

# **THE PINK BOOK**

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# 1.0 WELCOME



**Welcome to the WHISTLE STOP CO-OPERATIVE PRESCHOOL INC.!**

We hope that the coming year will be exciting and stimulating for both you and your child.

We each bring our own expectations to this preschool experience. This short verse captures what we hope for every child in our program:

Explore and run  
Share their fun  
Finish what's begun  
Put away when done  
Demand less, 'all or none'  
Restrict their 'no'  
Let mother and father go  
Accept what's so.

*AUTHOR UNKNOWN*

You will be pleased with nursery school when you see that your child has improved his/her social and cognitive skills.

## **2.0 THE PRESCHOOL EXPERIENCE**

### **2.1 WHISTLE STOP CO-OP PRESCHOOL INC. DETAILS**

*School address:* The Whistle Stop Co-operative Preschool Inc.  
R.R. #3, Guelph, Ontario, N1H 6H9

*Location of School:* The Puslinch Community Centre, Aberfoyle, Ontario  
519-763-9014

*School Hours:* Monday, Wednesday and Friday mornings 9:00 a.m.  
11:30 a.m.

*NOTE:* Children should be brought to school no earlier than 9:00 a.m. and picked up no later than 11:30 a.m. \*

*\* Note: Pickup time is 11:30 sharp. There will be a 5 minute grace period, after which a \$1.00/minute fee is payable directly to the teacher.*

*Field Trips:* There will be several throughout the year. A ratio of 3 children to 1 adult must be maintained. (A Day Nurseries Act ruling). With teachers and volunteers, this should not pose a problem.

*Transportation:* Each parent is responsible for getting his or her child to and from school. It may be possible to carpool with other parents. Please let the teacher know if someone else is picking up your child.

*Snow Days:* The Teacher and the President of the Board will jointly decide when the school will be closed due to inclement weather. Whistle Stop follows the same inclement weather cancellation policy as Aberfoyle Public School and the Upper Grand District School Board. Announcements will be made on Magic 106.1 FM. If Aberfoyle school (South Wellington transportation) is cancelled, the preschool will also be cancelled.

*School Fees:* School fees are based on \$11.50 for 1/2 day.

## **2.2 FEES AND MEMBERSHIP**

### **2.21 REGISTRATION**

In house (current students) and general registration for the fall semester takes place in the spring. At this time, a post -dated cheque (dated August 1st) for the amount of the first tuition installment is required. This ensures your child's spot for September. If you choose, you can pay the full semester's tuition at this time (again post dated to August 1st).

The program is available to children aged 2 1/2 to 5. Spots that become available are filled in the following priority: current students, siblings of current students and then new students. The age of students is also considered. Priority will be given to older children. Since a greater than 50% township enrollment is desired some consideration will be given to where students live. Entry of new students into the program will be at the discretion of the executive board and the teachers.

Upon registration, a non-refundable administrative fee of \$15.00 is required for each child. If your child continues with the program, they are not required to re-register for the next semester or the next year. If however your child leaves the program and returns at a later date, they must re-register and pay the \$15.00 administrative fee.

One month's notice in writing or a month's fee in lieu of notice is required before a child is withdrawn from the school.

### **2.22 FEES**

Tuition fees are calculated on the basis of \$11.50 a half-day session.

<p><b>Cheques should be made payable to: THE WHISTLE STOP CO- OPERATIVE PRESCHOOL INC. and submitted to the TREASURER</b></p>
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The school operates on Monday, Wednesday and Friday mornings. The full payment depends on the number of days your child attends and the number of Mondays, Wednesdays and Fridays in the school calendar year.

The fees are subject to change upon voting by the executive board and parents and approval by the County.

There will be no reimbursement of fees if a child is sick, is on vacation, or if school is cancelled due to inclement weather.

## 2.23 PAYMENT SCHEDULE

The following is the payment schedule for the year: (this is not set in stone and other arrangements can be made with the Treasurer)

### First Semester:

Installment	Post Dated Cheques
1	August 1 (given at spring registration)
2	September 1
3	October 1

### Second Semester:

Installments	Post Dated Cheques
1	December 1
2	February 1
3	March 1
4	April 1

## 2.24 N.S.F. CHEQUE POLICY

- 1st NSF cheque: to be replaced by certified cheque or cash plus service charges within 7 days of notification.
- 2nd NSF cheque: preschool will charge the parent bank charges PLUS a \$15.00 penalty to be paid within 7 days of notification.
- Only cash or certified cheque will be accepted after the 2nd NSF cheque.

## 2.25 WAITING LIST

At any time during the year students can increase their number of days at school, or new students can begin the program, providing there are spots available. In the event that there are no spots available, the child can be placed on a waiting list. Contact the Membership person if you would like to be placed on the waiting list.

Spots that become available are filled in the following priority: current students, siblings of current students then new students. The age of students is also considered as well as where they live. Priority will be given to older children. Entry of new students into the program will be at the discretion of the executive board and the teachers

**\*\*NOTE: For current students and siblings, you MUST be on the waiting list for the membership person to contact you when a spot becomes available during the year\*\***

The Membership person will contact people on the waiting list in priority sequence. The Membership person has the discretion to move on to the next person if they do not get a response. The first tuition installment is required immediately upon accepting a spot. Spots are filled on a first come first serve basis. Your payment ensures your spot.

**\*\*NOTE: The first tuition installment is due immediately upon accepting the available spot. \*\***

## 2.3 THE SCHOOL DAY

A school day consists of supervised play and learning experiences for your child with other children the same age. Your child will have a variety of activities in which to partake - block building, imaginative play, music and movement, art, storytelling, outdoor play, etc.

The outline below will give you an idea of a typical morning's program. Times, activities and routines will vary.

9:00	Arrival and welcome children, Calendar and Attendance Dramatic play and Puzzles / Play dough, Painting and Craft
10:15	Tidy-up Washroom - Books While in Washroom
10:30	Snack
10:40	Story time
10:55	Gross Motor - Special Activities
11:20	Circle, Music
11:30	Departure*

***\*Note: Pickup time is 11:30 sharp. There will be a 5 minute grace period, after which a \$1.00/minute fee is payable directly to the teacher.***

Each term will have a number of selected themes. Each half day session will explore some aspect of one of those themes (i.e. safety, autumn, numbers).

## THEY GROW SO FAST

My hands were busy through the day;  
I didn't have much time to play  
The little games you asked me to.  
I didn't have much time for you  
I'd wash your clothes, I'd sew and cook  
But when you'd bring your picture book  
and ask me please to share your fun  
I'd say: "A little later, Hun."  
I'd tuck you in all safe at night  
and hear your prayer, turn out the light,  
Then tip-toe softly to the door....  
I wish I'd stayed a minute more.  
For life is short, the years rush past....  
A little child grows up so fast.  
No longer are they at your side  
Their precious secrets to confide.  
The picture books are put away,  
There are no longer games to play,  
No good-night kiss, no prayers to hear...  
That all belongs to yesteryear.  
My hands, once busy, now are still.  
The days are long and hard to fill.  
I wish I could go back and do  
The little things you asked me to.

Author Unknown

## 2.4 YOUR CHILD AT SCHOOL

Preschool is usually your child's first regular experience away from home. Consequently, you can expect that your child will require a little time to adjust to this new and different environment. Your child's age and personal needs largely determine how long this adjustment will take. You can ease the transition from family to school in these ways:

1. Explain to your child what he or she can expect at school (teacher's role, toys, painting, stories, etc.).
2. Be prepared to come and stay with your child until he or she feels reasonably secure. This may take an hour or a few days. Stay in the background; it will be easier for the child to accept your departure if you are not actively involved.
3. Do not expect your child to enter school and take an active role immediately. Many children observe and play along, until they feel secure enough to join the group. The teacher will encourage participation in group activities, but will not force the child.
4. Do not pressure a child to join in a particular activity. When ready, they will readily participate.
5. Let your child tell you about the school day in their own way. They may tell you nothing initially, but may refer to it later, or tell all as soon as they see you.
6. Be positive about your child's preschool experience. Praising good behavior or saying something positive about artwork nurture a positive self-image within your child.
7. For preschool to be a positive experience, good communication between parents, children and teacher is essential. Please discuss with the teacher any concerns you have regarding your child's participation.

