

Updated April 2025 (*Indicates changes)

PARENT HANDBOOK



Carleton Place Childcare Services

Welcome!

This handbook has been created to ensure that everyone is aware of the requirements of Carleton Place Childcare Services. It is also helpful for you as parents/guardians to know about our history, business policies, and our expectations. Please read this handbook carefully and feel free to discuss any questions you may have with a staff member.



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School Age Services
Carambeck Community Centre
352 Bridge Street
Carleton Place, Ontario
K7C3H9
(613)257-1625

Carleton Place Childcare
Services
3 Francis Street
Carleton Place, Ontario
K7C 0C1
(613) 253-0597

www.cpchildcare.ca

Please visit our website for the current fee schedule or [click here](#)

Hours of Operation

Monday to Friday

6:30 am—6:00 pm

The Centre will be **closed** on the following days:

- New Year's Day
- Family Day
- Good Friday
- Easter Monday
- Victoria Day
- Canada Day
- Civic Holiday
- Labour Day
- Thanksgiving
- Christmas Day
- Boxing Day
- *Summer Closure Week
(Last week of July, starting in 2026)
- CP Childcare PD Day*

We close at 3 pm on Christmas Eve and remain closed between Christmas and New years

Parents are required to pay for all stat days including during the closure.

Charges still apply during the summer closure week

*We close once a year for a Staff Professional Development Day (Typically in October or November, aligning with the schools' PD day.)
There is no charge for this day.

Services Offered

Currently, the municipality offers licensed childcare in the following age groups:

At our Francis St. location:

- Infant care (1 staff per 3 infants) from birth to 18 months;
- Toddler care (1 staff per 5 toddlers) from the ages of 18 to 30 months;
- Preschool care (1 staff per 8 preschoolers) ages 30 months but less than 6 yrs. of age; and
- Kindergarten care (1 staff per 13 kindergarten children) ages 44 months but younger than 7 years (only offered when the age of enrolment warrants.)

At our Bridge St. location (Carambeck Community Centre):

- Nursery School (1 staff to 8 preschoolers) 30 months to under 6 yrs. – half day;
- JK/SK care (1 staff per 13 children) ages 44 months to 7 years of age
- Primary School Age care (1 staff per 15 children) ages 68 months to 13 yrs.; and
- Junior School Age care (1 staff per 20 children) ages 9 up to 13 yrs.



Emergency Management Statement: Carleton Place Childcare Services *Emergency Management Policy* provides clear direction for staff to handle to deal with emergency situations to support the safety and well-being of everyone involved.

All parents/guardians will be notified via telephone, email, HiMama or CampBrain during emergency situations.

Security: We have a FOB system at our main entrance doors. Parents are entitled to 2 Fobs upon enrollment. *Lost FOBs must be replaced and there is a \$20 replacement, non-refundable fee.
Please do not hold the door open for anyone. FOBs are expected to be used by everyone coming into our facilities.

***Both locations are under video/auditory surveillance**

Our Program

Smoke/Vape-Free Environment: In accordance with the Smoke Free Ontario Act, all of the child-care facilities in the Town of Carleton Place are posted with, “No Smoking” signs. The daycare facilities, as well as attached yards and parking spaces are included in the designated no smoking/vaping areas. Both daycare facilities will have postings as required (all entrances and exits, bathrooms with adult closing doors, outdoor storage facilities, etc.).

Transportation Policy: Staff cannot transport children in personal vehicles. We can **only** use emergency vehicles and recognized bussing services as needed.

For School age Children (effective September 2023) - Upon enrolment, parents are required to designate Carambeck as their child’s bus stop with the Student Transportation of Eastern Ontario (STEO).

Photo/Video Permission: Parents may choose to allow photo/video permission for their child/ren. Allowing photo/video permission gives Carleton Place Childcare Services consent to use your child’s image, likeness, voice and/or first name in situations such as, but not limited to, our website, Facebook, HiMama, the newspaper, slideshows, promotional materials, documentation, apps, and other media without compensation to you or further review or approval by you.

By revoking photo/video permission, your child’s photo/video will not be used or included in any of the situations above. Parents can provide or revoke this authorization at any time in writing to their child’s teacher or any supervisor. *Medical Forms* are the only exception requiring a photo regardless of permission choice.

Media viewing and electronics policy: Children may watch DVDs with their group as part of their day, however, media use will be kept to a minimum. All programming that is watched at daycare will be age appropriate and related to the ongoing interests of the children. We strive to provide an environment where children can learn to use today’s technology in a safe and monitored environment.

Jr. School age children can bring their devices as they wish (and at the discretion of their parents). Please note that children will only be permitted to use devices at certain times of the day.

Celebrations and special occasions: The program regularly celebrates children’s birthdays unless a family indicates they do not wish for their child’s birthday to be celebrated at daycare. The child having the birthday will have a special muffin. They will receive this at p.m. snack unless they are leaving early. This will be in addition to our regular snack. Everyone sings “Happy Birthday” for the celebrating child. Due to cross contamination, no outside food is to be brought in to share.

Severe weather conditions: If schools are closed for severe weather conditions our Carambeck School-Age program will also be closed.

3 Francis Street will close in extreme weather conditions with directions from the CAO.

Parents will not be charged if the program is closed and we cannot offer services.

Unsafe Pickup: If a parent arrives under the influence of alcohol or drugs or fails to use an appropriate carseat, a staff person will offer to contact an alternate pick-up person and/or offer to arrange for a cab.

Staff will remain with the parent and child until alternate transportation has been fulfilled. If the parent insists on transporting the child, staff are obligated to call 911 and report to our local Children and Family Services.



Program Statement

Our goal is to offer families a secure, quality, inclusive, and developmentally based early learning option; that seeks to meet and/or exceed our Ministry of Education required expectations. Our learning environments and experiences are inclusive of all children, including children with individualized plans.

Our commitment to your family is based on our desire to provide positive early learning environments and care opportunities for your child. All while providing a secure, respected, and caring environment. A home away from home where everyone feels important.

During your child's time here, he/she will be viewed as competent, capable, curious, and rich in potential. Children will have opportunities to practice problem solving, negotiating, decision making, and taking risks. Educators will provide thoughtfully planned hands-on opportunities which build on the questions and observed curiosities and interests of the children. These planned experiences offer exploration and opportunity to build on a child's existing knowledge.

We respect our parents as their child's first educator and encourage parents and families to not only be involved with their child's care, but to also foster engagement and continued communications within the program. We are dedicated to nurturing strong relationships and partnerships with our families and our community.

Communication is paramount when fostering strong relationships with families. Our programs use Himama (at Francis St) and CampBrain (at Carambeck) to facilitate communication with our families. Himama is an online, collaborative documentation tool that updates program developments and each child's learning and growth. CampBrain is used as a link between program educators and families, keeping everyone updated and connected.

Please see appendix A for full Program Statement

All issues and concerns raised by parents/guardians are taken seriously by CPCC and will be addressed. Please see appendix B for our Parent Issues and Concerns Policy and Procedure

Prohibited Practices:

There are certain practices that are identified as being completely unacceptable in our environment. Therefore, the following prohibited practices will be strictly enforced for everyone's benefit:

- A) Corporal punishment of a child (which may include but is not limited to hitting, spanking, slapping, pinching);
- B) Physical restraint of children, including but not limited to confining to a highchair, car seat, etc. for discipline or in lieu of supervision unless for the purposes described in the regulation (to prevent self-harm, harm to others and only until risk of harm/injury is no longer imminent);
- C) Locking the exits of the child care centre for the purpose of confining a child or confining the area or room without adult supervision, unless such confinement occurs during an emergency;
- D) Use of harsh, degrading measures or threats or derogatory language directed at or used in the presence of a child that would humiliate, scare or frighten the child or undermine their self-respect, dignity or self-worth;
- E) Depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing, or bedding; (snack is not considered a necessity) and
- F) Inflicting any bodily harm on children including making children eat or drink against their will.

No employee or volunteer of the licensee, or student who is on a educational placement with the licensee shall engage in any of the prohibited practices outlined above.

Positive Child Guidance

Child guidance is the process by which adults help empower children to develop self-control and learn how to accept responsibility for their actions through natural consequences, redirection, and problem solving.

We strive to provide environments that are warm, caring, and where children's ideas are valued. Children are encouraged to explore, think, create, question, and reflect on their play. We strengthen positive self-esteem in children and foster strong peer relationships while developing independence.

The staff will model appropriate behaviour and language while leading by example. Setting clear and consistent rules creates environments that are safe and worry free. Staff provide appropriate and engaging activities as strategies for child guidance.

If a child's behaviour is extreme, uncontrollable, and/or unsafe towards himself or others, a parent will be called immediately to pick up their child. Children in the same area will be moved, when possible and/or if necessary, to a safe location. A staff person will remain with the child at a safe distance and continue to calm or redirect them. A child will not be physically moved unless they are in immediate danger or pose a risk to their safety or someone else's.

If a child is not adjusting to the Childcare setting after a reasonable period of time and poses a health and safety or emotional risk to themselves, staff, or others they may be given 2 weeks' notice and care may be withdrawn or withheld after exhausting all teaching methods and resources available.

Please see Appendix C for our School Age Behaviour Management Policy schedule

Credits and Refunds

Payments are made through automatic withdrawal collected biweekly. Payments are collected two-weeks in advance. Our system is set up to take payments owing from your account bi-weekly including the cost of your regularly booked days of service, any late fees, and extra service provided over that previous two-week period.

You are required to pay for all days that are booked for your child whether your child attends or not, this includes stat days.

If we are not able to provide service or a planned paid activity (field trip) due to conditions out of our control (i.e severe weather conditions, gas leak, staff shortages, natural disasters, pandemic) your account will be credited for days that services are not offered.

If an overpayment was to occur, a credit to the active account would be applied for the next billing cycle. If requested, a refund can be issued instead through EFT at the next billing cycle.

If the child is asked to miss a day because of behavior, there will be no refund for the day.

In cases of extreme behaviours impacting the health and safety of others, a child can be discharged without notice. In this case, the family will be reimbursed to the active account on file through EFT.

If there is a banking error and you provide supporting documentation from the bank, NSF fees will be credited.

Subsidized families who use more than their allowable days for absenteeism, will be charged for any further absent days.

Parents must give two weeks written notice to end service and charges will apply regardless if your child attends or not.

If at any time, you notice a discrepancy in your account, please contact office administration immediately (613 253 0597 ext. 221). Errors will be backdated.

Admission and Discharge Policy

Once a space is offered, and an enrollment package has been sent, you will be required to return the package within 3 business days. If packages are not returned within this timeframe, we will move on to the next child on the waiting list.

Registration is not considered complete and will not be accepted until the enrollment package is returned and includes the child's up to date immunization record (not required for school age

children) and banking information.

