
- Program staff indicating they may have a reportable communicable disease will take direction from the Programs & Admin Coordinator as to next steps for returning to work

Students and Volunteers

- Participate in orientation prior to interacting with the children within the Program
- Students and Volunteers that are unwell will contact the Programs & Admin Coordinator as soon as possible to indicate their absence, including the symptoms of ill health that they are experiencing
- Students and Volunteers that indicate they may have a reportable communicable disease will take direction from the Programs & Admin Coordinator as to next steps for returning to placement

Programs & Admin Coordinator

- Oversee staffing arrangements when staff are sick
- Provide direction to staff regarding return to work
- In collaboration with the staff, notify parent/guardians of any observed symptoms of ill health specific to their child at the end of the day, or sooner as required for pick up from the programme

REVIEW OF POLICY

All staff, volunteers, and students will review this policy as part of the orientation process and at any other time that there are significant

INCLEMENT WEATHER POLICY

The purpose of this policy is to outline the After School Program procedures during inclement weather situations.

POLICY STATEMENT

Severe weather conditions can result in school boards closing schools or cancelling buses. In the case that the school board is in a system-wide shutdown and schools are closed, the After School Program will also be closed. If the school is open, After School Program is open.

PURPOSE

To protect the safety of the children and staff.

WHY IS THIS POLICY IMPORTANT?

It is always important to ensure the safety of children at the After School Program. Inclement weather can prompt the school boards to make decisions to close or cancel buses. It is important that all participants and staff are aware of their responsibilities and expectation if there is inclement weather.

PROCEDURE

The Process

School Closure

- If the school board has made the conscious decision to close the schools, the After School Program will also be closed.
- It is the responsibility of the Programs & Admin Coordinator to send out an email to all children's parents/guardians to relay that program will be closed due to school closure

Increase in Inclement Weather

- If buses are cancelled, and inclement weather progressively is worsening, the Programs and Admin Coordinator can make the decision to call parents to suggest that they pick up their child(ren) early or make other arrangements for childcare.

INDIVIDUALIZED SUPPORT PLANS AND INCLUSIVE PROGRAMMING

Inclusion means children are welcome, supported and valued. It means that the activities of playing, learning, and growing, happen in a way in which all children belong. It does not mean that every child does the same thing at the same time; all children have different aptitudes and abilities. An inclusive setting accommodates and builds on a child's strengths. Effective inclusion is a process.

All staff will provide a welcoming and nurturing environment for all children and families who register in the program. The Recreation Services Manager in collaboration with the Programs & Admin Coordinator will ensure that any child with special needs requiring support has completed individualized plan prior to starting the program. Staff will review and sign off on the individualized plan and participate in any required training provided.

POLICY STATEMENT

The After School Program will provide inclusive programs, striving to find ways to include all children and remove barriers that prevent children from actively participating. Planned activities and experiences are open ended (i.e., children participate their level, with staff observing, interacting, and enhancing each experience for every child)

PROCEDURE

- Children with identified special needs or medical needs (who require an in-depth modified plan) will have an individualized support plan completed prior to attending the program. For children with identified special needs, an Individualized Support Plan for a Child with Special Needs (Appendix A) form detailing the needs of the child, additional support, aids, or other modifications to the physical, emotional, social, and learning environment will be completed. For children with medical needs, an Individualized Plan for a Child with Medical Needs (Appendix B) form detailing the medical condition(s), prevention and supports, symptoms and emergency procedures and additional information will be completed. The individualized support plan(s) will be updated and reviewed as required.
- Staff will review and sign off annually on the individual plan or as changes occur
- The parent will be required to provide instructions, as well as demonstrate for any supports or aids needed within the program
- We advocate that all staff involved with families will work as a collaborative team, based on mutual respect and understanding.

APPENDIX A – INDIVIDUALIZED SUPPORT PLAN FOR A CHILD WITH SPECIAL NEEDS

Individualized Support Plan (ISP) For a Child with Special Needs

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



Child's Full Legal Name: _____

Child's Date of Birth (dd/mm/yyyy): ____ / ____ / ____

Date ISP Completed (dd/mm/yyyy): ____ / ____ / ____

Date ISP Updated (dd/mm/yyyy): ____ / ____ / ____

INDIVIDUALIZED SUPPORT PLAN

<p>1. HOW THE TOWN OF MINTO PROGRAM WILL SUPPORT THE CHILD TO FUNCTION AND PARTICIPATE IN A MEANINGFUL AND PURPOSEFUL MANNER WHILE ATTENDING PROGRAM:</p>
<p>2. A) DESCRIPTION OF SUPPORTS, AIDS, ADAPTATIONS AND/OR OTHER MODIFICATIONS TO THE PHYSICAL ENVIRONMENT (IF APPLICABLE):</p>
<p>2. B) INSTRUCTIONS RELATING TO THE CHILD'S USE OF/INTERACTION WITH SUPPORTS OR AIDS OR THE ADAPTED/MODIFIED PHYSICAL ENVIRONMENT (IF APPLICABLE):</p>

3. A) DESCRIPTION OF SUPPORTS OR AIDS, ADAPTATIONS OR OTHER MODIFICATIONS TO THE SOCIAL ENVIRONMENT:

3. B) INSTRUCTIONS RELATING TO THE CHILD'S USE OF/INTERACTIONS WITH SUPPORTS OR AIDS OR THE ADAPTED/MODIFIED SOCIAL ENVIRONMENT:

ADDITIONAL INFORMATION (IF APPLICABLE):

--

CONFORMATION:

- The plan has been created in consultation with the parent of the child
- This plan has been created in consultation with a regulated health professional or other person who works with the child in a capacity that would allow the person to help inform the plan (where applicable)

Parent Signature:

Print full legal name:	Relationship to child:
Signature:	Date (dd/mm/yyyy):

The following individuals participated in the development of this individualized plan:

First and Last Name:	Position/Role:	Signature:

APPENDIX B – INDIVIDUALIZED SUPPORT PLAN FOR A CHILD WITH MEDICAL NEEDS

Individualized Support Plan (ISP) For a Child with Medical Needs

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



Child's Full Legal Name: _____

Child's Date of Birth (dd/mm/yyyy): ____/____/____

Date ISP Completed (dd/mm/yyyy): ____/____/____

Medical Condition(s):

- Diabetes Asthma Allergy/Intolerance (please specify):
 Seizure Other (please specify):

PREVENTION AND SUPPORTS

STEPS TO REDUCE THE RISK OF CAUSING OR WORSENING THE MEDICAL CONDITION(S):

[Include how to prevent an allergic reaction/other medical emergency; how not to aggravate the medical condition (e.g., Pureeing food to minimize choking)]

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

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

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

SYMPTOMS AND EMERGENCY PROCEDURES

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

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

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

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

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

--

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

PARENT/GUARDIAN SIGNATURE:

Print name:	Relationship to child:
Signature:	Date: (dd/mm/yyyy)

THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE DEVELOPMENT OF THIS INDIVIDUAL PLAN (OPTIONAL):

First and Last Name	Position/Role	Signature

MANAGEMENT OF CONFIDENTIAL INFORMATION POLICY

Systems are put in place and articulated regarding the management and dissemination of confidential information. Staff training includes references to Privacy Legislation and the obligation to protect personal privacy.

POLICY STATEMENT

The personal privacy of the children and families involved in programs is protected and valued. All confidential information pertaining to children and their families will be always kept secure. This includes information about medical conditions, family status (including marital, financial, and educational status), personal information (including phone numbers and addresses), personal concerns or issues, or delicate matters regarding a child and his/her family.

PURPOSE

To keep all staff informed about the commitment of the Town of Minto, with respect to confidentiality and to provide direction on how to protect the personal privacy and dignity of children and their families.

WHY IS THIS POLICY IMPORTANT?

Staff has access to confidential information about children and their families. All children have the right to privacy of the information entrusted to staff. Breach of this trust could have devastating effects on children or their families within the community. Staff do not have the right to share confidential information inappropriately, whether through deliberate breach of trust or carelessness.

