

# **PCH Family Handbook**

Revised March 2021

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# **1. PAPE CHILDREN'S HOUSE INFORMATION**

## **1.1 Welcome to Pape Children's House**

Pape Children's House is a community-based childcare Centre situated in Pape Avenue Jr. Public School. This area is very multicultural and situated in the heart of the Danforth community. This is an urban neighborhood that is community and family oriented. Being part of Pape Ave. Public School has helped us establish firm roots in our community and build positive relationships with our children and their families. PCH is special in many ways.

### **Contact Information**

Phone: 416-463-2043

Email: [info@papechildrenshouse.com](mailto:info@papechildrenshouse.com)

## **1.2 Location**

Pape Children's House is located on the first and second floors of the older school building of Pape Avenue Jr. Public School. The school is located on the southwest corners of Pape and Langley Ave. The address is:

220 Langley Avenue  
Toronto, ON  
M4K 3P5

## **1.3 Hours of Operation**

PCH is open all year long. The Centre opens from 7:30am to 6:00pm, Monday through Friday. Please refer to our Holiday Closure Dates (further on in the handbook) for information regarding holidays when PCH is closed.

## **1.4 Registration Requirements**

The following items must be completed before your child may attend PCH:

### **Online Platform**

1. Registration & Consent forms.
2. Fee Contract.
3. Sign-off on the PCH Family Handbook.
4. An automatic withdrawal (non-refundable) registration fee of \$200, which is deducted from the first month's fees.
5. Emergency Card information: Family members' contact information and emergency contact information, which will be kept, readily available, in the child's program and the office.
6. Photos of the family and the individual child for the program.

### **Paper Copy**

1. Toronto Public Health Medical History form - History of Communicable Diseases.
2. Child's current immunization record or Ministry approved Affidavit form.
3. A signed PAD Agreement form for automatic withdrawals.
4. An Anaphylaxis/Medical Needs/Individual Support plan or rest plan (if applicable).
5. RFRK Dietary Restrictions/Allergies form (if required).
6. Copies of any court orders regarding custody arrangements (if applicable).

## **Immunization Requirements**

PCH shall ensure that toddler and preschool children are immunized as directed by the local Medical Officer of Health.

A family of the child can object in writing to the immunization on the ground that the immunization conflicts with religion, conscience beliefs, or a legally qualified medical practitioner gives medical reasons to PCH as to why the child should not be immunized. Objections and medical reasons shall be submitted in an Affidavit form approved by the Ministry.

### **1.5 Pape Children's House Program Statement**

Created January 2017

#### **Goals and Approaches:**

Children are seen as competent, capable of complex thinking, curious and rich in potential. We believe that children learn best through play and inquiry, which are directly rooted to their interests and daily life experiences. Educators develop daily learning opportunities based on their deep understanding of child development and the observed strengths, needs and interests of the children in their programs.

PCH uses the Continuum of Development within "Early Learning for Every Child Today" (ELECT) and "How Does Learning Happen?" pedagogy to guide the curriculum. Our responsive approach to programming sparks children's natural inquisitiveness and desire to learn. The environment is adapted to meet the individual needs of the children.

Pape Children's House is a part of multiple communities. We have been led by a parent Board of Directors since 2006. During that time, we have worked with Pape Ave. Jr. Public School to provide Kindergarten and School Age before-and after-school programs in addition to our full-day Toddler and Preschool programs. Our reciprocal relationships with our school partners and local community members are valued, and we are committed to building partnerships that support children and families.

We involve local community partners and allow those partners to support the children, their families and our employees through the provision of high-quality childcare.

As leaders of early learning, we engage in respectful and responsive relationships with children, families, colleagues and the community. We are a committed, reflective, responsive and a diverse group of educators. We hope that children who leave Pape Children's House will grow to be true strong empathetic individuals.

We view this Program Statement as a living document. Our goal is to build on it as we deepen our understanding of "How Does Learning Happen". We will review this Program Statement at least annually, to ensure our practices accurately reflects this statement.

PCH's Program Statement is consistent with the Ministry's policy statement on programming and pedagogy issued under subsection 55(3) of the Child Care and Early Years Act, 2014 (reference pg.129 of the Child Care Centre Licensing Manual).

The Program Statement will be reviewed by all employees, placement students and volunteers prior to interacting with children, and following any changes to the document.

## **Supporting Belonging and Expression**

### **GOAL - What We Do**

We believe that a child's words are important, and that their input into decision making and constructive problem solving with peers and adults is vital for strengthening and reaffirming their self-worth. Our educators support and respond to all children, including those with individualized plans, in a positive and authentic way. Responsive relationships form the foundation for the development of self-regulation.

We support positive interactions among the children, families, educators and placement students/volunteers.

We believe that families are the experts on their child(ren) and we value the diverse perspectives brought to our programs.

### **APPROACH - How We Do This**

We help children to develop self-awareness through identifying feelings and behaviours while modelling appropriate actions. We encourage constructive problem solving and decision-making skills through the clarification of feelings, asking open ended questions, and offering emotional support. Educators create individualized strategies that support the development of self-regulation for each child as needed. We are responsive to children's needs throughout the day and are alert to opportunities to transform challenging behaviours into teachable moments. Children know that they are listened to and that the educators are there for them.

We allow children to explore and explain their thoughts and feelings through meaningful, reciprocal conversations with educators. When the children call, the educators respond. Simple verbal cues such as "I hear you" helps reassure a child that we are there for them.

Children are provided with opportunities to make choices and be active members in their learning. From our youngest toddlers, who participate in simple voting, to our school-aged children who have an active voting system in their program; every child is given the opportunity to actively participate and contribute.

Individual Support Plans are developed collaboratively with families and community professionals for all children with special needs enrolled in the program. We value our partnerships with all consultants and integrate their feedback and strategies into our daily practice. Our goal is to support the child's ability to participate in a meaningful and purposeful manner through adaptations to the physical, social and learning environment.

We nurture our partnerships with families through conversations at arrival and departure time, using an online application for written and pictorial communication, the annual family survey, collaborative family meetings, special guest contributions and open-door invitations to our programs. Our team of educators foster meaningful interactions with families by exchanging ideas, resources, observations, and knowledge on a daily basis.

The information that we receive from families each day is valuable and contributes to our planning for, and understanding of, each individual child.

## **Supporting Engagement and Expression**

### **GOAL - What We Do**

Our goal is to provide positive learning environments and experiences that support each child's learning and development. Our classroom environments are set up to encourage exploration and

inquiry through play-based learning opportunities. Care is given to ensure that there is time, space and encouragement for children to explore materials and relationships.

We are committed to sharing the children's learning processes with families.

We believe that it's important to offer children the perspectives of other's viewpoints, cultures, values and beliefs.

## **APPROACH - How We Do This**

Our educators ensure that the whole child is supported through curriculum planning for all developmental domains. We respect that children each have their own way of learning and take this into consideration when planning. Our educators meet the children where they are, modifying their teaching styles as needed. Educators are highly trained to observe, acknowledge and identify each child's strengths and needs, and adapt their program curriculum planning and learning materials accordingly.

The educator's documentation of the children in their program is also used to assess whether the approaches set out in this Program Statement have been effective on the children's growth and development.

Children are encouraged to take lead of their learning. Play materials are open-ended and accessible, and children are encouraged to move most materials around the classroom environment. Activities are intentionally set up to encourage engagement and open-ended play.

Educators are flexible in their schedules and spontaneous moments are turned into learning experiences, whether it is with a child individually or with a group.

Each program has a designated space for children to save art creations or project work.

Educators skillfully engage in child-initiated play when opportunities to extend learning are observed.

We practice small groupings to better support children during transitions, mealtimes and group activities. Group experiences are facilitated by educators on a daily basis and are designed to support social interaction.

Opportunities for children to interact with nature both through daily outdoor and indoor explorations and inquiry are designed to contribute to a sense of connectedness with the natural world. Whether we are indoors or outside, we use nature as a resource in children's learning. We intentionally plan trips/outings to explore our community. We make connections from daily outdoor play experiences to expand knowledge of our school community.

We use an online application as a tool to document written and pictorial observations of children's learning. We use this tool to share each child's on-going learning and development with their families. Families are encouraged to share feedback and information, as this provides multiple points of view on an experience.

Families also complete an annual family survey, and we use their feedback to determine if the goals (what we do) and approaches (how we do this) in this Program Statement have been effective for the families we serve.

Children's ideas are incorporated into program planning and their work is shared with their families and their peers. Educators use dedicated daily programming time to reflect on the curriculum in the context of the "How Does Learning Happen?" and "Early Learning for Every Child Today" documents.

We believe it is important to offer children perspective on other's viewpoints, values and beliefs through open discussions that encourage children to listen to one another respectfully, encourage empathy and taking in another person's point of view. Our educators feel it is important to address

any topic that arises pertaining to the above in a respectful and inclusive fashion, while asking open ended questions about what the children know and understand about the topic. This supports our understanding of how to respond to the children's inquiries/knowledge, curiosity and emotional wellbeing.

Our approach to diversity is informed by the interests of children and families. It is enhanced by the diversity of our team of educators, who bring multiple perspectives and a variety of knowledge to our program. We strive to widen a child's knowledge by introducing them to the diverse make-up of the world, through conversations, activities and literature. In our environment, we also utilize the PCH community of home languages, cultural celebrations and family traditions.

We strive for an environment where all families are embraced and supported, as children thrive when educators and families work in partnership.

## **Nurturing Well Being**

### **GOAL - What We Do**

We make the environment a safe space for all members of the PCH community.

Our commitment to children's well-being is woven through all areas of the curriculum by supporting children's physical, mental and spiritual health.

### **APPROACH - How We Do This**

We model and support behaviours that are non-violent and inclusive of all races, genders, cultures, religions, abilities and family structures. We are committed to learning about each other in a respectful and inclusive way. We create an environment where everyone's voice is heard and valued. Our educators model appropriate self-regulating techniques and give the children the language to use to express their feelings.

We act as role models to promote the importance of healthy eating, physical activity, sanitary practices and an overall positive state of mind. We provide a variety of healthy, natural foods designed to meet children's nutritional needs, which is an integral part of our program. We have chosen a caterer that meets the highest nutritional standards as recommended in the Health Canada document "Eating Well with Canada's Food Guide." We work closely with the caterer to meet the individual needs of children and families.

Lunch and snack times are important opportunities for group socialization, development of self-help skills, self-regulation and a sense of belonging.

Attention is paid to not only meeting individual dietary needs, including allergies and food restrictions, but to achieving this without drawing attention to differences.

Making decisions about food choices and serving sizes is one way that children learn about themselves and their own needs and wants.

Snacks are available two to three times a day. Educators also model healthy eating habits with the children and engage with the children during lunch and snack times to support socialization and self-help skills.

Children have opportunities for indoor play, outdoor play and rest, sleep, or quiet time activities which are designed to meet individual needs. These times ensure that children have adequate rest and energy to pursue their interests for the balance of the day.

We follow established procedures for sanitation and prevention of communicable diseases as well as emergency procedures. All educators are certified in Standard First Aid level C with Infant and Child CPR/AED.

## Our Commitment to Continuous Learning and Growth

### GOAL - What We Do

A commitment to professional learning and reflection is a core value of Pape Children's House. Our employees, Management Team and Board members strive to demonstrate leadership within the Early Years community.

### APPROACH - How We Do This

Educators are supported in their professional journey through daily dedicated time for program development, and through engagement with colleagues through collaborative learning and team-building opportunities. Workshops are provided and professionals are invited to team meetings on an as-needed basis to support our educators and enhance their knowledge.

We strive to stay ahead of current pedagogy, always prioritizing quality care.

### 1.6 Program Details

<b>Toddler (Sweet Peas)</b>	<b>Toddlers 18-30 months</b>	<b>Group Size: 15 children Ratio: 1 educator per 5 children Program Educators: 4 Educators</b>
<b>Rest Periods</b>  A rest period is provided in the early afternoon to ensure that children have adequate rest and energy to pursue their interests and play for the remainder of the day. Children in the Sweet Pea program must have a rest period of no more than 2 hours and are allowed to sleep, rest, or engage in quiet activities based on the child's needs.  <b>Meals &amp; Snacks</b>  PCH provides a snack in the morning and afternoon. A hot, nutritious lunch is provided mid-day. All snacks and meals are catered by Real Food for Real Kids and most food restrictions and allergies can be accommodated by the caterer.  <b>PCH IS A NUT FREE AND NO OUTSIDE FOOD ZONE</b>  Families and children MUST WASH THEIR HANDS BEFORE ENTERING THE PROGRAM.  DO NOT SEND your child with any food items.  <b>Nutrition - Food &amp; Drink Meeting Recommendations of Health Canada</b>  All meals, snacks and beverages provided by RFRK meet the recommendations set out in the Health Canada document "Eating Well with Canada's Food Guide".		



## Outdoor Play

As per the Child Care and Early Years Act regulations for children under 2.5 in care for 6 or more hours during the day, each child must spend at least 2 hours outdoors each day, weather permitting.

During inclement weather the children have an alternate program that takes place in the playroom, hallway or inside the program room. Educators also provide an outdoor and indoor gross motor program for the children.

The Sweet Peas are separated from other children during active indoor and outdoor play periods.

**If you are going to arrive later than 10:00 a.m., please email or call PCH so that we are aware that your child will be attending**

**Preschool  
(Wonderland &  
Adventure Island)**

**Preschool  
2.5 – 4 years**

**Group Size: 16  
children - per room  
Ratio: 1 educator per  
8 children  
Program Educators:  
3 Educators**

## Rest Periods

A rest period is provided in the early afternoon to ensure that children have adequate rest and energy to pursue their interests and play for the remainder of the day. Children in the Preschool programs must have a rest period of no more than 2 hours and are allowed to sleep, rest, or engage in quiet activities based on the child's needs.

## Meals & Snacks

PCH provides a snack in the morning and afternoon. A hot, nutritious lunch is provided mid-day. All snacks and meals are catered by Real Food for Real Kids and most food restrictions and allergies can be accommodated by the caterer.

## PCH IS A NUT FREE AND NO OUTSIDE FOOD ZONE

Families and children MUST WASH THEIR HANDS BEFORE ENTERING THE PROGRAM.

DO NOT SEND your child with any food items.

## Nutrition - Food & Drink Meeting Recommendations of Health Canada

All meals, snacks and beverages provided by RFRK meet the recommendations set out in the Health Canada document "Eating Well with Canada's Food Guide".

## Outdoor Play

As per the Child Care and Early Years Act regulations for children older than 2.5 and up to 5 in care for 6 or more hours during the day, each child must spend at least 2 hours outdoors each day, weather permitting.

During inclement weather the children have an alternate program that takes place in the playroom, hallway or inside the program room. Educators also provide an outdoor and indoor gross motor program for the children.

**If you are going to arrive later than 10:00 a.m., please email or call PCH so that we are aware that your child will be attending**

**Junior and Senior Kindergarten  
(Creative Minds & Marvelous Explorers)**

**Junior and Senior Kindergarten  
3.7 – 6 years**

**Group Size: 20-26 children - per room  
Ratio: 1 educator per 13 children  
Program Educators:  
2 Educators**

## Rest Periods

Kindergarten children are provided opportunities to rest or engage in quiet activities based on the child's needs.

## Meals & Snacks

PCH provides a snack in the morning and afternoon; however, families are responsible for providing two extra snacks for school. **The snacks must be peanut/nut free and cannot be eaten while in the care of PCH.**

A hot nutritious lunch is provided mid-day. All snacks and meals are catered by Real Food for Real Kids and most food restrictions and allergies can be accommodated by the caterer.

## PCH IS A NUT FREE AND NO OUTSIDE FOOD ZONE

Families and children MUST WASH THEIR HANDS BEFORE ENTERING THE CLASSROOM.

DO NOT SEND your child with food items to be distributed to other children.

**Please note:** On days where the school (not PCH) goes on field trips, and children will NOT be in the care of PCH for the lunch period, families will be responsible for providing a lunch and snacks for that trip.

## Nutrition - Food & Drink Meeting Recommendations of Health Canada

All meals, snacks and beverages provided by RFRK meet the recommendations set out in the Health Canada document "Eating Well with Canada's Food Guide".

## Outdoor Play

As per the Child Care and Early Years Act regulations for before-and-after school programs, each child is required to have at least 30 minutes of outdoor play, weather permitting, unless otherwise approved by the Director, a child's physician, or a parent of the child advises in writing.

Children are provided with the opportunity to direct the daily schedule, allowing for flexibility and independence. During inclement weather the children have an alternate program that takes place in the school's gym, the hallway or inside the program room.

## Drop Off & Pick Up

Kindergarten families can drop children off before school (7:30am-8:40am) in their PCH programs. One of the program educators will drop off the children outside of their school classes in time for school.

If families arrive after 8:40am, we ask that you drop off your child directly to their school classroom.

The school classrooms will drop off the children to PCH at lunch time and after school each day.

**If your child will be absent, please email or call PCH so that we are aware that your child will not be attending. You must also call the school to inform them of your child's absence**

**School-Age  
(Daring Dragons  
&  
Super Nova)**

**Grades  
1, 2 & 3**

**Group Size: 30  
children – per  
room  
Ratio: 1 educator  
per 15 children  
Program  
Educators:  
2 Educators**

## Meals & Snacks

PCH provides a snack in the morning and afternoon; however, families are responsible for providing two extra snacks for school. **The snacks must be peanut/nut free and cannot be eaten while in the care of PCH.**

All school-age children at PCH, including those that are subsidized, are provided with a hot, nutritious lunch. Families with a fee subsidy will not be charged an additional fee for this.

School-age families have the option to opt-out of our lunch program, which will result in a reduced monthly fee during the school year.

All snacks and meals are catered by Real Food for Real Kids and most food

restrictions and allergies can be accommodated by the caterer.

### **PCH IS A NUT FREE AND NO OUTSIDE FOOD ZONE**

Families and children MUST WASH THEIR HANDS BEFORE ENTERING THE CLASSROOM.

DO NOT SEND your child with food items to be distributed to other children.

**Please note:** On days where the school (not PCH) goes on field trips, and children will NOT be in the care of PCH for the lunch period, families will be responsible for providing a lunch and snacks for that trip.

### **Nutrition - Food & Drink Meeting Recommendations of Health Canada**

All meals, snacks and beverages provided by RFRK meet the recommendations set out in the Health Canada document “Eating Well with Canada’s Food Guide”.

### **Outdoor Play**

As per the Child Care and Early Years Act regulations for before-and-after school programs, each child is required to have at least 30 minutes of outdoor play, weather permitting, unless otherwise approved by the Director, a child’s physician, or a parent of the child advises in writing.

Children are provided with the opportunity to direct the daily schedule, allowing for flexibility and independence. During inclement weather the children have an alternate program that takes place in the school’s gym, the hallway or inside the program room.

### **Drop Off & Pick Up**

School-age families can drop children off before school (7:30am-8:40am) in their PCH programs. One of the program educators will drop off the children outside of their school classes in time for school.

If families arrive after 8:40am, we ask that you drop off your child directly to their school classroom. The children will meet at a designated meeting place (hallway in front of the library) at lunch and after school where program educators will pick them up.