## 2.5 FIELD TRIPS

Field trips will be held occasionally throughout the year as they help to broaden a child's horizons. Occasionally we must leave the school premises. Parents are asked to assist with driving if required. Proper parent supervision is essential in order to meet our insurance coverage and our license requirements. Therefore, parents are encouraged to attend, but unless otherwise stated siblings should be left at home. If siblings are allowed on a trip please remember that it is the parent's responsibility to care for them, not the teacher.

Part-time children are always welcome to attend any field trip or party held on days they do not normally attend. The \$11.50 fee for the extra day should be paid directly to the field trip co-coordinator prior to the field trip.

When possible, the cost of the field trip will be covered by the preschool.

## 2.6 ODDS AND ENDS

Just a few more suggestions to help the day run smoothly:

### ***CLOTHING***

- Washable, comfortable, practical play clothes are recommended.
- Rubber soled shoes or slippers are needed for indoor use.
- All clothing, boots, mittens, etc. should carry your child's name.
- Ensure children bring shoes in winter and wear enough clothes so they can go outside.
- Extra clothing should be kept in a bag hanging on the child's hook.

### ***VISITS***

- You are welcome to visit the school at any time. Simply check with the teacher first.

### ***SNACKS***

- A variety of nutritious snacks are desired and should include choices from three of the following food groups: milk and milk products, meat and alternates, bread and cereals, and fruits and vegetables. For the safety of our students snack provisions are reviewed and revised depending upon food allergies i.e. peanut free products, etc.
  - **Drinks:** real fruit juice of any kind, vegetable juice or milk. Please avoid sugary “drinks”. (must be sealed bottle or container from store see below)
  - **Food:** there are lots of possibilities: fresh fruits, raw vegetables, dried fruits, mild cheeses, breads, muffins, crackers etc. Please avoid sweet snacks such as cookies and salty foods such as chips. (all must be sealed by store or uncut see below)

**Ministry Food Policy:**

Food to be consumed by more than one child in a childcare setting shall be brought whole or in bulk to the facility and prepared at the location. No homemade food should be brought in for the consumption of other children. All food served at the preschool must be prepared in or purchased from an approved and inspected food premise. Food may be prepared at home by a parent for their own child's consumption because of special diets nutritional, allergic, culture needs or their own personal use.

- The Ministry requires that a detailed snack list is kept. On your day to bring snack, please sign the snack list so that the Ministry and other parents know what the snack for that day was.

***NOTE: The preschool has plates, cups, napkins and food preparation utensils.***

***PERSONAL ITEMS***

- Children may bring special things to share, however, no toys please, as they break easily and hurt feelings result therefore items need to be kept in a bag hanging on the child's hook

***SMOKING***

- In accordance with Ministry regulations, smoking is not permitted by parents or teachers on the Community Centre property

## **3.0 OPERATING A CO-OP PRESCHOOL**

### **3.1 WHAT IS A CO-OPERATIVE?**

A co-operative preschool is a non-profit group comprised of parents working together to give their children a richer preschool experience. Preschoolers attend 'school' several half days a week. Two certified early childhood educators conduct the program.

### **3.2 PHILOSOPHY AND GOALS**

The primary goal of the school is to provide an opportunity for children and parents from the local community to join together in a stimulating, social and creative learning environment for their children. The Whistle Stop Nursery School provides an integrated service to include children with special needs.

A secondary goal is to provide the children with an opportunity to develop their physical, social, affective and cognitive abilities, through play.

The program focuses on recognition of individual development, giving and receiving support and affection and on encouraging independence and cooperation.

Opportunities for parent education will be provided to highlight child development and family life. Having a liaison person with the Home and School Association of Aberfoyle P.S., communication of interesting speakers and events can keep both the preschool and H. & S. posted.

### **3.3 LICENSE AND INSURANCE**

The preschool is licensed and government inspected for health, fire and content of the program. This includes an annual visit by a representative of the Ministry of Community and Social Services.

The preschool carries insurance to cover Tenants' Legal Liability, Vandalism of Equipment and Third Party Liability.

All children are covered at school and on preschool sponsored field trips.

### **3.4 ORGANIZATION STRUCTURE**

Whistle Stop Co-operative Preschool Inc. is run by the Board of Directors, consisting of participating parents. Numerous committees may be responsible for specific functions related to the school but will depend on current enrollment.

It is expected that the Board of Directors will meet monthly and that ALL meetings are open to ALL members of the co-operative.

The Board of Directors is composed of the following positions:

President, Vice President, Secretary, Membership and Treasurer. The Board will serve for a one year term. At the end of the school year, nominations are held for the following year's board.

### ***PRESIDENT***

- Organizes, prepares and leads ALL meetings at where an agenda will be provided to each attendee
- Manages licensing procedures, fills in forms – updates
- Acts as a liaison for critical matters re: teachers' contracts, evaluations, etc.
- Ensures licensing requirements as follows:
  - Monthly fire drill
  - License and schedules are properly displayed
  - Proper supervision
  - Health and safety
- Public relations - attends important preschool and community events on behalf of the preschool - maintains a recognizable profile
- Provides a listening ear to the Board and Member concerns; makes decisions on a majority response
- End of Term - introduce new President to township / community centre staff, etc.
- Provides signatures for correspondence
- Picks up mail
- Holds all legal documents
- Provides all necessary communications between township, parent body, teachers, etc to ensure our members are informed of Preschool activities
- Ensures teachers have criminal reference check completed every 3 years

### ***VICE-PRESIDENT***

- Leads general meetings and takes on all duties of President if absent
- Arranges for supply teacher when necessary
- Prepares MASTER duty schedule for both terms, distributes schedule to all members, confirming all meeting dates with President
- Prepares MASTER snack duty list which is then provided to the supervising teacher
- Posts a MASTER SHEET on the bulletin board for parents to write in any changes in the duty or snack schedule
- Ensures parent responsibilities are carried out properly
- Public relations - attends important preschool and community events on behalf of the preschool - maintains a recognizable profile
- Initiate calling of parents re: special events, meetings, field trips, etc. on behalf of the President
- Assists President with any other necessary matters

### ***SECRETARY***

- Takes minutes at ALL meetings, types, photocopies and distributes these minutes within the following week. (MUST delegate duty to another person if unavailable to attend meetings)
- When taking minutes, record time, date, place and who was chairing the meeting.
- Records on a separate sheet, a synopsis of the minutes specifically what motions were approved and submits to President to add to the Legal Documents binder
- Takes care of written correspondence
- Photocopies anything needed for school
- Public relations - attends important preschool and community events on behalf of the preschool - maintains a recognizable profile
- Responsible for revising and maintaining all copies of Pink Books (making sure President has the revised file at ALL times)

### ***MEMBERSHIP***

- Responsible for recruiting new members by informing public of registration days
- Responsible for membership update list
- Ensures all children's medical information and cards are up to date and in our school files
- Informs President or Vice President of any problems within the membership
- Ensures all Public Health Unit records are FULLY complete and up to date
- Responsible for distributing and collecting Pink Books
- Updates Membership binder with current responsibilities (see binder for more details)
- Public relations - attends important preschool and community events on behalf of the preschool - maintains a recognizable profile

### ***TREASURER***

- Takes care of all money matters concerning the school
- Prepares operating budget for the school year and presents to the membership at the September Orientation Meeting for approval by the membership
- Provides monthly financial statements at the Board Meetings and prepares a year end report for the Annual General Meeting in May
- Deals with financial documents/reports as required i.e. ministry, fundraiser, etc.
- Collects all membership dues/fees and issues receipts/statements
- Public relations - attends important preschool and community events on behalf of the preschool - maintains a recognizable profile