PROCEDURE

The Process

- Provide a detailed overview of pertinent legislation that all staff must comply with
- Develop and document procedures for protecting private information, such as:
 - Have staff sign confidentiality agreement outlining their responsibility to safeguard the private information of participants and their families
 - Restricting access to confidential filing systems, including computerized data banks, through use of security passes and computer-user passwords
 - Securing office areas, files, attendance forms, registration binders or paper records that contain confidential information, to ensure they are not accessible or left unattended in program and public areas
 - Refraining from engaging in casual conversations about children and their families with third parties

- Using polite discretion when dealing with third parties wishing to learn about confidential matters
- Taking precautions when discussing confidential information or concerns about a child or family with co-leaders
- Prohibiting the removal of confidential records from the Town of Minto Office premises unless required by organization officials or those with legal entitlement
- Procedures for releasing information should be in place for special circumstances where a release of confidential information has been formally requested by the organization, a parent/legal guardian or a third party. Parents/Legal guardians should discuss the matter with the program supervisor and sign a Consent for Release of Confidential Information Form which specifies the nature of the information and how it is to be shared
- Programs & Admin Coordinator should monitor staff ability to handle confidential information appropriately

APPENDIX A – CONFIDENTIALITY AGREEMENT



Confidentiality Agreement

Between: Town of Minto and «First Name «Last Name»
5941 Highway #89 «Address Line 1»
Harriston, ON «City «Province»
NOG 1Z0 «ZIP Code»

I, _____ hereby certify that all oral, paper, and electronic information that I have obtained from the Town of Minto, by way of my position with said municipality, will be retained by me and will not be distributed to any other source or individual without the express written consent of the Town of Minto.

I understand that information regarding the users of the Town of Minto Children’s Programs needs to be protected and remain confidential.

I further agree to return all such documentation (hard and electronic copy) to the Town of Minto upon completion of my contracted tasks on behalf of the Town of Minto. Any files that remain in my possession will be returned and/or deleted from my records unless stipulated in writing by the Town of Minto.

I also agree to keep all matters of which I am made privy, secret, and confidential, unless otherwise stipulated explicitly by the Town of Minto in writing.

This agreement cannot be altered or broken with the written consent of both parties.

Employee Signature

Date

Witness Name & Signature

Date

OUTDOOR AND PLAYGROUND SAFETY POLICY AND PROCEDURES

Outdoor play is an integral part of the daily schedule and plays an important role in the development of children's overall well-being. For children to thrive in outdoor play, it is crucial that there be sufficient equipment for children to engage in active play and that staff engage as active participants in the play. In addition to providing physical benefits, active play outdoors strengthens functioning in cognitive areas such as perception, attention, creative problem solving, and complex thinking.

POLICY STATEMENT

General

- Staff will ensure that there is enough equipment that is appropriate for the children's age learning and development needs during outdoor play.
- The maximum capacity of the playground will not be exceeded at any time.

Playground Inspections/Checks

- Outdoor space, fixed play structures and surfacing checks will be conducted daily.
- All playground inspections will be documented.

Supervision

- Children will be always supervised during outdoor play
- Staff will position themselves through the playground and rotate their position where required to ensure children can be visually supervised while engaging in play
- Staff to child ratios will be maintained

Procedure

Daily

Before using the outdoor play space/playground

- 1) Staff Must:
 - Walk around the entire outdoor play space being utilized to look for and identify hazards and defects as indicated in the daily playground inspection checklist.
 - Complete the playground inspection checklist, sign, and date it

- 2) In preparation to exit the Program to use the outdoor play space or playground, staff must:
- Ensure all emergency medication accompanies children, where applicable
 - Ensure all emergency contact information is readily available for children
 - Ensure the attendance record is readily available
 - Ensure appropriate steps related to environmental factors have been implemented (i.e., Children are appropriately dressed for the weather, there are no entanglement risks, etc.)
 - Conduct head counts prior to leaving the indoor area, and while transitioning them to outdoor play space or playground

While using the outdoor play space/playground

- 1) Staff must:
- Position themselves in areas that ensure that all children and areas of playground can be properly always supervised
 - Ensure that there is always access to drinking water
 - Complete head counts of children every 15 minutes
 - Implement the goals and approaches of the program statement, such as engaging with the children in play
 - Refrain from using personal mobile devices (exceptions include emergency situations) or using outdoor time to socialize with other staff, students, or volunteers during play

Where a child is injured on the playground, staff must:

- Administer first aid, where appropriate
- Contact emergency services, where appropriate
- Notify the parent of the child
- Complete an accident report

When returning from the outdoor play space/playground

- 1) Staff must:
- Conduct head counts prior to returning indoors from the outdoor play space or playground, while transitioning indoors, and upon returning to the indoor play activity space
 - Ensure that attendance records, emergency medication and children's emergency contact information is brought indoors with the group

APPENDIX A – DAILY VISUAL INSPECTION

Week of:	Monday	Tuesday	Wednesday	Thursday	Friday
No litter, debris, or animal feces					
No evidence of dangerous insects					
No strings/cords or clothing entanglements					
No sharp edges					
No trip hazards					
No pooling of water					
No vandalism or damage					
No toxic plants					
Staff Initial:					
Comments/Required Repairs (Initial and Date):					

PARENT ISSUES AND CONCERNS POLICY AND PROCEDURES

The purpose of this policy is to provide a transparent process for parents/guardians and the staff to use when parents/guardians bring forward issues/concerns.

POLICY STATEMENT

General

Parents/guardians are encouraged to take an active role in our After School Program and regularly discuss what their child(ren) are experiencing with our program. As supported by our program statement, we strive to provide nurturing and inclusive environments that are attuned to the interests of children. We foster the engagement of ongoing communications with the 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 all Program staff 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/legal guardians with 1 business day. 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.

Conduct

Our After School Program maintain 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 Programs & Admin Coordinator

PROCEDURES

Nature of Issue or Concern	Steps for Parent and/or Guardian to Report Issue/Concern:	Steps for Staff and/or Programs & Admin Coordinator responding to issue/concern:
<p>Program Room Related</p> <p>I.e., Schedule, indoor/outdoor activities, etc.</p>	<p>Raise the issue or concern to:</p> <ul style="list-style-type: none"> • Program staff <p>Or</p> <ul style="list-style-type: none"> • The Programs & Admin Coordinator 	<ul style="list-style-type: none"> • Address the issue/concern at the time it is raised <p>Or</p> <ul style="list-style-type: none"> • Arrange for a meeting with the parent/guardian within 2 business days
<p>General, Centre or Operations Related</p> <p>I.e., Fees, hours of operation, staffing, waiting lists, etc.</p>	<p>Raise the issue or concern to</p> <ul style="list-style-type: none"> • Programs & Admin Coordinator 	<p>Document the issues/concerns in detail. Documentation should include:</p>
<p>Staff, Duty Parent, Supervisor</p>	<p>Raise the issue or concern to:</p> <ul style="list-style-type: none"> • The individual directly <p>Or</p> <ul style="list-style-type: none"> • The Programs & Admin Coordinator <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 Programs & Admin Coordinator as soon as parents/guardians become aware of the situation</p>	<ul style="list-style-type: none"> • The date and time the issue/concern was received • The name of the person who received the issue/concern • The name of the person reporting the issue/concern • The details of the issue/concern • Any steps taken to resolve the issue/concern and/or information given to the parent/guardian regarding next steps or referral
<p>Student/Volunteer Related</p>	<p>Raise the issue or concern to:</p> <ul style="list-style-type: none"> • The staff responsible for supervising the volunteer or student <p>Or</p> <ul style="list-style-type: none"> • The Programs & Admin Coordinator <p>All issues or concerns about the conduct of students and/or volunteers that puts a child's health, safety and well-being at</p>	

	risk should be reported to the Programs & Admin Coordinator as soon as parents/guardians become aware of the situation	
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PROHIBITED CHILD BEHAVIOUR MANAGEMENT PRACTICES POLICY

Clear systems are in place and articulated to ensure that all staff are aware that they are prohibited from using certain negative child behaviour management tactics which include, but are not limited to, bullying, corporal punishment, sexual abuse, deprivation, neglect, humiliation, threats, intimidation and/or demeaning sarcasm.