If your child attends our Before & After School Programs, upon enrollment, parents are required to designate Carambeck as their child's bus stop with the Student Transportation of Eastern Ontario (STEO).

***Movement throughout the centre:** Age-based progression of children in the centre from program (age group) to program (age group) based on their age is prioritized when space becomes available. However, please note that if there is no space for your child to move up in the program (for example from Infant to toddlers) your child will remain in that age group, even if they are above that age group age, until space becomes available in the next age group. Parents are charged the fees for the program the child is currently in.

School Age Centre: Christmas holidays, March break and P.D. Days until the end of June must be signed up for. **Priority is given to full time children (Monday to Friday, Before and/or After school).** If spaces allow, parttime children may sign up—but space is not guaranteed.

Summer camp space is offered for School aged children during the months of July and August. **Priority is given to full time children (Monday to Friday, Before and/or After school).** Children must have completed JK to be eligible for Summer Camp. Please see Appendix D for more information regarding our school-age waiting list.

Late pick-up Charge: Staff will complete a late pick up charge form for parents to sign confirming the time of pick-up. Charges will be added to your account and taken out on the upcoming Pre-Authorization. If a family has 6 late pick-ups within a one year time frame their daycare access may be removed. Likewise, during summer camp, if a family is only attending for the summer months and is late for 3 pick-ups, they too may lose program access.

If a child has not been picked-up by 6:30 and we have not been able to reach the parent/emergency contact, staff are obligated to report to Children and Family Services.

Late payment of fees/NSF Payments: We understand that unexpected circumstances arise, but late fee payments may be cause for you to lose your space for your child in our program. We still require two weeks notice even if there are payment issues.

Our policy for payments that go NSF (1 year from date of current NSF):

1st NSF: repay in cash before the next scheduled payment or add it to the next scheduled pre-authorized payment

2nd NSF: repay in cash before the next scheduled payment or add it to the next scheduled pre-authorized payment

3rd NSF: repayment in cash needs to be arranged that week and your child will lose their spot in our program if there is a 4th NSF.

Administrative staff will reach out by phone and/or email to confirm your repayment plan for the NSF + NSF fee. If you do not reply to emails or return phone calls, an attempt will be made to process your payment for the outstanding balance on the next pre-authorized payment date. If the payment is also returned NSF you will incur another NSF fee and your childcare will end the day it is confirmed the payment did not go through. Re-admittance into the program will then be at the directors discretion and require payment in full of all fees owing.

Two Payee accounts (3 Francis Street): If there are two payees for a child, both accounts are required to be in good standings to maintain the child's spot. If the child is to lose the spot because of payment issues with one payee; the second payee will be required to either a) pay for the whole spot or b) lose the spot as well. The second payee is able to change their schedule with 2 weeks notice. Both payees will be notified if the spot is in jeopardy because of payment issues. If the second payee does not want to pay for the whole spot, one month's notice will be provided to terminate care.

The "whole spot" means a consistent schedule each week. So if the payees each pay for 5 days every second week and one of them is not in good standing, and loses care, the other payee would have to pay for 5 days every week to maintain the spot once they receive 1 months notice from the childcare. If the payee in good standing currently pays for and requires a spot Monday and Tuesday of one week, and then requires Wednesday, Thursday, Friday on the 2nd week, they would have to pay for 5 days every week to maintain that spot.

If the payee in good standing currently pays for every Monday Tuesday, and Wednesday every week then nothing would need to change in their schedule because it is already consistent each week.

Accounts sent to collections: Daycare fees are to be paid in a timely manner and if parents are having difficulty paying their fees, they should call and speak to the office administrative staff at 613 253 0597 ext. 221.

Arrangements can be made to pay outstanding debt on a payment plan that can be flexible and affordable, but there has to be a commitment from the family to pay the outstanding fees. If a family leaves the daycare without paying their bill in full and they do not return to make arrangements to pay the outstanding bill, and follow through on this arrangement, their account will be sent to collections. **Poor payment history with Carleton Place Childcare will result in denied future services.**



IMPORTANT PAYMENT INFORMATION:

Two weeks' written notice must be given to end care.

Parents are required to pay for all stat days including during the closure.

Charges will still apply during the summer closure week

Fee Increase occurs annually, and parents will be given 30 days' notice of any increase.

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Subsidy may be available to families in need of financial assistance. During recent years subsidy has been readily available in Lanark County. However, this could change at any time. If there is a high demand, parents could be placed on a waiting list. Please contact their office at 613 267 4200 ext. 2304 or visit <https://www.lanarkcounty.ca/en/family-and-social-services/fee-subsidy.aspx>

Day to Day Information

Weather Guidelines and Outdoor Play: Children will spend a minimum of 2 hours outside each day for full day programs, and a minimum of 30 minutes for before and after school programs unless there is extreme weather conditions, which include:

- extreme heat/humidity alert (36 C(with humidex) Water play must be offered with 30+ C temp.
- Extreme Cold -Temperatures of -15 C or colder or a windchill of -20 C or colder *
- Poor air quality - air quality advisory has been issued
- Thunderstorm warning
- Tornado warning
- Winter and ice storms (heavy snow fall, hail, ice pellets, etc)

*These temperatures may vary as our yard space is enclosed and provides a natural shelter

Children can play outdoors in different types of weather if they are dressed appropriately and necessary modifications are made (for example if the weather is colder than -20, children can go outside for a shorter amount of time if dressed appropriately).

Requirements for rest: Naps are offered from 12:30 to 2:30 daily in the toddler and preschool programs. During this time children are permitted to sleep, rest and engaged in quiet activities. In the infant program, the educators follow the child's schedule and there is no set nap time.

For safety during a fire evacuation, toddlers and preschool children are required to wear footwear during nap times. Sleep sacs are not to be used in the toddler and preschool programs, as this is a safety hazard when trying to evacuate all children as quickly as possible.

Activities off the premises: Staff may take the children off site at times. Our 0-4 facility (Francis St.) may take walking trips with the infants and toddlers in our 5 seat strollers. Preschoolers also take walking trips locally, but only when they have an additional adult with them.

Our school age programs take field trips away from the facility also and are either transported with recognized bus services or walk to local locations. While taking trips away from the centre, we increase our staff to child ratio to ensure the utmost safety while travelling.

During summer camp, school age programs regularly visit local beaches and take advantage of the municipal pool. Children will only attend regulated public pools and beaches etc., where there is a qualified lifeguard(s) on duty at all times. Access to the public beach will only be permitted when there are no posted warning signs from the local health unit stating the water may contain high levels of bacteria.

Jr. School Age Children (9-13yrs.) are permitted to bring spending money on field trips. Staff are not responsible for any spending money brought on trexpect all children to behave respectfully and represent our daycare in a positive manner. If a child is not in compliance with rules for the purpose of respect, they will be uninvited to attend one or all the up-coming field trip.

Volunteers and Students are a paramount part of our team.

However, please note volunteers and students are supervised by an employee at all times and are not permitted to be alone with any child.

As of January 1 2024, this does not apply to a student who is on an educational placement with the licensee and who is also an employee

Food Information

Food Handling, Preparation and Guidelines:

Kitchen staff have completed the Food Safety Course and are certified through the Lanark Leeds and Grenville Health Unit. Our Francis Street location (0-4), will provide a morning / afternoon snack and full lunch to all children attending a full day. Our School age location will provide a morning and afternoon snack. On full days, parents are required to provide a lunch. **Please see appendix H for our bagged lunch policy**

Food and nutrition management for our two locations is prepared in the main kitchen by our food supervisor and qualified kitchen staff (3 in total). Kitchen staff are all obligated to follow the requirements of Ministry of Health, Child Care and Early Years Act, Ministry of Labour, Health and Safety, and any additional municipal requirements.

All food processes are set up and approved by the kitchen supervisor and the Ministry of Health. The menu and content of food is planned and prepared by kitchen staff and is monitored by the Ministry of Health in accordance with the Child Care and Early Years Act.

Planned meals and snacks are required to fall within Canada's Food Guide. We are required to provide "at least half of the recommended number of food guide servings per day while in child care", as per Ontario Dietitians in Public Health, Dec 2017.

The basic assumption with all children is that they will try food where possible. The food served will be varied, good quality, and will fall within these categories:

- Grain products
- Vegetables and Fruit
- Milk Products (Infants & Toddlers are provided with homogenized milk and all other groups receive 2%)
- Meat & Alternatives

All children are expected to eat morning breakfast before attending our programs and are expected to have dinner after going home for the day

Parents are permitted to bring in a morning snack for their child/ren keeping in mind the following requirements as per the Child Care and Early Years Act:

- The foods selected for snacks must be chosen from the categories listed above. Each snack should contain choices from two of the above categories.
- Sweet snacks such as candy, cookies, or drinks with sugar are not recommended since they offer little food value and promote tooth decay.
- Cereals and muffins or baked goods vary in nutritional content including sugar and fat. It is difficult to make comparisons with these products, so we have some restrictions we are asking parents to follow. Avoid cereals that have marshmallow or brightly coloured candy pieces, etc. in them. Rather than choosing products containing chocolate or chocolate chips, products containing blueberries or fruit are better options.

Parents should also be aware of providing snacks that fall into the danger of choking hazards. If parents bring such foods, they should mention it to the teacher on duty with the child (i.e. grapes, seeds, etc.) Parents should also look at our Allergy Safe policies to make sure the foods they are bringing in meet the restrictions for allergy concerns in our environment.

Please Note: NO hot beverages are permitted in the rooms or on the yard with children. This is a safety issue for both staff and children alike.

Due to Cross contamination, no outside food is to be brought in to share.

Special conditions regarding food/ Parent's providing food: Some children attending the program will have restrictions due to medical/allergies, religious beliefs, or lifestyle choice. The program will attempt to accommodate medical/allergies where possible with a doctor's note on file. Individualized Plan and Emergency Procedures Forms for Anaphylactic Allergies, signed by a doctor will be used in lieu of a doctors note. Any parent needing to provide food for die-tary restrictions, religious beliefs or lifestyle choices should provide the substitution clearly la-belled with the child's name and room number on it. Food replacements/substitutions are to be given to the educator at drop off and will be stored in the classroom fridge (if required for safe handling) until needed that day.

Replacements are to be supplied DAILY and not in bulk quantities. Any remaining substitutions will be returned at the end of each day. There are no microwaves or toasters in the class-rooms. Parents will be notified if substitutions have not been provided and direction is to be given by parents to our educators.

***Vegan/Vegetarian Diets, Religious Beliefs, Other Restrictions**

On an individual bases, circumstances will be evaluated, and the kitchen will determine if accommodations can be made. Typically, we can send a side of grain and vegetable to the child, but the parent is responsible to provide the protein unless the meal is suitable.