**If your child will be absent, please email or call PCH so that we are aware that your child will not be attending. You must also call the school to inform them of your child’s absence**

## **1.7 Program Enrichments**

PCH provides program enrichments on a weekly basis that support children’s creativity and interests.

## 1.8 Requirements for Reduced Ratios

REDUCED RATIOS as of September 1<sup>st</sup>, 2017

Name of age category	Number of Children in Room	Number of Employees Required
Toddler 7:30-9:30 & 5-6	1-8	1
	9-15	2
Preschool 7:30-9:30 & 5-6	1-12	1
	13-16	2
Kindergarten 7:30-8 & 5:30-6	1-20	1
	21-26	2
School-Age 7:30-8 & 5:30-6	1-23	1

- Reduced ratios are not to be used during outdoor play periods
  - Ratios are not permitted to be reduced at any time for children under 18 months of age
  - The rest period is not to exceed 2 hours in length. To operate during reduced ratios this must be a period where the children are not engaged in active play (ex. sleeping or engaged in quiet, inactive play)
  - For programs that operate for 6 hours or more, during periods of arrival (ex. the first two hours), departure ex. the last hour) and the rest period (ex. up to two hours):
    - toddler ratios are no less than 1:8
    - preschool ratios are no less than 1:12
- \*for Non-Instructional Days (ex. PA days, March Break, summer, etc.)
- kindergarten ratios are no less than 1:20
  - school-age ratios are no less than 1:23
- For programs that operate for less than 6 hours, during periods of arrival (ex. first 30 minutes of a morning program) and departure (ex. last 30 minutes of an afternoon program):
  - kindergarten ratios are no less than 1:20
  - school-age ratios are no less than 1:23

## 1.9 Trips and Outings

**PCH does not permit children in our care to visit swimming pools or have access to any other bodies of water.** During the summer months, PCH educators plan water play activities as the weather permits.

- Families will be notified of all trips/outings in advance, through an online communication app and verbal reminders
- Families must sign a consent form for their child(ren) to participate in any trip/outing
- A list of all children and employees going on the trip/outing, along with their photos, will be submitted to the Management Team by the program educators, who will also take a copy with them
- The route taken for any trip/outing will be available to the PCH Management Team, and made available to families if requested.

### **1.10 Birthdays**

At PCH we recognize that each child's birthday is a time for celebration. On their actual birthday date, program educators highlight the event with a celebratory song and fun activities. Programs also have monthly celebrations, highlighting all the birthdays in that month.

To celebrate birthdays and other special events, families can order a cake through our caterer, Real Food for Real Kids, using their online ordering portal: <https://www.rfrk.com/cakes/>. Please note that they do require 10 business days notice for custom cakes, and 5 business days notice for other cakes.

### **1.11 Parking at PCH**

Families are encouraged to use the roadside next to the playground along Pape Ave. when parking. We ask families to try and refrain from parking along Langley Ave., particularly at the end of the day, since residents of the street need their parking spaces.

### **1.12 Entry into the Building**

To gain access into the building, PCH has a buzzer system in place at door #7 (accessible by walking through the preschool playground located at the corner of Langley and Pape Ave. and up the concrete stairs).

Upon your arrival, please press the button **once** and wait a few seconds for the "click" sound. A PCH employee will be able to see you on the monitor and unlock the door so that you may enter.

You may be asked for your name and your child's name before entering, for security purposes, as the systems are located in multiple rooms and not all employees are familiar with all families. There may be times where you will need to wait a few moments before someone is able to unlock the door for you.

In the event that there is no answer, and there are educators outside in the playground, identify yourself to one of them and they will use their key card to let you in. If there are no educators outside, please call the Centre.

### **1.13 Holiday Closure Dates**

PCH is closed on the following National holidays:

New Year's Day	Family Day	Good Friday
Easter Monday	Victoria Day	Canada Day
August Civic Holiday	Labour Day	Thanksgiving Day
Christmas Day	Boxing Day	

When any of the above noted holidays falls on a Saturday or Sunday, the Toronto Board of Education will determine the date on which PCH will be closed.

Note: Depending on how National holidays fall on any given year, PCH will close at noon on December 24th and reopen at 7:30am on January 2nd, when these dates fall on a weekday. PCH will email a reminder to families about holiday closures in advance.

### **1.14 Summer Move**

During the summer months, Pape School custodians take time to clean and wax the floors. This requires PCH to relocate into alternate rooms in the school building for a period up to five weeks. PCH will generally move out of our regular rooms at the beginning of July. Notice will be given to families prior to the move.

Families are asked to help PCH programs move to alternate rooms, either with their time, or by donating \$20 towards food and beverages for the volunteer movers. PCH will email families with dates in advance of the moving days.

## **2. TRANSITIONING INTO PCH**

Please note that all families are required to be available for the first week of their child's official start date at PCH.

The following is a guideline as to how the first week may look. However, each child and family are different, so we ask that you remain flexible during this time, as we strongly believe in following the child's lead.

For toddler and preschool children, families can take home their child's assigned cot from the program prior to and during the first week, so that they can practice sleeping on it during their naps at home and familiarize themselves with this new routine. Families must ensure that the cot is brought back to the program starting from when their child begins napping at the centre.

### **2.1 Toddler & Preschool Transition Schedule (First Week in Care)**

#### **Day 1 (9am-11am)**

- Families should arrive no earlier than 9am.
- Families will begin the morning routine by washing hands, putting items in their child's cubby, , looking around at each learning area to notice materials/activities before engaging in play.
- Educators will be available to support, guide, and engage with the child based on an assessed comfort level.
- We ask that families stay in the program for the duration of the visit, and to encourage their child's participation in activities.
- We invite families to stay until the end of lunch if their child is doing well and not showing signs of discomfort.
- If families are not sure of what to do at any time, please feel free to reach out and ask one of the educators in the program.

## **Day 2 (9am-11:30am)**

- Families will follow the structure of Day 1, but should assume a more passive role, encouraging their child to interact with educators and other children in the program.
- After about an hour, families should try leaving the room for half an hour but stay on premise. The staff room (second floor, Rm.16) is close by and available for families to use while waiting on-site.
- We ask families to please say goodbye as they leave the room, once their child is engaged in an activity, and remind them that you will be back soon. We do not recommend leaving without saying goodbye.

## **Day 3 & 4**

- Families will follow the structure of Day 2, continuing to support their child but spending longer periods out of room. If the child seems well adjusted, the family is more than welcome to leave PCH, but must leave all contact details with the program educators before exiting the premise
- The child will stay for lunch, which takes place around 11:30am and lasts until approx. 12-12:30pm. The family will return to the program after lunch and show the child their bed and encourage them to sleep if they want to.
- For Day 4: Families will support with nap time if their child wants to rest, and will return to pick up their child after nap time (2:30pm) if they end up falling asleep.

## **Day 5**

- After families arrive, they will follow through with the morning routine that they have established with their child. Families will then say goodbye and tell their child when they'll be back (ex. after wake-up time). Families will then leave for the day. We recommend that families pick up their child between 3:30-4pm, unless the program educators call to advise an earlier pick up.

## **2.2 Kindergarten & School-Age Transition (in Summer)**

Follow the protocols above (2.1). The rest period does not apply to children in these age groups.

## **2.3 Kindergarten & School-Age Transition (School Year)**

Note: we encourage as many visits as possible prior to starting at PCH.

### **Day 1**

- Families are asked to pick up their child from their kindergarten classroom after school and bring them for a visit to PCH, planning to spend one to three hours with their child in the program and encouraging their participation in activities. Families should follow their child's lead.
- If families are not sure of what to do at any time, please feel free to reach out and ask one of the educators in the program.
- There would be no morning or lunch visits on this day.

### **Day 2**

- Families will follow the structure of Day 1, but should assume a more passive role, encouraging their child to interact with educators and other children in the program



- After some time, families should try leaving the room for half an hour but stay on premise. The staff room (second floor, Rm.16) is close by and available for families to use while waiting on-site.
- We ask families to please say goodbye as they leave the room, once their child is engaged in an activity, and remind them that you will be back soon. We do not recommend leaving without saying goodbye.
- There would be no morning or lunch visits on this day.

### **Day 3**

- Families should drop off their child to their PCH program between 7:30-8am, remaining on-site until school begins.
- The child will come to PCH from school for lunch and after school.
- We ask families to pick up their child by 4:30pm.

### **Day 4 & 5**

- Families should drop off their child to their PCH program between 7:30-8am and stay for 10-15 minutes.
- Families will then say goodbye and tell their child when they'll be back.
- We ask families to pick up their child no later than 5pm.
- Families are welcome to stay longer if their child is doing well and not showing signs of discomfort.

## **2.4 What to Bring on Your First Day**

### **Toddlers (Sweet Peas)**

- extra changes of clothes (socks, underwear, pants, shirts, shoes etc.) - ensure all items are labelled.
- appropriate clothing for the weather conditions.
- the child's own diapers, wipes and creams.
- a sleep toy and blanket.
- if bringing a stroller, we ask that it is small and collapsible, and that it is stored in our stroller parking zone (storage room next to Rm.14).

### **Preschool (Wonderland & Adventure Island)**

- extra changes of clothes (socks, underwear, pants, shirts, shoes etc.) - ensure all items are labelled.
- appropriate clothing for the weather conditions.
- the child's own diapers, wipes and creams, if needed.
- a sleep toy, if needed, and blanket.
- if bringing a stroller, we ask that it is small and collapsible, and that it is stored in our stroller parking zone (storage room next to Rm.14).

### **JK/SK (Marvelous Explorers & Creative Minds)**

- extra changes of clothes and shoes - ensure all items are labelled.
- appropriate clothing for the weather conditions.
- a knapsack for school.

## School-Age (Daring Dragons & Super Nova)

- extra changes of clothes and shoes - ensure all items are labelled.
- appropriate clothing for the weather conditions.
- a knapsack for school.

### 2.5 Important Things to Note

- Hands must be washed when arriving at PCH (before going into the program room), as there are children at PCH with severe allergies.
- Outside food is not permitted at PCH, however, kindergarten and school age families are responsible for providing two extra snacks for school. The snacks must be peanut/nut free and **cannot** be eaten while at care in PCH.
- Families cannot drop off their child earlier than 7:30am, even if an educator has arrived early.
- Families must ensure that a program educator is aware of their child's arrival and departure each day. Please note that children must always be accompanied by an adult in the hallways at drop off and pick-up times.
- PCH does not allow any child to leave PCH with a person other than their parent/guardian/anytime pick-up person, unless notified by the family. Please email or call PCH to notify if someone other than the parent/guardian/anytime pick-up person will be picking up their child. **Anyone picking up a child from PCH must be at least 18 years of age and have valid photo identification.** Children will not be sent home alone in a taxi/uber/lyft, etc.
- If a family member has restricted access to a child (ex. a custody agreement), PCH must have a copy of the agreement or a court order on file in order to comply.
- Each program has a communication book in their room, which is solely used by the program educators to record notes from families (ex. whether a child will be arriving late, is being picked up by someone else that day, etc.), as well as any information about the daily happenings in the program.
- PCH closes at 6:00 pm. All families and employees must leave the Centre at this time so that custodial staff can carry on with their work. Families who arrive past 6:00pm will be charged a late fee.
- Gum, candy and outside food should not be left in children's cubbies, backpacks, or brought into to PCH.
- We ask that toys belonging to a child be left at home, unless the program educators specify otherwise. For children who nap, a soft sleep toy can be brought in for rest times, and stored in their cubbies or on their cots when nap time is finished.
- Families must make other arrangements for care if their child becomes ill at home and is unable to function as usual.
- If educators find that a child is ill and unable to participate in the program, they will contact the family to pick up the child as soon as possible. Please refer to the Health & Well-Being Policy for more information.
- Families are encouraged to label all of their child's belongings. PCH employees do their best to ensure that all items remain with the correct child, but they are not responsible for lost or misplaced items. Please check the school's lost and found bins regularly for any misplaced items.
- We ask that families encourage their children to follow the rules set out by PCH at drop off and pick up times (ex. walking feet in the halls and program rooms, using indoor voices, etc.).
- PCH does not permit violent play or play with weapons.

- PCH has Emergency Management Policies and Procedures in place in the event of an emergency. The PCH Management Team will ensure that clear and effective communication is provided to families, and any other authorities, during and following the emergency event.
- If a family is concerned with their child's development, we encourage them to speak with one of the program educators or a member of the Management Team. PCH has access to a Resource Consultant who offers support to children, families and educators if needed.

## **2.6 Transitioning from Program to Program**

At the beginning of June each year, families are informed if their child will be moving programs for summer, September and onwards.

Transition days (whether partial or full days) are an intentional part of our practice at PCH to support the child's emotional well-being and help to ensure a happy and smooth transition to a new program. During the transition process, the child is still enrolled in their original program, allowing them to return at any time, should the need arise.

If the child is doing well during the transition process, we encourage more visits to the new program and for the child to stay for longer periods of time. During the transition process the child's belongings are gradually moved to the new room and a space for that child is created, to ensure that the child's needs can be met quickly and so the child feels welcome and included in their new space.

Visits to the new program do not create an open spot in the original program that can be filled. During this period of time, the family is still charged at the rate of the original program room. PCH does not fill that child's space in their original program room until the official start date in their new program.

## **2.7 Graduation Policy**

Graduation between programs at PCH is based upon availability of space in the programs. The graduation selection process is prioritized through a combination of the child's start date at the Centre and their date of birth.

The decision-making process will be administered as follows:

1. Start date of the child at the Centre
2. If more than one child entered PCH on the same day, then the date of birth will be used (with priority going to the older child).

## **2.8 Space Availability Policy**

Although every effort will be made to ensure that children will be able to remain in PCH until grade 3, we cannot guarantee this. Our license with the Ministry of Education limits the number of children we can accommodate in each program room.

Continuation at PCH will depend on the number of vacancies available in the programs.

The Board of Directors and the Management Team will continually monitor enrollment levels and ages of the children.

In the case that PCH has space limitations, and there is no alternative program, priority will be given to families with seniority at PCH. Seniority is determined by the family's start date.

Family start date is determined by the start date of the first child within a family who is currently registered at PCH. If there has been an interruption in registration, the start date will be considered the date of when the family resumed service at PCH.

In the event that there are more children with same level of priority for the number of spots available, a lottery will be administered by the Management Team and at least two Board members to determine which families will not be able to remain at PCH. These families will be given at least 1 month's written notice to find alternative care.

## **Procedure**

- In May each year, the Management Team will evaluate the number of spaces that will be required in September.
- A survey for the upcoming year will be issued to each family to determine the need for care in summer and September.
- Once the needs of each family have been determined, families who are withdrawing will be asked to follow the Withdrawal Policy.
- If notice is given to a PCH family because of space restrictions, that family will be given priority on the waiting list, and if additional space becomes available these families will be notified.
- Families will be offered assistance to locate alternate care.

## **2.9 Seasonal Clothing Requirements**

In order for children to take full advantage of our program, it is important that they wear comfortable play clothes. We have scheduled outdoor play time each morning and afternoon. Families must ensure that their child is dressed appropriately.

The spare clothes in children's cubbies/knapsacks should reflect the current season and should be **clearly labelled**. The educators are not responsible for any lost or misplaced clothes.

### **Winter**

It is always better to be prepared for the coldest weather.

Winter gear includes boots, snow pants, hat, mittens and warm snow jacket.

We recommend using neck warmers instead of scarves and avoiding any clothing or mittens with strings, as they could pose a strangulation hazard to children when playing outdoors.

PCH has limited access to extra winter items.

### **Spring & Fall**

As our outdoor play areas can get muddy in spring and fall, rain boots are necessary.

### **Summer**

Unprotected sun exposure has been linked to a higher risk for skin cancer later in life.

All children are at risk, not simply those with fair skin.

Our summer requirements are that families :

- Should provide a sun hat for their child.
- Must put sunscreen on their child each morning before leaving them at PCH. The educators will re-apply sunscreen for all children before playing outside in the afternoon.

### **3. THE PCH TEAM**

#### **3.1 Non-Profit Organization**

Pape Children's House is a non-profit organization licensed by the Ministry of Education and governed by a parent Board of Directors. In order to provide families with subsidized childcare we hold a purchase of service agreement with Toronto Children's Services.

As a non-profit corporation, PCH is required to hold an Annual General Meeting (AGM) of its membership. Families are given at least 1 months' notice of the AGM date.

The AGM is usually held at the end of September each year.

New Board members are elected at the AGM, and all families are each allotted one vote, as they are members of the organization.

The AGM provides an opportunity for the Board to report on the financial status of the Centre, appoint an auditor for the year, review the past year and plan for the year ahead.

#### **3.2 The Board of Directors**

The Board is comprised of parents elected at the Annual General Meeting by the members of the organization. The Board of Directors, Director and Supervisor meet a minimum of six times per year, or as needed.

A complete set of by-laws governing the Board of Directors is available to families on the Family Information Board in the Rm. 13 hallway, outside of the PCH office.

The Board is committed to working co-operatively with PCH employees to provide the best possible working conditions and environments for children.

Any families interested in contributing to discussions on specific issues, or observing a meeting are welcome to attend. Please inform the Management Team if you wish to do so.

#### **3.3 The Management Team**

The Management Team is responsible for decisions regarding the day-to-day operations of PCH. As part of our Management Team we currently have a Director, a Supervisor and an Administrative Assistant. The Director is accountable to the Board of Directors and the Supervisor and Administrative Assistant are accountable to the Director.

The primary responsibilities of the Director include financial management, budgeting, applying for funding sources, enrolment and projections, record keeping, interviewing and hiring, legislation and policy changes, sourcing program enhancements and more.

The primary responsibilities of the Supervisor include everything pertaining to children, families, employees and curriculum planning.

The primary responsibilities of the Administrative Assistant include sending and responding to emails, taking phone calls, delivering messages, creating staffing schedules, arranging for supply coverage, filing, and everything in between.

In the event there is a report from a local authority (ex. fire department or public health unit) where an order or direction has been given, or where enforcement action has been taken against PCH, the Management Team will notify their program advisor of the report immediately inform and will provide a copy of the report to the Program Advisor within 2 business days.

### **3.4 Educators & Team Members**

PCH employees report to the Supervisor, or to the Director in the Supervisor's absence. Our program teams are comprised of Registered Early Childhood Educators (RECEs) and Early Childhood Assistants (ECAs). The PCH team also includes a housekeeper, a floater, and RECE/ECA supply employees.

ECE students from George Brown College complete their seven-week field placements at PCH. Placement students are closely monitored by PCH program educators and are not included in our ratios. Placement students are never left alone with any children.

## **4. FEE POLICIES**

### **4.1 Paying Your Fees**

Families will be charged a \$200 deposit as a registration fee, per child, within 2 weeks of accepting a spot at PCH. The registration fee is deducted from the first month's payment and is **non-refundable**.

Fee payment is due on the 1<sup>st</sup> or 15<sup>th</sup> of every month (which families will indicate on the Fee Contract and PAD Agreement when registering). Families must submit their completed Fee Contract and PAD Agreement to the Management Team prior to their child attending PCH.

If a child is absent, fees are still required for that time period.

PCH fees and the \$200 deposit are paid by families through pre-authorized withdrawals from their bank account, as indicated on the PAD Agreement.

PCH does not charge NSF fees, however you may receive charges through your banking institution.