## 4.0 PARENT RESPONSIBILITIES

Co-operative Preschools are operated and administered by parents. They depend upon the participation of ALL parents to carry out daily activities. As a member of the Co-operative, it is required that you:

1. Attend the following MANDATORY meetings:
  - ORIENTATION meeting at the beginning of the school year. Once this requirement is fulfilled, your child will be able to attend the school program.
  - ANNUAL MEETING at end of the school year, when next year's executive is elected
2. Attend as many monthly meetings and information nights as possible.
3. Participate in three clean-up nights. (You may, if necessary, send a delegate or pay a \$35.00 fee to the preschool).
4. Assume responsibility for one or more 'parent duty' which assists the general operation of the school.
5. Attend any extra Preschool committee meetings and provide reports on any work completed.
6. Pay all fees in full and on time. This includes tuition, registration and any fees incurred for field trips, etc.
7. Participate in the following community and fundraising events:
  - **Aberfoyle Fall Fair**
  - **Puslinch Santa Claus Parade** – donations of decorations and time to help decorate the float and tear down after the parade
  - **Whistle Stop Fundraisers** – participate in the organization, preparation and completion of fundraisers and attend any such events with the intention of having a great time and helping it run smoothly with a positive attitude
8. Please be considerate of your fellow members, children and teachers. We are all here for the same purpose: to benefit the children. Enjoy the preschool experience. If you do have a concern, please discuss it with the teachers or the executive or write a note indicating your concern.

## 5.0 Parent Duties

\*\*\* Duties may vary slightly from year to year depending on enrollment \*\*\*

Each parent of the preschool is required to fulfill one or more 'parent duty'. The parent duties are:

### 1. **LIBRARIAN**

- Works with teacher to gather books relevant to theme (1 book per child)
- Brings books on the appropriate days and returning them to source (library) on time

### 2. **PUBLICITY**

- Writes a monthly article about the Preschool's activities (i.e. field trips, special events) and ensures its publication in the Puslinch Pioneer each month.
- Posts Flyers at appropriate locations in the community and check periodically to ensure they are still posted

### 3. **PHOTOGRAPHER**

- In charge of taking photos throughout the year at special events, birthdays, and field trips (responsible to find someone to take pictures if you are unable to attend such events)
- Take graduation photo at end of school year (or you may ask someone to take the pictures if you are unable to attend)
- Complete photo developing / processing
- Create and post bulletin boards of each event

### 4. **LAUNDRY**

- Wash hand towels after each school day and return on your next school day
- Dispose of any towels that are worn and replace / replenish stock as necessary. (MUST be approved by teachers or executive prior to purchase)

### 5. **PLAYDOUGH** (Monthly Parent Rotation)

- Makes play dough monthly in colours or focus for each month. (monthly colours/themes list provided by teacher)

### 6. **SCIENCE PARENT / NATURE**

- Bring in an experiment or interest item weekly for the Science Table that is age specific for preschool children
- Co-ordinate teacher's theme with science table whenever possible

### 7. **SPECIAL EVENTS / ZEHRS TAPES**

- Organize parties for special school days (such as Christmas, Valentines, Halloween, End of Year Party) with the teachers and attend those parties to ensure all goes as planned
- Purchase gifts for the teachers from the children for the End of Year Party
- Prepare loot bags for teachers to hand out on each child's Birthday

- Collects Zehrs tapes, calculate totals, organize and submit to Zehrs Head Office for refund

#### **8. *FALL FAIR / CHRISTMAS PARADE***

- Organize Fall Fair schedule and activities
- Responsible for the purchase of any and all materials / supplies required (confirm with executive or teacher prior to purchase of ANY materials/supplies)
- Organize decorations for Christmas parade and make sure volunteers are available for assembly, decorating and attending
- Assist Membership and Publicity by putting up flyers and attending the event for its duration

#### **9. *SCHOOL SIGN***

- Bring the school sign to school each day and put out on road
- Take down sign each day after school and store it at your home through out the school year

#### **10. *DANCE COORDINATORS (2 Volunteers)***

- Organize the February Dance Fundraiser
- Must be a returning parent working with a new parent who will return the following year
- Assign duty envelopes and track everyone's progress in getting ready for the dance
- Arrange and track donations, get ALL parents involved
- Make sure the dance is set up and ready on time
- Keep a positive and encouraging attitude

##### **10.1 *RAFFLE / AUCTION COORDINATORS (2 Volunteers)***

##### **10.2 *BEVERAGE COORDINATOR***

##### **10.3 *FOOD COORDINATOR***

## 6.0 WHISTLE STOP POLICIES AND PROCEDURES

### 6.1 SANITATION POLICY

#### 6.11 TOILET FACILITIES

According to our license conditions under the Ministry of Community and Social Services, teachers are NOT permitted to change soiled diapers/pants. If this occurs, parents will be called.

1. All children and staff/volunteers will wash hands prior to eating a snack and after using the washroom.
2. No shared basins of water and soap. Hands shall be washed individually with running water.
3. Only liquid soap in a dispenser and one time use paper towels or cloth towels to be used for hand washing.
4. A liquid soap dispenser is required at each hand wash basin that will be in use.
5. All liquid soap dispensers must be accessible to all children. Solid and secure steps will be provided to ensure accessibility.
6. Hand lotion should be used by staff/volunteers to prevent dermatitis. Cracked, dry hands are harder to clean and harbour more micro-organisms. Hand lotion not to be used by the children unless specified by the parents.
7. Prior to each class, the facilities will washed with soap and water and then sanitized with a normal strength bleach solution being of a strength 1: 1 00 (1 Tsp bleach to 2 cups water or 5 ml bleach to 500 ml water). Extra strength solution, 1: 1 0, to be used only for regular cleaning after an outbreak...for example: diarrhea or flu.
8. As per health unit guidelines, the following sanitizing method shall be used. The following areas are to be sanitized - hand washing sinks, faucets and handles, surrounding counters; toilet seats and rims; and flushing handles.

The "spray and wipe" technique shall be used. The first spray is to clean and the second is to sanitize. The spray should be normal strength and recommended contact time on surfaces is 30 seconds. If an outbreak has occurred then use extra strength solution and the recommended contact time is 1 minute.

Extra strength solution - to be used for the following situations:

- Blood spill
- Feces
- Vomit

ALL AREAS CONTAMINATED BY DIRECT CONTACT WITH BODY SUBSTANCES ARE TO BE SANITIZED WITH EXTRA STRENGTH SOLUTION ONLY.

9. The cleaning solutions are to be clearly labeled and stored away from children's reach.
10. A plastic, lined, covered garbage container to be supplied in the washroom.
11. The following hand washing technique to be used by all persons using the toilet facilities:
  - Use liquid soap and running water
  - Rub hands together vigorously
  - Wash all surfaces, including back of hands, wrists and between fingers
  - Rinse and dry hands
  - Turn off the water using the towel not the bare hand.

## **6.12 TOYS AND PLAY SURFACES**

1. Soiled toys shall be cleaned prior to reuse.
2. Mouth toys are to be avoided, for example musical instruments and whistles.
3. Dress up clothes and painting smocks to be cleaned and laundered regularly.
4. All toys and activity centers to be cleaned and sanitized with soap and water followed by normal strength bleach solution and plain water rinse on a regular basis. Toy clean up nights will be scheduled and executed by Whistle Stop members 3 times per school year.

## **6.13 SNACK PREPARATION AND SERVING AT SCHOOL**

1. Snack tables to be disinfected before and after snack.
2. Disposable cups and plates are to be used only and disposed of immediately after snack.
3. The floor must be swept and carpets vacuumed after each day.