Individual Medical Needs

At the time of registration, parents are asked to document medical conditions, including whether children are at risk of anaphylaxis and asthma. All staff, students, and volunteers will be made aware of these children.

It is the parent's responsibility:

- To inform the centre supervisor of their child's allergy and/or asthma;
- Before the child attends the centre, complete medical forms and the Anaphylaxis Emergency Plan which includes a photograph, description of the child's allergy, emergency procedure, contact information, and consent to administer medication needs to be in place. This plan is to be reviewed and signed-off annually by both parents and physician to ensure the child's safety. The Anaphylaxis Emergency Plan is posted in key areas such as in the child's playroom, the office, and the food preparation and serving areas. A copy of this information is attached to the child's emergency contact form;
- To ensure that updated medications are provided to the centre before existing medications reach their expiry date; and
- To advise the centre in writing if their child has outgrown an allergy or no longer requires an epinephrine auto-injector. (A note from the child's allergist or physician is also required.) The allergy posting information will also be on each staff person's clipboard/emergency contact binder which travels with staff on all walking trips away from the facility and when out- doors.



Children with severe allergies WILL NOT ATTEND if their EPI PEN is not provided time of drop-off.

Please see Appendix F for our Anaphylaxis Policy

Health and Medication Information

Reporting Child Illness/Health concerns, Accidents, and injuries: We have developed a list of guidelines based on our local Public Health requirements.

Children should not attend childcare and be excluded for 24 hours if he/she has any of the following symptoms:

- Fever *37.8 C/100.04 F
- Fever AND a combination of other symptoms (e.g., nausea, vomiting, cough)
- Fever AND a body rash
- Eye discharge—watery or yellowish
- Severe cough
- Unexplained runny nose/Stuffiness
- Yellowish skin or eyes (jaundice)
- Irritability, continuous crying or requires more attention than can be provided
- The start of antibiotics—children should not attend until 24 hours have passed from his/her first dose.

Children must be excluded for 48 hours for the following symptoms.

- Diarrhea – two or more liquid stools or change in the normal pattern of bowel movement (e.g., runny, watery or bloody stools)
- Vomiting – two or more times in the last 24 hours

Please let the staff know about any possible contagious illness, so other children can be observed for similar symptoms. If children are unable to keep up with the daily program or staff feel a child is too sick to remain on site, they will ask parents to make alternate arrangements for them for the day and have them picked up from care.

If your child develops a fever of 37.8 C/100.04 F*, degrees, vomits twice and/or has diarrhea twice while attending childcare, parents will be notified, and your child must be picked-up as soon as possible.

*37.8 C/100.04 F is what the *Leeds, Grenville and Lanark District Health Unit* considered a fever, therefore we follow these guidelines as well.

Staff will post a note on room doors for parents when there is an outbreak of a confirmed contagious illness that has been present in the centre. This note will include the date of illness and how many reported cases there have been. A note from Public Health may also be posted to give identifying signs or symptoms that you can watch for.

We are obligated to follow the local expectations from the Ministry of Health and have Childhood Disease posters in our centres which explain for parents what those expectations are.

The Child Care and Early Years Act states that, staff are responsible to observe and note any symptoms of ill health with a child before they are left in the program for the day. These observations will be noted in your child's profile in the HiMama program. Our Carambeck location will record health observations on their daily/weekly attendance sheets upon arrival.

All sick children are to remain home for a minimum of 24 hours and must be symptom free, without medication before returning to the centre.

If your child becomes ill during the day we will contact you and will expect you to plan to come and get your child. If we cannot reach you, we will contact emergency contacts listed at the time of enrollment.

We rely on parents to make decisions regarding their child's health, but in the case where the parents view differs from that of the staff person, the parent will need to abide by the staff person's decision.

DO NOT LEAVE MEDICATIONS/CREAMS in your child's backpack or diaper bag. Please hand the medication to a staff person. Once the medication is no longer needed it is to be taken home. Medicine is not to be stored long term in medicine boxes.

Please see Appendix G for our Administration of Drugs and Medication Policy

Accident Reports: If your child has an accident or is injured while at childcare, an accident report will be written, and you will be asked to sign it at pick-up acknowledging that you know about the injury and the report. A copy of the *Accident Report* will be sent to the parents either through Himama or via email and recorded in the daily record as per Ministry recommendation.

Incidents affecting the health, safety or well being of a child will be recorded, communicated to parents, and documented into the daily record.

Headlice Guidelines: Controlling the spread of head lice continues to be a challenge, especially with children in the school age programs. During this process we try to follow the guidelines of our local Health Unit. If a child is found to have head lice (nits or live bugs in your child's hair), we will contact parents and provide them with a *Lice Information Sheet*, from the Health Unit outlining the necessary steps to take to treat the problem. It is very important that the procedures are followed in order to prevent the spread of head lice. It is our preference that children have no more than 10 nits and have no live lice on their return to childcare. By trying to meet this expectation we are hoping to control the spread or any re-infestation of lice.

Parents can visit the Leads, Grenville and Lanark District Health Unit website for more information.

Sunscreen (Summer Sump Only) As of July 2, 2024, parents are to supply sunscreen for their child on their first day of summer camp, please give to your child's educator upon arrival, it is not to be left in their backpack. Sunscreen must remain at the childcare centre and be clearly labelled with child's name. We cannot accept sunscreen that contains NUTS or NUT OILS due to allergies and must not be past the expiry date. We apply sunscreen approx. 20 minutes before going outside to exposed skin. It is our recommendation that children wear a rash guard/light t-shirt to minimize the amount of skin being exposed during outside time. If sunscreen is forgotten, empty/or expired and has not been replaced, Carleton Place Childcare will use Equate sunscreen until one has been supplied.



Immunizations: Any child who is admitted to a childcare centre, who does not attend a school or private school is to be immunized as directed by the local medical officer. Parents who object to immunization based on religious/conscience grounds or medical reasons must complete a standardized form approved by the minister. Religious/conscience objections must be completed by a "commissioner for taking affidavits". Medical reason forms must be completed **by a doctor or nurse practitioner**.

A supervisor can provide the required forms upon request. Up to day immunization records must be kept in the child's file. Failure to provide this (or an exemption form) may result in notice given to your child.

Things to pack:

- * Outdoor Clothing: Hat, mittens, splash pants, coats, sweater, boots, rubber boots, shoes, snowsuit, towel, etc.
- * Indoor Clothing: indoor non-slip shoes, change of clothing for messy play/accidents
- * Daily items: Diapers, wipes, creams, soother, bottle, comfort items (stuffy/blankets) formula/baby food (in infant room only)
- * Sunscreen for school age summer camp programs (effective July 2, 2024)

Please make sure all items are labelled.

Children learn through play, so they do get messy! Please dress your child appropriately.

Canada-wide Early Learning and Child care System

Carleton Place Childcare Services has been accepted and will be participating in the Canada-Wide Early Learning and Child Care Agreement (CWELCC) system.

CWELCC will be used to build and leverage the success of Ontario's existing learning and childcare system by increasing quality, accessibility, affordability, and inclusivity in early learning and child care. The objective of CWELCC for children under six years of age (until June 30 in a calendar year) is to provide a 25% base fee* reduction retroactive to April 1, 2022 building to a 50% reduction in average parent costs (based on 2020 levels) by January 1, 2023 and reaching a provincial average base fee on \$10 a day by 2025-26 for licensed child care spaces.

*See the current fee schedule for the current CWELCC**"Base Fee" means any fee or part of a fee that is charged in respect of a child for child care, including anything a licensee is required to provide under the Child Care and Early Years Act, 2014 (CCEYA), or anything a licensee requires the parent to purchase from the licensee, but does not include on non-base fee.*



Waitlisting Information:

As of September 1, 2016 the Ministry of Education requires daycare providers to provide full transparency in their waiting list administration. This policy outlines Carleton Place Childcare Service's waiting list process to guarantee it is fair while upholding the flexibility required when running a childcare facility.

Carleton Place Childcare Services, including our school age programs do not charge parents/guardians for the opportunity to place their child(ren) on the waiting list for an unsecured space in our child care centre.

Please see Appendix E for our full waitlist policy

Program Statement

Name: **Carleton Place Childcare Services**

Date Policy and Procedures Established: September 16, 2022

Date Policy and Procedures Updated: September 19, 2022

Purpose

Our goal is to offer families a secure, quality, inclusive, and developmentally based early learning option; that seeks to meet and/or exceed our Ministry of Education required expectations. Our learning environments and experiences are inclusive of all children, including children with individualized plans.

Our commitment to your family is based on our desire to provide positive early learning environments and care opportunities for your child. All while providing a secure, respected, and caring environment. A home away from home where everyone feels important.

During your child's time here, he/she will be viewed as competent, capable, curious, and rich in potential. Children will have opportunities to practice problem solving, negotiating, decision making, and taking risks. Educators will provide thoughtfully planned hands-on opportunities which build on the questions and observed curiosities and interests of the children. These planned experiences offer exploration and opportunity to build on a child's existing knowledge.

Following the Ministry of Education direction, we are operating programs that support the How Does Learning Happen? (HDLH) Framework.

To read more about the How Does Learning Happen? Framework please visit the ministry website at,

<http://www.edu.gov.on.ca/childcare/HowLearningHappens.pdf>.

Carleton Place Childcare Services programs;

- Promote the health, safety, nutrition, and well-being of the children. Provide supervision, support, healthy menus, and routines that promote physical activity.
- Support positive and responsive interactions among the children, parents, and educators. Educators support, encourage, and fully participate in our programs as active learners.
- Encourage the children to interact and communicate in a positive way and support their ability to self-regulate. Educators will support every child's ability to

self-regulate and support positive, responsive interactions in their environment.

- Foster the children's exploration play and inquiry. Educators will provide thoughtfully planned hands-on opportunities which build on the questions and observed interests and curiosities of the children.
- Provide child-initiated and adult-supported experiences; Educators will plan based on the children's interests so that children are engaged and able to manipulate and explore their environment.
- Plan for and create positive learning environments and experiences in which each child's learning and development will be supported, and which is inclusive of all children. Including children with individualized plans so that all children can participate in the program; We strive to be an all-inclusive program.
- Incorporate indoor and outdoor play, active play, rest and quiet time, into the day, and give consideration to the individual needs of the children receiving childcare. We learn about the children in our programs and plan for elements of indoor and outdoor play, rest time and quiet time for all children.
- Foster the engagement of and ongoing communication with parents about the program and their children for example through information shared at drop off and pickup or via email.
- Involve local community partners and allow those partners to support the children, their families' and staff. We encourage special visitors to visit and share what they do as part of our community. Our program has built ongoing, permanent relationships with community partners. We occasionally travel off site for visits and invite our partners to visit us to gain a better understanding of others in our community.
- Support staff and/or others who interact with the children at the child care centre in relation to continuous professional learning. CPCS supports and encourages our educators to develop and meet their professional goals. Educators participate in an annual Professional Development Day allowing staff to work on their Ministry of Education and municipal required training. Educators meet monthly and are provided the opportunity for team reflection, collaboration and idea sharing. These monthly meetings also contribute to fulfilling our Quality Assurance expectations. Educators are also encouraged to participate in the College of ECEs, Continuous Professional Learning (CPL) process which is outlined through the College of ECEs website.