POLICY STATEMENT

All children will be treated respectfully, in ways that protect their well-being, individuality, self-worth and self-esteem. The Following behaviours are unacceptable:

- Corporal punishment, physically aggressive or harmful treatment of children
- Sexual abuse and sexual harassment of children
- Threatening behaviour, harassment, abuse, and stalking using the internet and other forms of online and computer communications
- Leaving children unattended
- Depriving children of nurturing care and not meeting their basic, human needs
- Any form of prejudicial behaviour or derogatory comments directed at children due to their race, ethnicity, religion, gender, ability, socio-economic status, personal characteristics, or life circumstances
- Mocking, ridiculing, embarrassing, threatening, intimidating, evoking fear or any other form of verbal, emotional or psychological abuse of children
- Swearing at or in front of children

Any staff suspected of these behaviours may be removed immediately from having any contact with children and will be subject to full investigation into their conduct.

PURPOSE

To define behaviours which are unacceptable for staff in the presence of children and to communicate the consequences of any prohibited conduct

WHY IS THIS POLICY IMPORTANT?

Protecting the physical and emotional safety and security of children and ensuring treatment that protects their self-worth and self-esteem is the highest priority. It is imperative that all staff who meet children clearly understand that the Town of Minto will not tolerate any of the behaviours that are deemed unacceptable. Staff are also responsible for modeling good behaviour and setting the cultural tone for a safe environment.

RESPONDING TO AND REPORTING ACCIDENTS/INJURIES

Accidents and injuries can be unpredictable and sometimes unavoidable. As children play, their excitement and curiosity can at times create unsafe situations. It is important to document accidents and injuries so that as an organization we can make necessary changes to limit the potential risk for further mishaps.

POLICY STATEMENT

All possible precautions are taken to prevent and avoid any accidents/incidents that could cause harm to children or adults (staff or visitors) in the program.

Should an incident occur, that requires more than basic first aid, staff will immediately alert the Programs & Admin Coordinator or designate. It is the responsibility of the Programs & Admin Coordinator or designate to determine whether the incident is deemed to be a critical incident.

Where there is an accident or an incident in which a child or an adult in the program is injured, staff members will ensure that the child or adult is attended to, proper treatment is given, and appropriate measures are taken to avoid any worsening of the situation.

The injury will be given immediate attention and be assessed by a staff member with First Aid training to determine what type of medical attention, if any, is required.

PURPOSE

- To help prevent accidents and injuries
- To ensure that in the event of accident, incident or injury, the necessary actions are taken to protect the safety, health and welfare of the children, staff members or visitors
- To ensure that any accidents, incidents, or injuries are managed in a controlled and precise way and that the children's welfare is a priority
- To ensure the provision of a clear, structured procedure for staff to deal with emergency situations
- To ensure that accidents and incidents are recorded in a consistent manner
- To provide parents or guardians with appropriate information to make necessary decisions

DEFINITIONS

Injuries	These may result from choking, falls, burns, drowning, swallowing toxic or other materials, cuts from sharp objects, exposure to environmental hazards such as chemicals or lead, animal bites or other accidents. Injuries can also be due to bites, fights, assault, or abuse.
Serious Injuries	Injury to a child while attending the service that requires immediate medical treatment by a registered medical practitioner in hospital or otherwise.
Incident	An unusual, unplanned event that may result in injury, illness or damage or disruption of normal service operations.
Accident	An unpredictable and therefore, unavoidable event. Including an unintentional injury .

PROCEDURE

Preventing accidents, incidents, and injuries

The risk of an injury happening is directly related to the physical environment and how this is managed. The level of risk also relates directly to the level of supervision of children, especially while at play, and to the ways in which children are supported to deal with any potential conflict with their peers.

The environment is reviewed and assessed regularly and frequently to ensure that there are no hazards for young children.

Adequate staff ratios are always maintained.

We promote realistic play limits and behaviour limits that guide children’s safety and security rather than curb their play experiences, curiosity, or creativity.

Safety is ensured, and injuries prevented by:

- Supervising children appropriately.
- Regularly checking both indoor and outdoor play areas for, and getting rid of, hazards.
- Ensuring that all hazardous cleaning materials are stored in a cupboard out of reach of children.
- Keeping all electric cords out of reach of the children.
- Teaching children how to use playground equipment safely e.g., ensuring that another child is not standing near the swing as they are swinging.

- Understanding what children can do at different stages of development. Children learn by testing their abilities. They should be allowed to participate in activities appropriate for their stage of development even though these activities may possibly result in some minor injuries, such as scrapes and bruises. Children should be prevented from taking part in activities or using equipment that is beyond their abilities and that may result in serious injury such as broken bones.
- Ensuring equipment, furniture and materials used by the children are appropriate for use and used in a safe manner.

Children can engage in risky play and explore the limits of their bodies. While injuries can happen during any type of play, the following are ways to help prevent injuries:

- Opportunities for children to release anger in acceptable ways are provided. Running outside, kicking balls, and other physical play allows children to let off steam. Outdoor play in general helps to keep children engaged and calm.
- Coping skills are taught and reinforced.
- Children are encouraged and supported to express feelings verbally.
- Clear limits are set for children's behaviour. The children are involved in deciding those limits so that they understand their purpose. Parents are made aware of the limits.
- It is explained to a child who is showing aggressive behaviour how the aggressive actions affect the other person.
- A child's aggressive behaviour will be redirected where possible by, for example, engaging the child in play or activity that interests the child.

Dealing with accidents/injuries

Children are often injured unintentionally during the normal course of a day. Many of these injuries, such as scrapes and bruises, are minor and only need simple First Aid. Other injuries may be serious and require medical attention beyond First Aid. Staff are required to fill out an Accident/Injury Report in all cases where an accident/injury occurs, whether it is minor or major.

A 911 call should be made in the case of any of the following:

- You believe the injury is life threatening or there is a risk of permanent injury to the child/adult, for example -
 - Severe neck or head injury

- Choking
- Shock
- Chemicals in the eyes, on the skin, or ingested in the mouth
- Near-drowning.
- They are acting strangely, much less alert, or much more withdrawn than usual.
- They have difficulty breathing or are unable to speak.
- Their skin or lips look blue, purple, or grey.
- They have rhythmic jerking of arms and legs and a loss of consciousness (seizure).
- They are unconscious.
- They become progressively less responsive.
- They have any of the following after a head injury: decrease in alertness, confusion, headache, vomiting, irritability, or difficulty walking.
- They have increasing or severe pain anywhere.
- They have a cut or burn that is large, deep, to the head, chest, or abdomen and/or won't stop bleeding.
- They have a suspected fracture.
- Severe or persistent vomiting.
- They are vomiting blood.
- Their stool contains blood.
- They have a severe stiff neck, headache, and fever.
- They are significantly dehydrated: sunken eyes, lethargic, not making tears, not urinating.

If a child or adult is bitten by a child:

- First Aid must be administered.
- Where the bite causes bleeding, it is advisable to seek medical attention from a professional as soon as possible.

- In the case of a child being bitten, the parents/guardians of both children are notified.

Procedure in the Event of an Accident or Incident

1. Immediate First Aid is to be administered.
2. Staff is to make an initial assessment of the injury to ascertain whether medical attention is required.
3. The child is to remain under continuous adult supervision and be comforted until the child recovers or the child's parents/guardians or the parent's nominated carer takes charge of the child.
4. In the case of a more serious accident, the child must not be moved and must be kept warm.
5. If an ambulance is needed the person administering First Aid must ask another staff to call for the ambulance.
6. Staff will contact the child's parents/guardians or, if they can't be reached, their named emergency contact person to advise them of the incident.
7. If the child must go to the hospital before the parents/guardians arrive, an adult known to the child must accompany the child and stay until a parent/guardian arrives.
8. A parent/guardian is to be asked to sign an accident/incident report form as soon as possible to confirm their notification of the accident/incident.
9. The staff in charge will contact the Programs & Admin Coordinator (if he/she is not present at the time) to inform them of the accident/incident and the steps taken.
10. The Programs & Admin Coordinator will contact the parents/guardians of the other children to advise them of an emergency, and request they arrive to collect their children as soon as they can.
11. The staff in charge will ensure that the Accident/Incident Report is completed, shared with parents/guardians, and signed appropriately.