## **6.2 FOOD HANDLING / TAP FLUSHING PROCEDURE**

This section discusses the preparation of safe and wholesome foods for snack. Snacks will be prepared using proper hygienic techniques. Menu planning will be based on Canada's Food Guide.

### **6.21 PERSONAL HYGIENE**

A high standard of personal hygiene plays an important part in preventing the spread of infection, through food, from the food handler to the individual who eats the food. One of the chief ways dangerous germs are spread is through the food we eat and drink.

These germs are so small we cannot see them, although large numbers may be found on our hands, on our faces, in our hair. They thrive in the mouth, nose and intestinal tract. Our hands and clothes will contaminate dishes and utensils and the food we handle unless we follow a high standard of personal hygiene.

1. Be clean.
2. Hair should be tied back or put in a hat or hair net when preparing food.
3. Don't handle food when you are ill or have an infection. Do not handle food while wearing a band-aid - it may harbour infection or come off in food.
4. Wash hands with soap and hot water before starting to work.
5. Wash hands with soap and hot water after using the toilet, smothering a sneeze, or blowing your nose.
6. Avoid smoking while preparing food.
7. Wash all raw fruits and vegetable under cold, running water.
8. Avoid hand contact with food by using clean utensils to mix and serve food.
9. Fingers must be kept away from the drinking edge of cups.
10. Any eating or cooking utensil that has fallen on the floor must be rewashed.
11. All food or drinks stored in refrigeration must be covered.
12. Keep food preparation areas clean, do not place dirty dishes on them.
13. Keep fingernails clean and scrubbed.

### **Handling Eating Utensils**

1. Fingers must be kept away from the drinking edge of cups and glasses.
2. Any eating or cooking utensil that has fallen on the floor must be rewashed.
3. Make sure food and beverage containers are thoroughly cleaned before use.

### **6.22 DAILY/WEEKLY TAP FLUSHING**

"Plumbing must be flushed every day that a day nursery is open if the day nursery is housed in a facility where all or part of the construction of the building was completed before January 1, 1990" as set out in Ontario Regulation 243/07 - Safe Drinking Water Act, 2002 - Schools, private schools and Day Nurseries, which was filled and in effect as of June 7, 2007.

Plumbing shall be flushed in two steps:

1. The cold water tap must be opened at the last tap on each branch or each run of pipe in the plumbing for at least five minutes
2. Following step 1 – turn on the cold water at every drinking water fountain and tap that is commonly used for drinking or for food preparation for at least ten seconds.

A record will be kept of the date, time and name of the person who performed the flushing. The supervising teacher must then initial verifying the flushing has been completed. Records are retained for five years.

### **6.23 ANNUAL LEAD SAMPLING / TESTING**

Any Building constructed prior to 1990 annual testing must be done between May 1st and October 31st. Puslinch Township conducts weekly water sampling/testing with reports being supplied to the Preschool. The Preschool will report any standards that exceed regulations within 24 hours of notice from the Township to the local Medical Officer of Health, the Ministry of Children and Youth Services and the Ministry of the Environment's Spills Action Centre.

## 6.3 HEALTH POLICY

This policy exists to ensure a healthy and safe environment for both children and staff through compliance of the Day Nurseries Act and Health Protection and Promotion Act.

### 6.31 PRE-ENTRANCE

#### Children

Prior to admission to the preschool, there must be complete history on each child for both immunizations and general health

1. The school must issue the letter titled "Letter for parents regarding entrance requirements for child care setting" and the "Immunization data form", both issued by the Wellington-Dufferin health unit.
2. Parents must provide information to the school regarding:
  - i. Health/medical background - the information should include:
    1. Chronic medical conditions: for example, asthma, diabetes,
    2. epilepsy. Also, any medications needed must be reported.
    3. Impairments to senses: for example, vision or hearing.
    4. Allergies: either food or environmental and the intensity of the allergy.
  - ii. Immunizations - children must be vaccinated for the following diseases: diphtheria, tetanus, polio, measles, mumps, and rubella. Parents must complete the immunization data form and attach a photocopy of immunization card/certificate.
3. Exemptions - immunization exemptions are possible, for example religious convictions. The local health unit is the ruling body and all cases will be referred to the health unit to deliberate and act upon. Should objections arise to immunization, exemption forms can be obtained at the local public health office.  
***NOTE: A non-immunized child poses no threat to any immunized person including any pregnant female, as long as she has an effective Rubella titer (Rubella antibodies).***

#### Staff

Pre-employment health and immunization requirements are applicable to all staff and volunteers with prolonged, direct contact with the children.

1. Health requirements - the school must provide the applicant/volunteer with the form titled "Pre-employment health form for employees" issued by the Wellington-Dufferin health unit. The requirements are:
  - General health or general limitations.
  - Communicable disease history
  - Tuberculosis screening history
  - Tetanus, diphtheria booster within last 10 years.
  - Measles, mumps, rubella given after first birthday (not required to 1957)
  - Polio - when the initial childhood series was completed

## **6.32 UPDATING INFORMATION AND TESTS**

### **Children**

1. All parents are to notify Whistle Stop preschool to any changes in immunizations, for example, boosters, general health or medications. Immunization information must then be forwarded to the health unit from the school.

### **Staff / Volunteers**

1. Upon employment, child care providers/volunteers are required to have a 2 step tuberculosis skin test and results made available.
2. Any changes in general health and immunizations status must be forwarded to the school.

## **6.33 COMMUNICABLE DISEASE REPORTING**

Whistle Stop preschool is "legally required to report to the local health unit if a person has or may have a reportable disease or is or may be infected with an agent of communicable disease. It is not necessary to obtain confirmation or diagnosis from a physician prior to reporting a communicable disease. Attached is a list of reportable diseases.

1. When staff/volunteers learn or suspect a child has a disease which is communicable and reportable, the health unit should be notified immediately by calling: Communicable Disease Reporting Line (519) 821-2370.
2. All information is to be considered private and confidential by staff/volunteers.
3. Exclusion guidelines - refer to the attached guidelines from the health unit for isolation of children with communicable diseases from the school setting.

Your child *should not be sent to school* if he shows any signs of illness including:

- Any symptoms of a bad cold (sore throat, constant sneezing, heavy nasal discharge, bad cough)
- Any symptoms of a communicable disease
- A temperature within the last twenty four hours

Teachers will identify children with illnesses early and isolate them from others to minimize exposure. If a child displays any symptoms of ill health, bring it to the parent's attention immediately and suggest a doctor be consulted if it seems serious.

If your child appears ill at school, the teacher may call you and ask you to come and take your child home. If your child develops any communicable disease, please inform the teacher, so that other parents can be notified and teachers can watch for symptoms of ill health in other children. See Appendix A for details about contagious diseases. It is felt that any medication that may be needed by your child, should be administered at home.

### **6.34 FEVER, VOMITING AND DIARRHEA**

- FEVER – If the child has a fever of 101° or higher, they should be sent home and should not return to the preschool until the fever subsides.
- VOMITING - If the child has vomited, he/she should remain home 24 hours after the time of vomiting.
- DIARRHEA - Child should remain at home for 24 hours if he/she has had one incident of uncontained diarrhea.

### **6.35 MEDICAL CONCERNS**

The preschool reserves the right to refuse admittance to any child with a history of cessation of breathing or any other medical condition for which the preschool cannot adequately meet the needs of the child.

### **6.36 EXCLUSION POLICY DUE TO OUTBREAKS**

A child or staff member is a case in an outbreak when he or she experiences two or more episodes of vomiting, diarrhea, cramps or nausea in more than a 24 hour period. A “decision flow chart” has been provided to staff by Public Health to determine when an outbreak has occurred as well as who is a case in the outbreak and therefore should be excluded.