To read more about the Continuous Professional Learning process please visit,

<https://www.college-ece.ca/en/Members/CPL-Program>

- Document and review the impact of the strategies used in program on the children and their families. We review feedback received from educators, supervisors, and families.

We respect our parents as every child's first educator and encourage parents and families to not only be involved with their child's care, but to also foster engagement and continued communications within the program. We are dedicated to nurturing strong relationships and partnerships with our families and our community.

Communication is paramount when fostering strong relationships with families. Our programs use Himama (at Francis St) and CampBrain (at Carambeck) to facilitate communication with our families. Himama is an online, collaborative documentation tool that updates program developments and each child's learning and growth. CampBrain is used as a link between program educators and families, keeping everyone updated and always connected.

Parent Issues and Concerns Policies and Procedures

Name of Child Care Centre: Carleton Place Childcare Services

Date Policy and Procedures Established: [Click here to enter text.](#)

Date Policy and Procedures Updated: September 21, 2022

Purpose

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

Policy

General

To maintain positive relationships with our families, we feel it is important to try to be as clear as possible. We want to be clear in terms of what families can expect of our service and what we can expect from our families. To provide good customer service, it is our belief that parents need to feel comfortable coming forward with their concerns or complaints.

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

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

An initial response to an issue or concern will be provided to parents/guardians within 2 business day(s). The person who raised the issue/concern will be kept informed throughout the resolution process.

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

Confidentiality

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

Conduct

Abusive behaviour towards staff will not be tolerated. Abusive behaviour is any type of inappropriate or threatening verbal and/or physical action. If a parent chooses such behaviour, they may be putting their space with the centre in jeopardy.

Parents may also decide to take their concerns or complaints to social media. Please, before taking this approach, take the time to speak to someone at the daycare. We want to do the best job we can while caring for your child. We cannot do that if there is a problem that you are having but are not sharing with us.

Concerns about the Suspected Abuse or Neglect of a child

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

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

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

For more information, visit

<http://www.children.gov.o.ca/htdocs/English/childrensaidthereportingabuse/index.aspx>

Procedures

Nature of Issue or Concern	Steps for Parent and/or Guardian to Report Issue/Concern:	Steps for Staff and/or Licensee in responding to issue/concern:
Program Room-Related E.g: schedule, sleep arrangements, toilet training, indoor/outdoor program activities, feeding arrangements, etc.	Raise the issue or concern to <ul style="list-style-type: none"> - the classroom educator directly or <ul style="list-style-type: none"> - the supervisor or director 	<ul style="list-style-type: none"> - Address the issue/concern at the time it is raised or <ul style="list-style-type: none"> - arrange for a meeting with the parent/guardian within 2 business days. Document the issues/concerns in detail. Documentation should include: <ul style="list-style-type: none"> - the date and time the issue/concern was received; - the name of the person who received the issue/concern; - the name of the person reporting the issue/concern; - the details of the issue/concern; and - any steps taken to resolve the issue/concern and/or information given to the parent/guardian regarding next steps or referral.
General, Centre- or Operations-Related E.g: child care fees, hours of operation, staffing, waiting lists, menus, etc.	Raise the issue or concern to <ul style="list-style-type: none"> - the supervisor or director or <ul style="list-style-type: none"> - Account admin (for billing issues) 	
Staff-, Supervisor-, and/or Licensee-Related	Raise the issue or concern to <ul style="list-style-type: none"> - the individual directly or <ul style="list-style-type: none"> - the supervisor or licensee. All issues or concerns about the conduct of staff that puts a child's health, safety and well-being at risk should be reported to the supervisor as soon as parents/guardians become aware of the situation.	Provide contact information for the appropriate person if the person being notified is unable to address the matter. Ensure the investigation of the issue/concern is initiated by the appropriate party within 2 business days or as soon as reasonably possible thereafter. Document reasons for delays in writing. Provide a resolution or outcome to the parent(s)/guardian(s) who raised the issue/concern.
Student- / Volunteer-Related	Raise the issue or concern to <ul style="list-style-type: none"> - the staff responsible for supervising the volunteer or student or <ul style="list-style-type: none"> - the supervisor and/or licensee. All issues or concerns about the conduct of students and/or volunteers that puts a child's health, safety and well-being at risk should be reported to the supervisor as soon as parents/guardians become aware of the situation.	

Escalation of Issues or Concerns: Where parents/guardians are not satisfied with the response or outcome of an issue or concern, they may escalate the issue or concern verbally or in writing to a higher authority within the town structure (i.e., CAO or Council).

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

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

Contacts:

Tracey Freill, Director of Childcare Services

613-253-0597 ext 226

tfreill@carletonplace.ca

Ministry of Education, Licensed Child Care Help Desk: 1-877-510-5333 or childcare_ontario@ontario.ca

Regulatory Requirements: Ontario Regulation 137/15

Parent issues and concerns

45.1 Every licensee shall ensure that there are written policies and procedures that set out how parents' issues and concerns will be addressed, including details regarding,

- (a) the steps for parents to follow when they have an issue or concern to bring forward to the licensee;
- (b) the steps to be followed by a licensee and its employees in responding to an issue or concern brought forward by a parent; and
- (c) when an initial response to the issue or concern will be provided. O. Reg. 126/16, s. 31.

Parent handbook

45. (1) Every licensee shall have a parent handbook for each child care centre or home child care agency it operates which shall include,

- (a.2) a copy of the licensee's policies and procedures required under section 45.1 regarding how parents' issues and concerns will be addressed;

School Age Behaviour Management Policy

Name of Child Care Centre: Carleton Place Childcare Services

Date Policy and Procedures Established: [Click here to enter text.](#)

Date Policy and Procedures Updated: September 21, 2022

Policy

Behaviour agreements help set out clear expectations and consequences for issues that are beyond general concerns. We are focused on offering learning experiences that provide all children a safe environment to grow, learn and socialize. Refusal by a parent to sign the appended Behaviour Management Agreement may result in the child not being able to attend Carleton Place School Age Programs

When there is a behaviour concern:

If there is a concern regarding your child's behavior, please note that parents will receive an update either by written notice, phone or at pick up times. Documentation will be provided.

- A written warning and "think sheet" will be signed by a parent and child within a 24hr period and returned to a supervisor. This provides open communication amongst staff and parents.
- "Think" sheets will be provided to children so that staff may understand a child's view and thought process or reasons for specific behaviours. This will also allow a child time to reflect, and problem solve so that they may learn how to deal with conflict and stress. Parents will be asked to sign off on all documentation.
- Completing a "think sheet" does not mean that it is the second warning.
- A one-day suspension will follow following more than one documented concern (at the discretion Carleton Place School Age Services). This will be discussed in advance with parents/guardians.
- For behaviours that impact the group, a child may not be permitted (suspended) to attend field trips due to higher safety concerns. Parents will be asked to find alternate care for trip day(s).
- If your child is suspended, you will still be charged for that day's service, but not the field trip.
- Following any warning or suspension your child will work with their teacher to understand and review expectations.
- Parents are made aware that expectations are in place and will be followed so the entire group may have enjoyable, safe, learning and fun filled days.
- Ongoing communication with parents/guardian will occur if behaviours increase.

Other information

Carleton Place School Age Services will work with outside agencies (Connect Well, Open Doors, etc.) to support your child's needs; however, if all endeavors have been explored and your child still is not managing in group care, your child will not be permitted to remain in the program.

Waiting List Policies and Procedures

Name of Childcare Centre: Carleton Place Childcare Services

Date Policy and Procedures Established: September 1 2016

Date Policy and Procedures Updated: September 2024

Policy

As of September 1, 2016, the Ministry of Education requires daycare providers to provide full transparency in their waiting list administration. This policy outlines Carleton Place Childcare Service's waiting list process to guarantee it is fair while upholding the flexibility required when running a childcare facility.

Carleton Place Childcare Services, including our school age programs do not charge parents/guardians for the opportunity to place their child(ren) on the waiting list for an unsecured space in our childcare center. A copy of our parent handbook is available on our website at www.cpchildcare.ca or a paper copy can be provided upon request.

Who can apply:

To be on Carleton Place Childcare Service's waiting list, a parent or legal guardian must accurately complete an application at www.cpchildcare.ca with required information. Parents/guardians can call the center to provide all information by phone if computer access is unavailable. A child cannot be placed on Carleton Place Childcare Service's waiting list if the child has not yet been conceived. A child can be placed on Carleton Place Childcare Service's waiting list after conception once an approximate due date is known.

Placement on the list:

The following factors are considered when determining the order in which children are placed on the wait list:

1. Date on which the application is submitted and completed accurately and in its entirety.
2. The requested number of days per week—5 days, 3 days, 2 days and flexibility. (full time takes precedence over part time requests)
3. The age group required when starting, along with availability of space.
4. If the child already has a sibling in our care

If parents or guardians defer a space or move the start date to another month, their space on the waiting list will be dependent on the date in which they deferred the space.

If a space is not available for the month a parent or guardian would like to start care, the child will be offered a space as soon as one becomes available in the order of priority.

Priority:

Priority is given to:

- Family of Staff: CPCC reserves the right to give priority to staff's children*
- Town Employees*
- Siblings: siblings of current children enrolled in the center.
- Date of application submitted by a new applicant (child/family)

*While working in a full time position, Town employees receive a priority for their children. If the staff member terminates or leaves their employment prior to working for a year, their child's space may be discontinued.

Holding your place on the waiting list:

It is the parents/ guardians' responsibility to ensure that Carleton Place Childcare has the most up to date information to contact you. Families may be contacted periodically to determine if they wish to remain on the waiting list. If we do not receive a response within four (4) days of requesting this information, the child may be removed from the waiting list.

The purpose of this policy is to ensure that the waiting list remains as accurate and current as possible.

If a duplicate waiting list form is submitted, the original waiting list submission will be updated to include any new information and any duplicate submissions deleted. **Request for**

Information:

Parents or guardians can contact CPCP by phone or email childcare@carletonplace.ca to ask about their child's place on the waiting list. We will maintain the privacy and confidentiality of all children listed.

A child will be removed from the waiting list if:

- They are offered a spot and accept it
- The parent/guardian tells us to remove the child from the waiting list
- They are of age to be in Junior kindergarten. You must contact us by September 1st to have your child transferred to our school age before and after care waiting list or have them remain on our waiting list because they are not attending JK.