The Board of Directors may terminate the care of any child(ren) if fees are in arrears. The family of the child(ren) listed in the notice of termination will have 7 days to pay the outstanding amount after receipt of the notice, or the termination will be deemed final. Families who fail to pay their fees will lose their childcare space, and a collection agency will be contacted to obtain outstanding payments.

There will be an annual fee increase in January of each year. The new fee structure will be emailed to families in early December of each year. Fees are also posted on the Family Information board in the Rm.13 hallway, outside of the PCH office, and are signed by the treasurer.

Please refer to the Withdrawal Policy for any suspension or withdrawal of childcare. If families do not follow the Withdrawal Policy, payment for a full month will still be required.

### **4.2 Childcare Subsidies**

Childcare subsidies are available to those who qualify through Toronto Children's Services. Children's Services can be reached Monday to Friday, 8:30 a.m. to 4:30 p.m. at 416 -392-5437, or by visiting their website at [www.toronto.ca/children](http://www.toronto.ca/children)

At PCH we cross-subsidize the cost of lunch, supported by parents paying full rates, to ensure that no children will be refused access to our lunch programs.

### 4.3. Vacation Notice

We ask that families notify the Management Team by email of any holidays their child(ren) will be taking, along with the dates that they will be away from PCH. Families are responsible for paying their fees during this time period.

### Vacation Days for Subsidized Families

Toronto Children's Services allows for a total of 35 days of absence from the Centre, which includes sick time and holiday time. The maximum number of consecutive days allowed to be taken is 20. After the 20<sup>th</sup> day, subsidized families must resume attendance at the Centre, or risk losing subsidy and then must pay full fees.

Subsidized families are still responsible for paying their regular fees during holiday or sick time. If more than the allotted 35 days, is required, the family must apply for an appeal with Children's Services.

### 4.4 Withdrawing Your Child from Pape Children's House

If a family will be withdrawing their child from PCH between July 1<sup>st</sup> and August 31<sup>st</sup> of that year, PCH requires notice by May 1<sup>st</sup> of that year. Otherwise, PCH requires one month's notice for any withdrawals from the centre.

If families withdrawing between July 1<sup>st</sup> and August 31<sup>st</sup> do not give notice by May 1<sup>st</sup>, or families withdrawing in any other months give less than one month's notice, payment for a full month will still be required.

Month	Notice Required
January	30 days
February	30 days
March	30 days
April	30 days
May	30 days
June	30 days
July	By May 1st
August	By May 1st
September	30 days
October	30 days
November	30 days
December	30 days

For families on subsidy, it should be noted that in accordance with Toronto Children's Services policy, children cannot use absent/vacation days and must be in attendance prior to withdrawal. This policy also applies if a subsidized child is transferring from one childcare location to another.

Subsidized families will be responsible for the fees associated with any absent days that are not covered by Toronto Children's Services. Any such fees will be assessed at the full fee rate.

**Failure to settle accounts upon withdrawal may disqualify families from transferring their children to other childcare centres or receiving subsidized childcare in the future.**

Toronto Children's Services will be notified of withdrawals of subsidized children by the Management Team.

## 4.5 Income Tax Receipts

A receipt for income tax purposes will be emailed no later than February 28<sup>th</sup> of each year. Special requests regarding tax receipts (i.e. 2 separate receipts, only one parent's name on the receipt, etc.) can be made on our online registration form at the time of registration. Income tax receipts will only be mailed by special request.

## 5. PCH POLICIES & PROCEDURES

### 5.1 Accessibility Policy

Pape Children's House is committed to developing policies, practices, and procedures that provide accessible quality services to its clients and their children.

Services will be provided to clients with disabilities in a manner that promotes and respects dignity, independence, integration and equal opportunity.

Pape Children's House is dedicated to ensuring all programs and services are accessible to families and their children in accordance with Ontario Regulation 429.07 - Accessibility Standards for Customer Services.

PCH will endeavor to ensure that this policy and related practices and procedures are consistent with the following 4 core principles:

**Dignity** - Persons with a disability must be treated as valued clients as deserving of service as any other customer

**Equality of Opportunity** - Persons with a disability should be given an opportunity equal to that given to others to obtain, use and benefit from our services

**Integration** - Wherever possible, persons with a disability should benefit from our services in the same place and in the same or similar manner as any other customer.

In circumstances where integration does not serve the needs of the person with a disability, services will, to the extent possible, be provided in another way that considers the person's individual needs.

**Independence** – Services must be provided in a way that respects the independence of persons with a disability. To this end, we will always be willing to assist a person with a disability but will not do so without the express permission of the person, child or family.

The provision of services to clients with disabilities will be integrated unless an alternative measure is necessary, whether temporarily or permanently, to enable clients with a disability to participate in the services offered by Pape Children's House.

### Communication

Pape Children's House is committed to communicating with clients with disabilities in different or alternative ways that take into consideration their disability.

Educators will be trained on how to interact and communicate with clients with disabilities in a manner that is respectful of a client's dignity and independence.

Alternative methods of communication will be provided as requested.

### Use of Assistive Devices

Assistive Devices, guide animals and/or support persons may be used by clients to assist in accessing services at Pape Children's House.



- PCH may require a person with a disability to be accompanied by a support person where it is necessary, to protect the health and safety of the person with a disability or the health and safety of others on the premises.
- All service animals must have proof of vaccinations required under the Child Care and Early Years Act.
- Employees, placement students and volunteers will be properly trained in how to interact with clients with disabilities who are accompanied by a service animal, a support person or an assistive device.
- The use of such items must be compliant with the regulations outlined in the Child Care and Early Years Act and the Assessment for Quality, or other regional requirements.  
When a child at PCH requires an assistive device, an Individual Support plan will be created and implemented, which all employees, placement students and volunteers must review upon implementation and on an annual basis.

### **Feedback Procedure**

- The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) requires organizations to implement a feedback method that allows clients to provide feedback on perceived barriers, including how to ask for assistance.
- PCH accepts feedback in a variety of ways including in person, by phone, in writing or by email. Our feedback protocol requires PCH to respond to all client inquiries within 7 business days.

### **Training**

PCH will provide training and ongoing training as required under the Act, to all employees, placement students and volunteers.

### **Content & Timing of Training**

The following will be reviewed annually by all PCH employees, placement students and volunteers:

1. The purpose of the Act and requirements of the Standard through HR Downloads training modules.
2. The Accessibility Policy, which is reviewed and signed off on annually.
3. All Individual Support Plans, including those for children requiring assistive devices – located in the Individual Plans binder in the PCH office and in the child's file.

### **Documenting Training**

The policy is to be reviewed with all employees, placement students and volunteers before they begin their employment/placement/volunteering and annually thereafter.

Records of training will be stored in the PCH office.

The above policies and procedures will apply to all services that are delivered by Pape Children's House, including services delivered in person, by telephone, electronically, visually, orally or by written materials.

The Accessibility Policy is available to our families through the Family Handbook, which is always accessible on our website ([www.papechildrenshouse.com](http://www.papechildrenshouse.com)).

Alternative formats will be provided if requested.

## **5.2 Accident & Incident Policy & Procedure**

### **Accidents**

On occasion children will incur accidents or inflict injuries on one another through the course of play, either inadvertently or with intent. In the event of such occurrences, all PCH employees will follow the guidelines outlined below.

- Assess the situation, and the scope of the child(ren)'s injuries while providing comfort to the injured individual(s).
- Follow first aid treatment protocols as needed. For life-threatening injuries emergency personnel will be contacted immediately, and the Serious Occurrence Reporting Policy & Procedure will be followed.
- Injuries requiring first aid will be documented on an Accident Report, which is filled out and signed by the educator who wrote the report (whoever either witnessed the accident or treated the child). On the day of the accident, the family and the Management Team will be notified. The family will be given the Accident Report to sign and will be given a copy. A member of the Management Team will also sign the report.
- If an educator feels that it is needed, or if the injury requires further medical treatment, the educator will call the child's family, notifying them of the injury. Otherwise, families will be notified of any accidents as they pick up their child at the end of the day.
- If the injury is minor and does not require immediate first aid or medical attention, the child's educator will verbally inform the family of the injury at pick up time. An Accident Report will not be required.

### **Incidents**

An Incident Report will be completed when there has been an incident affecting the health, safety or well-being of a child in care (ex. bodily harm such as hitting, biting, etc.). After completing the report, the family is able to review it before signing.

## **5.3 Anti-Bias/Anti-Racism Policy**

### **Policy**

PCH promotes ethno-cultural heritage practices both in teaching and in employment. We deliver a program and services that are non-discriminatory, racially sensitive and culturally appropriate. Our Centre does not tolerate any verbal or physical expression of a racial or ethnic bias which exhibits a negative attitude, disparagement, or hatred toward a person's or group's race, colour or ethno-culture heritage.

The "practice of freedom" is fundamental to anti-bias education. Our curriculum goals are to enable every child to:

1. Develop comfortable, empathetic, and just interaction with diversity.
2. Construct a knowledgeable, confident self-identity.
3. Develop critical thinking and the skills for standing up for oneself and others in the face of injustice.

Anti-bias curriculum embraces an educational philosophy as well as specific techniques and content. It is value based. Differences are good, oppressive ideas are not. It sets up a creative tension between respecting differences and not accepting unfair beliefs and acts. It asks educators

and children to confront troublesome issues rather than covering them up. An anti-bias perspective is integral to all aspects of daily life in our programs.

The core of the anti-bias approach builds upon the emotional well-being of children. Planning a curriculum within such framework of inclusion will naturally result in each child acquiring positive feelings of self-worth (inclusion being defined as no one being left out or helping everyone feel a part of the group).

### **Definition of a Racial Incident**

A racial incident involves discrimination against people based on their race, religion, language, colour or cultural background.

The incident may be of an overt or subtle/passive nature, verbal, physical, exclusion or avoidance, written and/or inactive/passive behaviours.

Examples may include slurs, racial jokes, taunting, discourteous treatment, stereotyping, threats, abuse, intimidation or racist written material.

Racism may be expressed or manifested by the following behaviours: verbal, physical, exclusion or avoidance, written and/or inaction/passive behaviours.

### **Definition of a Biased Incident**

A bias includes prejudice or discrimination against people because of race, ancestry, place of origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, handicap, economic status or other diversity.

Incidents may be manifested in one or more of the following ways: banter, jokes, name calling, discourteous treatment, graffiti, threats, insults, exclusion, defamatory statements or physical violence.

Bias or discriminatory attitudes may be subtle, covert, overt and sometimes unconscious or casual. Note: all biased incidents must be reported to the Management Team and documented by a member of the Management Team. Documentation(s) will be stored in the applicable child or employee's file.

### **Procedures to be Followed when Handling Allegations of a Racial/Biased Incident for Employees, Families, Placement Students & Volunteers**

1. All racial incidents involving employees/families/placement students/volunteers will be reported to the Management Team, who will inform the Board of Directors.
2. The Board of Directors will investigate the alleged racial/biased incident(s) along with all related documentation.
3. A meeting of all parties concerned, and a member of the Board of Directors will be arranged.
4. In the event that an allegation is substantiated against an employee, they will receive a written "first warning" from the Board of Directors.
5. The occurrence of a second incident involving the same employee will be investigated by the Board and a letter of suspension will be forwarded if the allegation is substantiated. The suspension will be without pay. The letter will state that any further substantiated incident will lead to the dismissal of this employee, where the seriousness of the incident warrants it.
6. All documentation and letters regarding biased/racial incidents will be placed in the applicable child (if the offender is a family member) or employee's file, in a locked filing cabinet.
7. If the offender is a family member, the Board of Directors will be informed of the incident, a meeting of all parties concerned will be scheduled and the allegations investigated. The Board of Directors will decide how to resolve the issue and may require the family to remove their child(ren) from PCH.

8. It is the Supervisor, Director, and Board of Director's responsibility to ensure that all reported or observed incidents are investigated.

### **Resolving Racial/Biased Incidents when Adults Are Involved (ex. employees, families, etc.)**

Follow the above procedures.

### **Resolving Racial/Biased Incidents when Children Are Involved**

When a child teases or rejects another child on the basis of race or ethnic background, physical or mental ability, or family composition, educators should respond immediately and treat the incident seriously.

We believe these incidents are opportunities for children to learn to support and respect each other. At the same, we explain that the behaviour is not acceptable.

Educators will handle these situations in an age-appropriate manner, while continuing to foster the child(ren)'s self-worth.

### **Action Steps to Resolve a Racial/Biased Incident Between or Involving Children**

Educators should try to resolve the matter by talking to the children and explaining why the behaviour is not acceptable, and by using the following guidelines:

1. Support the targeted child, acknowledge their feelings, and support with re-establishing their self-esteem.
2. Speak individually to all children involved.
3. Complete an Incident Report for the child who imposed the incident.
4. Individually discuss the incident and resolution with all of the families whose children were involved, focusing on the role that their child had and not discussing any other children.
5. In the event that there are repeat incidences, a more in-depth action plan will be created with the Management Team, the family, and the educators in the child's program.

### **Responding to Witnesses of Racial/Biased Incidents**

Witnesses to incidents should not be considered as passive onlookers. They have seen and heard the offending behaviour and have an integral role in the resolution of and the response to the incident. They are emotionally involved and may be as hurt or upset as the child(ren) directly involved.

Witnesses can also help in verifying the facts of an incident when there are conflicting accounts. When talking to witnesses, educators shall:

- Talk to the witnesses as a group – there may be several different accounts of the incident. Be sure that everyone understands that different versions do not mean someone is not telling the truth, this just reflects how people experience and remember events differently. Allow them to say what they saw or heard in their own words. Do not lead or pressure them to give information or take one side.
- Let them express their own feelings and opinions about what happened. Be patient and supportive. Keep in mind that they may be having emotional reactions.
- Assure them that their feelings are valid. Assist them to express what they are experiencing. Be sure to let them know that it's ok to feel the way that they do, that the situation can and will be resolved and that things will get back to normal. Reassure them that they are not guilty of anything and that no one will be punished.
- Explain to the group which behavior was inappropriate and why it is not acceptable.

Give reasons appropriate to the age group and try to get an agreement on the importance of values such as making everyone feel welcome to join in activities and treating everyone with respect, etc.

- Talk about your expectations of the group.
- Encourage empathetic feelings for the child(ren) affected.
- Explain how the child who imposed the incident could have acted more appropriately. Show them that there is more than one way to express anger, frustration, hurt feelings, etc.

## **5.4 Biting Policy**

### **Policy**

Biting incidents can be a very emotional issue for children and their families.

In situations where a child's skin has been broken, both children involved in the incident should be referred to their health care provider for assessment and follow-up of immunizations if needed.

### **Purpose**

The purpose of this policy is to ensure that all employees, placement students and volunteers are aware of and adhere to the directive established by Toronto Public Health (TPH) regarding any biting incidents. All employees, placement students and volunteers will review this policy and its procedures on an upon starting employment/placements/volunteering at PCH and annually thereafter.

### **Child Biting Procedures**

1. Respond immediately - focus attention on the child who was bitten.
2. Provide appropriate first aid:
  - If the skin is not broken:
    - Wash the bite thoroughly with soap and water.
    - Examine injury site for puncture marks/broken skin.
    - Apply a cold compress to the injury site.
    - Rinse the biter's mouth with water.
    - Fill out Accident Report for the child who was bitten and an Incident Report for the child who bit.
    - Inform the families of the child who was bitten and the child who bit.
    - Inform the Management Team.
  - If the skin is broken:
    - Wash the bite out thoroughly with soap and water.
    - Observe both children to see if there was any blood involved.
    - Allow the wound to bleed gently, without squeezing.
    - Apply a cold compress to the wound.
    - Apply a loose dressing (gauze) and seek medical attention if the bite is deep and bleeds a lot.
    - Fill out Accident Report for the child who was bitten and an Incident Report for the child who bit.
    - Inform the families of the child who was bitten and the child who bit, both of whom should be referred to their health care provider for assessment and follow-up of immunizations if needed.
    - Inform the Management Team.

3. Individuals may also contact Toronto Public Health for further information and counselling in instances where the skin has been punctured, with or without blood.  
If either child has hepatitis B, C or HIV, report the incident to Toronto Public Health as soon as possible and ensure confidentiality of the children and families is respected.

**Toronto Public Health 416-392-7411 or the TPH Bloodborne Diseases team 416-338-8400 or by email at [CDCBloodborne@toronto.ca](mailto:CDCBloodborne@toronto.ca)**

4. Educators should recommend that families observe the wound over the next few days and to seek consultation from a health professional if redness or swelling develops.
5. Educators will NOT reveal the identity of the child who bit to the families of other children. Instead, assure the families that the program educators are aware of the problem and are working toward solutions, but that all children can have problems with biting.
6. The families of both the biter and the bitten child will be notified within an hour of the incident.

### **Plan for Continuous Biting Incidents**

When this occurs, the following steps will be taken:

- The program team will have a meeting to discuss an action plan for the specific child.
- Every occurrence will be charted and will indicate the location, time, participant behaviors, etc.
- The program team will evaluate the immediate response given to ensure appropriateness (comforting the bitten child and treating their injury, providing a firm and disapproving response to the biter that does not inadvertently reinforce the behavior, etc.).
- The context of the biting incidents will be determined: analyze, chart, and profile.
- Educators will shadow children who have a biting tendency, anticipate biting situations and teach non-biting responses, adapting the program as necessary. Educators might shadow a severe biter for 2 weeks or more to prevent the behavior, as some evidence suggests that the behavior can dissipate during this timeframe.
- In the case that multiple biting episodes happen from the same child, the family and educators will collaborate together to help better assist the child in dealing with this behavior.

### **5.5 Child Abuse Policy**

The Child Care and Early Years Act, 2014 prescribes standards for reporting suspected child abuse which must be followed by all employees, placement students, volunteers, and those who provide care or guidance at the centre.

The purpose of this policy is to provide a better understanding of how child abuse can be recognized or detected, and the responsibilities of the above-mentioned individuals in the event that they suspect a child is the victim of abuse or at risk of abuse.

#### **Policy**

Our primary objective is to meet the needs of children through the provision of high quality childcare services, provided in a safe and nurturing environment.

In order to ensure the safety of all the children, employees, placement students and volunteers need to be able to recognize and respond to suspected child abuse.

## Procedures

1. Report suspected abuse directly to the Children's Aid Society (CAS) within 2 hours of suspecting the abuse. It is the legal responsibility of the individual who initially suspects the abuse to report directly to the CAS, regardless of the opinions of anyone else. If more than one person is involved as a witness, those people should decide among themselves who will report. The reporting person (individual) will ensure that the CAS worker is aware of the fact that there were additional witnesses.

PCH encourages all individuals NOT to discuss their suspicions with anyone.

No one can help an individual decide if a report should be made. If the individual is unsure, they should consult with a CAS worker.

No one can advise an individual NOT to report suspicions of child abuse or try to stop the person from reporting or consulting with the CAS.

If necessary, employees are responsible for seeking immediate medical attention for children.

When contacting the CAS, individuals are expected to provide their name, their position, the Centre name, and their telephone number.