Children and staff at the preschool should stay home until they are:

- 24 hours symptom free (vomiting, diarrhea) when there is no outbreak and
- 48 hours symptom free (vomiting, diarrhea) during an outbreak to prevent the spread of the illness

**\*\*THE PUBLIC HEALTH DEPARTMENT MUST BE NOTIFIED IN THE CASE OF AN OUTBREAK – PUBLIC HEALTH ALSO MAY REQUIRE A STOOL SAMPLE BE TAKEN\*\***

IT IS ALSO IMPORTANT FOR PARENTS TO REMEMBER THAT YOU SHOULD REPORT YOUR CHILD'S ILLNESS TO STAFF AT THE PRESCHOOL SO THAT THEY CAN RECOGNIZE AN OUTBREAK AS EARLY AS POSSIBLE.

IN THE CASE OF AN ENTERIC OUTBREAK STAFF MUST IMPLEMENT CONTROL MEASURES SET BY PUBLIC HEALTH TO PREVENT FURTHER SPEAD.

### **6.37 ANAPHYLAXIS POLICY**

Anaphylaxis – is the word used for any life threatening and rapid allergic reaction.

#### **Common Causes:**

- Foods- Peanuts, tree nuts, some kinds of fruit, fish, shellfish, milk and egg allergies
- Drugs- Especially Penicillin, sometimes Aspirins
- Latex- Mainly in rubber latex gloves, balloons and some band aids
- Fruit- Bananas, avocados, kiwi fruit figs, strawberries, even potatoes and tomatoes
- Insect Stings- e.g. yellow jackets
- Exercise- Some people suffer exercise induced anaphylaxis or exercise-induced food dependent anaphylaxis

#### **Symptoms:**

- Itchy nettle rash (hives)
- Faintness and unconsciousness due to very low blood pressure - unlike an ordinary faint, it does not improve on lying down
- Swelling
- Swelling of the throat causing difficulty in swallowing or breathing
- Asthma symptoms
- Vomiting
- Cramping abdominal pains
- Diarrhea
- A tingling feeling in the lips or mouth if the cause was a food such as nuts
- Death due to obstruction to breathing or extreme low blood pressure (anaphylactic shock)

**Identification of children at Risk – Individual Plan for a child with life threatening allergies.**

- **It is the responsibility of the anaphylactic/potentially anaphylactic child's parent to inform the preschool of their child's allergy**
- All staff members need to be aware of these children
- Parents with anaphylactic children **MUST** complete an Individual Plan for Emergency Procedure for their child
- Each child anaphylactic child should wear a Medic Alert bracelet that states his or her allergies and the location of his/her EpiPen injection
- A description of each child's allergy will be kept in child's file as well posted in each room

#### **Availability and Location of EpiPen:**

- If deemed necessary by parent the supervising teacher will carry the child's EpiPen with her at all times
- Parents with Anaphylactic children **MUST** provide a prescription EpiPen for their child that remains at the preschool at all times. This pen will be taken on every outing with the child. EpiPens/ inhalers will be stored in a locked box in the teacher's cupboard during non school hours
- If for any reason the EpiPen is taken home and does not return with the child on his/her next school day, the child *will not* be allowed to stay at Preschool.
- EpiPens and asthma inhalers must be provided to staff in a clearly labeled zip-lock bag with the child's name on the outside and the date of the medications expiration.
- Medications must be clearly labeled with instructions for use
- **Children who are no longer allergic or no longer require an EpiPen must present a letter of explanation from a Doctor**
- **It is preferred that parents of Anaphylactic children attend all field trips**

#### **Treatment Protocol:**

- An individual's treatment protocol needs to be established by the child's allergist. Whistle Stop Preschool or the Teaching Staff cannot assume responsibility for treatment in the absence of such a protocol. A copy of this will be kept in the child's file along with a photo of the child.
- To manage an emergency, a routine must be established
  1. One person stays with the injured individual at all times, putting the child in the recovery position to avoid him/her choking or inhaling vomit.
  2. One person goes for help
  3. Administer EpiPen at the first sign of reaction, however slight (e.g. itching or swelling of the lip/mouth in food allergic children). There are no contraindications to the use of EpiPens for a potentially allergic reaction. Note time of administration.
  4. Call 911 (Priority call) and, regardless of the degree of reaction or response to EpiPen, transfer the child to an Emergency room. Symptoms may occur up to 8 hours after exposure to allergen. Supervising teacher must stay with the child until a parent or guardian arrives.

5. Contact the child's parents, the preschool president, and report this to the Serious Occurrence Line.

NOTE: Adults must be encouraged to listen to the concerns of the anaphylactic child. The child usually knows when s/he is having a reaction, even before signs are visibly showing.

#### **Training on Procedures:**

- Annual training and policy review for all staff which may include a demonstration on the use of the EpiPen by Parent or Doctor if an anaphylactic child is enrolled

#### **Strategies to reduce the risk of exposure to anaphylactic causative agents:**

- Depending on the children attending Whistle Preschool, Parents may be asked to avoid bringing in peanut butter or other peanut/nut products for snack time
- Teachers and parents will be encouraged to check labels of all snacks brought in
- Parents will be kept up to date with any known allergy in the preschool
- Teachers may need to avoid the use of foods/materials during crafts time
- Each year lists will be revised depending on the life threatening allergies of the children enrolled

## **6.4 WHISTLE STOP MEDICATIONS POLICY**

This policy exists to ensure the safe administration of medications and to create a standard procedure in the application of medications.

### **6.41 GENERAL PROCEDURE**

- 1) In situations where medication is to be given to a child, an "Administration of Prescribed and Non-Prescribed medications" form must be signed by the parent, specifying the following:
  - (i) Name of child
  - (ii) Name of medicine
  - (iii) Start and stop dates
  - (iv) Time interval that medication to be given or applied
  - (v) Permission to contact dispensing pharmacist
  - (vi) Permission to contact physician
  - (vii) Physician name and phone number
  - (viii) Special instructions
  - (ix) Reactions to stop medication
  - (x) Side effects
- 2) The medication must be brought in the **original** container, clearly labeled by the pharmacy with:
  - (i) Patient's name

- (ii) Name of medication
  - (iii) When to be given
  - (iv) Dosage
- 3) Parents must provide a signed authorization for the administration of the following: acetaminophen or cough/cold preparations, and topical applications such as antibiotic creams or lip balms, saline or nose drops.
  - 4) Inform parents if it is the center's practice to use sunscreen and insect repellent.
  - 5) Authorization and instructions from the parent must be received in writing for the use of EpiPens or aerosol treatments (puffers).
  - 6) Medications (including those requiring refrigeration) must be stored in a locked container not accessible to children and are to be used only by designated staff. They should be brought in on a daily basis since restricted access after hours cannot be ensured.
  - 7) Any administration of medication must be noted on the "Administration of prescribed and non-prescribed medication chart" form recording child's name, date, medication and dosage given, time given and person administering the medication or preparation.
  - 8) One person must be designated as responsible for the administration of medication.
  - 9) Return the left over medication to the parent.
  - 10) Notify the parent and/or physician of any error in the medication.

## **6.42 STORAGE OF MEDICATIONS**

1. Store all medications out of reach of children. Medication must be kept in a box in a locked cupboard.
2. Refrigerate medication if required, but do not freeze.
3. Keep all medications in one spot, such as a plastic container in the refrigerator. This container shall be locked if children have access to the refrigerator.
4. Parents shall give medication to staff when the child is brought to school.
5. All medications to be returned to parents when not in use.