A staff member who witnessed the accident/incident/injury completes a report form on all accidents/incidents/injuries that occur in the service

APPENDIX A – ACCIDENT/INJURY REPORT

Name of Program: _____

Accident Information

Child's Full Legal Name: _____

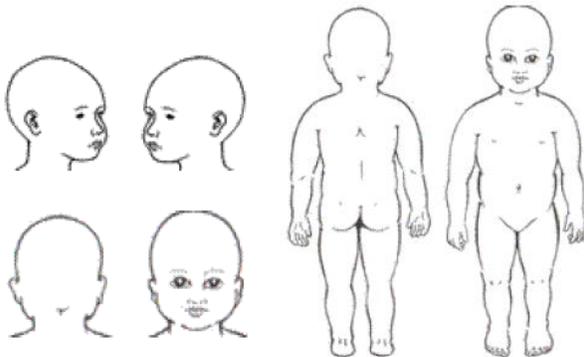
Date of Accident (dd/mm/yyyy): _____

Time of Accident (hh:mm): _____

Location of where the accident occurred: _____

Name(s) of individual(s) who observed the incident: _____

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



Nature of the Injury:

Bruise Cut Scrape Bump

Other: _____

Description of what Caused the Accident/Injury:

Child's Reaction to the Accident/Injury:

Crying Child has a positive attitude No reaction from child

Other: _____

First Aid Administered and by Whom:

How and when the parent was notified:

Phone Time Notified: _____ By Whom: _____

Voicemail Left Time Notified: _____ By Whom: _____

Email Time Notified: _____ By Whom: _____

In-Person Time Notified: _____ By Whom: _____

Administrative Information:

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

Parent Name (optional): _____

Parent Signature (optional): _____ **Date:** _____

Programs & Admin Coordinator: _____ **Date:** _____

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

Name and position of the individual completing this form: same as above

(Programs & Admin Coordinator), or _____

Signature (if other individual completing this form: _____

SAFE ARRIVAL POLICY

A system is in place to monitor the safe arrival of children and dictates that the parent/legal guardian/caregiver should be contacted when a child does not arrive as expected.

POLICY STATEMENT

A system for monitoring the safe arrival of children is in place for all full day and half day children's programs

PURPOSE

To help protect the safety of children by ensuring that staff and parents/legal guardians/caregivers know the whereabouts of absent children. To implement a plan of action immediately to locate children who are absent. This policy does not release the parent/legal guardian/caregiver from their responsibility for their child(ren)'s safety. The implementation of this policy can be modified in consideration of unusual conditions such as inclement weather or known transportation delays.

WHY IS THIS POLICY IMPORTANT?

The potential risk of injury or danger to children is minimized when staff take attendance as children arrive and follow up on absent children shortly after the program's start time. Parents/legal guardians/caregivers need to be informed if their child is unaccounted for so that they can take immediate action to locate and ensure the safety of their child.

PROCEDURE

The Process

Before the program starts

Upon registration, ask parents to identify in writing:

- Phone numbers where they can be reached
- Emergency contacts in case the parents/legal guardians/caregivers are inaccessible
- Advise parents/legal guardians/caregivers of their responsibilities regarding the attendance and safe-arrival policy when they are registering their children in the program
- Parents/legal guardians/caregivers information materials, stress the importance for parents/legal guardians/caregivers to keep leaders informed if a child is not going to attend the program/activity and outline the action that will be taken to determine a child's attendance status if they do not provide prior notice of a pending absence.
- All staff are trained on attendance-taking and safe-arrival procedures

During Program Operation

- A clear process exists for parents to advise if a child will not be in attendance and this information is integrated with the attendance taking process to account for absences
- The staff starts to check attendance within immediate of program commencement and compare this with the sign-in lists to ensure that all children who have arrived are still in attendance. Within 5 minutes, all attendance checks are complete, and the names of absent children are noted. At this point, staff must:
 - 1) Ask the other children in the program if they saw the child on their way to the program
 - 2) Conduct a quick scan of the immediate area to see if the child is playing or detained for some reason
- All unspecified absences to be checked with school administrator
- All absences are to be reported to the Programs and Admin Coordinator within 15 minutes
- In circumstances where prior notification of an absence was not given and the child whereabouts is unaccounted for after 25 minutes, a series of phone calls will be initiated in the following order until the location of the child and their attendance status for the day is determined:
 - 1) The child's home
 - 2) The parent/legal guardian/caregiver's cell phone
 - 3) The parent/legal guardian/caregiver's place of work
 - 4) Emergency contact person for the child
- All calls will be documented in a log format listing each place/person called, the time, date, and the outcome of the call. If a parent/legal guardian/caregiver arrives or calls to notify of the child's absence while this calling process is underway, the time of the notification of the child's whereabouts will be noted as well as the name and phone number of the caller. If the caller is not a listed contact, the parent/legal guardian/caregiver must still be called to double check the status and reinforce that only an authorized and noted contact person can provide information regarding the status of the child's whereabouts (unless the individual brings the child to the program)
- If all attempts to reach an authorized contact for the child have been exhausted without success, a process is in place for the Programs & Admin Coordinator to consult with a manager to determine the next steps to be taken to determine the child's whereabouts. This includes notification of police if deemed necessary. If the parent/legal guardian/caregiver is reached and the whereabouts of the child are still unknown, the police should be contacted
- These processes are in place to ensure the well-being of the child and will not provide grounds for a refund of any registration

APPENDIX A – UNSPECIFIED ABSENT CHILD CALL LOG

Child's Name: _____

Date: _____

Place/Person Contacted:	Time of Call:	Outcome of Call:

SAFE DISMISSAL POLICY

A system is in place for the safe release of children to their parents/legal guardians and adults other than the designated parent/legal guardian/caregiver. Child custody arrangements related to the release of children from the program are documented and monitored. The parent/legal guardian/caregiver should be contacted when a child is not picked up by end of program.

POLICY STATEMENT

The safe release of children to authorized individuals requires strict vigilance. Children are not to be released into the care of any individual other than parents/legal guardians without expressed written consent from the parents/legal guardians.

PURPOSE

To help protect the safety of children by ensuring that staff and parents/legal guardians/caregivers do not dismiss any child to an individual who is not authorized to pick up the child without consent first. This policy does not release the parent/legal guardian/caregiver from their responsibility for their child(ren)'s safety. The implementation of this policy can be modified in consideration of unusual conditions such as inclement weather or known transportation delays.

WHY IS THIS POLICY IMPORTANT?

Children must never be released from a program to anyone without specific authorization by the parent(s)/legal guardian(s). Children may be familiar with an individual who arrives to pick them up, however the staff has no way of knowing for certain what the circumstances are or what the child's relationship is with that adult. In situations such as child-custody or abuse cases, a leader could inadvertently release a child to an adult who has not been allowed custody or contact with the child.

Parents/legal guardians/caregivers need to be informed if their child is not picked up by end of program.

PROCEDURE

The Process

Training

- Train all staff on the child-release procedures. Training should include what to do if someone attempts to take a child without authorization, and how to deal with someone who is known to have a restraining order against him/her

- All staff must be trained to maintain confidential information while keeping with The Privacy Act and the Personal Information Protection and Electronic Documents Act.