### Contact Numbers for Children's Aid Societies

**CATHOLIC CHILDREN'S AID - (416) 395-1500**

**CHILDREN'S AID SOCIETY OF TORONTO - (416) 924-4646**

**JEWISH CHILDREN'S AID SOCIETY - (416) 638-7800**

**NATIVE CHILD & FAMILY SERVICES - (416) 969-8510**

2. Individuals should inform the Management Team that they have contacted or are contacting CAS to report suspected abuse. The role of the Management Team is to act as a support to the individual. The Management Team will make accommodations for the individual to be freed from the program to make calls or attend meetings as necessary.
3. Suspicions may arise from noticing visible marks or other signs on a child, or from a child's disclosure about incidents that have occurred, and/or changes in behaviour.  
Neglect is also a form of abuse, and if an individual suspects that a child is being neglected this is to be reported. Disclosure and signs can also come from a child's family member.  
A written report is to be prepared, signed and dated by the individual making the report.  
Information should include:
  - child's name, age, sex, address, phone number.
  - the nature of suspected abuse, including any previous documentation.
4. In some cases, police services may also need to be contacted. This is usually the responsibility of the CAS. Individuals are only to call police if a child is in imminent danger or if the CAS Worker specifically informed the individual that the issue was ONLY a police matter.
5. The issue of informing the family should be discussed with the CAS Worker. In some cases, the individual may want to inform the family directly, and CAS may say this is okay. The decision of who should inform the family is to be determined by the CAS or the police.
6. Depending on the outcome of the conversation with a CAS worker, the incident may be considered a Serious Occurrence, in which case the Serious Occurrence Reporting Policy & Procedure must be followed.
7. Any time that an individual has contact with a CAS worker, they are to record the worker's full name and telephone number, and document the conversation.
8. In the event that an individual is on the receiving end of a telephone call or in-person inquiry from a CAS worker or a police officer:

- confirm the person's identity by asking for their name, title, telephone number, and badge number, if applicable.
  - ask for identification and either a photo ID, business card, badge, etc. if an individual arrives on-site and states that they are from CAS or police services.
  - Upon receiving the business card, the individual must show it to the Management Team; if the individual is shown an ID, badge, etc. they must relay this information to the Management Team immediately.
  - Upon receiving the business card, the individual must show it to the Management Team; if the individual is shown an ID, badge, etc. they must relay this information to the Management Team immediately.
  - Individuals are expected and allowed to answer questions relating to the safety and protection of the child.
  - confirm the person's identity by asking for their name, title, telephone number, and badge number, if applicable.
  - individuals are expected and allowed to answer questions relating to the safety and protection of the child.
9. Documentation regarding suspected abuse, together with any and all follow-ups, is to be maintained in a separate file labelled CAS, and not the child's file.  
The CAS file will be stored in a locked filing cabinet in the Office.
10. All individuals are required to co-operate with CAS workers and police once that worker or officer's identification has been verified. If the CAS worker or police officer wants to take a child into custody, they are legally entitled to do so, with or without a warrant.  
In this case, a member of the Management Team or employee designate will inform the child's family.
11. In the event that a family member accuses or suspects an employee/placement student/volunteer of abuse, the family member should be directed to report their suspicion to CAS. The Management Team should inform the Board of Directors AND, regardless of the decision taken by the family member to make a report, should contact CAS for a consult. Follow-up with the employee/placement student/volunteer should NOT occur until CAS has been consulted.  
If there is an allegation of abuse, the allegation must be reported as a Serious Occurrence. CAS will instruct the Management Team on how to proceed with employee management during an investigation. This may include, but is not limited to, removing the employee/placement student/volunteer from the program room or from the Centre until an investigation can be completed. In the event that the allegation is proved to be founded based on a balance of probabilities, disciplinary action may be taken up to and including termination of employment/placement/volunteering depending on the severity of the infraction.
12. In the event that an employee accuses or suspects another employee of abuse, they should be directed to report their suspicion to CAS. The Management Team should inform the Board of Directors AND, regardless of the decision taken by the employee to make a report, should contact CAS for a consult.  
The suspected employee should not be informed. If there is an allegation of abuse, the allegation must be reported as a Serious Occurrence. CAS will instruct the Management Team on how to proceed with employee management during an investigation. This may include, but is not limited to, removing the employee from the program room or from the Centre until an investigation can be completed.  
In the event that the allegation is proved to be founded based on a balance of probabilities, disciplinary action may be taken up to and including termination of employment depending on the severity of the infraction.



13. In the event that a CAS worker contacts one of the members of the Management Team to report an allegation of abuse against an employee, the member of the Management Team should:
- verify the identity of the CAS worker.
  - get as many details as possible regarding the allegation.
  - ask for any directions from the CAS worker regarding notifying families and actions to be taken with the employee.

The suspected employee should not be informed unless the member of the Management Team is instructed to do so by the CAS worker.

The Board of Directors should be notified immediately.

The allegation must also be reported as a Serious Occurrence (refer to Serious Occurrence Reporting Policy & Procedure for reporting instructions).

As an immediate step, this member of the Management Team is to ensure that the employee against whom an allegation has been made is not left alone with children.

Depending on the direction from CAS, employee management during the investigation may include, but is not limited to, removing the employee from the program room or from the centre until an investigation can be completed.

In the event that the allegation is proved to be founded based on a balance of probabilities, disciplinary action may be taken up to and including termination of employment depending on the severity of the infraction.

## **Training Plan**

The policy is to be reviewed with employees, students and volunteers before they begin their employment/placement/volunteering and annually thereafter.

## **Communication Process**

The policy is available to our families through the Family Handbook, which is always accessible on our website ([www.papechildrenshouse.com](http://www.papechildrenshouse.com)).

Alternative formats will be provided if requested.

## **Additional Resources**

In addition to the information contained in this policy and its procedures, employees are also encouraged to visit the following website

<http://www.boostforkids.org/LearnWithBoost/Information sheets/tabid/191/Default.aspx> for further information and resource sheets including:

- What is child abuse?
- Guiding children's behavior.
- High risk behavior.
- Documentation and indicators.
- Children's sexual behavior.
- Disclosure Do's and Don'ts.
- Summary of legal requirements.
- Steps in reporting.
- Helping families.
- Healing messages.
- Helping children.
- Maintaining positive relationships.
- Preventative steps.

## **5.6 Code of Conduct Policy**

A considerable amount of information is entrusted to PCH employees on behalf of the children enrolled and their families.

It is essential for all employees to respect the confidential nature of the information shared and to respect the right to privacy.

PCH has zero tolerance for any of the following in person, by email or on social media:

- threats, perceived threats, acts of violence, bullying or intimidation and slander.
- verbal abuse, swearing, name calling, or degrading responses or behaviours.
- any form of discrimination or harassment from any person in association with PCH.
- Advances on employees.
- Families taking discipline of other children into their own hands.

The Board of Directors and the Management Team reserve the right to enforce immediate disciplinary measures as the situation may warrant.

This may include the following:

- removing the offender from the premises immediately and barring them from coming onto or into the premises.
- calling police services for direction/assistance.
- calling the Children's Aid Society for direction/assistance.

The following steps will be taken once the code of conduct has been breached:

1. The Management Team will document and report the incident immediately to one or more of the following parties as necessary: The Chair of the Board of Directors, The Program Advisor from the Ministry of Education, City of Toronto Children's Services, police services or the Children's Aid Society.
2. The Management Team and Board of Directors will meet as quickly as possible to discuss and assess the incident/situation.

The following criteria (some or all) will be used to assess the situation:

- a) the impact of the incident/situation on PCH employees and children.
- b) the seriousness of the offence.
- c) the actual or potential risk/harm to child(ren) or adults.
- d) any past documentation or reports of problems with the family and/or employee involved.
- e) Any previous disciplinary action taken.

## **Consequences of Breaching PCH Code of Conduct Policy**

The following decisions may be made by the Board of Directors:

- further investigation by members of the Board.
- Verbal warning.
- Written warning.
- Discharge on 4 weeks' notice.
- In extreme cases, immediate discharge.

## **Appeals**

Once the decision of the Board of Directors has been communicated, the person(s) involved in the incident will be given 5 working days to discuss/appeal the decision.

The Board of Directors will endeavor to respond as quickly as possible and establish a process to consider the appeal.

Any documentation and formal correspondence related to the employee will remain in their file.

Any documentation and formal correspondence related to the family will remain in their child's file.

Any family who has been found to have contravened this policy and has received a verbal/written warning from PCH will be viewed as not in good standing with PCH. This means that future contraventions of this policy or other difficulties with the family may necessitate PCH to immediately discharge the family from PCH.

### **5.7 Concerns & Complaints Policy for PCH Families**

PCH will not tolerate families voicing complaints/concerns:

- in the presence of children.
- during program time.
- in a manner that is threatening or demanding to an employee, a member of the Management Team, a placement student, a volunteer, another family member or child.

It is the everyone's responsibility to set a good example and work together to provide a safe and secure environment, where everyone feels safe and comfortable.

Any family experiencing difficulties at PCH, who wishes to address their issue/concern, can arrange an appointment with the Management Team by email, telephone or in person.

Issue/concerns must always be discussed in a private and professional manner.

The appropriate person(s) involved and the Management Team will discuss the issue/concern and the resolution(s). Appropriate timeliness should be discussed if necessary.

All meetings and discussions will be documented.

If the issue/concern is not resolved within the appropriate timeline agreed upon, or within 10 working days of the discussion, either party or the Management Team will take the matter further through a letter of issue/concern to the PCH Board of Directors.

### **Letters of Issue/Concern**

All letters of issue/concern shall be addressed to the Chair of the Personnel Committee on the Board of Directors, placed in a sealed envelope, and provided to the Director.

All letters must include:

1. The name of the person writing the letter.
2. The date.
3. The issue/concern.
4. Efforts to resolve the issue.
5. The requested resolution.

The Director will date and initial the envelope and give it to the Chair of the Personnel Committee. Once the Chair of the Personnel Committee has received the letter, they will inform the entire Board of Directors.

An ad-hoc committee will be struck and will meet as soon as possible to start an investigation. No person(s) involved in the complaint/concern will be a part of the ad hoc committee.

Following completion of the investigation, the ad hoc committee will make recommendations and/or a final decision in writing within the policies and guidelines of PCH, in response to the letter of issue/concern.

Every attempt will be made to accomplish this within 20 working days of receiving the letter of issue/concern.

All persons should respect that the Board of Directors are volunteers, usually parents, of PCH and use their personal time to fulfill their duties as Board members.

There may be a delay in response to letters and the patience and co-operation of all parties involved is greatly appreciated.

The decision of the Board of Directors is final and binding on all parties to the complaint.

## **5.8 Confidentiality Policy**

Employees of Pape Children's House shall only release personal information pertaining to a child to their parent or guardian, as listed in the child's file.

Families requesting another families' phone number/contact information may leave their contact information with an educator or member of the Management Team to be passed on to the other family, so that they can get into contact with each other.

All families are also required to sign an Information Sharing Consent Form, which grants permission for PCH employees communicate and share information with the Pape Public School.

This policy is intended to reflect Pape Children's House's commitment to a professional and safe environment.

## **5.9 Criminal Reference Check (Vulnerable Sector) Policy**

### **Vulnerable Sector Checks**

As required by The Ministry of Education, PCH will obtain a Vulnerable Sector Check (VSC) from all employees, placement students and volunteers who interact with children.

A VSC is required:

- before beginning employment or otherwise interacting with children.
- on or before the 5th anniversary after the date the most recent VSC (every 5 years).
- if an employee has left PCH or taken a leave of absence, a new VSC or offence declaration is required prior to returning.

All VSCs will be reviewed by the Management Team to ensure that they are:

- conducted by a Police Service from the city or town in which the person lives.
- prepared no earlier than six months before the day it was obtained by the Centre.
- an original and complete document, which is also clear, legible and not altered. The Management Team will take a photocopy and mark it "True Copy", along with the date and signature of one of the Management Team members.

- inclusive of all information required about Criminal Code (Canada) convictions as set out in section 9 of the Child Care and Early Years Act, 2014.

All Vulnerable Sector Checks will be stored in a locked filing cabinet in the office.

### **Positions Affected**

- the Board of Directors.
- the Management Team.
- RECEs.
- Assistants.
- contract/casual/supply employees.
- placement students.
- Volunteers.

### **Board Members**

All Board members must provide a current CRC (Criminal Reference Check – not Vulnerable Sector) or Criminal Records and Judicial Matters Check, plus a Statement of Non-Interaction with Children to the Management Team upon starting their position within the Board of Directors.

### **Volunteers**

Volunteers must be 18 years of age and must have a current Criminal Reference Check - Vulnerable Sector (VSC), prior to volunteering. Volunteers are never to be left alone with any PCH children.

### **Program Visitors**

\*One-time program special guests/visitors at PCH **do not** require a Criminal Reference Check or an Offence Declaration/Attestation. They are never to be left alone with any PCH children.

An Offence Declaration or Attestation is required for any person who provides childcare or other services to a child who receives care at the Centre, other than an employee, placement student or volunteer (ex. those who provide program enrichments on an on-going basis, special needs consultants, etc.).

### **Offence Declarations**

As required by The Ministry of Education, PCH will obtain an Offence Declaration (OD) from all employees, placement students and volunteers who interact with children.

An Offence Declaration is required:

- annually, no later than 15 days after the anniversary of the most recent VSC or OD.
- where a VSC has been provided by a student or volunteer that is more than 6 months old and less than 5 years old before the individual starts interacting with children.

An Offence Declaration is also required for any other persons who provide childcare or other services to children at the Centre:

- if an Attestation is not otherwise provided, prior to interacting with children.
- annually, no later than 15 days after the anniversary date of the most recent OD or Attestation (if the person continues to provide such childcare/other services).

Offence Declarations will be obtained from all of the above mentioned once every calendar year, except if the individual has to provide a VSC that year.

All Offence Declarations will be reviewed by the Management Team to ensure that they have:

- the name of the individual who is making the offence declaration.
- the date of the last VSC or OD, or date of 18th birthday (whichever is most recent).
- a list of all of the individual's convictions for offences under the Criminal Code (Canada), if any, from the date of the last VSC or OD (whichever is most recent), or a statement that the individual has not been convicted of any offences under the Criminal Code (Canada).
- the date the OD was made.
- the signature of the individual who is making the offence declaration.

All Offence Declarations will be stored in a locked filing cabinet in the Office.

### **Attestations**

As required by The Ministry of Education, PCH will obtain an Attestation from any other persons who provide childcare or other services to children at the Centre.

An Attestation is required:

- if an offence declaration is not otherwise provided, prior to interacting with children.
- annually, no later than 15 days after the anniversary date of the most recent OD or Attestation (if the person continues to provide such childcare/other services).

An Attestation must be obtained from the person's employer or from the person/entity who retained the person's services, which indicates that:

- the employer, person or entity has retained and reviewed a Vulnerable Sector Check from that person.
- the VSC was performed within the last 5 years.
- the VSC did not list any convictions for any offences under the Criminal Code (Canada) listed in subparagraph 1 ii of subsection 9 (1) of the Child Care and Early Years Act, 2014.

All Attestations will be stored in a locked filing cabinet in the Office.

### **Other Notes**

- placement students will also need to provide an original VSC prior to starting their placement. The Management Team will review and make a copy of the original VSC, and mark it "True Copy", along with the date and signature of one of the Management Team members.
- PCH has taken steps to ensure that its hiring practices follow all legal requirements, including those established under the Ontario Human Rights Code.

### **Exceptions**

A Criminal Record Check (CRC) will only be accepted in the place of a Vulnerable Sector Check (VSC) where:

- any statute of Ontario or Canada prohibits the disclosure of information contained in a VSC in respect of a person (ex. information about persons under 18 years of age, pardoned offences, etc.).
- a Police Service will only issue a CRC, not a VSC, for an individual.
- the individual is a Director or member of the Board of Directors and does not interact with children at the Centre.

Offence Declarations must be provided every year that a Vulnerable Sector Check is not required. Any time an employee, placement student or volunteer is convicted of an offence under the Criminal Code (Canada), they are required to inform the Management Team as soon as reasonably possible and provide a new Offence Declaration.

## **5.10 Emergency Closings**

### **Severe Weather**

Severe weather conditions may cause Pape Public School to close.

This may occur before the beginning of the school day or, if conditions become severe, during the school day.

PCH is located inside Pape Public School, therefore if during the school year the school closes, PCH also closes.

The decision to close the school is made by the Ministry of Education for the Toronto District School Board. For up-to-date information, check your local radio and television station or the TDSB website. PCH will also contact families as soon as possible for closings during the day.

### **All Other**

In the event of an emergency, PCH will follow the Emergency Management Policy & Procedures that are in place.

In the event of an emergency situation that makes the PCH premises temporarily unavailable, the PCH educators and children will relocate to our designated place of shelter:

### **Blake Public School (Gym or Library), #21 Boulton Ave, (416) 393-9415**

Families will immediately be notified to pick up their children from the designated place of shelter.

If an emergency evacuation is ordered for the surrounding area, PCH will relocate to a safe place as designated by the Toronto District School Board Emergency Response team. Again, families will be notified immediately.

If there is an electrical power failure on the premises, the PCH phone line will not work.

However, we will still try to contact families via other telephone systems (ex. personal cell phone). PCH has a Fire Drill Procedure in place and conducts monthly fire drills. Pape Public School also has fire drill procedures and practices in place, which PCH follows on instructional days (when school is in session). All persons on these premises are required to obey all fire drills/alarms as per the Ontario Fire Marshal's Act.

## **5.11 Equity Policy**

The aim of Pape Children's House is to provide a safe, secure, supportive and stimulating environment where children are free to grow to their highest potential.

PCH endeavors to provide a bias-free learning environment, including the use of gender-neutral/anti-bias language in our teaching materials, and employs principles of equity in our responses to specific incidents and other facets of our programs.

Our learning environments reflect the diversity of the children at PCH and the world in which they live. The environment reflects cultural awareness and sensitivity, which is incorporated into each child's day-to-day activities. The children are taught to respect the unique cultural, religious, and ethnic heritage of different groups that make up Canadian society.

The program teams demonstrate to and discuss with the children many celebrations and traditions of diverse communities. Care is taken to avoid not only cultural, religious, ethnic and racial stereotypes, but gender typecasting as well.

Children are encouraged to participate in all aspects of activities equally.

Behaviours that are sexist, racist, and heterosexist, as well as violent play and the use of toy weapons, is not permitted.

Our programs strive to incorporate and promote respect for differences related to race, colour, ethnicity, linguistic origin, disability, socio-economic class, age, ancestry, nationality, place of origin, religion, faith, sex, gender, sexual orientation, family status, and marital status. We endeavor to ensure that all aspects of our program reflect these elements of diversity.

PCH is committed to providing the highest standards of service to children and families.

We are also committed to the protection of children, families, employees, placement students and volunteers from any form of discriminatory behaviour. PCH supports the Human Rights Code Section 4(s), which *"provides that every person has a right to freedom from discrimination..."*

The Code applies to the actions of people in the workplace itself (employment practices) and to the provision of service (childcare) to the public.

PCH employees are responsible for ensuring that this requirement of the Human Rights Code is carried out.

## **5.12 Extreme Weather Policy**

### **Heat Alerts/Smog/Wind Warnings**

According to Toronto Public Health, a **Heat Alert** is called when the combination of heat, humidity and other weather conditions can be very dangerous, especially for young children.

A **Smog Alert** is called when smog conditions reach dangerous levels (City of Toronto, 2016).