## **6.43 PREPARING AND ADMINISTERING MEDICATIONS**

- 1) Check the administration of prescribed and non-prescribed consent form to ensure medication was not already given.
- 2) Wash hands.
- 3) Prepare all supplies including tissue wipes and drink.
- 4) When measuring liquid use proper dispensing measuring cup, spoon or syringe. Not household teaspoons or cups.
- 5) Read the instructions on the bottle.
- 6) Before giving the dose, CHECK:
  - i) The right medication
  - ii) The right child
  - iii) The right dose
  
  - iv) The right time
  - v) The right route
- 7) Compare the medication label with the information on the administration of prescribed and non-prescribed medications.
- 8) Read the label 3 (three) times:
  - i) When the medication is removed from storage.
  - ii) Before the medication is poured out of the container.
  - iii) After the medication is poured out and returned to the storage area.
- 9) Put the medication container and supplies away. Wash hands.
- 10) Give medication to child.
- 11) Record the date and time and your initials on the administration of prescribed and non-prescribed medication chart.
- 12) Clean measuring spoon, cup or syringe. Wash hands.

## **6.44 POSSIBLE PROBLEMS**

- 1) If a child refuses to take medication, try again in 15 minutes. If the child still refuses, do not force the child. Record refusal on child's file and notify the parents.
- 2) If a child says that they no longer need to take the medication, re-check the files. The medication might have been changed or completed.
- 3) If there have been any errors, for example wrong child or wrong dosage, document on child's file and notify the parents. Depending upon the circumstances, the parents or preschool may need to phone the child's physician.
- 4) Immediately report to parents any side effect child may have suffered due to medication. The parents should then discuss this with the physician and the preschool should wait before dispensing any more medication.
- 5) Record any spillage on child's chart and report to parents. The parents may need to get an extra dose from the pharmacist to replace the spilled dosage.

## **6.5 BEHAVIOR AND DISCIPLINE POLICY**

Discipline is used to foster cooperation and independence with the children, by using positive reinforcement and redirection I alternatives. These theories are approved by the Ministry of Community and Social Services, as per the Day School Nurseries Act.

Children are disciplined in a positive manner at a level that is appropriate to their action and age. Positive reinforcement (rewarding the child for good behaviour rather than punishing bad behaviour) promotes self-discipline, ensures health and safety, ensures respect for rights of others and helps to maintain equipment.

### **6.51 DISCIPLINE GUIDELINES**

- 1) Guidelines for discipline are based on Ministry guidelines and are to be administered in a positive and consistent manner. Discipline should be:
  - Related to the nature of the behaviour.
  - Appropriate to the developmental level of the child.
  - Used in a positive and consistent manner
  - Designed to assist the child to learn appropriate behaviour.
  - Implement as soon as possible after unacceptable behaviour.
- 2) Parents must be told about what discipline measures have been used with their children in the program.
- 3) When a parent feels that discipline of a child is necessary, the problem should be discussed with the appropriate staff.

***NOTE: The parent must be informed of ALL PHYSICAL CONTACT (i.e. biting, etc.) between the children.***

## **6.52 UNACCEPTABLE DISCIPLINE**

- Corporal punishment is not permitted. Staff and parents are expected to comply with this.
- No denial of comforts including food.
- The exits of the preschool are not to be locked for the purpose of confining a child.
- No hitting, spanking, shoving, shaking, humiliating, degrading or negative labeling.

## **6.53 SAFETY**

- Children are not allowed to hurt themselves, another child, the environment, or the belongings/property of others.
- When safety is an issue, the child should be removed immediately from danger. After, a discussion will occur between adult and child to explain the situation and consequences.
- Teachers must be informed of all physical contact between children, for example, biting.

## **6.54 POSITIVE PROGRAM**

Setting limits, re-directing and consistency are key elements for a positive program. Different techniques and strategies are listed.

- **Expectations and limits** must be stated and applied consistently. These limits must be realistic and support the child. The environment should be appropriate and physically possible to follow set limits. When setting limits and expectations speak in a clear and concise manner appropriate for the child's developmental level.
- **Redirection** - instructions or orders to move toward another area. It must be appropriate, negotiated and child centered. Directions must be clear and concise to that particular situation.
- **Choices** - provide choices whenever possible. These must be real choices and clearly understood by the child. All choices should be acceptable to staff.
- **Positive Reinforcement** - provide genuine approval when children are engaged in positive activity. Non-verbal or indirect praise, for example, smiles or nods, reinforce children's' good feeling.

## **6.55 CONTRAVENTION OF BEHAVIOUR MANAGEMENT PROGRAM**

Staff is expected to comply with this behaviour management program. Failure to comply could result in any of the following: verbal warning, written warning, suspension, or dismissal. An emergency meeting would be held to review the situation and disciplinary measures needed.

Criteria to be considered when determining disciplinary measures include:

- Seriousness of the offense
- Actual or potential risk, or harm to child
- Past performance of the employee or parent in general
- Recent performance
- Previous disciplinary action taken

***In the interest of consistency and/fairness, teachers should treat all children the same. Even if correcting his or her own child, the teachers should treat the child the same as a teacher disciplining another child.***

## **6.6 SERIOUS OCCURRENCES / ENHANCED SERIOUS OCCURRENCES AND SAFETY / ACCIDENT POLICY**

The Ministry of Community and Social Services is most concerned that our children be well protected. To this end, they require that any 'serious occurrence' be fully reported to them.

All Serious Occurrences are to be reported on Ministry Serious Occurrence Reporting forms. These reports are to be faxed to 1-877-708-2895. Operators without fax access can telephone the report to 1-877-708-2896. Initial reports are to be submitted within 24 hours of the occurrence followed by the Inquiry report within 7 business days. In addition, a copy of any serious occurrence reports must also be forwarded to Wellington County Child Care Services.

### **6.61 REPORTABLE SITUATIONS**

- 1) Death - death occurs to a child while at the preschool.
- 2) Serious Injury - Any serious injury to a child, which occurs while at preschool. Also, any injury, which is non-accidental, including self, inflicted or unexplained which require treatment by a physician, nurse or dentist.
- 3) Abuse or Mistreatment of a child while in service caused by staff while under the care of the preschool.
- 4) Child missing.

- 5) Disaster on premise - any disaster on premise such as fire must be reported.
- 6) Complaint of operational, physical safety standards.
- 7) Complaint made by or about a child.
- 8) Water Testing - if the water quality is not acceptable after weekly testing by the Puslinch Township
- 9) Child Abuse - while it is not the responsibility of a staff member to make a definitive statement about whether or not child abuse or neglect has occurred or is occurring, it is the legal and professional responsibility to recognize and record any signs and symptoms of abuse and to make a formal report to the appropriate authorities. The requirements apply not only to the teaching staff but to any volunteers, as well. Be aware that under the Child and Family Services Act of Ontario, 1985 the following apply:
  - a) ***DUTY TO REPORT A CHILD IN NEED OF PROTECTION*** – *Section 68(3)* - " a person. . . who, in the course of his or her professional or official duties, has reasonable grounds to suspect that a child is or may be suffering or may have suffered abuse shall for with report the suspicion and the information on which it is based to a society".
  - b) ***PENALTY FOR NOT REPORTING*** - *Section 81(1)* - " a person who contravenes. . . subsection 68(3) is guilty of an offence and on conviction is liable to a fine of not more that \$1,000."
  - c) ***PROTECTION FROM LIABILITY*** - This act prohibits civil action against any person who makes a report of suspected abuse in accordance with the law. Should a civil action be brought against a person who has made a report, they will be protected, unless they have acted maliciously or without reasonable grounds for their belief or suspicion.

## **6.62 PROCEDURES FOR REPORTING SITUATIONS 1 to 8**

- 1) The child or adult shall be provided with immediate medical attention when warranted. When medical attention is required for a child, the teacher will attempt to contact the child's parents/guardians. If unable to reach them, the teacher will arrange for medical attention as authorized on the Emergency Contact Information and Consent Form Sheets. The child's parents will be contacted as soon as possible.
- 2) Staff supervisor to be notified.
- 3) All persons having knowledge or witnessed event must stay on site until excused.

- 4) The teacher will conduct a preliminary inquiry and complete and sign an "Initial Notification Report". This report will be read and signed by the President.
- 5) Contact parents.
- 6) File serious occurrence initial report within 24 hours.
- 7) Within 7 working days file a "Serious Occurrence Inquiry Report"..
- 8) Take corrective actions. Review the situation and take appropriate measures to correct staff/premise and policy.