Before the program starts

Upon registration, ask parents to identify in writing:

- Phone numbers where they can be reached
- Emergency contacts in case the parents/legal guardians/caregivers are inaccessible
- Identify individuals authorized to pick up their child(ren) from the program

Record Keeping

- File written authorizations by parents/legal guardians/caregivers at the program location, so that a referral can be made each time a child is released to a non-parent
- Authorized individuals must sign the “sign out” form indicating time of day and providing a signature

On-site Pick-up

- If an adult arrives to pick up a child without prior authorization by a parent/legal guardian/caregiver, the leader should phone a parent/legal guardian/caregiver directly to get consent to release the child. Do not leave the child alone with the individual while making the phone call
- Should an unauthorized adult arrive to pick up a child and conflict develops, the police should be called. In all cases, the safety of the child should be the priority
- If a parent/legal guardian/caregiver leaves a message to advise the program that their child will be picked up by a designated adult who is not on file, phone the parent/legal guardian/caregiver directly and verify consent before releasing the child

SANITATION PROCEDURES

A system is in place to ensure that safe and appropriate sanitation processes are implemented in all aspects of the program including but not limited to:

- Washing toys and equipment
- Refilling water bottles

POLICY STATEMENT

Sanitation procedures including disinfecting toys and equipment and cleaning all areas of the program space are followed for all elements of programs. In cases where children bring water/drink bottles each must be labeled with indelible marker showing the child's name. Staff must discourage sharing of beverages or food and encourage children to check for their name on containers to prevent the spreading of germs.

PURPOSE

To ensure that sanitary practices protect the health and well-being of children.

WHY IS THIS POLICY IMPORTANT?

Sanitary conditions are important to prevent the spread of germs that can cause illness or even death. Children do not think of the risks involved when sharing beverages, putting toys in their mouth, or playing on floor surfaces. A caring adult must provide the necessary precautions and supports to mitigate the risks.

PROCEDURE

The Process

- Develop cleanliness standards for areas used by children's programs. Identify the areas and equipment used by children and determine how often they should be cleaned, given the number of users and frequency of use
- Provide direction to program, facility, and custodial staff regarding who is responsible for each sanitation procedure
- Develop a list of healthy habits for staff to follow and promote among children in their programs. This list includes:
 - Washing hands with soap before preparing, serving, or eating food
 - Washing hands with soap after using the washroom, sneezing, or coughing
 - Discouraging the sharing of hats (to prevent the spread of head lice)
 - Discouraging the sharing of drinks or cups
- Water bottles or drink containers should be boldly labeled with the child's name to avoid children mistakenly drinking from the wrong container and spreading germs

- Train staff and volunteers on sanitation procedures
- Supply staff with antibacterial hand-soap, a safe disinfectant for table-tops and toys, and paper towels
- Have staff complete Cleaning and Sanitizing Checklist for daily and weekly tasks
- Have Programs & Admin Coordinator conduct random checks for the facility and monitor adherence to the policy and procedures during program observations

APPENDIX A – CLEANING AND SANITIZING SCHEDULE

Tasks: (Cleaned and Sanitized)	MON	TUES	WED	THURS	FRI
Desks					
Countertops/Sinks					
Floors Swept					
All Toys/Equipment					
All Puzzles					
Storage Bins/Cart					
Staff Initial:					
Comments/Concerns:					

SERIOUS OCCURRENCE POLICY AND PROCEDURES

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 directly working with children, and that these serious incidents are reported, tracked, and followed up on.

This policy requires that an annual review be conducted of serious occurrences that took place over the calendar year for an opportunity to reflect on the incidents that took place and consider approaches that will be implemented to minimize the chance that the incidents will occur again in the future.

POLICY

Identifying a Serious Occurrence

- Serious Occurrences are defined as:
 1. The death of a child who received childcare at the program
 2. Abuse, neglect or an allegation of abuse or neglect of a child while receiving childcare at the program
 3. A life-threatening injury to or a life-threatening illness of a child who receives childcare at the program
 4. An incident where a child who is receiving childcare at the program goes missing or is temporarily unsupervised, or
 5. An unplanned disruption of the normal operations of the program that poses risk to the health, safety or well-being of children receiving childcare at the program

Note: Appendix A provides examples and scenarios of reportable and non-reportable incidents

Reporting a Serious Occurrence

- Staff will notify the Programs & Admin Coordinator of a serious occurrence as soon as they become aware of the incident
- All serious occurrences will be reported
- Identifying information such as children or staff needs will not be included in the serious occurrence report
- Serious occurrences reported will be documented in the daily written record

Annual Analysis of Serious Occurrences

- An annual analysis of all serious occurrences that occurred in the previous calendar year will be completed
- The annual analysis will be used to identify issues, trends and actions taken
- The analysis and record of actions in response to the analysis will be kept on file for review and retained for 3 years from the date the analysis and record of actions were created

Concerns about the Suspected Abuse or Neglect

- If any person, including a person who performs professional duties with respect to children, has reasonable ground 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
- 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 children’s aid society directly. The person who becomes aware of these concerns is also required to report the concerns to the local children’s aid societies

PROCEDURES TO RESPOND TO A SERIOUS OCCURRENCE

STEPS TO FOLLOW FOR ALL SERIOUS OCCURRENCES

Steps for Staff, Students and Volunteers to Follow:	Steps for Programs & Admin Coordinator to Follow:
<p>1. Immediately:</p> <ul style="list-style-type: none"> • 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 	<p>1. Immediately:</p> <ul style="list-style-type: none"> • Aid 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 <p>2. Within 24 hours of becoming aware of incident:</p> <ul style="list-style-type: none"> • Collect all pertinent information to report incident as a serious occurrence, including: <ul style="list-style-type: none"> ○ Description of the incident

<ul style="list-style-type: none"> • 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 Programs & Admin Coordinator <p>2. Ongoing and after the incident:</p> <ul style="list-style-type: none"> • Follow any direction provided by third-party authorities (i.e., Police, CAS, public health, etc.) • Ensure that children are always supervised <p>3. Within 24 hours:</p> <ul style="list-style-type: none"> • Document the incident in: <ul style="list-style-type: none"> a. The daily written communication book for other staff b. An accident/injury form, if applicable 	<ul style="list-style-type: none"> ○ Date, time, place where it occurred, actions taken and outcome ○ Status of the incident and child/parties involved; and ○ All other parties notified (i.e., Emergency services, CAS, etc.) <ul style="list-style-type: none"> • Report the serious occurrence to respective individual by telephone or email • Post a summary of the serious occurrence and of any action taken in a place that is visible and accessible to parents <p>3. Ongoing and after the incident:</p> <ul style="list-style-type: none"> • Follow any direction provided by third-party authorities (i.e., Police, CAS, public health, etc.) • Always maintain confidentiality • Update the serious occurrence report 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, program statement policies and procedures that set out prohibited practices and expectations of promoting the health, safety, nutrition, and well-being of all children
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STEPS TO FOLLOW ACCORDING TO SPECIFIC SERIOUS OCCURRENCE CATEGORIES

Serious Occurrence Category	Steps for Staff, Students and Volunteers to Follow:	Steps for Programs & Admin Coordinator to Follow:
Death of a Child	Steps to follow for all serious occurrences for staff, students, volunteers:	See 'Steps to Follow for All Serious Occurrences' for staff, students and volunteers.