When a **Wind Warning** is issued, winds will be blowing steadily at 60-65 km/h or more, or gusting winds up to 90 km/h or more.

In the event of a heat/smog alert or a wind warning being issued, the following procedures will be practiced by all employees:

1. Call Environment Canada before starting your shift to check the temperature for the day and to check if a heat/smog alert or wind warning has been issued.

#### **The number for Environment Canada is 416-661-0123**

As well, check the communication book in the Office or on Microsoft Teams throughout the course of the day for any messages related to a heat/smog alert or wind warning.

2. If there is a heat/smog alert, there will be **no outdoor play** unless it is water play. The decision to go out during a heat/smog alert for water play should be based on whether the



majority (2/3rds of the group) of children have the appropriate attire for water play. Children who choose not to participate in water play are provided with alternative activities in a shaded area. The duration of water play **cannot exceed 30 minutes**. All children should be wearing a hat and water **must** be provided for drinking. Children should be reminded to take frequent water breaks and take breaks to rest in the shade during water play.

3. If there is a wind warning, there will be **no outdoor play**.

### **Responding to Symptoms Caused by High Heat/Smog**

In the event that a child does develop symptoms related to high heat/smog, an educator in the child's program will immediately contact a member of the Management Team and promptly do one of more of the following:

- call for medical help (if required).
- remove excess clothing from the child.
- cold sponge the child.
- move the child to a cooler environment (ex. indoors with A/C or fan).
- give the child sips of cool water or a re-hydrating drink (no ice or ice-cold water).
- inform the family to pick up their child as soon as possible.

### **Responding to Symptoms Caused by Extreme Cold**

Extreme cold is determined by temperatures of -15 degrees Celsius or colder for toddlers and preschoolers, and -17 degrees Celsius or colder for JK/SK and school-age children.

At these temperatures, the programs will not go outdoors.

In the event that a child does develop symptoms related to extreme cold, an educator in the child's program will immediately contact a member of the Management Team and promptly do one of more of the following:

- call for medical help (if required).
- move the child indoors.
- remove winter outer-clothing from the child.
- warm the afflicted area(s).
- inform the family to pick up their child as soon as possible.

## **5.13 Health & Well-Being Policy**

Policy Updated: March 29th 2019

PCH takes direction from the Medical Officer of Health with respect to any matter that may affect the health or well-being of a child receiving care at the Centre.

The Management Team is responsible for communicating any direction given by the Medical Officer of Health to all employees.

All employees must then follow the direction given by the Management Team, as per directed by the Medical Officer of Health.

This policy is intended to promote optimum growth, development and learning within each child. Factors have been considered to minimize health risks inherent in caring for children in a group setting. The purpose of this policy is to protect, maintain and improve the health of each child in care and all PCH employees.

## **Policy & Procedures**

As children arrive at PCH in the mornings, the program educators will observe them for any signs of illness. If a child falls ill during the day, an educator will follow the procedures below. We ask that families please keep their child at home if they are feeling unwell or show symptoms of unwellness prior to coming in.

### **Exclusion & Isolation/Cohorting of Ill Children & Employees**

Since young children are still building up their immunities, they are more prone to infection and disease. If a child becomes ill while at the Centre, depending on the severity of the illness, the child may be isolated in the office. The child's family will be contacted immediately to make arrangements for pick up. Once contacted, families are expected to pick up an ill child within 1½ hours. Exclusion criteria for children who are ill can be found on the PCH Illness Form.

Employees at the Centre are also susceptible to illness, as they are in close proximity to many children. If an employee becomes ill at work, they will be sent home as soon as possible, and will return once they are symptom-free for a prescribed period of time.

There are specific communicable diseases that are required to be reported to Toronto Public Health as per Ontario regulations 559/91 and amendments under the Health Protection and Promotion Act. Timely reporting of communicable disease is essential for their control. The full list of these reportable diseases, including signs and symptoms and when to exclude, is posted in each program.

It is imperative that families email or call PCH to inform the Management Team of their child's absences. If a child will be absent due to is illness, the family must inform the Management Team of their symptoms and/or medical diagnosis, so that any possible communicable illnesses can be reported in the appropriate time period.

### **Outbreak Action Plan - Communicable Diseases**

An outbreak is defined by Toronto Public Health as 2 or more cases of enteric illness linked in terms of time, exposure to source and most often location; 2 or more cases with similar symptoms in a classroom within a 48 hours' period.

Should the circumstance arise, the Management Team will consult with Toronto Public Health to determine whether or not there is an outbreak. If there is doubt, the Management Team will wait for diagnosis and direction from Toronto Public Health. If an outbreak is declared, PCH will:

1. Isolate the children who are ill from the rest of the group and notify their families to request that they take their ill child home as soon as possible (in the case of an ill employee, placement student or volunteer, they should be sent home).
2. Arrange for sick children, employees, placement students or volunteers to seek medical attention.
3. Inform Toronto Public Health (TPH) that there is a number of people with similar symptoms in the same facility.
4. Record names, dates of birth (DOB), genders, all symptoms, the dates and times the child(ren) and employee(s) became ill, and their room number or program type (ex. Preschool - Rm.12).

As well, additional control measures will be implemented:

- Ensure that there are adequate supplies for hand hygiene, cleaning and disinfecting.

- Ensure disinfectant times are followed (for outbreaks – spray disinfectant and let stand for at least 2 minutes or until air-dried).
- Suspend all sensory play activities.
- Increase cleaning/disinfecting of high-touch surfaces.
- Reinforce with others the importance of keeping hands clean.
- Post signage at entrances to and within the centre, notifying others that there is an outbreak in the Centre.
- Restrict visitors from the Centre when there is an outbreak.
- Distribute outbreak advisory letters to all families and employees.
- Contact absent employees and families whose children became ill before the outbreak was declared, to inquire about their symptoms. If these symptoms match those from the outbreak, add their information to the list.
- Obtain permission from employees and families of children with symptoms matching those of the outbreak to submit specimen samples to the Public Health Ontario Laboratory, if needed.

The Management Team will inform families of the outbreak and details of the communicable disease by email or through the posting of information from the Well-Beings document outside of each program room.

## **Common Illnesses & Related Policies/Procedures**

### **Fevers**

Fever is defined as 38°C (100.4°F) and up.

In most but not all cases, fever indicates that an illness is present.

By itself, a fever is not harmful; in fact, it may help the body fight infections more effectively.

In children, viral infections such as colds, flu, and chickenpox, can cause high fevers. Flu can cause a high fever for 5 days or longer. Bacterial infections, such as strep throat and ear infections, can also cause fevers. Teething does not cause a fever. If a child is teething and has a fever, other symptoms may be present that need to be evaluated.

Body temperature can also rise above normal when a child is overdressed or in a room that is too warm.

There is no medical evidence that fevers from infection can cause brain damage. The body limits a fever caused by infection from going above 40.6°C (105°F). However, heat from an external source (like sunshine on a parked car) can cause the body temperature to go above 41.1°C (105°F) and brain damage can occur rapidly.

It can be hard to know when to call the doctor regarding a fever, especially during the cold and flu season. The height of a fever may not be related to the seriousness of the illness.

The way a child looks, and acts can be a better guide than a thermometer.

Most children will be less active when they have a fever. If a child is comfortable and alert, eating well, drinking enough fluids, urinating normal amounts, and seems to be improving, home treatment is all that is needed.

### **Child Care Policy – Fevers**

If a child has a fever of 38°C/100.4°F or above, they are to be excluded from the program **until they have been fever-free for 24 hours.**

### **Procedure for Determining Fevers (Information sourced from the Canadian Pediatric Society)**

If a child is suspected of having a fever, the steps outlined below will be followed:

1. Take child's temperature. Record temperature ensuring that the same measurement is used (Celsius or Fahrenheit).
2. Wait 10-15 minutes, then take the child's temperature again.
3. If the temperature readings are at or above 38°C or 100.4°F, the educator taking the temperature should inform their room partners and the Management Team. The educator will ensure that the child is comfortable and will monitor them for any changes or additional symptoms.
4. If the temperature readings are within the normal ranges, the child should be monitored for any changes and/or symptoms.
5. An educator from the child's program will contact their family to inform them that their child has a fever and ask that they come pick the child up, within 1½ hours.
6. An educator in the program will complete an Illness Form for the child, including;
  - a) the times the temperature was taken.
  - b) the time the family was contacted.
  - c) details about the child's behaviour prior to checking the child's temperature.
  - d) the time the child was picked up.
  - e) confirmation that the family was reminded that their child must be fever-free for 24 hours before returning to PCH – the family and a member of the Management Team will also sign the form.

### **Guidelines on How to Take a Temperature (Ear Thermometer)**

1. Use a clean probe cover each time, for each child (follow the manufacturer's instructions).
2. Gently tug on ear, pulling it back. This will help straighten the ear canal, and make a clear path inside the ear to the ear drum.
3. Gently insert the thermometer until the ear canal is fully sealed off.
4. Hold down the button for one second (until it beeps).
5. Remove the thermometer and read/record the temperature.
6. Discard the probe cover.

### **Common Cold**

The common cold may be caused by any one of 200 viruses. The symptoms of a cold include runny nose, red eyes, sneezing, sore throat, dry cough, headache, and general body aches. There is a gradual 1- or 2-day onset. As a cold progresses, the nasal mucus may thicken into sputum. This is the stage just before a cold dries up. A cold usually lasts about 1 to 2 weeks.

Sputum is yellow, green, rust-coloured, or bloody. Other symptoms associated with of this kind of cold are fever, productive cough, and fatigue. Sputum that is coughed up from the lungs is more significant than mucus that has drained down the back of the throat (postnasal drip). These colds are generally bacterial based. Sometimes a cold will lead to bacterial infections such as bronchitis or pneumonia.

Good home treatment of colds can help prevent complications.

A cold in which the nasal discharge changes from clear to coloured (yellow or green) after 5 to 7 days is considered viral, and other symptoms (sinus pain, fever) can become worse. If nasal discharge is coloured from the start of a cold, consult a health practitioner if it lasts longer than 7 to 10 days.

Colds occur throughout the year but are most common in late winter and early spring. The average child has 6 colds a year; adults have fewer.

If a child seems to have a cold all the time, or if cold symptoms last 2 weeks or longer, suspicion of allergies or sinusitis should be considered.

### **Child Care Policy – Common Colds**

If a child has a common cold and is not able to fully participate in the program, the family will be contacted to pick up them up.

### **Diarrhea & Vomiting (Reportable by PCH to Toronto Public Health if an Outbreak Occurs)**

Diarrhea and vomiting may be caused by viral stomach flu or by eating unusual kinds or amounts of food. Stomach flu often starts with vomiting that is followed in a few hours (sometimes 8 to 12 hours or longer) by diarrhea. Sometimes there is no diarrhea.

Children under the age of 4 need special attention when they have diarrhea or are vomiting, because they can quickly become dehydrated.

Careful observation of the child's appearance and fluid intake can help prevent problems.

For children aged 4 and older, supplemental feedings with a children's oral electrolyte solution (such as Pedialyte, Gastrolyte, etc.) are recommended.

As the child gets better, their stools will become smaller and less frequent. Some types of diarrhea may cause watery stools for 4 to 6 days. Watch for signs of dehydration. Diarrhea and vomiting can be treated at home as long as the child is taking in enough fluids and nutrients, is urinating normal amounts, and seems to be improving.

### **Child Care Policy – Diarrhea & Vomiting**

If a child has an incidence of diarrhea or vomiting at the centre, the child will be sent home. The child can only return after they have been vomit/diarrhea-free for 24 hours.

### **Pink Eye**

Conjunctivitis, or pink eye, is an inflammation of the delicate membrane (conjunctiva) that lines the inside of the eyelid and the surface of the eye. Bacteria and viruses (which can be very contagious), allergies, pollution, or other irritants can cause pink eye.

The symptoms of pink eye are redness in the whites of the eyes, red and swollen eyelids, lots of tears, and a sandy feeling in the eyes. There may be a discharge that causes the eyelids to stick together during sleep.

### **Child Care Policy - Pink Eye**

If a child has a suspected case of pink eye, one of their program's educators will call the family and ask that the child is picked up as soon as possible, within 1½ hours. The child can only return after 24 hours has past and the administration of antibiotic eye drops has begun. If the medication is to be administered at PCH, families would have to complete an Administration of Medication form.

## Head Lice

Lice are tiny, white, wingless insects that may live on the hair. They feed by biting the scalp and sucking blood. The bites itch and may cause an allergic rash. Head lice live in the hair on the head. Lice are spread by close physical contact or from contact with the clothing, bedding, brushes, or combs or an infected person.

## Recommendations

Nix, Resultz and RID are some non-prescription medications for lice.

Follow the manufacturer's directions for use exactly.

For head lice, comb the hair well with a fine-toothed comb after treatment to remove all nits.

On the day treatment is started, wash all dirty clothing, bedding, and towels in hot water to help get rid of lice, nits, and mites.

## Child Care Policy - Head Lice

As per Toronto Public Health Guidelines (2016), if lice are detected, the child's family will immediately be contacted to pick them up and to begin treatment as soon as possible. Children can return when they are free of lice and/or nits.

For JK/SK and school-age families: Under TDSB policy (2012), children cannot be admitted to the school if they are not free of lice or nits. If a child is excluded from school because of lice/nits, they cannot attend PCH as an alternative to school.

Ongoing checks for lice/nits will be implemented within the child's program, and any other PCH programs if necessary, once one or more cases have been confirmed.

## Strep Throat

Most sore throats are caused by viruses and may occur with a cold or may follow a cold. A mild sore throat may be caused by dry air, air pollution, or yelling. People who have allergies or stuffy noses may breathe through their mouths while sleeping, which can cause a mild sore throat.

Strep throat is a sore throat caused by streptococcal bacteria. It is more common in children from 3 to 15 years of age. A person can get strep throat even if their tonsils have been removed.

In general, the more cold-like the symptoms are, the less likely it is that strep throat is the culprit. Strep throat causes some or all of these symptoms: severe and sudden sore throat, fever of 38.3°C (101°F) or higher, swollen lymph nodes in the neck, and/or a white or yellow coating on the tonsils.

Strep throat is treated with antibiotics to prevent rheumatic fever. Antibiotics are effective in preventing rheumatic fever if started within 9 days of the onset of the sore throat.

## Child Care Policy - Strep Throat

A child who has been diagnosed with strep throat must remain at home until they **have taken prescribed medication for the illness for at least 24 hours** and are well enough to return and fully participate in the program.

## **Chicken Pox (Reportable by PCH to Toronto Public Health if an Outbreak Occurs)**

Chickenpox (varicella) is usually a relatively minor illness. For the first couple of days the child will feel ill, with cold-like symptoms, cough, fever, and abdominal pain. Then a rash of red, pimple-like spots will appear.

They may have as few as 30 spots, or the rash may cover their entire body, including the throat, mouth, ears, groin, and scalp.

The spots turn into clear blisters that become cloudy, break open, and crust over. The rash itches a lot. Spots continue to appear for 1 to 5 days and subside over 1 to 2 weeks.

Chickenpox is very contagious, and most of the risk for contagion occurs 1 to 2 days before the rash appears, with transmission most likely to occur through coughing and sneezing (air-borne).

The contagious period lasts until all the spots have crusted over. It is usually too late to prevent exposure to others. Fortunately, a vaccine is available to prevent chickenpox.

After exposure to the chickenpox virus, symptoms appear in 11 to 20 days.

### **Prevention**

The chickenpox vaccine can be given to children aged 12 months and older, and to teens and adults who have not had the illness. It is especially important to immunize teens and adults who have not had chickenpox, as the disease is more severe in adulthood.

Pregnant women who have never had chickenpox and have not been vaccinated should also avoid exposure, since the illness can harm the developing fetus. The vaccine cannot be given during pregnancy.

### **Child Care Policy – Chickenpox**

Staying home is not necessary if a child feels well enough. The Canadian Paediatric Society recommends that a child with mild chickenpox who is able to participate normally in all activities should be allowed to return to the centre or to school, even if they still have a rash.

### **Hand-Foot-Mouth Disease**

Hand-foot-mouth disease is a viral illness that affects many children under 10 years old, as well as young adults. It usually develops during the summer and fall months.

Fever, sore throat or sore mouth, and loss of appetite are early symptoms.

Within 2 days, blisters form in the mouth and on the tongue.

In children, a painless, blistering rash often develops on the fingers, palms of the hands, and soles of the feet. Infants may also develop a red rash on the buttocks.

There is no treatment for hand-foot-mouth disease other than to give acetaminophen to reduce fever and mouth pain, and to make sure the person drinks plenty of fluids.

It is recommended to offer soft, bland foods and cool or warm (not hot) beverages.

Frozen fruit pops may help relieve mouth soreness.

The virus is spread through contact with mouth and nasal fluids and stools, so careful hand washing after blowing a runny nose or changing a diaper is important in the childcare environment.

### **Child Care Policy - Hand-Foot-Mouth Disease**

The virus that causes hand-foot-mouth disease is easily spread. However, if a child with hand-foot-mouth disease feels well enough to participate in the program, they may continue to attend.

## **Hospital Stay**

It is recommended that a child remain at home for at least one day following a stay in hospital.

## **Measles**

The child must be absent from the centre for at least 4 days after the onset of the rash.

## **Mumps**

The signs and symptoms are tender swelling in front and below the ear - the swelling begins on one side then may start on the other side in 2 or 3 days or may not develop at all. Fever and vomiting may occur.

### **Child Care Policy – Mumps**

The child must be absent from the centre for 9 days after the first sign of swelling appears. A doctor's consent note for return to the centre will be required.

## **Rubella**

The signs and symptoms of Rubella (German Measles) are low grade fever (39°C), headache, cough, red eyes, runny nose and swollen glands at the back of the neck. The rash appears as mottled or tiny raised spots, which spread from the face and the neck to the entire body over 12-24 hours.

### **Child Care Policy – Rubella**

The child must be absent from the centre for 7 days after the onset of the rash.

## **Pertussis (Whooping Cough)**

Symptoms include a combination of runny nose, nasal congestion, sneezing, red/watery eyes, a mild fever, dry cough, a general feeling of being unwell and loss of appetite.

### **Child Care Policy – Pertussis (Whooping Cough)**

The child must be absent from the centre for 5 days after appropriate medical treatment begins, or 3 weeks from the onset of the cough if untreated.

A doctor's note is required for the child to return to the centre if Whooping Cough is suspected.

More information regarding all communicable diseases identified by Toronto Public Health can be found at [Guidelines-for-Common-Communicable-Diseases](#).

## **Training Plan**

The Health & Well-Being Policy and the procedures within it are to be reviewed with employees, students and volunteers before they begin their employment/placement/volunteering and annually thereafter. When illnesses, communicable diseases, or outbreaks occur in the centre, employees will receive additional training, as required, to deal with the situation.



## **Communication Process**

The policy is available to our families through the Family Handbook, which is always accessible on our website ([www.papechildrenshouse.com](http://www.papechildrenshouse.com)). Alternative formats will be provided if requested.

### **5.14 Inclusion Policy**

PCH strives to provide an environment that meets the needs of all children and families by delivering programs and services that are inclusive of children with special needs.

We work to ensure that our programs emphasize the importance of respect and sensitivity for diversity by providing positive and healthy environments for children.