A child will be moved to the bottom of the waiting list if:

- They are offered a spot that meets their registration criteria and decline it
- The childcare attempts to contact the parent/guardian by both phone and email are ignored/not returned within 3 business days

Offering of Childcare Spaces (3 Francis Street)

Spaces are offered based on your waiting list number and priority. The geographical location of your address has no bearing on priority for space. Director's discretion may be given in extreme emergency situations for temporary care if spaces are available.

Spaces become available when a child graduates from a specific age group or when a family terminates care. Parents are required to give two weeks' notice prior to leaving care. Spaces will be filled in order of response. We will contact the parent/guardian by email and the phone with the number provided. If we do not hear back after three (3) business days, we will move to the next child on the waiting list and your child will move to the end of the waiting list. Once a space is offered you will have two (2) business days to respond to accept or decline the space. If you decline an offered space your registration date will be updated to the current date. Part-time spots can only be offered, if available. Full-time spaces take precedence over part time spaces.

Your child's name will be removed from the waiting list as they enter kindergarten, unless you specify to us that you would like your child to remain on the wait list for our before and after care. If you would like your waiting list number transferred to our Before and After school program, this must be specified as well.

Carambeck School Age location waiting list information:

Christmas holidays, March break and P.D. Days until the end of June must be signed up for.

Priority for before and after school spots is given to full time children (Monday to Friday, Before and/or After school). If spaces allow, parttime children may sign up—but space is not guaranteed.

Summer camp space is offered for School aged children during the months of July and August. Priority is given to full time children (Monday to Friday, Before and/or After school). Children must have completed JK to be eligible for Summer Camp.

There is a separate email list for summer care. All families on the email list will be notified by email when summer registration is open based on their group number and spaces are offered on a first come/first served basis. Parents must select full weeks during the summer.

Registration is offered in the following order:

Group 1- Children registered in our before and after school program as of the last day of school before summer begins. Priority is given to full time children (Monday to Friday, Before and/or After school).

Group 2- Siblings of children enrolled at our Francis St. location and any past families that requested to be on the summer email list.

Group 3- New families on our summer email list.

If a family registers for summer that does not attend our before and after school program, they are not guaranteed a spot in the upcoming school year. They must be placed on our waiting list for before and after school and wait until a spot becomes available. All children enrolled in our before and after school program are given priority to register for the following school year if they are registered as of the last day of school the previous school year. If registration is not complete by the deadline given by supervisors, they will move on to the next person on the wait list.

Anaphylactic Policy and Procedures

Name: **Carleton Place Childcare Services**

Date Policy and Procedures Established: September 15, 2022

Date Policy and Procedures Revised: September 16, 2022

Policy and Procedures

Development of Individualized Plans and Emergency Procedures for Each Child with an Anaphylactic Allergy who Receives Childcare

We adhere to the licensing requirement to develop a plan for any child with an identified anaphylactic allergy while working together with community partners.

We will work with families to complete the Individualized Plan for a child with an identified anaphylactic allergy. The plan will be developed in consultation with the parent of the child. As part of that process, families would be expected to consult with a medical doctor or anyone else the parents feel should be included in the consultation. Parents will include a description of the procedures to be followed in the event of an allergic reaction or any other medical emergency. This ensures that the most accurate information is provided and will be reviewed on a yearly basis or as required. Parents are to advise the childcare facility as soon as possible if their child develops an allergy and requires medication, if there are any changes to the child's individual plan or if their child has outgrown an allergy or no longer requires medication.

Strategies to Reduce the Risk of Exposure to Anaphylactic Allergens

It is our practice to do the following:

- Staff ensure that procedures for proper hand washing and clean up are being followed.
- A 'no sharing' policy is in place.
- Parents are asked not to bring foods into the centre that may contain peanut or nut products as we strive to keep our centre peanut and nut free.
- Peanut/tree nut allergens will not be included in our menu items nor in any craft or sensory activity.
- Everyone should regularly check ingredient listings on packaging of all foods.

Strategies to reduce the risk for other food allergies (e.g., milk, sesame) and insect sting allergies are developed in consultation with centre staff and parents. Centres can be expected to create an "allergy-safe" environment; however, we cannot guarantee an "allergen-free" environment.

Children with severe allergies WILL NOT ATTEND if their EPI PEN is not provided at time of drop-off.

We will revise the strategies and information above depending on the life-threatening allergies of the children enrolled.

Rules for parents who send food.

Parents can send in food/snacks to be kept at daycare or provide a lunch for dietary/allergy reasons.

- These arrangements need to be discussed with a supervisor/kitchen staff prior to bringing in food.
- The centre must receive written instructions (using our *Dietary Change Form*) from a parent for any allergies, intolerances, and any dietary arrangements, which will be kept in the child's file.
- Each parent must have a contingency arrangement if the lunch from home is forgotten, does not meet nutritional value, and/or allergens are present. For example: CPCS will have on hand extra snacks to supplement. Examples: apples, crackers, bread, soy butter, etc.
- Staff will be monitoring the contents of lunches to ensure food does not contain peanut/tree nuts or have come into contact with peanuts/tree nuts.
- Personal lunches (and snacks) will be labelled with the child's name.
- Parents will be notified when concerns arise regarding the nutritional adequacy and/or presence of allergens in snacks and meals.
- Staff will review and sign-off on policies and procedures annually.

Communication Plan

Individualized Plans are in place and fully read and understood by program staff before the child starts in the program.

Known allergies, food restrictions and medical conditions are posted in each cooking and serving area, play area and playroom and are available and accessible in all other areas where children may be present.

General information regarding anaphylaxis can be found in our Parent Handbook.

Signage will be posted at the entrance of each facility identifying that there are children at risk of life-threatening allergies and the foods and causative agents to be avoided will be listed.

Staff will review and sign-off on policies and procedures annually.

Training

The childcare department will require all staff, students, and volunteers to complete the “Anaphylaxis in Child Care Settings: What Staff Need to Know” course provided on-line through the Allergy Aware website (formerly Anaphylaxis Canada).

<https://www.allergyaware.ca/>.

Anaphylaxis training will be completed individually on a yearly basis. Once completed successfully, the course will provide a certificate of completion to verify that the course has been finished and this will be kept on file for Ministry of Education purposes.

We are registered with the Allergy Aware website. This ensures we will receive the most up-to-date information.

Staff who will never be involved in the care of any child, such as a custodian, maintenance worker, bookkeeper etc., are exempt from this training requirement.

All staff, students and volunteers will review and sign off on Individualized Plans including how to recognize signs and symptoms specific to the child, actions to be taken by the staff and how to administer the medication.

Staff, students and volunteers will have opportunities to practice using an auto-injector trainer, (i.e. device used for training purposes) and are encouraged to practice with the auto-injector trainer throughout the year, especially if they have a child at risk in their program. Ask a supervisor for an auto-injector trainer.

Regulatory Requirements: Ontario Regulation 137/15

Anaphylactic policy

39.

(1) Every licensee shall ensure that each childcare centre it operates and each premises where it oversees the provision of home childcare or in-home services has an anaphylactic policy that includes the following:

1. A strategy to reduce the risk of exposure to anaphylactic causative agents.
2. A communication plan for the dissemination of information on life-threatening allergies, including anaphylactic allergies.
3. Development of an individualized plan for each child with an anaphylactic allergy who,

- i. receives childcare at a childcare centre the licensee operates, or
- ii. is enrolled with a home childcare agency and receives child care at a premises where it oversees the provision of home child care or in-home services.

4. Training on procedures to be followed in the event of a child having an anaphylactic reaction.

(2) The individualized plan referred to in paragraph 3 of subsection (1) shall,

- (a) be developed in consultation with a parent of the child and with any regulated health professional who is involved in the child's health care and who, in the parent's opinion, should be included in the consultation; and
- (b) include a description of the procedures to be followed in the event of an allergic reaction or other medical emergency.

Administration of Drugs/Medication Procedure

Name of Child Care Centre: Carleton Place Childcare Services

Date Policy and Procedures Established: [Click here to enter text.](#)

Date Policy and Procedures Updated: September 2024

Purpose

The purpose of this policy and the procedures outlined within is to provide clear direction for staff, students and volunteers to follow for administering drugs or medication to children at the childcare centre and for appropriate record-keeping.

Where the term drugs and/or medications is used in this policy, the term refers to any product with a drug identification number (DIN). For the purpose of this policy, drugs and medications fall into the following two categories:

- Prescription, intended for acute, symptomatic treatment; and
- Over-the-counter, intended for acute, symptomatic treatment

Note: The following items are not considered drugs or medication for the purposes of this policy, except where the item is a drug, as defined in the *Drug and Pharmacies Regulation Act*, prescribed for a child by a health professional:

- Sunscreen
- Moisturizing skin lotion
- Lip balm
- Insect repellent
- Hand sanitizer
- Diaper cream

These over-the-counter products may only be administered in accordance with the following rules:

- Must have written authorization by a parent.
 - This can be in the form of a “blanket authorization” on the enrolment form. It does not require an Authorization for Medication Form, described in this policy.
 - If a parent does not provide written authorization for the use of these items at the child care centre, licensees must communicate this to their staff (e.g. information will be included on the centre’s allergy list where applicable or a separate list of names of the children where written authorization was not given by the parent will be provided).
- Must be stored in accordance with the instructions for storage on the label and the container or package must be clearly labelled with the child’s name and the name of the item.
- A container or package does not need to be labelled with a child’s name where items are shared (if appropriate), such as hand sanitizer located at entrances and exits.
- Must be 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.

Our goal is to support children's health, safety, and well-being by setting out measures to:

- ensure children receive only those drugs or medications deemed necessary and appropriate by their parents;
- reduce the potential for errors;
- ensure medications do not spoil due to improper storage;
- prevent accidental ingestion;
- administer emergency allergy and asthma drugs or medications quickly when needed; and
- safely administer drugs and medications according to established routines.

Policy:

We will safely administer drugs and medications according to established routines. Every effort will be made to ensure medications do not spoil due to improper storage. As safety is paramount, we will administer emergency allergy and asthma drugs or medications quickly when needed.

Parental Authorization to Administer Medication:

- Whenever possible, parents will be encouraged to administer drugs or medications to their children at home if this can be done without affecting the child's treatment schedule.
- Prescription and over-the-counter medications for acute, symptomatic treatment will only be administered to a child where a parent of the child has given written authorization to do so by completing the Authorization for Medication Administration Form. The Authorization for Medication Administration form must be accompanied by a doctor's note for over-the-counter medications if the medication is required for more than 3 days.
- The authorization must include a schedule that sets out the times the drug or medication is to be given and the amounts to be administered.
- Where a drug or medication is to be administered to a child on an "as needed" basis (e.g. there is no specific schedule or time of the day for administration), the Authorization for Medication Administration Form must clearly indicate the situations under which the medication is to be given (*omitted doctors note being required), including observable symptoms. Examples may include:
 - 'when the child has a fever of 39.5 degrees Celsius';
 - 'when the child has a persistent cough and/or difficulty breathing'; and
 - 'when red hives appear on the skin', etc.
- Prescription/over-the-counter skin products (with a DIN) that need to be administered for acute or symptomatic treatment will only be administered to a child where a parent of the child has given written authorization to do so by completing the child care centre's Authorization for Medication Administration.