		<p>a) Death occurs while a child is receiving childcare:</p> <ol style="list-style-type: none"> 1. Immediately, upon becoming aware of the incident: <ul style="list-style-type: none"> • Contact a parent of the child, or where a parent cannot be reached, contact the child’s emergency contact <p>b) Death occurs while a child is not receiving childcare:</p> <ol style="list-style-type: none"> 1. Within 24 hours of becoming aware of the incident: <ul style="list-style-type: none"> • 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.
<p>Allegation of Abuse and/or Neglect</p>	<p>See ‘Steps to Follow for All Serious Occurrences’ for staff, students and volunteers.</p> <p>Where there is a concern about the abuse or neglect of a child by any person:</p> <ol style="list-style-type: none"> 1. Immediately: <ul style="list-style-type: none"> • Report concerns to the local Children’s Aid Society as per the duty to report obligations under the Child and Family Services Act • Document the conversation with CAS and follow their recommendations 	<p>See ‘Steps to Follow for All Serious Occurrences’ for staff, students and volunteers.</p> <p>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 Programs & Admin Coordinator:</p> <ol style="list-style-type: none"> 1. Immediately <ul style="list-style-type: none"> • Notify the person who report concerns about their duty to report obligations under the Child and Family Services Act

	<ul style="list-style-type: none"> • Notify the Programs & Admin Coordinator of the incident and the report made to CAS, where appropriate • Always maintain confidentiality 	<ul style="list-style-type: none"> • Report the concerns to the local Children’s Aid Society as per the duty to report obligations under the CFSA, 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. If so: <ul style="list-style-type: none"> ○ Report the allegation of abuse to the appropriate regulatory body • Refrain from discussing the allegation with others • Always maintain confidentiality <p>2. Once all external investigations are complete, if applicable:</p> <ul style="list-style-type: none"> • Update the serious occurrence, as required • Update all other authorities to who the allegation was reported to
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Life-threatening injury or illness	See 'Steps to Follow for All Serious Occurrences' for staff, students and volunteers.	See 'Steps to Follow for All Serious Occurrences' for Programs & Admin Coordinator
Missing or Unsupervised Child(ren) <ul style="list-style-type: none"> a. Child is still missing b. Child was Found 	See 'Steps to Follow for All Serious Occurrences' for staff, students and volunteers. <ul style="list-style-type: none"> 1. Immediately, upon becoming aware that a child or children are missing: <ul style="list-style-type: none"> • Alert the Programs & Admin Coordinator, and all staff students and volunteers • Search the childcare premises including outdoor areas • Ensure that all remaining children are always supervised a. Where the child or children are not found after being deemed missing <ul style="list-style-type: none"> • Continue to search the premises • Update the Programs & Admin Coordinator b. Where the child or children are found after being deemed missing <ul style="list-style-type: none"> • Update the Programs & Admin Coordinator 2. After the child or children have been found, after being deemed missing: <ul style="list-style-type: none"> • Document the incident in the daily written communication book 	See 'Steps to Follow for All Serious Occurrences' for Programs & Admin Coordinator <ul style="list-style-type: none"> 1. Immediately, upon becoming aware that a child is missing: <ul style="list-style-type: none"> • Assist with searching for the missing child(ren) a. Where the child or children are not found after being deemed missing: <ul style="list-style-type: none"> • 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 b. Where the child or children are found after being deemed missing: <ul style="list-style-type: none"> • Update the child(ren)'s parent(s), or where a parent cannot be reached the child(ren)'s emergency contact(s).
Unplanned disruption of normal operations <ul style="list-style-type: none"> a. Fire 	See 'Steps to Follow for All Serious Occurrences' for staff, students and volunteers.	See 'Steps to Follow for All Serious Occurrences' for Programs & Admin Coordinator

<p>b. Flood c. Gas Leak d. Detection of Carbon Monoxide e. Outbreak f. Lockdown g. Other Emergency Relocation or Temporary Closure</p>	<p>Where the incident is suspected to be an outbreak:</p> <ol style="list-style-type: none"> 1. Immediately: <ul style="list-style-type: none"> • Notify the Programs & Admin Coordinator of concerns • Separate children who are showing symptoms of illness from other children • Follow the Programs sanitary practices policy and procedure 2. Within 1 hour: <ul style="list-style-type: none"> • Record symptoms of ill health in the affected child(ren)'s records • Document the incident in the daily written record <p>Where the incident is not an outbreak (all other disruptions of normal operations):</p> <ol style="list-style-type: none"> 1. Immediately: <ul style="list-style-type: none"> • Follow the Programs fire, tornado, and evacuation safety policy 2. Within 24 hours: <ul style="list-style-type: none"> • Document the incident in the daily written record 	<p>Where an incident is suspected to be an outbreak:</p> <ol style="list-style-type: none"> 1. Immediately: <ul style="list-style-type: none"> • Contact the local public health department <p>Where the incident is deemed an outbreak by public health:</p> <ol style="list-style-type: none"> 1. Immediately: <ul style="list-style-type: none"> • 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 Office or Health and post in area easily accessible for parents <p>Note: Outbreaks must be reported as a serious occurrence only if deemed an outbreak by public health.</p> <ol style="list-style-type: none"> 2. Within 1 hour: <ul style="list-style-type: none"> • Notify all parents of children enrolled at the Program of the outbreak <p>Where the incident is not deemed an outbreak, follow sanitary practices policy.</p> <p>Where the incident is not an outbreak (all other disruptions of normal operations):</p> <ol style="list-style-type: none"> 1. Immediately: <ul style="list-style-type: none"> • Follow the Programs fire, tornado, and evacuation safety policy <p>Note: A hold and secure (external threat in the area) is not a reportable serious occurrence.</p>
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APPENDIX A – REPORTABLE SERIOUS OCCURRENCES

CATEGORY 1: DEATH OF A CHILD

Definition: The death of a child who received childcare at the Town of Minto Children’s Programs.

For greater clarity, a death of a child must be reported as a serious occurrence if there may be a relationship between the child’s death and child’s care.

The following provides some examples of what would and would not be considered a serious occurrence under this category.

Examples of Reportable Serious Occurrences:

- A child was unresponsive and not breathing while receiving childcare. The child was later pronounced dead by emergency medical staff.
- A child developed a severe illness while at the Program or home childcare premises and later passed away in hospital.
- A child developed a high fever at the Program and was sent home. The child later passed away.

Examples of Incidents that are not Serious Occurrences

- A child died following a known illness/disease/medical condition (e.g., cancer).
- A child died due to an automobile collision while in the care of the parents.

CATEGORY 2: ABUSE/NEGLECT OR ALLEGATION OF ABUSE/NEGLECT

Definition: Abuse, neglect or an allegation of abuse or neglect of a child while receiving childcare at the Program. This includes an allegation against any person who is on-site at the Program.

The following provides some examples of what would and would not be considered a serious occurrence under this category.

Examples of Reportable Serious Occurrences:

- Program leader forcefully grabbing a child.
- The Program staff received an email from a concerned parent alleging that a provider was upset that a preschooler had a urine accident and the provider refused to permit the child to change his/her soiled clothes.
- A staff member is observed using harsh/degrading language to a child.
- A parent noticed a bruise on his/her child’s face; the child told parent that staff at the Program had hit him/her

- A staff observed a parent slap a child while on the premises.

Example of Incident that is not a Serious Occurrence

- A child disclosed to a provider an incident that occurred while the child was not receiving care at the Program. In this case, a report would be required to the local children’s aid society as per the Duty to Report under the *Child and Family Services Act*

CATEGORY 3: LIFE-THREATENING INJURY OR ILLNESS

Definition: A life-threatening injury to or a life-threatening illness of a child who receives childcare at a childcare centre or home childcare premises.

For greater clarity, where the licensee or supervisor has been notified that a life-threatening injury or illness of a child has occurred, it must be reported whether it occurred while the child was receiving care at the time, or where there are any indications that the life-threatening injury or illness was sustained/developed while the child attended the home childcare premises.

Two sub-categories: injury, and illness.

Life-threatening injury or illness is defined as an incident that can cause death.

Examples of life-threatening injury or illness include but are not limited to:

<p>Injuries:</p> <ul style="list-style-type: none"> • Injuries to the head, back or neck resulting in unconsciousness or physical paralysis • Severe eye injury (impalement) • Injuries to the chest resulting in labored breathing (collapsed lung), cardiac arrest, internal bleeding, or vomiting blood • Anaphylactic reactions • Near drowning • Substantial blood loss • Drug overdose • First time seizure, multiple seizures, or seizures lasting more than 5 minutes • Fracture with bone deformity and/or bone exposure <p>Illness:</p> <ul style="list-style-type: none"> • E. Coli • Flesh Eating Disease
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The following provides some examples of what would and would not be considered serious occurrence under this category.