Inclusive childcare means the provision of quality services for all children regardless of race, age, ability, language, culture, ethnicity or family structure.

### **Policy**

The primary goal of this policy is to meet the needs of children and their families through the provision of high-quality childcare. We recognize that all children have unique needs.

In partnership with families, we are committed to meeting the developmental/educational needs of all children within our Centre.

### **Guiding Principles**

- We endeavor to welcome and accept all children (within PCH's structural limitations).
- All children will have the same range of options within our centre, including hours and days of attendance.
- We will attempt to provide all reasonable modifications so that all children can participate fully within our Centre.

### **Procedures for Meeting the Needs of All Children**

When there is a concern about a child who is enrolled, the following steps are recommended:

1a) The educator(s) will record observations and document specific incidents that clearly demonstrate the area of concern. The educator(s) will also communicate their concerns to the Management Team.

1b) One of the educators will communicate the concerns regarding the child to the family through verbal conversations or emails.

2a) In the event that PCH has any concern regarding a child, the program educator(s) and the Management Team will arrange for a meeting with the child's family. During this meeting, if it is determined that extra support is needed, the family will be asked to provide written consent to formally involve an Every Child Belongs Resource Consultation Staff (SNR) from the City of Toronto. Once consent is obtained, the SNR will consult with the Management Team and program team and set up an initial meeting.

\*SNR's have valid first aid certification and follow our policy for Criminal Reference Checks

2b) A team will be organized, which may include the educators in the child's program, the Management Team, the child's family, the SNR and any outside agency professionals, as identified by the family.

A profile of the child's strengths and needs will be developed at the initial team meeting and will be available for the entire team to review, and all meetings will be documented.

2c) The team will develop an action plan that may include:

- exploring existing resources within the Centre, relative to the strengths and needs of the child (ex. modifications to the program, a formal SNR service agreement, etc.).
- short and long-term goals for the child.
- the identification of each team member's responsibilities.
- the identification of the family's responsibilities.
- time frames.
- the identification of resources (human or material) that will be required.
- creating an Individual Support Plan for the child.

#### Additional Discussion Points

- consent to request additional information, reports or consultation with other agencies (ex. the school or an outside agency).
- consideration of the physical layout of the room/Centre.
- development of individual or family contracts.

2d) The team will choose an educator in the child's program to act as a primary lead who will be responsible for keeping all team members up to date.

2e) Ongoing communication between the family and the educators will continue on a regular basis, and any additional meetings will be documented.

2f) Review of the action plan and Individual Support Plan will take place as needed, and on an annual basis for any active Individual Support Plans.

3a) The team may decide that additional supports, such as consultations and/or trainings, are necessary for the child to continue to participate in the program. The SNR will facilitate referrals to the appropriate outside agencies and will coordinate their involvement.

3b) The team will continue to have meetings as needed, that will include the outside agencies or services as appropriate, to evaluate the child's progress.

4a) The Toronto Children's Services District Consultant and the Board of Directors will be notified of any concerns regarding the continued placement of the child. All resources will be put in place to ensure ongoing stability of the placement.

4b) The Management Team, Board of Directors and the Toronto Children's Services District Consultant will meet to discuss the placement of/alternatives for the child.

#### **Training Plan**

The policy is to be reviewed with employees, students and volunteers before they begin their employment/placement/volunteering and annually thereafter.

In addition, the SNR will coordinate appropriate in-house training and will serve as a resource to educators, if needed.

#### **Communication Process**

Team meetings are regularly scheduled with the SNR to provide assistance with children who have individual needs and to be a resource to the educators.

#### **5.15 Individualized Medical & Anaphylaxis Plans Policy**

The Child Care and Early Years Act, 2014 requires childcare programs to have an anaphylactic policy to protect children from exposure to anaphylactic causative agents; and to create individualized plans for children with medical needs and anaphylactic allergies - outlining what to be aware of and details on how to keep the child safe.

The plan will include:

- a description of any medical devices used by the child and any instructions related to their use.
- a description of the procedures to be followed in the event of an allergic reaction or medical emergency.
- a description of any supports that will be made available to the Centre by the family.
- any additional procedures to be followed when a child with anaphylaxis or a medical condition is part of an evacuation/emergency situation or participating in a trip/outing.

## **Policy**

This policy is intended to provide procedures for supporting children with anaphylactic allergies and medical needs at PCH. We are committed to protecting the health and well-being of all children at PCH, including those who are at risk of an anaphylactic reaction through exposure, and those with medical needs. This risk will be reduced or eliminated within our environments, and employees will be instructed on the appropriate emergency response in the event that a child suffers a reaction.

## **Procedure for Creating an Allergen-Safe Environment**

Anaphylaxis is a severe allergic reaction that can be fatal.

Although peanut and peanut products are the most common foods to cause anaphylaxis, there are many other products that can cause dangerous reactions. Please refer to Appendix A – Anaphylaxis Triggers and Appendix B – Symptoms of Anaphylaxis for more detailed information.

PCH will attempt to maintain a peanut/nut-free environment by working with all food providers (ex. the catering company, the pizza company for pizza days, catering food for meetings, etc.).

The housekeeper and program educators will ensure that children with allergies/food restrictions receive their appropriate substitution items at all mealtimes, if required.

Consultation will occur between the Management Team and employees, families, placement students, volunteers and other visitors before they supply any foods/drinks, toys, or craft materials to programs.

Employees will exercise extreme caution when children are engaged in outdoor play and stinging insects are present by remaining alert to the environment/surroundings.

Sanitary practices, including proper hand hygiene will occur at regular intervals, including before and after handling food.

Employees, placement students and volunteers will be made aware anaphylaxis triggers and symptoms (listed under Appendix A and Appendix B).

## **Procedures**

### **Responsibilities of the Management Team**

- During the enrollment/orientation process, inquire with each family as to whether their child has any allergies or medical needs.
- During the enrollment/orientation process, inform new families that PCH is peanut/nut free facility, that there is a no outside food policy in place, and which potentially life-threatening allergies (foods and causative agents) to be aware of.

- Ensure that the child is added to the list of allergies/food restrictions/medical needs, which is posted in all PCH programs, the housekeeping area, any other food preparation and/or eating areas, and in each program's with the main attendance.
- Also ensure that the child is added to the allergies/food restrictions/medical needs photo document for their program, which is posted in the child's PCH program and lunchroom (if applicable), as well as the housekeeping area.
- Ensure that the family completes an Anaphylaxis Plan or Medical Needs Plan accordingly. The Anaphylaxis Plan must be signed by a physician. The Medical Needs Plan must have a signed physician's note attached, with information on how and when the medication(s) should be administered, and the dosage. The applicable plan(s) must be provided to the Management Team by the family a week prior to their child starting.
- Also ensure that all medications and/or supports required are provided by the family prior to their child starting.
- If a child is already enrolled at PCH and develops any allergies or medical needs requiring a plan, the family to complete and return the plan to the Management Team within a reasonable amount of time, and provide any required medications and/or supports.
- Ensure that all employees, placement students and volunteers review, sign off and receive any necessary training for each plan.
- The Management Team will ensure that in the event that there needs to be training on the use/administration of any medication or supports, one of the core educators in the child's program will be trained by the family. This core educator will then use the "train the trainer" model to train all other employees, placement students and volunteers.
- Ensure that all plans are reviewed and signed off on by all employees, placement students and volunteers annually and whenever changes are made, and that the child's family reviews their plan(s) annually to deem whether or not any changes are required.
- Report all food allergies and restrictions to the catering company, and provide updates as needed.
- Ensure all employees, placement students and volunteers are certified in standard first aid with CPR/AED level C, as mandated by the Ministry of Education, which includes anaphylaxis training.
- Ensure all PCH employees, placement students and volunteers are aware of anaphylactic triggers and symptoms (listed under Appendix A and Appendix B).
- Ensure that families are given advance notice of when epi-pens or other medications expire, and that they provide the new epi-pen/medication(s) 1 month prior to the current epi-pen/medication(s) expiring.
- Ensure compliance of the plans by all employees/placement students/volunteers on an ongoing basis, as well as any contraventions of the plan.
- Keep the child's plan(s) in their file for a minimum of 3 years from the date that the child withdraws from the Centre.
- Follow the Serious Occurrence Reporting Policy & Procedure for any incidents involving life-threatening illnesses.

### **Responsibilities of Families**

- Inform the Management Team of any allergies (anaphylactic or not) or medical needs their child has prior to starting at PCH or immediately once becoming aware of them.

- Complete an Anaphylaxis Plan or Medical Needs Plan and return it to the Management Team within 1 week of receiving the plan template, and provide any required medications and/or supports.
- Review the plan details, including the steps to follow for an anaphylactic or medical reaction, with one the child's core educators\* or a member of the Management Team and train them on the use/administration of any medications or supports.
- Be aware of any upcoming expiration dates and provide the new epi-pen/medication(s) 1 month prior to the current epi-pen/medication(s) expiring.
- Inform the Management Team whenever there is a change to the child's plan(s), when the plan is no longer required, or when there is a change/addition/subtraction of a food restriction.
- Review the child's plan(s) annually to deem whether or not any changes are required or if the plan can remain as-is for the year or until additional changes are needed.

### **Responsibilities of Employees, Placement Students & Volunteers**

- Review and comprehend each section of a child's plan and ask any questions if clarification is needed.
- Follow, and be able to speak to, all the details of the plan to ensure compliance.
- In the event that there needs to be training on the use/administration of any medication or supports, one of the core educators in the child's program will be trained by the family. This core educator will then use the "train the trainer" model to train all other employees, placement students and volunteers.
- Sign off on all plans upon starting at PCH, on an annual basis, and when changes are made.
- Every employee, placement student and volunteer will receive the appropriate training for each plan.
- If an educator has to administer medication to a child, as outlined in their Medical Needs Plan, they must fill in an Administration of Medication for Medical Needs Plan form (attached to the child's Medical Needs plan in their program room). The educator must also notify the child's family as soon as the medication has been administered, and ensure that the family signs the Administration of Medication for Medical Needs Plan form when the child is picked up.
- The educator must also inform the Management Team when any emergency medication is administered and submit a copy of the completed Administration of Medication for Medical Needs Plan form.
- For epi-pens or Benadryl (emergency medications for anaphylaxis and allergic reactions), any employee can administer them (except for a new or occasional employee, a placement student or a volunteer).
- Any other medication(s) must be administered by one of the core educators\* in the child's program.
- Emergency medications (ex. epi-pens, puffers, Benadryl-for anaphylaxis) must be stored out of children's reach, but easily accessible to employees, and never locked up. Each program has a black fanny back inside their program backpacks, which is where all emergency medications belonging to children in the program are stored.
- When transitioning and when in small groups (ex. lunch time, group experiences, etc.) any child with an anaphylactic allergy or medical need must be with a core educator\*, who will also be responsible for carrying the program backpack (with the black fanny pack inside) or just the black fanny pack, during these times.
- Employees will remind families of potential allergens, specific triggers and hand hygiene practices to ensure that children are kept safe.
- Report any indications of an allergic reaction from any agent that the child is unknown to be allergic to, to the family immediately.

- Purchase/bring in only “safe” products for all aspects of the program, taking into consideration all children’s allergies, sensitivities and medical needs.
- Inform the Management Team if the most current allergies/food restrictions/medical needs list or photo document is missing from the program/lunchroom/attendance binder.
- All employees, placement students and volunteers must be certified in standard first aid with CPR/AED level C, as mandated by the Ministry of Education, which includes anaphylaxis training.

\*Core educator = an RECE or Assistant who is in the child’s program every day (not a supply, new or irregular employee)

### **Anaphylaxis & Medical Needs Plan Details/Requirements**

The documentation in a child’s Anaphylaxis or Medical Needs Plan will include information collected by both the child’s family and the child’s physician or medical professional who is involved in the child’s health care. Specifically, each plan will include the following:

- a) the child’s full name and a description of the child’s allergy(ies) or medical need(s).
- b) details as to how the epi-pen or medication(s) will be administered (ex. procedure, dosage, etc.).
- c) signs and symptoms associated with the allergy/medical need to be aware of, and any supports to be made available if necessary.
- d) steps to reduce the risk of the child being exposed, any avoidances/modifications to be aware of.
- e) a description of the procedures to be followed in the event of an allergic reaction or medical emergency.
- f) any additional procedures to be followed in the event of an emergency evacuation or while off-site on a trip/outing.
- g) an indication of where the child’s epi-pen or emergency medication is kept, whether it be on the child’s body or in the child’s program.
- h) any other relevant documents provided by the child’s family.

### **Appendix A - Anaphylaxis Triggers**

Foods which are sources of anaphylactic reactions

Note: any food could trigger an anaphylactic reaction, and cross-contamination of foods is also a concern

- Peanuts, peanut butter, peanut oil
- Tree nuts: hazelnuts, walnuts, pecans, almonds, cashews, etc.
- Sesame seeds, sesame oil, sesame paste (tahini)
- Cow’s milk
- Eggs
- Fish
- Shellfish, mollusks
- Wheat, gluten
- Soy
- Bananas, avocados, kiwis and chestnuts for children with latex allergies

Other possible sources in prepared foods

- Cookies

- Cakes
- Cereals
- Granola bars
- Candies
- Pasta

#### Non-food sources

- Playdough (may contain flour, peanut butter, etc.)
- Scented crayons/markers
- Peanut-shell stuffing in beanbags and stuffed toys
- Wild bird seed
- Insect venom (bees, wasps, hornets, yellow jackets)
- Rubber latex (in gloves, balloons, erasers, rubber spatulas, craft supplies, Koosh balls, etc.)
- Vigorous exercise
- Plants (ex. poinsettias for children with latex allergies)

### **Appendix B - Symptoms of Anaphylaxis**

Anaphylactic reactions occur when the body's sensitized immune system overreacts in response to the presence of a particular allergen.

Anaphylaxis affects multiple body systems, including upper and lower respiratory, gastrointestinal, cardiovascular and the skin.

Symptoms may include any of the following:

- itchy eyes, nose, face
- flushing of face and body
- swelling of eyes, face, lips, tongue and throat
- hives
- vomiting
- diarrhea
- wheezing
- a feeling of fear, impending doom and/or apprehension
- weakness and dizziness
- inability to breathe
- loss of consciousness
- coma

### **Procedure for Responding to an Anaphylactic Reaction**

The recommended emergency treatment for a child suffering from an anaphylactic reaction is the administration of epinephrine (adrenaline) by an auto-injector (ex. an Epi-Pen®, or by an Anakit®). The child must then be rushed to hospital to receive further medical attention, even if the symptoms decrease with the administration of the epinephrine. Employees will follow existing procedures and details specific to the child's plan when seeking emergency medical assistance.

### **Training Plan**

The policy is to be reviewed with employees, students and volunteers before they begin their employment/placement/volunteering and annually thereafter.

## 5.16 Medication Policy

This policy is intended to protect and safeguard the health and well-being of the children in our care by ensuring that appropriate procedures are in place and followed by all employees. The policy sets out steps to be followed by employees when receiving prescription medications and administering them to children.

The policy also addresses the administration of products with Drug Identification Numbers (DINs).

### Medication Procedures

1. Prescription medications are to be stored in accordance with the instructions on the label and kept in a locked container either in the program's medication box or refrigerator. All medications will be inaccessible to children. Medication can only be dispensed/administered **from the original container, with the child's name on the pharmacy label**. Refer to the Individualized Medical & Anaphylaxis Plans Policy for emergency medications.
2. The child's family must complete and sign the top portion of the Administration of Medication form before the medication can be given, indicating the time and number of days that the medication is to be given, the correct dosage, the expiration date, the DIN and/or prescription number, and any applicable storage instructions.
3. One of the core educators\* in the child's program is responsible for ensuring that the information on the medication and prescription label corresponds to the information provided on the Administration of Medication form, that the medication is not expired, and that the form is **fully completed** by the family prior to administering the medication.
4. The completed form, along with the prescribed medication, must be brought to a member of the Management Team by an educator from the child's program **prior to** administering the medication on the first day. The medication and the form will be reviewed by the member of the Management team, who will initial and date the top right corner of form to confirm that it has been reviewed. The educator will then bring the form and medication back to their program and continue to store and administer the medication as required.
5. Medication is to be administered to the child at the prescribed time, on the prescribed days, by the early shift core educator in the program. If the early shift core educator is away, then the late shift core educator will be responsible for administering the medication.
6. One of the core educators\* will take the steps outlined below when administering medication:
  - a) identify the child.
  - b) collect the medication.
  - c) verify that the prescription label information matches with the information on the Administration of Medication form for that child.
  - d) prepare and administer the medication in a well-lit area with the least amount of interruption/distraction.
  - e) immediately record the date and exact time that the medication was administered, and the dosage given, on the form and initial beside this information.
  - f) ensure that the medication's childproof top is properly secured.
  - g) return medication to appropriate locked container.
7. Any changes to the information outlined in the Administration of Medication form will be documented on the bottom portion of the form and signed by the educator and the child's family.
8. In the event that medication is administered later than the scheduled time, the core staff\* responsible for administering the medication will immediately inform the family (this would be considered a change to the information outlined in the Administration of Medication form, and the point above would apply).



9. In the event that the medication is administered to the wrong child, or the wrong dosage is administered to the right child, the Management Team must be immediately notified and will contact the affected families.
10. Upon completion of the medication, the core educator will return the any leftover medication or the emptied bottle/container to the family and have them sign and date the bottom portion of the form. The core educator will initial beside the family signature, ensure all areas of the form are complete and make sense, and then place the form on the Director's desk in the Office.
11. The Management Team will file all completed Administration of Medication forms in the PCH Administration of Medication Forms binder for the applicable year.

\*Core educator = an RECE or Assistant who is in the child's program every day (not a supply, new or irregular employee)

## **DIN Products**

Certain products contain Drug Identification Numbers (DINs), which can only be administered under certain conditions.

In the event that a family requests that a product with a DIN number is administered, they must complete an Administration of Medication form. The administration of the product will be completed and recorded as per the Medication Procedures, except for sunscreen and diaper creams, which are applied as needed once the family has granted permission on the consent forms (completed online during enrollment).

DIN products that CAN be administered include:

- sunscreen
- diaper creams
- moisturizing skin lotion
- lip balm
- insect repellent
- hand sanitizer
- Pedialyte and similar products
- first aid ointment (ex. Polysporin)
- homeopathic remedies

Families will need to provide consent for applying/administering these products.

These items must be stored in accordance with the instructions for storage on the label and the container or package is clearly labelled with the child's name and the name of the item and administered to a child only from the original container or package and in accordance with any instructions on the label and any instructions provided by the parent of the child.

DIN products that CANNOT be administered:

- vitamins
- over the counter medications related to treating an illness, cough or cold, or pinkeye
- homeopathic remedies that do not have a DIN number

## **Ibuprofen, Acetaminophen & Over-The-Counter Products Accompanied by a Doctor's Note**

Ibuprofen, acetaminophen products and over-the-counter products accompanied by a doctor's note will only be administered under the following conditions:

1. Families must supply the medication in its original container, clearly labelled with the child's name.
2. Families must complete the Administration of Medication form, indicating the time and number of days that the medication is to be given, the correct dosage, the expiration date, the DIN number, and any applicable storage instructions, and will attach a doctor's note to verify the dosage and administration details.
3. The administration of the product will be completed and tracked as per the Medication Procedures.