### **6.63 PROCEDURE FOR REPORTING CHILD ABUSE**

- 1) Depending upon the severity of the situation, the child's and family history and other specific circumstances, suspected child abuse may be discussed with the child, with the parents or the caretaker, to attempt to further clarify the situation. On other occasions, the seriousness of the problem may warrant an immediate call to the Children's Aid Society and/or to the police (for example, in the instance of sexual abuse).
- 2) The parent should NOT be contacted prior to a report being issued under the following situations:
  - a) When a child is very seriously injured and the parent is not immediately available
  - b) When it is almost certain that the family will "move" quickly, or the parent will be out when the social worker comes to investigate the report.
  - c) When it is almost certain that the child will be further abused before the investigation because he or she is seen as the cause of inquiries.

### **6.64 MANDATORY ANNUAL REPORTING OF SERIOUS OCCURRENCES**

A mandatory serious occurrence report is filed annually with the Ministry of Community and Social Services. Even though no serious occurrences may have to be reported, a **nil** report must be filed once the forms have been received by the preschool.

### **6.65 STEPS THE PRESIDENT, IN CONJUNCTION WITH THE BOARD, TAKES AFTER SERIOUS OCCURRENCE**

- 1) If the President and Executive decide the occurrence is deemed reportable as defined by the guidelines, they will report to the Program Advisor, Ministry of Community and Social Services, 1-877-708-2895 (fax) or 1-877-708-2896 (telephone), within 24 hours.

- 2) In a case of suspected child abuse, the President contacts the Children's Aid Society, police or the Crown Attorney (preferably after consultation with the Ministry).
- 3) President and Executive decide if abuse of child by staff is suspected, whether the staff should be suspended pending further investigation.
- 4) The President and the Executive decide whether to recommend an investigation by the Ministry and the Ministry, in consultation with the Executive, decides whether an investigation is necessary.
- 5) The school as a general rule must notify a parent, relative and/or the child's guardian as soon as possible.
- 6) This is certainly the case when the police are involved.
- 7) With complaints made about operational and/or physical standards of the school, when judged to be of a serious nature, i.e. fire safety, hygiene, staff ratios, etc., the Ministry understands that 24 hours may be inadequate to assess the situation. The President should judge, based on the seriousness, whether the Ministry needs to be advised in this time frame. Options for handling these situations are included in the "Guidelines and Procedures for the Reporting and Follow-up of Serious Occurrences" from the Ministry.

## **6.66 ENHANCED SERIOUS OCCURRENCE REPORTING**

All Serious Occurrences will continue to be reported to the Ministry in accordance with the Serious Occurrence Reporting Policy and Procedures above. In addition, Enhanced Serious Occurrence Reporting procedures will be followed when emergency services (i.e. police, fire and/or ambulance) are used in response to a significant incident involving a child in the program and/or the incident is likely to result in significant public or media attention.

- 1) The supervising teacher is the Designated Authority and she must contact an executive member to jointly determine when an incident requires Enhanced Serious Occurrence Reporting and they will ensure that the necessary actions occur.
- 2) In these circumstances, the Designated Authority will ensure that the Ministry's early alert system is notified with 1 hour of becoming aware of the incident. Notification will be by fax to 1-866-312-0672 or if fax is not available, by telephone to 1-866-312-0673.
- 3) The Serious Occurrence Initial Notification Report will be used.
- 4) If the report is faxed, the Designated Authority will also telephone the early alert

system and leave a voice mail stating the a Serious Occurrence Initial Notification Report was faxed, the time and date of the fax, the name and telephone number of the Designated Authority who completed the Serious Occurrence report.

- 5) Where the report is filed by telephone, the Designated Authority will either speak to a Ministry official or will know that the report has been left on the appropriate voice mail based on the Voice Message introduction which clearly states that it is the message centre for the early alert system.
- 6) The Preschool will then follow normal Serious Occurrence Reporting procedures including filing an Initial Notification Report and an Inquiry Report.

## **6.67 FIRE DRILLS**

The Day Nurseries Act requires that a fire drill be held once a month to ensure that the building will be evacuated safely in the event of a fire. The plan for evacuating the building during fire drills, fires and other emergency situations is posted at a strategic point in the preschool setting.

### **Procedure for Fire Drills**

- 1) Teacher A - Leads the children out of the main front doors and proceeds to the tennis court area PRIMARY ROUTE. Teacher stays with the children while Teacher B calls the fire department 911. The teacher will ring the alarm if fire is detected before the smoke alarm activates. Assists the children in moving quickly and safely from the building regardless of state of dress.
- 2) Teacher B - Is last to leave the building, checking hiding spots in all rooms and takes attendance book with complete list of children's names and contact phone numbers. The teacher will contact all caregivers for children pick up. Will use the fire extinguisher in the event of a small fire.
- 3) Alternative Plan - In the event that the main entrance should be blocked, Teacher A will lead the children through the Side Doors and over to the tennis courts.
- 4) All monthly fire drills will be recorded upon completion.

### **Fire Safety Plan**

- Teachers will be responsible for training the children about fire safety

through monthly fire drills. Teachers will record these drills.

- The Board of Directors will ensure that each parent has a copy of the Fire Drill Procedure in their handbook.
- The Board of Directors will make monthly visual checks of the extinguisher's gauges and report any faults.

## **6.68 ACCIDENT PROCEDURE**

On enrolment, parents are asked to provide information about where they can be contacted during the day in case of an emergency. They are also asked to provide the name and telephone numbers of a relative or friend who may be contacted if they are unavailable. Parents should notify the preschool of any changes in information.

## **6.7 CRIMINAL REFERENCE SCREENING**

- All staff will be required to provide criminal reference / police checks every 3 years
- It is understood that the Preschool will reimburse staff for any expenses incurred in doing so

# APPENDIX A

## COMMUNICABLE DISEASE CHART

<u>DISEASE</u>	<u>INCUBATION</u>	<u>SYMPTOMS</u>	<u>ISOLATION</u>	<u>INFECTIOUS PERIOD *</u>
<b>Chickenpox</b>	14 - 21 days	Slight fever, rash of pink spots turning into itchy blisters which break and crust - new spots appear daily for several days.	7 days from rash or 2 days after new spots. Isolation is not necessary for siblings not exhibiting the disease.	5 days before to 5-6 days after first appearance of skin blisters.
<b>Measles (rubeola)</b>	10 - 14 days	Runny nose, sneezing, watery eyes sensitive to light, dry cough, high fever (3-4 days), then dark red, blotchy rash which first appears behind ears, then neck and face.	7 days (or more) from rash	4 days before until 5 days after rash appears.
<b>German Measles (rubella)</b>	14 - 21 days	Swollen glands at back of neck, mild fever, and faint pink spots which often cover body first day, then merge and fade. Rash may not be noticeable.	5 days from rash.	7 days before until 5 days after onset of rash.
<b>Pink Eye</b>	24 - 72 hours	Light sensitivity, irritation, redness of eye, discharge from the eye (tears or pus).	Child should not attend school during the acute stage.	Infectious until treated with medication and symptoms abate.
<b>Impetigo</b>	4 - 10 days	A lesion or lesions containing pus that ordinarily rupture and crust within a few hours to 2 days. Often seen on the face around mouth and nose. Can be spread over body caused by staphylococci or streptococci. Transmission is by contact with a person who has a purulent lesion or who is an asymptomatic carrier (usually nasal).	Child should be kept out of school while lesions are moist and draining. Should be treated with a local or systemic antibiotic.	As long as purulent lesions continue to drain.