- Authorization for Medical Administration Forms will be reviewed with parents yearly, or when changes occur, to ensure the dosage continues to be accurate (e.g. based on the child's age or weight).

Drug and Medication Requirements

All drugs and medications to be administered to children must meet the following requirements:

- All drugs and medications must be stored in their original containers as supplied by a pharmacist, or their original packages. Medications that have been removed from their original package or transferred into a different container will not be accepted or administered to children.
- All drug or medication containers must be clearly labelled with:
 - The child's full name;
 - The name of the drug or medication;
 - The dosage of the drug or medication;
 - Instructions for storage;
 - Instructions for administration;
 - The date of purchase of the medication for prescription medications; and
 - The expiry date of the medication, if applicable.
- The information provided on the Medical Administration Form must match with all the requirements listed above.
- Where information is missing on a drug or medication label and/or the Medical Administration Form does not match the label on the labelled container, the child care centre will not accept or administer the medication until the label and/or the Medical Administration Form accurately contains all the required information.
- Over-the-counter epinephrine purchased for a specific child can be administered to a child with an individualized plan and emergency procedures for an anaphylactic allergy as long as it is accompanied by a doctor's note and is clearly labeled with the child's name, the name of the drug or medication, the dosage, the date of expiration and the instructions for storage and administration.
- Drugs or medications purchased by staff, students or volunteers for their own use will be kept inaccessible (e.g. stored in locker versus left in a purse in the classroom) to children and will not be administered to children at any time.
-

Drug and Medication Handling and Storage:

- All drugs or medications will be kept inaccessible to children at all times in a locked container or area (e.g. in a refrigerator, cabinet, cupboard or drawer). There are exceptions for emergency medications as outlined below:
 - Emergency medications will never be locked up and will be made easily accessible to all staff while being kept out of the reach of children, including during outdoor play periods and off-premises activities.
 - Where a child has written permission to carry their emergency allergy or asthma medication, precautions will be taken to ensure that these medications are not accessible to other children (e.g., in cubbies or backpacks that are unattended). School Aged children are permitted to carry their emergency medication around their waist (using a fanny pack, etc.).
- In case of an emergency, all staff, students and volunteers will be made aware of the location of children's emergency medications at all times.
- Emergency medications will be brought on all field trips, evacuations and off-site activities.
- Any topical products or drugs/medication in the first aid kit will not be used on children to clean or treat wounds. Children's cuts and wounds will be disinfected in accordance with local public health recommendations.
- All drugs and medications for children will be stored in accordance with the instructions for storage on the label. Medication requiring refrigeration will be stored in the refrigerator in a locked container.
- Where drugs or medications are past their expiry date, they will be returned to the parent of the child, where possible, and this will be documented on the Authorization for Medication Administration Form.
- Any drugs or medications remaining after the treatment period will be returned to a parent of the child, where possible, and this will be documented on the Authorization for Medication Administration Form.
- Where attempts have been made to return a drug or medication to a parent and the parent has not taken the medication home, the person in charge of drugs and medications will ensure that the efforts made to return the drug or medication have been documented in the appropriate staff communication book (e.g. daily written record), and the drug or medication m be returned to a pharmacist for proper disposal.
- Staff will not flush drugs or medications down the toilet or sink or throw them in the garbage.
- Staff will check medicine boxes on a monthly basis and record the date and initial that their box has been inspected for old, expired or unnecessary medicine. Check list will be stored inside regular (non-refrigerated) medicine boxes in each room

Drug and Medication Administration:

- Drugs or medications will be administered according to the instructions on the label and only with written parental authorization.
- Designated person(s) in charge of medications will deal with all drugs and medications to reduce the potential for errors, whether on or off the premises. Where the person(s) is absent, they will delegate this responsibility to another individual.
- A drug or medication will only be administered from its original container as supplied by a pharmacist or its original package, and where the container is clearly labelled as outlined under the Drug and Medication Requirements section of this policy.
- A drug or medication will only be administered using the appropriate dispenser (e.g. syringe, measuring spoon/cup, etc.).
- To support the prompt administration of emergency medication:
 - Emergency medications may be administered to a child by any person trained on the child's individualized plan at the child care centre; and
 - Children will be allowed to carry their own asthma or emergency medication in accordance with this policy, the drug and medication administration procedures, and the child's individualized plan, where applicable.
- Drugs or medications that are expired (including epinephrine) will not be administered at any time.
- Where any reaction results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.

Record-Keeping:

- Records of medication administration will be completed using the Authorization for Medication Administration Form every time drugs or medications are administered. Completed records will be kept in the child's file.
- Where a child's medication administration form includes a schedule setting out specific times to administer the medication and the child is absent on a day medication would have been administered, the child's absence will be documented on the medication administration record to account for all days during the treatment period (excluding weekends, holidays and planned closures).
- If a dose is missed or given late, reasons will be documented on the record of medication administration and a parent will be notified as soon as possible as it may impact the treatment schedule or the child's health.

Confidentiality

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

Drug and Medication Administration Procedures

A parent requests that a drug or medication (prescription or over the counter) be administered to their child and provides the drug or medication.

ROLES AND RESPONSIBILITIES

1. Provide the parent with the appropriate form to complete and obtain written authorization to administer the medication. See Reference Documents, *Authorization for Drug/Medication Administration* form;
2. Verify that the drug or medication:
 - is accompanied by a doctor's note (anaphylaxis, emergency medications)
 - is in its original container as prescribed by the pharmacist or in the case of over-the-counter medications are in original packaging;
 - is not expired;
 - is clearly labelled with the child's name; and
 - is clearly labelled with the name of the drug/medication
3. Obtain the appropriate dispenser, where applicable;
4. Review the medication administration form (doctor's note, where applicable), and the label to verify that all sections are complete and accurate, and that the information in the authorization matches the medication label.

Where errors are found on the form or the label is incomplete, the form/medication must be returned to the parent to make and initial corrections.

5. Sign the form once it is complete and accurate;
6. Take the drug/medication and dispenser and store it in the designated locked space in accordance with the instructions for storage on the label;
7. Attach a photograph of the child to the top left corner of the *Authorization for Drug/Medication Administration* form; and
8. Record administration of medicine/drugs each time it is given to the identified child using the *Record of Drug/Medication Administration* form. Once treatment has been completed, mark the record with the word STOP (in large letters) below the last recorded administered dose, file the document in the contact book.

Sunscreen, lotion, lip balm, bug spray, hand sanitizer and diaper cream which are non-prescription and/or are not for acute treatment, and due to their long-term daily usage:

- Have a blanket authorization from a parent in our enrollment package;
- Can be administered without an *Authorization for Drug/Medication Administration* form; and
- Does not require record-keeping.

A child is authorized to carry their own emergency allergy medication.

ROLES AND RESPONSIBILITIES

1. Ensure that written parental authorization is obtained to allow the child to carry their own emergency medication (included on *Authorization for Drug/Medication Administration* form);

- Ensure the medication remains on the child (e.g., fanny pack, bag/purse) and is not left or unattended anywhere at the childcare centre (e.g., child's backpack or cubby); and
 - Ensure that appropriate supervision is maintained of the child while they are carrying their medication and children in their proximity do not have access to the medication.
2. Where there are safety concerns relating to the child carrying his/her own medication (e.g., exposure to other children), notify the centre supervisor/designate and the child's parent of these concerns and discuss and implement strategies. Document the concerns and resulting actions in the staff communication book and child's record.

A prescription or over-the-counter drug or medication must be administered to a child.

ROLES AND RESPONSIBILITIES

Non-emergency medication – child's regular educator must:

1. Prepare the medication dosage in a well-lit area in the appropriate measuring device, where applicable;
2. Where possible, remove the child from the activity area to a quiet area with the least possible interruption;
3. Verify/Confirm the child who is about to receive medication matches the photo on the *Authorization for Drug/Medication Administration* form;
4. Administer the medication to the child in accordance with the instructions on the label and the written parental authorization;
5. Document the administration of the drug or medication and any comments/observations on the *Record of Drug/Medication Administration* (found in *Reference Documents*);
6. Store the medication in the designated storage space in accordance with the instructions on the label and the parental authorization received on the *Authorization for Drug/Medication Administration* form;
7. If applicable, document any symptoms of ill health on the *Record of Drug/Medication Administration* form and;
8. Where a child is absent, document the absence on the *Record of Drug/Medication Administration* form.

Emergency allergy medication – educator/staff who becomes aware of the emergency situation must immediately:

1. Verify/Confirm the child who is about to receive medication matches the photo on the *Authorization for Drug/Medication Administration* form;
2. Administer the emergency medication to the child in accordance with emergency procedures on the child's individualized plan;
3. Administer first aid to the child, where appropriate;
4. Contact, or have another person contact emergency services, where appropriate;
5. Contact, or have the supervisor/designate contact a parent of the child; and
6. Stay with the child where applicable until a parent of the child arrives.

Following the emergency – primary staff who handled the situation will:

1. Document the administration of the drug or medicine on the *Record of Drug/Medication Administration* form;
2. Document the incident in the centre's *Communication Book*; and

3. Document any symptoms of ill health on the *Record of Drug/Medication Administration* form and file with the child's records where applicable.

Where a child is authorized to self-administer their own drug or medication:

1. Supervise and observe the child self-administer the drug or medication to ensure that the proper dosage and procedure for administration is being followed;
2. Where the child asks for help, educator/staff will assist the child in accordance with the parent's written authorization;
3. Document the administration of the drug/medication and any comments/observations on the *Record of Drug/Medication Administration* form;
4. Store the medication in the designated storage space in accordance with the instructions on the label and parent authorization received on the *Authorization for Drug/Medication Administration* form unless the child is authorized to carry their own emergency allergy medication;
5. Document any symptoms of ill health using the *Record of Drug/Medication Administration* form and file with the child's records where applicable; and
6. Where there are safety concerns relating to the child's self-administration of drugs or medications, notify the center's supervisor/designate and the child's parents of these concerns, and discuss and implement strategies to address the concerns. Document the concerns and resulting actions in the staff communication book and in the child's record

A child has a reaction to an administered drug or medication.