Under normal conditions, the maximum number of days for administration of ibuprofen/acetaminophen is 5 days. Unused medication will be returned to the family after this time.

## **Training Plan**

The policy and its procedures are to be reviewed with employees, students and volunteers before they begin their employment/placement/volunteering and annually thereafter.

## **Communication Process**

The policy is available to our families through the Family Handbook, which is always accessible on our website ([www.papechildrenshouse.com](http://www.papechildrenshouse.com)).

Alternative formats will be provided if requested.

### **5.17 Photography Policy**

Pape Children's House does not allow parents, guardians or any other family members to video tape or take photographs of any child attending PCH.

There is an iPad for every program, which is used by PCH employees to take photos and videos of the children. The iPads must remain on-site at PCH and only be taken off-site during trips/outings and program-related purposes approved by the Management Team.

If there are any photos of just your child(ren) that you would like, please ask the program educators to print or email a copy for you.

Families are asked to grant or deny permission for photos to be taken of their child when they enroll at PCH. If at any time a family wishes to change their decision regarding photograph consent, an email must be sent to the Management Team.

### **5.18 Placement Students & Volunteers Policy**

Pape Children's House accepts placement students and volunteers.

## **Placement Students**

ECE students from George Brown College complete their seven-week field placements at PCH. They are responsible for the completion of school assignments and personal goals.

Placement students are closely monitored by PCH program educators and are not included in our ratios. Placement students are never left alone with any children.

Prior to students starting their placement at PCH, they must have cleared criminal reference checks, including vulnerable sector screening, a completed health assessment and immunization record.

## **Volunteers**

Any volunteers at PCH must be 18 years of age and must have a current Criminal Reference Check, including Vulnerable Sector Screening, prior to volunteering. Volunteers are not included in our ratios and are never left alone with any children.

Prior to volunteering at PCH, they must have cleared criminal reference checks, including vulnerable sector screening, a completed health assessment and immunization record.

## **Policy**

A primary objective of the Child Care Services unit is to meet the needs of children and their families through the provision of high-quality childcare services.

We are committed to working in partnership with placement students and volunteers to provide experiences that will enable them to have a successful career in the field of Early Childhood Education, where they can focus on meeting the developmental/educational needs of all children. We are also committed to acting as a resource to students and volunteers to support them in skill development and professional learning.

## **The Roles & Responsibilities of the Management Team**

1. Ensure that all placement students and volunteers have a current Criminal Reference Check - Vulnerable Sector prior to beginning their placement/volunteering. The Criminal Reference Check (Vulnerable Sector) Policy will be followed.
2. Ensure that all placement students and volunteers also have current certification in standard first aid with CPR/AED level C, and are current in all immunizations (unless an Affidavit is provided).
3. Ensure that all placement students and volunteers have read and signed off on all policies, procedures and individual plans prior to beginning their placement.
4. Ensure that an online Student/Volunteer Record has been completed by the individual, and that they have completed all assigned health & safety training modules.
5. The Supervisor will conduct an orientation for all new placement students and volunteers on their first day at PCH.
6. When ongoing concerns about a placement student or volunteer are brought forward, the Management Team will call a meeting with all parties involved. Next steps will be determined at the meeting, which may include terminating the placement/volunteer opportunity.

## **The Roles & Responsibilities of Supervising Educators**

1. Ensure that placement student and volunteers are always closely supervised, never leaving a placement student and volunteer alone with any children. Educators are legally responsible for children at all times.
2. Ensure that placement students and volunteers are not counted as part of ratio requirements.
3. Complete any evaluations as outlined by the placement student's faculty advisor.
4. If any concerns arise regarding a placement student or volunteer, the educator will notify the Management Team and speak with the placement student, faculty advisor or volunteer directly to determine next steps.

## **The Roles & Responsibilities of Placement Students & Volunteers**

1. Never be left alone with any children.
2. Read, sign off and comply with all policies, procedures and individual plans prior to starting placement/volunteering.

3. Provide all required documents (VSC, first aid, immunization record, medical form, etc.) and complete the online Student/Volunteer record and all health & safety modules prior to starting placement/volunteering.
4. Conduct work in a professional manner.
5. Bring forward new ideas and special skills to the supervising educator(s).
6. Fulfill all responsibilities as discussed during the orientation with the Supervisor.
7. Smoking/vaping and mobile device use is not permitted during work hours.
- a) If any concerns arise, inform the supervising educator and discuss strategies to address the concern. If the concern persists after addressing it with the supervising educator, bring the concern forward to the faculty advisor or member of the Management Team to determine next steps.

## **Restrictions**

Placement students and volunteers **must not:**

- be left alone at any time with a child or group of children
- administer any medication(s)
- attend to a child in an emergency

## **Training Plan**

This policy will be reviewed with all employees, placement students and volunteers prior to beginning their employment/ placement/volunteering and annually thereafter.

## **5.19 Positive Child Guidance Policy**

### **Supporting Children**

We are committed to supporting children as they develop their self-regulation skills. Educators are responsive to children's needs and are alert to opportunities to transform challenging behaviours into teachable moments. We help children to develop self-awareness and constructive problem solving and decision-making skills through clarification of feelings, encouragement and modelling.

We believe that a child's words are important and their input into decision-making and constructive problem solving with peers and adults is vital for strengthening and reaffirming their self-worth. Authentic, responsive relationships form the foundation for the development of self-regulation.

We use a variety of strategies to support children and encourage positive behaviours. We see each child as an individual, so strategies will vary based on the child's needs and temperament. Listed below are common strategies used:

- calming techniques
- physical affection\*
- redirection
- hand-over-hand (toddler and preschool children)
- setting limits
- offering choices
- giving positive praise and reinforcement
- consistent follow-through with expectations
- emotional support - helping the child to identify and label emotions
- pictorial reminders (ex. when and then)

- asking questions to support problem solving and self-regulation
- Individual Support Plans

\*PCH sometimes uses physical affection (ex. hugs, kisses, having a child sitting on the educator's knee, etc.) to help children regulate their emotions.

When it comes to physical affection, it should be initiated by the child, or the educator has asked the child's permission. When a child initiates a kiss, an educator should only kiss them on the top of their head.

### **Escalated Behaviors**

To support children that are quick to trigger, where the behavior escalates and poses a risk to the child, educator(s) and/or other children, follow the guidelines below:

- always have your cell phone on you.
- groups should transition within an audible and visual range from one another. Educators should always stay within earshot of one another. This ensures that if there is a situation at any point during the transition, educators will be able to immediately and effectively communicate.
- if a child's energy starting to escalate, or they show signs of escalated behavior, call the Management Team for support, ideally before the outburst.
- If a member of the Management Team cannot be reached or is off-site, an employee designate will support and will implement a plan of action.
- Ideally, two members of the Management Team or two employee designates should respond as a team to the situation.

### **Hands-Off Approach**

At PCH we use a hands-off approach when supporting behavior.

The only time employees can physically guide a child is when the child is going to endanger themselves or someone else. If a child has to be moved, for safety reasons, the employee must make sure that there is another employee present. Broadcast all actions/intentions to the other employee so that they are aware of what's happening.

### **Professional Practice**

- Employees must never discuss a child in the presence of other children.
- Employees must never discuss a child within that child's range of hearing.
- Employees must not discuss one family's handling of a situation with any other families.
- Employees must not at any time, under any circumstances, leave children unsupervised (the only exception to this would be when school-age children go to the washroom, which is done in pairs, and employees are aware of where they're going).

### **Prohibited Practices**

Pape Children's House shall not permit, with respect to a child receiving childcare at the Centre:

- a) corporal punishment of a child.
- b) physical restraint of a child, such as confining a child to a car seat, stroller or other device for the purposes of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing a child from hurting themselves or someone else and is used only as a last resort and only until the risk of injury is no longer imminent.

- c) locking the exits of the childcare Centre for the purpose of confining a child, or confining a child in an area or room without adult supervision, unless such confinement occurs during an emergency and is required as part of the licensee's emergency management policies and procedures.
- d) use of harsh or degrading measures or threats, or use of derogatory language directed at or used in the presence of a child that would humiliate, shame or frighten a child or undermine their self-respect, dignity or self-worth.
- e) depriving a child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding.
- f) inflicting any bodily harm on children including making children eat or drink against their will.

When signing off on this policy, all employees, placement students and volunteers acknowledge that these practices are prohibited. The appropriate Termination policy will be followed if any of the above Prohibited Practices occur.

## **Training Plan**

This policy will be reviewed with all employees, placement students and volunteers prior to beginning their employment/placement/volunteering and annually thereafter.

All employees, placement students and volunteers must adhere to this policy. The Management Team is responsible for regularly observing and assessing all employees/placement students/volunteers as they provide positive child guidance. Additional professional development opportunities can be sourced/provided if needed. Any unacceptable behaviours by employees, placement students or volunteers will be noted, given immediate attention and followed-up on.

## **5.20 Serious Occurrence Reporting Policy & Procedure**

The Child Care and Early Years Act, 2014 sets out requirements for serious occurrence reporting.

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

The Ministry of Education Regulation 262 and the City of Toronto Assessment for Quality Improvement (AQI) require that childcare Center's report any serious occurrences, monitor the incidence of serious occurrences, and ensure that sufficient and appropriate measures are in place to avoid serious occurrences.

## **Policy**

We are committed to helping children grow and develop to their fullest potential in a safe, caring and nurturing environment. When incidents occur that are of a serious nature, they will be responded to and reported in a timely manner, following the Procedure for Serious Occurrences.

## **Definition**

A serious occurrence is defined as:

- a) the **death of a child**
- b) **abuse\*, neglect or an allegation of abuse or neglect**
- c) a **life-threatening injury to or a life-threatening illness**

- d) a missing or temporarily unsupervised child - when an educator has not followed the policies and procedures outlined in the Attendance, Transitions & Supervision Policy, resulting in an incident where a child goes missing or is temporarily unsupervised **for more than 30 seconds**. This would not apply when supervising in the program room or other confined areas, or for school-age children when they go to the washroom (traveling in pairs, and employees are aware of where they're going).
- e) an **unplanned disruption of the normal operations** that poses a risk to the health, safety or well-being of children.

\*Abuse includes:

- to suffer physical harm
- to be sexually molested or sexually exploited
- to require but not be provided with medical treatment
- any psychological, verbal, emotional, financial abuse or mistreatment

For any of the above serious occurrences, a member of the Management Team or an employee designate will report to the Ministry of Education, following the Procedure for Serious Occurrences.

### **Procedure for Serious Occurrences**

1. If needed, a member of the Management Team or an employee designate must notify the appropriate authorities immediately (fire, police, ambulance, coroner, Children's Aid). The Child Abuse Policy will also be followed if the occurrence is related to suspected child abuse.
2. The Management Team or employee designate will then:
  - contact the child's family immediately if the child has been taken to hospital or if the child is lost or was unsupervised for more than 30 seconds.
  - ensure that the child is taken to the hospital, accompanied by either an educator in the child's program, a member of the Management Team or an employee designate, in the case of a serious injury.

3. In the event of a life-threatening accident, an Accident Report will be completed by the employee who witnessed or attended to the accident, documenting the occurrence. If needed, the Management Team will add comments to the report.
4. Within 24 hours of the serious occurrence, a Member of the Management Team or an employee designate will fill in the Serious Occurrence Report on the Child Care Licensing System (CCLS) and submit it.  
Note: only the first and last initials of the child/children involved are to be included. Do not use full names. In the event that the person reporting the serious occurrence is unable to access CCLS within the required time period, they must inform the Program Advisor directly by telephone or by calling the Toronto Central Regional office at 416-325-0652 or Emergency After Hours Service Reports line at 416-540-3725.

5. The online report through CCLS will generate a Notification Form. The Management Team is responsible for posting this form on-site, near the current Child Care License and Licensing Summary Chart and will be updated as additional actions or investigations are completed. At PCH, the form is posted on the Family Information Board, located in the Rm.13 hallway outside of the office.

The form will be posted for a minimum of 10 business days from the date of the occurrence or the date of the last update.

When a serious occurrence involves a serious complaint or allegation of abuse, the Notification Form will be posted after an investigation has taken place. The Program Advisor

will also be notified if the alleged abuse or neglect occurred while the child was receiving care at the Centre.

6. The Management Team is also responsible for informing the members of the Board of Directors regarding any serious occurrences, and for providing the Ministry of Education with any requested updates regarding serious occurrences.
7. PCH employees are not to speak to the media, and must refer all questions regarding the serious occurrence to the Board of Directors.
8. Any employee interviewed by the police must have the Supervisor or Director and a member of the Board of Directors present at all times during the interview.  
The police officer's name, badge number and division name/number should be recorded.
9. The Management Team must also notify the TDSB of any serious occurrences that take place on TDSB property.

### **Additional Notes**

The serious occurrence categories in CCLS are:

1. Death of a Child
2. Allegation of Abuse and/or Neglect
3. Life-threatening Injury or Illness
  - a. Injury
  - b. Illness
4. Missing or Unsupervised Child(ren)
  - a. Child was found
  - b. Child is still missing
5. Unplanned Disruption of Normal Operations
  - a. Fire
  - b. Flood
  - c. Gas Leak
  - d. Detection of Carbon Monoxide
  - e. Outbreak
  - f. Lockdown
  - g. Other Emergency Relocation or Temporary Closure

All serious occurrence reports must be stored in a secure location for at least three years from the date of the occurrence. These reports will be available for current and prospective families, as well as licensing and municipal children's services persons if requested.

Information on the reports will protect personal information and privacy.

### **Training Plan**

The policy is to be reviewed with all employees, placement students and volunteers before they begin their employment/placement/volunteering and annually thereafter.

#### **5.21 Sleep Supervision Policy**

- A rest period is provided for toddler and preschool programs in the early afternoon to ensure that children have adequate rest and energy to pursue their interests and play for the remainder of the day. The rest period is no more than 2 hours in duration. If children are not sleeping after 30 minutes, they have the opportunity to engage in quiet individual activities
- All cots will be labelled with the individual child's name and will be cleaned and disinfected on a regular basis and when needed. Sheets are laundered on a weekly basis and when needed.



- A blanket and/or soft sleep toy (ex. stuffie or comfort item) will be provided by the child's family if needed.
- Any child in a kindergarten program who indicates that they want to rest or engage in quiet activities will be provided the opportunity to do so by the program educators.
- Families can provide signed written instructions for any special requirements regarding rest, and can also provide written recommendations from their child's practitioner for placement of the child for resting, other resting needs, etc.
- For sleeping children in the toddler program, an educator must periodically perform direct visual checks (walking throughout the room every 30 minutes), being physically present beside the child and looking for indicators of distress or unusual behaviours.
- Direct visual checks will be documented on the toddler program's sleep chart.
- While performing direct visual checks, ensure that there is sufficient light in the room to effectively observe the children.
- Any observance of significant changes in a child's sleeping patterns or behaviours during sleep will be communicated by a program educator to the child's family on the day of the observance.
- Adjustments made in accordance with the observations of the educator and any family feedback regarding the observations will be implemented. The family feedback, and any other rest requests will be documented on the program's sleep chart.

## **5.22 Smoke Free Environment**

No person shall smoke/vape or hold a lighted cigarette or other smoking/vaping material(s) inside or on the premises of Pape Children's House or Pape Avenue Jr. Public School, including in the playground, whether children are present or not.

Every employee, placement student, family member, volunteer and visitor of PCH is to be informed that smoking/vaping is prohibited.

The TDSB is responsible for posting any "No Smoking/Vaping" signage in the building.

Any person who refuses to comply is in contravention of the Smoke Free Ontario Act.

## **5.23 Strike Policy**

In the event that the Toronto District School Board (TDSB) or associated unions call a strike and Pape School is allowed to remain open, we will continue to operate as directed by the TDSB.

For each JK/SK/school-aged child at PCH, the daily summer program fee will be charged for the duration of the strike, in order to support extra staffing and programming requirements.

In the event that Pape School closes as a result of a strike, and PCH is not allowed to operate, families will receive a refund from PCH as of the 4<sup>th</sup> day of the strike until the strike is over.

## **5.24 Wait List Policy**

It is often the case that the demand for spaces at PCH is greater than the number of spaces available.

Accordingly, we have established a waitlist for families desiring to have their child(ren) attend PCH. This waitlist is intended to fairly allocate the resources at PCH in accordance with the needs of children, and the policies and needs/concerns of PCH.

PCH strongly encourages families who think that they may, in the future, want a space at PCH to fill out a waitlist application, which can be accessed on the "Apply" tab of our website ([www.papechildrenshouse.com](http://www.papechildrenshouse.com)).

## **Waitlist Fee**

No fee is required to add your child to our waitlist.

## **PCH Tours**

Tours are only conducted once a family has been contacted by PCH and are close to the top of the wait list.

## **Placement**

A waitlist application must be completed and submitted in order to be placed on the list.

Upon completing the application, the person who completed the form should receive an email confirming that the application was received. Families can call or email the Management Team to confirm that their application was received (if they happen to not receive a confirmation email) or their current status on the waitlist.

If a family is contacted regarding a possible space, they will be invited to tour the Centre with their child. After the tour, families have 2 business days to either accept or decline the offer.

Upon accepting a space at PCH, the family will be charged a \$200 deposit as a registration fee, per child, within a week of accepting.

The deposit is non-refundable and is applied towards the fees for the first month of enrolment.

If a family declines the offer of a space at PCH but wishes to remain on the waitlist, the child(ren)'s name will be placed back on the waitlist using the original application date. PCH cannot guarantee that the child will be suitable for the next spot available.

## **Priority Placement**

Subject to suitability, if and when a space becomes available for a particular age category, applicants will be selected based on their original application dates within each of the following groups, starting with Group 1 and continuing through the subsequent groups if necessary. If there is more than one child with equal priority within the relevant group, a lottery will be held to determine who will receive that spot.

Group 1 - Children who were previously registered at PCH but were withdrawn because of space availability. In this regard, the child's original start date at PCH will be deemed to be the relevant date for this purpose

Group 2 - Siblings of children presently in the Centre and children of current PCH employees

Group 3 - The next child most age-appropriate on the waitlist

Group 4 - Others

Notwithstanding anything to the contrary, PCH may determine entitlement and priority for placement when a space is available, at its sole discretion, based on suitability.

## **Suitability**

A balanced program is important to PCH, and the children in our care.

On occasion, selection for PCH programs may be made out of sequence based on reasonable considerations undertaken by PCH in determining entitlement and priority for placement in any available space at PCH.

This suitability factor is at the sole discretion of PCH.

### **School-Age Years**

Families wishing to place their kindergarten or school-age child(ren) on the waitlist must have their child(ren) either attend or plan to attend Pape Avenue Jr. Public School.

### **Position on Wait List**

Families can call or email the Management Team to inquire about their current status on the waitlist at any time, however, we recommend following up in the spring (May-June) of their ideal start year, as that is when we begin planning for our major intake period (typically from July-September each year) and better advise as to any possible spaces opening up.

Privacy and confidentiality of all children and families on the waitlist is always maintained.

Note: most new children to PCH will enter into the program when they are 18-20 months old, as spaces in the toddler program are typically most available.

Children must be at least 18 months of age to start at PCH.