Examples of Reportable Serious Occurrences:

- A child suffered a second/third degree burn.
- A child had an anaphylactic reaction.
- A child ingested a hazardous substance at the After School Program that required hospital/medical attention.
- A child had a seizure in a situation where staff was unaware that a child was prone to seizures.
- A staff member administered the wrong dosage of a medication to a child, who required hospital/medical attention.
- A child was hit in the head with a baseball bat and loses consciousness.

Examples of Incidents that are not Serious Occurrences

- A child with a pre-existing seizure disorder had a seizure at the After School Program. The agency and provider were 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.
- A child fell on the premises and sustained a cut that required a few stitches.
- A child tripped while running and chipped a tooth.
- A child ingested a non-toxic substance (e.g., playdough).

CATEGORY 4: MISSING OR TEMPORARILY UNSUPERVISED CHILD(REN)

Definition: An incident where a child who is receiving childcare at the After School Program goes missing or is temporarily unsupervised.

Two subcategories: child found; and child still missing

The following provides some examples of what would and would not be considered a serious occurrence under this category.

Examples of Reportable Serious Occurrences:

Missing – Child found:

- A child was left alone on the outdoor premises at the end of outdoor play and was later located
- A child was not met by staff at the end of school and was located before time of reporting
- During transition time, a child was left inside as the staff and children went outside
- A child left the Program and walked home. The child was greeted by the parent/guardian at home

Missing – Child still missing:

- A child left the Program through the front door. The staff did not notice and the child's whereabouts are still unknown

Examples of Incidents that are not Serious Occurrences:

- An expected child did not attend the Program. The provider called the parent and found out that the parent had picked up the child from school
- The school mistakenly placed a child on the school bus rather than waiting for the Program staff to pick up the child from the classroom
- A child went missing while in the care of his/her parent

CATEGORY 5: UNPLANNED DISRUPTION OF SERVICE

Definition: An unplanned disruption of the normal operations of the Program that poses a risk to health, safety or well-being of children receiving childcare and the program.

Unplanned disruption of service may involve the program closure, relocation, immediate evacuation, restrictions placed on the childcare program (i.e., Lockdown, outbreak)

Subcategories: fire, flood, gas leak, detection of carbon monoxide, outbreak, lockdown, other emergency relocation or temporary closure,

The following provides some examples of what would and would not be considered a serious occurrence under this category.

Examples of Reportable Serious Occurrences:

- A fire caused an emergency relocation or closure of the After School Program
- A fire occurred at the school on the weekend when no children were present. The program is closed until repairs are completed or until air quality is tested.
- There was a gas leak at the school (that occurred before/during/after operational hours)
- Carbon monoxide was detected at the school; staff and children had to evacuate
- Public Health declared an outbreak at the school
- There is a lockdown at the school due to a threat inside the building that restricts movement within the school and results in a disruption in service

Examples of Incidents that are not Serious Occurrences

- A program closed due to extreme weather
- A boil water advisory was in effect
- A fire alarm was activated, the home evacuated, and fire services determined that there was no danger
- There is a "hold and secure" due to an external threat in the area. While movement is restricted into and out of the program, there is not disruption in service

APPENDIX B – SERIOUS OCCURRENCES NOTIFICATION FORM



Appendix B: Serious Occurrence Notification Form

Program Name:
Date (dd/mm/yyyy):
Date of Occurrence (dd/mm/yyyy):
Type of Serious Occurrence:
Description:
Action Taken (add update if applicable):
Name:
Date (dd/mm/yyyy):

Signature

STAFF TRAINING AND DEVELOPMENT POLICY

As professionals caring for children, it is necessary to meet and maintain required standards of practice that relate to health and safety, curriculum, and our professional status.

All Directors/designates are responsible for ensuring that employees have the qualifications (including current mandatory certifications) and training required for their position. Directors/designates will make necessary arrangements to ensure that training is planned as required. Directors/designates will review the Program Statement with staff annually, or as changes occur and will mentor the practices, understanding and implementation of the key components through professional conversations at monthly staff meetings/program visits.

All Staff, Students and Volunteers are responsible for maintaining and updating the required qualifications (including current mandatory certifications) and training for their position. In addition, it is encouraged that staff participate in ongoing professional education opportunities that are held not only within the organization but seek additional opportunities within our community. Staff, students, and volunteers are responsible to review the Program Statement annually, or as changes occur and participate in professional conversations that support the Program Statement with directors, colleagues, and families.

POLICY STATEMENT

All staff employed by the Town of Minto who are staffed in the After School or other Children's Programs will ensure that all required qualifications for employment are met and maintained without interruption. The following qualifications will be required as stated:

- Criminal Reference Check with Vulnerable Sector Search
- Standard First Aid and CPR
- WHMIS Training

After School Program Staff:

- Membership to the College of Early Childhood Educators; Membership with the Ontario College of Teachers; Has a diploma or degree in Child and Youth Care; Has a diploma or degree in recreation and leisure services; Has a diploma or degree in Social Work, Psychology, Sociology, Kinesiology with a focus/experience working with children aged 6-12 years old.

PROCEDURE

1. All staff is required to obtain a vulnerable sector check as a condition of employment and five-year checks are completed thereafter. Failure to provide a criminal record

check/vulnerable sector search or providing a CRC/VSC that is unacceptable to the Town of Minto will result in

- termination of employment without notice or payment.
2. Standard First Aid and CPR certification is mandatory. Staff must maintain a valid certification.
 3. WHMIS training is mandatory. Staff must re-certify as required.
 4. The Town of Minto will provide quality workshops through the year that staff will attend. Staff is encouraged to seek other staff development events available in the community as well as attend events as recommended by the Programs & Admin Coordinator.

VULNERABLE SECTOR CHECKS

Vulnerable Sector (VS) police checks are conducted for all leaders, volunteers and as deemed appropriate, any other staff in contact with children. Processes are in place to deal with unsatisfactory findings.

POLICY STATEMENT

Staff candidates and other identified staff candidates who could have contact with, or access to, children and/or vulnerable individuals in their roles, must submit a “clear” Vulnerable Sector (VS) verification check report prior to commencing work in services involving children.

PURPOSE

To mitigate the risk of placing children in the care of individuals with a history of inappropriate or dangerous behaviour with children. Pursuant to the Criminal Records Act, VS screening was established to provide screening of individuals who intend to work or volunteer with the vulnerable sector.

WHY IS THIS POLICY IMPORTANT?

A Vulnerable Sector police record check will identify if a staff candidate has a history of crime against children or vulnerable others. Requesting a clear VS check demonstrates due diligence towards keeping children safe from physical and sexual abusers. Screening for clearance to work with vulnerable populations may reduce the chance of putting children at risk or into the care of individuals who may have had prior convictions related to the care of children.

PROCEDURE

The Process

Indicate in all recruitment promotional materials that candidates will be required to submit a disclosure statement regarding any prior convictions and submit to a VS police record check regarding any criminal activity involving children or vulnerable individuals.

SUPERVISION OF STUDENTS AND VOLUNTEERS POLICY

The Town of Minto welcomes both placement students and volunteers into the program. We believe it is a valuable part in gaining experience in a childcare environment. Volunteers and students also play an important role in supporting staff in the daily operation of childcare programs.

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

POLICY STATEMENT

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 childcare
- Students and volunteers will not be counted in staff to child ratios

Student and Volunteer Supervision Procedures: Roles and Responsibilities

The Programs & Admin Coordinator 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 a vulnerable sector check (VSC) and annual offence declarations are on file for all students and/or volunteers
- 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 always supervised 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 supervisor/designate of any student and/or volunteer misconduct or contraventions with the policies and procedures

Students and/or volunteers must:

- Always maintain professionalism and confidentiality, unless otherwise required to implement a policy, procedure, or individualized plan
- Notify the coordinator if they have been left alone with children or have any other concerns about the Program
- Submit all required information and documentation to the supervisor prior to commencing placement or volunteering
- 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 to 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*

SUSPECTED CHILD ABUSE POLICY

Program staff share a responsibility to protect children from harm. This includes in situations where children are abused or neglected in the child's own home.

POLICY STATEMENT

After School Program staff, students and volunteers will be educated on how to identify and respond to allegations or suspicions of child abuse, neglect, or abandonment.