<b><u>DISEASE</u></b>	<b><u>INCUBATION</u></b>	<b><u>SYMPTOMS</u></b>	<b><u>ISOLATION</u></b>	<b><u>INFECTIOUS PERIOD *</u></b>
<b>Lice</b> (Pediculosis)	Eggs of lice hatch in a week and reach sexual maturity in 2 weeks	Infestation of the head hair, the hairy parts of the body, or clothing with adult lice larvae or nits (eggs) small ovoid nits are fixed to the hairy shafts and are dislodged with great difficulty.	Child should be kept out of school until they and their belongings and clothing are treated.	While lice remain alive on the infested person or in his clothing and until eggs in hair and clothing have been destroyed. Can be transmitted by personal contact or from combs and hats.

\*\* **INFECTIOUS PERIOD**: or **PERIOD OF COMMUNICABILITY** is the time period we recommend to keep your child at home if a sibling has a diagnosed case of any of the mentioned communicable diseases.

## **APPENDIX B**

### ***WHAT IS HEPATITIS B?***

Hepatitis B is a disease caused by the Hepatitis B virus which attacks the liver. Inflammation in the liver may occur but this inflammation is not present at all times during infection.

### ***WHAT ARE THE SYMPTOMS?***

Most adults who get infected are unaware that they have the virus. Some have no symptoms at all. Some have illness about 6 weeks to 6 months after initial infection. They may develop the flu or the symptoms could include a loss of appetite, marked fatigue, and jaundice (yellow skin and eyes). Whether the infected person is aware of the illness, this usually passes. The body gets rid of the virus and the individual is cured. This condition is called acute hepatitis. There are no long lasting effects.

In some people, particularly those infected in childhood, the initial infection may not cause any symptoms, but the body does not clear the virus. The infection persists usually for the rest of the individual's life. They may not be aware anything is wrong.

Occasionally, they might feel tired, or have an attack of jaundice, but this usually passes.

This is called chronic Hepatitis B. One in 20 infected becomes chronic carriers.

The majority of carriers do not develop any complications from the infection but in some, the infection causes gradual loss of liver tissue and development of scar tissue. This condition is called cirrhosis. A small number of chronic carriers will develop liver cancer as a late complication of chronic Hepatitis B infection.

In less than one case in one thousand will the disease be so severe as to cause liver failure and death.

### ***HOW IS IT SPREAD?***

Hepatitis B is spread by contact with body fluids from a person who is infected with the virus. Carriers and persons with acute infection have the highest concentrations of the virus in their blood. The virus is less concentrated but still present in body fluids and saliva. Urine and stool do not contain virus.

Hepatitis B virus can only be transmitted by direct inoculation into the body. This may occur if the virus comes in contact with a break in the body's skin or mucosal surface (mouth). i.e. needle sharing, sexual contact, exposure to body fluids in workplace, mother to an unborn baby, and people in constant contact with Hepatitis B carrier.

In the school setting, individuals who may be carriers do not increase the risk of disease for others beyond the day to day risks encountered by the general population.

There is a risk that a person infected with Hepatitis B can spread the infection to their immediate family. The husband/wife or sexual partner can catch the disease through

sexual activity. Family members with close personal contacts are at risk, especially young children under 10 years of age. The disease will not be passed through kissing, but an open cut on the skin should not be kissed. Hepatitis B virus cannot be spread by handling food.

### ***CONFIDENTIALITY***

Confidentiality of health information obtained by the local Medical Officer of Health is normally maintained. Information about carriers of Hepatitis B is only made available if the situation warrants it.

### ***HOW IS IT PREVENTED?***

Hepatitis B is 100 times more infectious than AIDS. Therefore, if we implement precautions for Hepatitis B, we will also be covering precautions for AIDS. The incidence of Hepatitis B in Canada has almost tripled in the 10 years, so awareness of prevention is important.

Good hygienic practice together with a program of immunization against Hepatitis B for those at increased risk form the basis for protection against the disease. Good hygiene should always be practiced to decrease the spread of any infectious disease. Children should avoid sharing items that may be placed in the mouth, i.e. drinking glass. Children should be deterred from putting toys, pencils and rulers in their mouth.

#### ***Wash Hands Before And After:***

- Helping children in the washroom
- Wiping runny noses
- Serving snack
- Changing diapers

In situations where it is necessary to render first aid, always wash hands well before and after. If dealing with an open wound or cut, disposable gloves should be worn. Always wash hands before moving on to another individual when rendering first aid.

If anyone has an open wound or cut there should be a bandage worn to avoid contact with someone else's open wound or cut.

Items contaminated by body fluids should be soaked in bleach and water or boiled in water for 10 minutes. Bandages and paper products should be put in a plastic bag and sealed for disposal.

If exposure to Hepatitis B has occurred, the vaccine and immune globulin should be given within 24-48 hours.

## ***VACCINATION***

Blood tests are available to screen for Hepatitis B. Immunity is acquired by one of three ways:

- Having the disease and recovering confers life long immunity.
- Vaccination against Hepatitis B provides long term immunity, although boosters may be required to increase concentration of antibodies if titer is low.
- Immune globulin for Hepatitis B provides short term immunity (3 to 6 months).

## ***HOW IS VACCINE GIVEN?***

Three doses of the vaccine are given. The 2nd dose is given one month after 1st injection. The 3rd dose is given 6 months after 1st dose. Injection is in the muscle of the shoulder.

The vaccine stimulates the body's immune system to provide protective antibodies to fight off Hepatitis B infection. The vaccine can be given at any age.

## ***EFFECTIVENESS***

The vaccine is effective. Between 86% and 96% of individuals who receive the vaccine develop protective antibodies.

## ***WHO SHOULD NOT GET VACCINATED***

### ***Never:***

- People who have allergies to yeast, mercury (thimerosal) or aluminum
- People who had Hepatitis B do not need vaccine - blood work necessary to screen for Hepatitis B

### ***Later:***

- People who have the flu or a cold
- Pregnant women

The Ontario Government is working on implementing a Hepatitis Vaccination Program. The vaccination would be given in Grade 7 or at 12 years of age. Funding has to be allotted for this program, therefore, it cannot be determined when the vaccinations will start.

## ***HEPATITIS B GUIDELINES***

### ***Occupations at Increased Risk:***

- Workers exposed to blood products, needle sticks or other sharp objects
- Dentists and others in the field
- Close contact with individuals who are Hepatitis B virus carrier
- Work places with aggressive biting individuals

### ***Incidents of Potential Exposure:***

- Blood or body fluids which have splashed into eyes, mouth, or open cuts
- Bites that draw blood
- Used needle stick injury

***\*\* Important to be tested after exposure because depending on blood work results, you may require follow-up injections within 24-48 hours of initial contact.***

## **Recommended Guidelines for Potential Exposure**

### ***For exposed wound or puncture:***

1. Should allow wound to bleed following incident. Do not squeeze affected site.
2. Affected area should be scrubbed for 2-4 minutes with soap and water.
3. Notify President of your preschool and complete the incident forms to be forwarded to the Health and Safety Office.

### ***For splashes from body fluids:***

1. Wash splashed area using soap and water.
2. If splash is to eyes or mouth, rinse with large amounts of water only.
3. Notify President of your preschool and complete the incident forms to be forwarded to the Health and Safety Office.

## **If Have Already Received the Vaccine**

Report to a hospital emergency department to have your hepatitis B titer checked to make sure that your immunization level is adequate. You will be advised if you require a Hepatitis B booster and Hepatitis B Immune Globulin.

### **If You Have Not Received Vaccine**

Report to hospital emergency department for assessment. This may include blood work, Hepatitis B Vaccine and Hepatitis B Immune Globulin.

### ***PARENTS***

If any child or parent has had contact or any concerns of potential contact, it is advised to discuss the situation with the family doctor regarding:

- Identifying if a contact has occurred
- If treatment should be considered

If treatment is deemed necessary, the local hospital emergency department may have access to vaccines. This may avoid delays if the family doctor has to order the medication. If treatment is required, it should be obtained within 24-48 hours after contact.