ROLES AND RESPONSIBILITIES

Where adverse symptoms appear upon medication administration, educators/staff present must immediately:

1. Administer first aid to the child, where appropriate;
2. Contact emergency services, where appropriate and send the drug/medication and administration information with the child if they are leaving the premises to seek medical attention (An educator/staff is to remain/travel with the child until parents arrive);
3. Notify a parent of the child;
4. Notify the supervisor/designate;
5. Document the incident in the *Communication Book*; and
6. Document any symptoms of ill health using the *Record of Drug/Medication Administration* form and file with the child's records where applicable.

Where the reaction results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.

A drug or medication is administered incorrectly (e.g. at the wrong time, wrong dosage given).

ROLES AND RESPONSIBILITIES

1. Where applicable, follow the steps outlined above for *Reaction to an Administered Drug or Medication*;
2. Contact the parent of the child to report the error;
3. Report the error to the supervisor/designate;
4. Document the actual administration of the drug or medication using the *Authorization for Drug/Medication Administration* form; and

Document the incident in the *Communication Book* and child's record

Where any reaction to a drug or medication results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.

A drug or medication is administered to the wrong child.

ROLES AND RESPONSIBILITIES

1. Where applicable, follow the steps for *Reaction to an Administered Drug or Medication*;
2. Contact the parents of the children affected to report the error;
3. Report the error to the supervisor/designate;
4. Document the incident in the *Communication Book* and the child's record; and
5. Administer the medication to the correct child following protocol.

Where any reaction to a drug or medication results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.

Surplus or expired medication is on site.

ROLES AND RESPONSIBILITIES

1. Where possible, the surplus or expired medication must be returned to a parent of the child;
2. Where attempts have been made to return a drug/medication to a parent and the parent has not taken the medication home, educator/staff will deliver the medication to a supervisor/designate. A supervisor/designate will then return the unused drug or medication to a local pharmacist for proper disposal.
3. Staff will document attempts to return drug/medication on the *Record of Drug/Medication Administration* form and file this form in the child's record.

Do not flush any drugs or medications down the toilet or sink or throw them in the garbage.

Regulatory Requirements: Ontario Regulation 137/15

ADMINISTRATION OF DRUGS OR MEDICATIONS

40.

- (1) Where a licensee agrees to the administration of drugs or medications, the licensee shall ensure that,
 - (a) a written procedure is established for,
 - (i) the administration of any drug or medication to a child receiving child care at a child care centre operated by the licensee or at a premises where it oversees the provision of home child care, and
 - (ii) the keeping of records with respect to the administration of drugs and medications
 - (b) all drugs and medications on the premises of a child care centre operated by the licensee or at a premises where it oversees the provision of home child care are,
 - (i) stored in accordance with the instructions for storage on the label,
 - (ii) administered in accordance with the instructions on the label and the authorization received under clause (d),
 - (iii) inaccessible at all times to children, and
 - (iv) in the case of a child care centre, kept in a locked container;
 - (c) one person in each child care centre operated by the licensee and in each premises where it oversees the provision of home child care is in charge of all drugs and medications and that all drugs and medications are dealt with by that person or a person designated by that person in accordance with the procedures established under clause (a);
 - (d) a drug or medication is administered to a child only where a parent of the child gives written authorization for the administration of the drug or medication and that included with the authorization is a schedule that sets out the times the drug or medication is to be given and amounts to be administered; and
 - (e) a drug or medication is administered to a child only from the original container as supplied by a pharmacist or the original package and that the container or package is clearly labelled with the child's name, the name of the drug or medication, the dosage of the drug or medication, the date of purchase and expiration, if applicable, and instructions for storage and administration.
- (2) Despite subclauses (1) (b) (iii) and (iv) and clause (1) (c), the licensee may permit a child to carry his or her own asthma medication or emergency allergy medication in accordance with the procedures established under clause (1) (a).
- (3) The following items do not constitute drugs or medication for the purposes of this section, except where the item is a drug, as defined in the Drug and Pharmacies Regulation Act, prescribed for a child by a health professional:
 1. Sunscreen.
 2. Moisturizing skin lotion.
 3. Lip balm.
 4. Insect repellent.
 5. Hand sanitizer.

6. Diaper cream.

(4) In respect of an item described in subsection (3) that does not constitute a drug or medication for the purposes of this section, a licensee shall ensure that,

- (a) the item is administered to a child only if a parent of the child has given written authorization for the administration of the item;
- (b) the item is 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
- (c) the item is 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.

Bagged Lunch Policy

Name: **Carleton Place Childcare Services**

Date Policy and Procedures Established: May 1, 2023

Date Policy and Procedures Revised: [Click here to enter text.](#)

Policy and Procedures

Guidelines

Lunches will be provided by parents. Lunches need to be labelled with the child's name and must include an ice pack.

Lunch should have a variety of food from each group (grains, vegetables/fruit, milk product and meat/alternatives).

Sweet snacks such as candy, cookies and drinks with sugar are not recommended since they offer little food value and promote tooth decay.

Allergy Awareness

Peanuts and Tree nuts are not permitted.

Staff will be monitoring the contents of lunches to ensure food does not contain peanut/tree nuts or have come in contact with peanut/tree nuts.

Other allergens may be prohibited depending on the allergies of the children enrolled.

Staff ensure that procedures for proper hand washing and clean up are being followed.

A "no sharing" policy is in place.

Items Provided by CPCS

CPCS will provide 2 daily snacks (morning and afternoon).

Back up procedures for if a lunch is forgotten or lunch contains allergens or low nutritional value.

Parents will be notified by program staff and asked to bring in lunch if forgotten. If a parent can not make it to the centre in time for lunch, CPCS will have food to supplement.

CPCS will have on hand extra food to supplement when a bagged lunch does not meet nutritional value, allergens are present or are forgotten at home.

Examples: apples, crackers, bread, soy butter, etc.

Parents will be notified when concerns arise regarding the nutritional adequacy and/or presence of allergens.

Safe Arrival and Dismissal Policy

Name of Child Care Centre: Carleton Place Childcare Services

Date Policy and Procedures Established: December 20, 2023

Date Policy and Procedures Updated: [Click here to enter text.](#)

Purpose

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

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

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

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

Policy

General

- Carleton Place Childcare Services will ensure that any child receiving childcare at the childcare centre is only released to the child's parent/guardian or an individual that the parent/guardian has provided written authorization the childcare centre may release the child to.
- Carleton Place Childcare Services will only dismiss children into the care of their parent/guardian or another authorized individual.
- Parents/guardians of school aged children may request that a child who is 8 years old or older be released from childcare without supervision. Parents/Guardians must provide written and signed authorization and instructions for the release of the child including the time of dismissal.
- Where a parent/guardian provides written instructions for the release of their child from care without supervision, the parent/guardian is aware that the childcare is no longer responsible for that child upon their dismissal.
- Where a child does not arrive in care as expected or is not picked up as expected, staff must follow the safe arrival and dismissal procedures set out below.

Additional Policy Statements

Children may only be released to an individual 12 years or older with parents/guardians' written permission. (such as a sibling, neighbour, childcare provider, etc.)

Procedures

Accepting a child into care

1. When accepting a child into care at the time of drop-off, program staff in the room must:
 - Parents **MUST** walk their child into the classroom AND inform the educator their child has arrived.
 - greet the parent/guardian and child.
 - Parents are responsible for informing staff of any changes to child's pick-up procedure. (i.e., someone other than the parent/guardian picking up). Where the parent/guardian has indicated that someone other than the child's parent/guardians will be picking up, the staff must confirm that the person is listed in the child's file under emergency or alternate pick-up people. If the individual is not listed, ask the parent/guardian to provide authorization for pick-up in writing (e.g., note, app or email).
 - document the change in pick-up procedure on the attendance sheet **or** in the Lillio app.
 - sign the child in on the classroom attendance record.

Where a child has not arrived in care as expected

1. Where a child does not arrive at the childcare centre and the parent/guardian has not communicated a change in drop-off (e.g., left a voice message, sent an email, or advised the closing staff at pick-up), the staff in the classroom must:
 - For 3 Francis Street: attempt to contact parents using Lillio (previously Himama) app via email no later than 10:00 am. If parents do not reply to their educators by 10:30 a.m., the educator will then call the parents to inquire and leave a message if parents are unavailable. Supervisors will be notified. The child will be marked absent on Lillio.
 - For our school age program: after morning bussing has taken place, program educators will call the parents to confirm a child's absence. They will attempt to confirm if the child will be returning after school at the same time. If parents are unavailable a message will be left. ****Please Note. **** Confirmation of absence/attendance will not be confirmed for children scheduled to take a bus during inclement weather or bus cancellations. After afternoon bussing, supervisors will contact the schools directly to confirm absences for any expected children who did not arrive to care. If the schools cannot confirm the absence, parents will be called by a supervisor and a message left if parents are unavailable.
 - Where a parent/guardian provides written instructions for the release of their child from care without supervision, the parent/guardian is aware that the childcare is no longer responsible for that child upon their dismissal
2. All communication attempts and outcomes will be documented on our Safe Arrival Form.

Releasing a child from care

1. The staff who is supervising the child at the time of pick-up shall only release the child to the child's parent/guardian or individual that the parent/guardian has provided written authorization that the childcare may release the child to. Where the staff does not know the individual picking up the child (i.e., parent/guardian or authorized individual),
 - confirm with another staff member that the individual picking up is the child's parent/guardian/authorized individual.
 - where the above is not possible, ask the parent/guardian/authorized individual for photo identification and confirm the individual's information against the parent/guardian/authorized individual's name on the child's file or written authorization.
 - Children can be released to individuals listed as emergency contacts or alternate pick-ups without notice from parents.

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

1. Where a parent /guardian has previously communicated with staff a specific time or timeframe that their child will be picked up from care and the child is not picked up, staff will reach out after an hour through email and then again after a half an hour by phone to notify parents that their child has not been picked up as arranged. If parents are unavailable, a message will be left.
2. Where the staff has not heard back from the parents/guardians or authorized individual who was to pick up the child the staff will wait until the centre closes and will follow the procedures under "Where a child has not been picked up and the centre is closed".

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

1. One staff will stay with the child and proceed with calling the parent/guardian to advise that the child is still in care and inquire their pick-up time. In the case where the person picking up the child is an authorized individual, the staff shall contact the parents to notify them that their child has not been picked-up. If parents are unavailable staff will attempt to contact the authorized pick-up person that was scheduled that day for pick-up.
2. Where a parent/guardian or authorized individual who was supposed to pick up a child from care and has not arrived by 6:00 p.m., staff shall ensure that the child is given a snack (at 6:30 p.m.) and activity, while they await their pick-up.
3. If the staff is unable to reach the parent/guardian or authorized individual who was responsible for picking up the child, the staff will continue to contact the other emergency contacts listed in the child's file.
4. Where the staff is unable to reach the parent/guardian or any other authorized individual listed on the child's file by 7:00 p.m., the staff shall proceed with contacting the local Family and Children Services of Lanark, Leeds, and Grenville (FCS) 1-855-667-2726. Staff shall follow the FCS's direction with respect to next steps.