PURPOSE

To protect the safety of the children.

DEFINITIONS

Physical Abuse is the maltreatment of a child caused by the action or inaction of the child's caregiver. Signs to look for include:

- Presence of various injuries over a period
- Injuries inconsistent with the child's age
- Presence of several injuries that are in various stages of healing
- Child cannot recall how the injuries occurred
- Child or parent offers and inconsistent explanation
- The child/children are wary of adults
- May flinch if touched unexpectedly
- Extremely aggressive or withdrawn

Emotional Abuse includes all acts that result in the lack of a nurturing environment for a child. Signs to look for include:

- Severe depression
- Serious anxiety
- Extreme aggression or withdrawal
- Extreme attention seeking
- Extreme inhibition
- Frequent psychosomatic complaints (headaches, nausea, abdominal pains)
- Failure to thrive
- Self-destructive or aggressive behaviours

Neglect is failing to provide, or an inability to plan appropriately for, a child's needs. Also occurs when a child has a medical, mental, emotional, or developmental condition that

requires services or treatment and the person having charge of the child does not provide these services or treatment. Signs to look for include:

- Poor hygiene
- Unattended physical problems or medical needs
- Consistent lack of supervision
- Frequent absence from school or childcare
- Engaged in delinquent acts or alcohol/drug abuse
- Frequently arriving at school/program without having eaten
- Inappropriate clothing for weather
- Consistently dirty clothes

Sexual Abuse is the sexual exploitation of a child by an older person having charge of a child, or another person. Also occurs when the person having charge of a child knows, or should reasonably know, of the possibility of sexual molestation or exploitation by another person and fails to protect. Signs to look for include:

- Age-inappropriate play with toys, self, or others
- Unusual or excessive itching in the genital or anal area
- Displaying explicit sexual acts
- Age-inappropriate sexually explicit drawing or descriptions
- Bizarre, sophisticated, or unusual sexual knowledge
- Prostitution
- Seductive behaviour

Abandonment/separation is when a child has been abandoned, or a child's parent has died or is unavailable to exercise his/her custodial rights over a child and has not made adequate provision for the child's care and custody. Also occurs when a child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.

PROCEDURE

The Process/Roles and Responsibilities

Program Staff

- Monitor children for signs of abuse or neglect
- If abuse or neglect is suspected or reported to you by a child, notify Family and Children services
- Complete Suspected Child Abuse Documentation Form. Include the following information:
 - Date and time of incident or situation

- What type of abuse is suspected (physical, emotional, mental, sexual, neglect)
- First name of child and initial of surname, and birthdate
- Describe the situation – what was seen or heard to lead you to suspect child abuse
- When completing the Suspected Child Abuse Documentation Form, follow these guidelines:
 - Record information as soon as possible, including dates and times
 - Document the facts without any personal judgements, opinions, conclusions
 - Under description of the situation, include child’s appearance and changes in child’s behaviour; what was seen/heard; what you did/said and why
 - Record the words used by a child/parent, even if they are “slang”
 - Describe size, colour, and shape of any injury
 - Cross out and initial any mistakes, do not use whiteout
 - Handwrite your own documentation in your own words
 - Make sure the entry is complete, sign and date the entry
 - The original recording of the facts is your documentation – do not make a rough copy and then rewrite in good
 - Do not go back and change original notes
- Retain the Suspected Child Abuse Documentation Form in a confidential manner
- Notify the Programs & Admin Coordinator as soon as possible after reporting the incident to Family and Children’s Services
- Support the child and family through the investigative period. Remember that we are here to help the family, not to play a punitive role

Students and Volunteers

- Participate in an orientation prior to interacting in the program
- Assist in monitoring children for signs or abuse or neglect
- Follow procedures for reporting and documenting suspicion of abuse
- Notify the Programs & Admin Coordinator as soon as possible after reporting the incident to Family and Children Services

Programs & Admin Coordinator

- Ensure staff, students and volunteers are informed of their responsibilities under the Suspected Child Abuse Policy
- Support staff, students, volunteers, child, and family through the investigative period, as appropriate.

ALLEGATIONS OF ABUSE AGAINST A STAFF, STUDENT OR VOLUNTEER

All concerns regarding a staff, student or volunteer’s interactions with a child must be reported to the Programs & Admin Coordinator within 24 hours.

Any staff, student or volunteer who suspects or of a child by staff, student or volunteer must immediately report their concern and/or observations to Family and Children Services and to the Programs & Admin Coordinator immediately following.

Staff, Students and Volunteers

- Report to Family and Children Services any suspicions of abuse involving a staff, student, or volunteer's and onto the Programs & Admin Coordinator by the end of the shift (if working that day) otherwise, within 24 hours
- Document observation/concerns including the date, time, persons involved, details of the suspect and/or observed abuse by the end of their shift (if working that day), otherwise, within 24 hours. Sign and date this report.

Programs & Admin Coordinator

- Monitor staff, students, and volunteer's interactions with children
- All staff, students and volunteers will be monitored and provided with observations at minimum semi-annually using Quest 2 assessment tool
- Maintain records of all observations for a minimum of 2 years
- Complete a report regarding any concerns of a staff, student, or volunteers' interactions with a child, signed by the person reporting the incident
- Report to Family and Children Services any suspicions of abuse involving a staff, student, or volunteer
- Document the observations/concerns including the date, time, persons involved, details of the suspect and/or observed abuse by the end of the shift (if working that day), otherwise, within 24 hours. Sign and date the report
- Conduct an investigation of any concerns regarding a staff, student, or volunteers' interactions with a child, including:
 - Discussing the report with the person whom the report was made about, and/or
 - Discussion with any person who may have witnessed the occurrence
- Implement appropriate response strategies, depending on the accusation and/or findings from the investigation
 - **If a complaint proves to be unfounded** no further action will take place
 - **If the complaint proves inconclusive** the Programs & Admin Coordinator will continue to monitor staff, students and volunteers' performance and interactions with children
 - **If the investigation finds the report to be true**, action will be taken accordingly to the severity of the situation. Depending on the seriousness of the offence, the risk made to the child, past performance of the individual, the frequency of the occurrence and any previous disciplinary actions, contraventions of the policy and/or Prohibited Practices will result in the following:

- Coaching, mentoring, provided with details of applicable professional development opportunities and training and/or
 - A warning (written or verbal)
 - Suspension of employment/contract/placement during completion of investigation
 - Termination of employment/contract/placement
 - Have concerns reported to Family and Children's Services
 - Any of the above or any other responses as determined by the Programs & Admin Coordinator, including the submission of a Serious Occurrence
- For all situations involving allegations of any use of Prohibited Practices, a Serious Occurrence report will be filed within 24 hours

APPENDIX A – SUSPECTED CHILD ABUSE DOCUMENTATION FORM

Documentation of Suspicions of Child Abuse

- Record the information as soon as possible, including dates and times
- Document the facts without personal judgements, opinions, conclusions, medical/emotional diagnosis (especially information about sensitive issues such as substance abuse, mental competency, and sexual activity)
- Include a description of the situation, including what was seen/heard, what you did/said and why.
- Record the words used by the child/parent, even if they are “slang” (especially terms for body parts or sexual behaviour)
- Describe in detail any injury (size, colour, shape)
- Handwrite your own documentation in your own words
- Make sure the entry is complete, sign and date the entry
- The original recording of the facts is your documentation – do not make a rough copy and then rewrite in good
- Do not go back and change the original notes

Documentation of Suspected Child Abuse Form

Name of Person Making Report: _____

Date of Incident: _____ Time: _____
(dd/mm/yyyy)

Name of Child Involved: _____
(First name and sur name)

Address: _____

Phone: _____

Describe the situation (if necessary, use the back of the report):

Were there any witnesses? Others involved?

Reported to (F&CS Worker): _____ Date: _____
(dd/mm/yyyy)

Instructions of F&CS Worker:

Signature of person making report: _____

Date: _____
(dd/mm/yyyy)