## **5.25 Withdrawal Policy**

### **Suspension/Withdrawal from PCH**

PCH reserves the right to suspend and/or withdraw a child from the program in the event that:

- a) there are outstanding fees owing
- b) it is impossible to meet the child's needs within our centre
- c) the child poses a serious threat to other children and/or employees
- d) families fail to comply with the centre's policies
- e) families fail to comply with an individual or family contract (refer to the Inclusion Policy)

Before a decision to suspend/withdraw a child is made under conditions (b), (c) and (e) above, the following steps will be taken:

1. The family will be notified and a meeting will be held in order to develop a plan for the child. A series of meetings may be necessary to monitor the situation. Meetings may result in the development of a contract outlining terms and conditions for the child to remain in the program.
2. Additional resources may become involved as deemed appropriate.
3. The family will be informed, in writing, if the decision to suspend/withdraw is ultimately made. The family will receive two weeks' notice.
4. If a child is suspended or withdrawn, PCH will inform the appropriate government officials.

## **5.26 Workplace Violence & Harassment Policy**

PCH's Board of Directors is committed to the prevention of workplace violence and harassment and is ultimately responsible for worker health and safety.

To the best of our ability, we will take whatever steps are reasonable to protect our employees, placement students, volunteers, and families from workplace violence and harassment from all sources.

The Board is committed to providing a working and learning environment in which all individuals are treated with respect and dignity. Violent behaviour in the workplace is unacceptable from anyone.

The Board will investigate and deal with all incidents and complaints of workplace violence in a fair and timely manner, respecting the privacy of all concerned as much as possible.

This policy applies to all Board members, all employees, families, children, placement students, volunteers and visitors. Everyone is expected to uphold this policy and work together to prevent workplace violence. We encourage everyone at PCH to raise any concerns about workplace violence and harassment and to report any violent incidents or threats to the Management Team/Board of Directors.

There is a Workplace Violence & Harassment Program, within this policy. It includes measures and procedures to protect all the above mentioned from workplace violence and outlines the responsibilities each person has and a process for incidents to be reported and concerns to be raised. Everyone must work in compliance with the Program.

The Management Team will ensure that this policy, and the Workplace Violence & Harassment Program within it, are implemented and maintained, and that everyone has the appropriate information and instructions to protect themselves from violence and harassment in the workplace.

## **Workplace Violence**

Workplace violence includes incidents where people are abused, threatened or assaulted in circumstances relating to their work, and involving an explicit or implicit challenge to their safety, well-being or health.

Workplace violence may also include:

- the exercise of physical force by a person against an employee, placement student, volunteer or family member, in a workplace, that causes or could cause physical injury to them.
- an attempt to exercise physical force against an employee, placement student, volunteer or family member, that could cause physical injury to them.
- a statement or behaviour that is reasonable to be interpreted as a threat to exercise physical force against an employee, placement student, volunteer or family member, in a workplace, that could cause physical injury.
- verbal abuse – swearing, insults or condescending language.
- psychological harassment – any vexatious behaviour in the form of repeated and hostile or unwanted conduct, verbal comments, actions or gestures, that affects an employee, placement student, volunteer or family member's dignity or psychological/physical integrity, which results in a harmful work environment. This also includes a single serious incidence of such behaviour that has a lasting harmful effect to the employee, placement student, volunteer or family member.

## **Workplace Harassment**

Workplace harassment will not be tolerated from any person in the workplace.

Everyone in the workplace must be dedicated to preventing workplace harassment.

Everyone at PCH is expected to uphold this policy and will be held accountable by PCH.

This policy is not intended to limit or constrain the reasonable exercise of management functions in the workplace, such as performing evaluations and giving guidance to employees, placement students and volunteers. Employees, placement students and volunteers are encouraged to report any incidents of workplace harassment to the Management Team/Board of Directors .

The Board of Directors will investigate and deal with all concerns, complaints, or incidents of workplace harassment in a fair and timely manner while respecting the privacy of all concerned as much as possible.

Nothing in this policy prevents or discourages an employee from filing an application with the Human Rights Tribunal on a matter related to Ontario's Human Rights Code, within one year of the last alleged incident. Employees also retain the right to exercise any other legal avenues that may be available.

## **Harassment**

Harassment comprises of any unwelcome or objectionable behaviour, physical/visual/verbal conduct, comment or display (whether intended or unintended) that is known or reasonably expected to be unwelcome, insulting, humiliating or degrading to another person.

Also, if the behaviour/conduct/comment/display creates an intimidating, hostile or offensive environment and/or is on the basis of race, ethnicity, language, financial ability, religion, gender or sexual orientation, disability or age; or any other kind of discrimination, which is prohibited by particular provincial/territorial legislation.

This includes comments:

- made by an employee, placement student, volunteer, family member or supplier of PCH.
- directed at, and offensive to, any other employee, placement student, volunteer, family member or supplier of PCH, or any other individual or group.
- that the person knew or reasonably ought to have known would be offensive (ex. unintended).

Examples of harassment include, but are not limited to:

- threats made or perceived, that are malicious, vexatious or based on any of the prohibited grounds under Human Rights legislation, including federal and provincial legislation. The most important Human Rights legislation at the federal level is the Canadian Human Rights Act, which came into force in 1978. It outlaws discrimination in employment and in the delivery of goods and services on eleven grounds: race, national or ethnic origin, colour, religion, age, sex, marital status, family status, pardoned conviction, disability, and sexual orientation
- derogatory written or verbal communication or gestures (ex. name-calling, slurs, taunting pictures or posters, bullying, graffiti), that are malicious, vexatious or that relate to any of the prohibited grounds under Human Rights legislation.
- the application of stereotypes or generalizations based on any of the prohibited grounds under the legislation.

## **Sexual Harassment**

Sexual harassment means any unwelcome conduct, comment, gesture or contact of a sexual nature, whether on a one-time basis or in a continuous series of incidents that:

- might reasonably be expected to cause offence, embarrassment or humiliation.
- might reasonably be expected to be perceived as placing a condition of a sexual nature on employment, services, or on any opportunity for training or advancement.

Examples of sexual harassment include, but are not limited to:

- remarks, jokes, innuendoes or other comments regarding someone's body, appearance, physical or sexual characteristics or clothing.
- displaying of sexually offensive or derogatory pictures, cartoons or other materials
- persistent unwelcome or uninvited invitations or requests.
- unwelcome questions or sharing of information regarding a person's sexuality, sexual activity or sexual orientation.
- conduct or comments intended to create, or having the effect of, creating an intimidating, hostile or offensive environment.

## **Bullying**

Bullying is an offensive, cruel, intimidating, insulting or humiliating behaviour which may include physical violence or the threat of physical violence. It can be physical or verbal, direct or indirect (such as gossip).

Bullying is considered harassment in general, unless there is physical contact or a threat of violence, where it is then considered violence.

Bullying is ill treatment which is not addressed under Human Rights legislation or criminal codes.

## **Abuse of Power**

Abuse of power happens whenever an employee, board member, family member, placement student or volunteer abuses or misuses their power and discretion for personal benefit, or in benefit of another person.

Abuse of power, for the purposes of this policy, includes situations involving a minor, situations that involve a reporting relationship, or any situation that includes an accusation from a family member against an employee, placement student or volunteer.

Incidents that involve an abuse of power are considered by PCH as being, generally, of a more serious nature than peer-to-peer situations.

## **Mediation**

Mediation is a process that brings people in conflict together with a mediator, with the intent of finding a mutually beneficial resolution.

A mediator is an impartial, neutral party, without decision-making powers, whom both parties accept. The mediator could be any internal or external party with effective interpersonal skills that has an interest in facilitating resolution.

Note: A list of mediators can be found on the Alternative Dispute Resolution Institute of Ontario's website

## **Investigator**

The investigator is utilized where mediation fails or is not considered appropriate.

An investigator must be a well-trained individual who is able to conduct a formal process with clear documentation.

An investigator will not have a reporting line or personal relationship/connection with either the complainant or alleged harasser.

To the best of PCH's ability, we will endeavor to seek an investigator outside of the organization.

For PCH Employees: If an investigation is required for a violent event or a situation involving harassment, the employee is to remain on-site:

- in the office area, close to the Management Team
- available to the PCH Workplace Violence and Harassment Coordinator or Management Team for the purposes of the investigation

Note: A list of trained investigators can be found on The Workplace Fairness Institute's website

### **Workplace Violence & Harassment Coordinator**

When needed, the Chair of the Personnel committee on the Board of Directors will serve as the Workplace Violence & Harassment Coordinator, working in collaboration with the Management Team.

### **Workplace Violence & Harassment Program**

PCH is committed to providing a work environment which is free of violence and harassment and is supportive of the self-esteem and dignity of every person within the centre.

PCH's intent is to ensure that there is a climate of understanding, co-operation and mutual respect. To be successful in this objective, it is incumbent upon all members of PCH not to condone or tolerate behaviour which constitutes violence or harassment.

PCH will provide for a fair and prompt investigation of any complaint or concern without fear of reprisal, as long as the complaint is not found to be frivolous or vexatious.

This policy applies to complaints of violence or harassment that involve PCH employees, board members, families, placement students or volunteers.

This policy covers complaints of violence (domestic violence), harassment and sexual harassment in the workplace, as defined.

This policy will be posted in the PCH Meeting Room (in proximity to the office and housekeeping area) and is available to our families through the Family Handbook, which is always accessible on our website ([www.papechildrenshouse.com](http://www.papechildrenshouse.com)).

### **Prevention**

Prevention is always the first line of defense against occurrences of violence and harassment.

All employees, board members, families, placement students and volunteers are reminded of their obligation to follow PCH's Code of Conduct and to adhere to the policies and procedures aimed at ensuring a positive work environment and the highest level of care for families.

All employees, placement students and volunteers will sign-off to acknowledge that they have read and understood the Workplace Violence & Harassment Policy upon starting their employment/placement/volunteering and annually thereafter.

Beyond this, there is a duty upon all to prevent violence and harassment by discouraging inappropriate activities and by reporting incidents in accordance with this policy.

## **Domestic Violence**

If PCH becomes aware, or ought reasonably to be aware of domestic violence (that would likely expose an employee/placement student/volunteer/family member to physical injury) may occur in the workplace, PCH shall take every precaution reasonable in the circumstances for the protection of the victim.

## **Rights**

Everyone has the right to:

- an environment that is free from violence and harassment.
- refuse work in various circumstances, where health or safety is in danger, to include the right to refuse work if workplace violence is likely to endanger the worker.
- file a complaint when the environment is not free from violence and harassment
- be informed of complaints made against them.
- obtain an investigation of the complaint without fear of embarrassment or reprisal.
- have a fair hearing.
- be kept informed throughout the process and of remedial action taken.
- a fair appeal process for both the respondent and complainant.
- confidentiality to the degree possible under the circumstances.
- representation by a third party.

## **Obligations**

Our organization has the responsibility to ensure the safety and health of all those who come in contact with PCH.

PCH is obligated legally to take all complaints seriously by:

- using due diligence, which is the obligation to take reasonable measures to provide appropriate service.
- being very familiar with the Workplace Violence & Harassment Policy and closely follow it.
- following the process without bias.
- documenting all information from the first disclosure to the final resolution.
- recording only relevant facts without emotionality.
- signing and dating all documents.
- using common sense

## **Employee, Placement Student & Volunteer Responsibilities**

All employees, placement students and volunteers are responsible for contributing to a positive work environment and for identifying and discouraging comments or activities that are contrary to this policy.

This includes:

- advising other people or the alleged harasser that their behaviour is unwelcome.
- reporting to a member of the Management Team any situation that occurs or is believed to have occurred where an employee/placement student/volunteer – this is an obligation.



- reporting to the Board of Directors if a situation occurs which involves the Management Team, or if the Management Team does not intervene appropriately.

### **Board of Directors & Management Team Responsibilities**

Members of the Management Team are expected to eliminate all aspects of the work environment that are not in keeping with this policy, whether or not a complaint has been made.

The Board of Directors are responsible for creating and reviewing this policy, which must be implemented by the Management Team.

### **Assessment of Risks/Reassessment of Risks**

The Management Team and the Board of Directors must assess the risks of workplace violence and harassment.

The policy will be reviewed to reassess the workplace for violence and harassment risks after an incident of workplace violence or harassment has occurred and the findings will be communicated to all employees.

### **Considerations**

The risk assessment will take into account:

- circumstances that would be common to similar workplaces
- circumstances specific to the workplace
- any other prescribed elements

### **Communication**

The Management Team is required to provide information to employees/placement students/volunteers on the contents of this policy and the program within it, with respect to workplace violence and harassment.

PCH's Board of Directors and the Management Team are required to provide information, including personal information, related to a risk of workplace violence from a person with a history of violent behaviour if:

- a) the employee/placement student/volunteer can be expected to encounter that person in the course of their work.
- b) the risk of workplace violence is likely to expose the employee/placement student/volunteer to physical injury. Personal information may be disclosed, but only what is reasonably necessary to protect the employee/placement student/volunteer from physical injury.

### **Reporting Process**

Situations where there has been an accusation of violence or harassment are extremely sensitive and often complex. At all times, the emotional and physical safety of the complainant is paramount, and this may involve taking steps that are not outlined herein.

In general, however, the following procedures should be taken:

Complaint Received → Mediate and/or Investigate → Action → Appeal (if needed)

## Complaint Procedure

In order to make an official complaint, a complainant should advise the Management Team. The Management Team should immediately inform the Board of Directors.

A written report will be kept in a locked filing cabinet in a folder labelled “Workplace Violence and Harassment”.

From here, the following actions are possible:

- **No Action:** the behaviour is not found to be violence or harassment, and the complainant agrees.
- **Resolve:** if the violence or harassment is subtle or mild and the complainant agrees, the complaint is resolved informally with the assistance of the Management Team and/or Board of Directors.
- **Refer:** if the complaint represents moderate or severe violence or harassment or if the incident involves an abuse of power, the Management Team and the Board of Directors are to be notified, and the complaint is referred to mediation, investigation or, in extreme circumstances, the police.
- **Mediate:** the alleged harasser will be advised of the complaint, if this has not already happened; a mediator will be chosen and confirmed by the Board of Directors, provided the parties to the complaint agree (in the case where there is no agreement, alternative names will be considered); mediation takes place and the situation is resolved to the satisfaction of both parties; if no agreement for either a name or process is secured, then the case is referred to investigation.
- **Investigate:** where, for whatever reason, the complaint remains unresolved, the Board of Directors will then choose an appropriate investigator. The investigator will conduct a thorough and unbiased investigation and provide a written report, including recommendations for action, to the Board of Directors. The Board of Directors will then decide as to what the appropriate action(s) will be.
- **Action:** When considering the appropriate action, the Board of Directors will consider the evidence, the nature of the violence or harassment, whether physical contact was involved, whether the situation was isolated, and whether there was an abuse of power.

Actions may include:

- verbal or written apologies
  - a letter of reprimand or suspension
  - a referral to counselling
  - sensitivity training
  - demotion
  - termination of employment/placement/volunteering
  - referral to police or other legal authorities
  - other appropriate sanctions
- **Appeal:** Either the complainant or alleged harasser may, within 30 days of being notified of the action, submit an appeal in writing to the Board of Directors.  
In the event that the Board of Directors determines that further investigation is required, any additional findings shall be disclosed to the parties, who will be provided with an opportunity to respond. The Board of Directors will then review the record and determine whether or not a violation of the policy has occurred.

## Confidentiality

Complaints of violence and harassment will be received and investigated in a confidential manner in accordance with the procedures, including prescribing corrective action.

Information that must be shared will be disclosed on a “need-to-know” basis.

Any allegation or complaint of discrimination, violence, harassment or sexual harassment will be considered personal information “supplied in confidence”.

The name of the complainant or the circumstances of the complaint will not be disclosed to any person except where disclosure is necessary for the purpose of investigating the complaint.

The substance of investigative reports and the substance of meetings held by those in authority regardless of whether it is substantiated, will be protected from disclosure to third parties, except where required for legal reasons.

Strict confidentiality cannot be guaranteed to anyone who wants to make a complaint of violence and harassment. If a complaint goes through an investigation, the respondent and other people involved will have to learn about the complaint. The complainant can be assured that only people who “need-to-know” will be told of the complaint.

All investigation information will be kept in a locked filing cabinet in a folder labelled “Workplace Violence and Harassment”, with the exception of official disciplinary/termination papers that are kept in the employee’s file.

Similar to problem resolution cases, violence or harassment investigation information should be kept indefinitely in the “Workplace Violence and Harassment” file. Proven allegations of violence, harassment or sexual harassment, including disciplinary action taken shall be documented and form part of the employee/placement student/volunteer’s file.

## Disciplinary Action

Violence and harassment by an employee, placement student or volunteer is a serious offence. If an accusation is substantiated, the harasser will be subject to immediate disciplinary action, up to and including dismissal.

Intentionally accusing someone of violence or harassment, known to be false, is a serious offence and is subject to disciplinary action. PCH reserves the right to discipline those whose complaints are frivolous or vexatious.

Any interference with the conduct of an investigation, or retaliation against a complainant, respondent or witness, may itself result in disciplinary action.

Criteria in determining the level of disciplinary action shall be based on fact scenarios and will take into account harm to the individual, harm to PCH and its reputation, and whether or not there was an unequal power relationship.

Where the conduct involves, or may involve, criminal activity, PCH reserves the right to refer to a police authority who may decide to invoke criminal charges.

Employees have **the right to refuse work** in various circumstances where health or safety is in danger, or if workplace violence is likely to endanger the employee.

## Risk Factors of Workplace Violence & Harassment

- Work in a community-based setting

- Work with unstable or volatile clients
- Having contact with clients
- Securing or protecting valuables
- Working alone or in small numbers

### **Process for Addressing Risk Factors**

- The Management Team and Board of Directors will complete a Risk Assessment after every incident of workplace violence or harassment and inform all employees of the results
- Detailed records will be kept indefinitely for any workplace violence or harassment, investigation or work refusal
- PCH will maintain a close relationship with Pape Avenue Jr. Public School
- 
- Employees, placement students and volunteers will be trained on risk factors and environmental safety measures
- Employees should always carry their cell phone on them in case of an emergency
- If concerned about a building issue, the school's office should be contacted (#501 on program rooms' black phone)
- In an emergency PCH's Emergency Policies & Procedures must be followed and emergency services will be called if needed
- The A1 Phone System (the buzzer system for entry into the building) will be monitored by employees to ensure it is in good working order
- Employees should not work alone during extended hours (ex. after 6pm)
- The "buddy system" should be used - never approach a situation alone
- When dealing with someone who is out of control, never argue with them; seek the support of the Management Team or an employee designate (if the Management Team is not available or off-site), or call emergency services if necessary
- When dealing with someone who is threatening or out of control during a meeting, terminate the meeting in a non-confrontational manner
- Never enter any situation or location where you feel threatened or unsafe
- Do not allow yourself to be backed into a corner with a confrontational person
- Inform others to exercise their right to refuse to work in clearly hazardous situations
- Follow through with external reporting (ex. to the police, Ministry of Labour, Ministry of Education, etc.) if required
- The Management Team will discipline any employee/placement student/volunteer who does not follow the Workplace Violence & Harassment Policy, or those who commit any act or form of workplace violence or harassment
- Employees should seek help/assistance when workplace violence or harassment or personal problems occur