Dismissing a child from care without supervision procedures

School Age Program - Where a parent/guardian has provided written authorization for their child to be released from care without supervision, one staff in the program must be responsible for dismissing the child from care. Prior to dismissing the child from care, the staff shall review the written instructions for release provided by the parent/guardian and release the child at the time set out in the instructions. The staff shall document the time of departure from care and as well as their initials on the attendance record.

Additional Procedures

Unsafe Pickup: If a parent arrives under the influence of alcohol or drugs or fails to use an appropriate car seat, a staff person will offer to contact an alternate pick-up person and/or offer to arrange for a cab. Staff will remain with the parent and child until alternate transportation has been provided. If the parent insists on transporting the child, staff are obligated to call 911 and report to our local Children and Family Services.

Carleton Place Childcare Services		
June 1, 2025 Fee Schedule - CWELCC \$22.00 Cap for Parental Portion		
Age Group	Full Base Fee - Per day	Parental Portion
Infants (0-18 months)		
Full Day	\$80.80	\$22.00
Toddlers (18-30 months)		
Full Day	\$54.40	\$22.00
Preschoolers (2.5-5 yrs.)		
Full Day	\$52.30	\$22.00
Nursery School		
Preschool Morning Session (9:15 – 12:00)	\$21.60	\$12.00
JK/SK (Eligible for CWELCC*)		
Full day (Carambeck or Francis)	\$45.30	\$21.40
Before School (Carambeck)	\$14.60	\$12.00
After School (Carambeck)	\$14.60	\$12.00
Before & After School (Carambeck)	\$29.20	\$13.80
JK/SK (Not eligible for CWELCC*)		
Full day (Carambeck or Francis)	\$50.68	\$50.68
Before School (Carambeck)	\$16.32	\$16.32
After School (Carambeck)	\$16.32	\$16.32
Before & After School (Carambeck)	\$32.64	\$32.64
School Age (Grade 1 & eligible for CWELCC*)		
Full Day	\$42.84	\$19.76
Before School	\$16.32	\$12.00
After School	\$16.32	\$12.00
Before & After School	\$32.64	\$15.04
School Age (Grade 1 and up)		
Full Day	\$42.84	\$42.84
Before School	\$16.32	\$16.32
After School	\$16.32	\$16.32
Before & After School	\$32.64	\$32.64
Junior School Age Program		
Full Day	\$42.84	\$42.84
Before School	\$16.32	\$16.32
After School	\$16.32	\$16.32
Before and After School	\$32.64	\$32.64
Summer Camp		
JK/SK (Eligible for CWELCC*)	\$45.30	\$21.40
JK/SK (Not eligible for CWELCC*)	\$50.68	\$50.68
School Age & Junior School Age	\$42.84	\$42.84
ADDITIONAL CARE RATES- NON BASE FEES		

* Parental Portion is capped at \$22.00 for children eligible for CWELCC. Eligible children are:

- ▶ 0-5 years old
- ▶ any child that turns 6 from January 1- June 30th is eligible up until June 30th
- ▶ any child that turns 6 from July 1- December 31st is eligible up until the last day of the month they turn 6



This is intended as a general guide. Consult a health care provider for diagnosis and for recommendations or advice. Notify the Leeds, Grenville and Lanark District Health Unit if there is a higher than usual number of cases of any disease.

CHILDHOOD DISEASES



★ **Designated Reportable Diseases** - Click here for the [Reportable Disease Form](#) or call **1-800-660-5853**

Illness	How it Spreads	How to Recognize	When it is Contagious	When to Report/Exclude
Chickenpox ★ (varicella virus) This disease is vaccine preventable.	<ul style="list-style-type: none">contact with blister fluid or saliva of an infected personcan also spread through the air; enters the body through the nose or moutha pregnant woman can pass it on to her baby before birthIncubation period *2-3 weeks	<ul style="list-style-type: none">begins with a fever, then an itchy red rash develops and quickly turns into fluid filled blistersblisters dry and scab over usually within 5 daysheadache, loss of appetite	<ul style="list-style-type: none">usually 1-2 days before the appearance of rash and until all blisters are crusted over; usually 5 daysInfectious between 8 to 21 days following exposure	<ul style="list-style-type: none">for child care and schools, report to the health unit via health unit's Chickenpox Reporting Formchild can return to child care or school when fever is gone and child feels well enough to participate in normal activities (regardless of the state of rash)pregnant and immunocompromised individuals should be informed of possible exposure and advised to consult with a health care provider
Diarrhea and Vomiting ★ <i>Gastroenteritis</i> (norovirus, rotavirus)	<ul style="list-style-type: none">germs are found in vomit and stool (poop) of an infected person and can spread to another person's mouth usually through unclean handsincubation period *24-72 hours	<ul style="list-style-type: none">vomiting, diarrhea (unformed or watery stool), fever, loss of appetite, stomach pain, fatigue, headache	<ul style="list-style-type: none">while diarrhea and/or vomiting are present and up to 48 hours after symptoms stop	<ul style="list-style-type: none">exclude from child care and school for 48 hours after symptoms have stoppedreport outbreaks in child care settings immediately
Influenza ★ (virus) This disease is vaccine preventable.	<ul style="list-style-type: none">contact with secretions from the nose or mouth of an infected person (i.e. sneezing, coughing)contact with objects (i.e. surfaces, toys, doorknobs) exposed to droplets from an infected personincubation period *1-4 days	<ul style="list-style-type: none">sudden fever, chills, headache, fatigue, muscle aches, cough, and sore throatchildren may also have upset stomach, vomiting, diarrhea, ear aches, and red eyes	<ul style="list-style-type: none">24 hours before and up to 7-10 days after symptoms begin (for children)	<ul style="list-style-type: none">exclude from child care and school until fever is absent for at least 24 hours (with no over the counter medications) and the child feels well enough to participate in regular activities
Measles ★ (measles virus) This disease is vaccine preventable.	<ul style="list-style-type: none">contact with secretions from the nose or mouth of an infected personspreads easily through the air (i.e. coughing, sneezing, talking, being in the same room) or through the contamination of surfaces (as the virus can remain active in the air and surfaces for at least 2 hours)incubation period *7-21 days	<ul style="list-style-type: none">fever, runny nose, cough, drowsiness, irritability and red eyes (usually begins 7-18 days after exposure), small white spots on the inside of the mouth and throat, body achesin a few days a blotchy red rash appears on the face and progresses down the body	<ul style="list-style-type: none">measles is highly contagioususually 4 days before and up to 4 days after rash begins	<ul style="list-style-type: none">report to the health unit immediatelyexclude from childcare and school for at least 4 days after start of rashcontacts of case with no history of immunization or measles infection should be excluded for 21 days
Meningitis ★ <i>Meningococcal Disease</i> (bacterial/viral) This disease is vaccine preventable and is caused by bacteria or viruses.	<ul style="list-style-type: none">direct contact with secretions from nose or throat of an infected person (sharing dishes, toothbrushes, mouth guards, kissing)complication from a viral illness; germs in stool (poop) of an infected person can spread to another person's mouth through unclean hands	<ul style="list-style-type: none">fever, fatigue, drowsiness, reduced consciousness, irritability, fussiness, agitation, severe headache, vomiting, stiff neck, pain when moving head or neck, joint pain, seizures, loss of appetite, skin rash (red dots that do not disappear when pressed)	<ul style="list-style-type: none">7 days before symptoms begin to 24 hours after the start of appropriate antibiotics regardless of immunization status	<ul style="list-style-type: none">report to the health unit immediatelyexclude from child care and school for at least 24 hours after the start of antibiotics
Mumps ★ <i>Infectious Parotitis</i> (mumps virus) This disease is vaccine preventable.	<ul style="list-style-type: none">contact with secretions from the nose or mouth of an infected personcontact with objects that have been exposed to droplets or saliva from an infected personincubation period *12-25 days	<ul style="list-style-type: none">fever, swelling and tenderness of one or more salivary glands	<ul style="list-style-type: none">7 days before and up to 5 days after onset of swollen glands	<ul style="list-style-type: none">report to the health unit immediatelyexclude from child care and school for 5 days after onset of swollen glands
Rubella ★ <i>German Measles</i> (rubella virus) This disease is vaccine preventable.	<ul style="list-style-type: none">contact with secretions from the nose or mouth of an infected persona pregnant woman can pass it on to her baby before birthincubation period *14-21 days	<ul style="list-style-type: none">mild fever, headache, fatigue, runny nose, red eyes, rash (small red spots that start on the face and cover the body in 24 hours)	<ul style="list-style-type: none">1 week before and at least 4 days after the rash begins	<ul style="list-style-type: none">report to the health unit immediatelyexclude from child care and school for 7 days after rash beginspregnant contacts should be advised to consult with their doctor promptly
Whooping Cough ★ <i>Pertussis</i> (bordetella pertussis bacteria) This disease is vaccine preventable.	<ul style="list-style-type: none">sharing close airspace (less than 1 meter)contact with secretions from the nose or mouth of an infected person (i.e. sneezing, coughing)incubation period *6-20 days	<ul style="list-style-type: none">respiratory symptoms followed by persistent cough ending in gagging/ vomiting (may or may not have characteristic "whoop"); fever is mild or absent, runny nose	<ul style="list-style-type: none">up to 21 days after symptoms begin if not treatedNote: most contagious during the first 2 weeks when symptoms resemble a common cold	<ul style="list-style-type: none">report to the health unit immediatelyexclude from childcare or school until infected person has had 5 full days of antibiotic treatment - if no antibiotic treatment is used exclude for 3 weeks after the onset of cough
Ear Infection <i>Otitis Media</i> (bacterial or viral)	<ul style="list-style-type: none">usually follows a cold (viral upper respiratory infection)sometimes germs travel from the throat to the ear through a damaged Eustachian tube (connects the ear to the throat)	<ul style="list-style-type: none">if related to a cold, may have runny nose, cough, sneezing, or fevercomplaints of painful ear, tugging on the ear, irritability (especially infants), trouble sleeping, trouble hearing quiet sounds	<ul style="list-style-type: none">not usually contagious, however if fluid is draining from the ear it may contain germsalways wash hands thoroughly to prevent the spread of germs	<ul style="list-style-type: none">no exclusion required if well enough to participate in regular activitiesmay require antibiotic treatment
Fifth Disease (parvovirus B19)	<ul style="list-style-type: none">contact with secretions from the nose and mouth of an infected person (i.e. sneezing)can spread from a pregnant woman to her unborn childincubation period *4-20 days	<ul style="list-style-type: none">low grade fever, headache, cold-like symptoms, stomach upset, red rash on cheeks (commonly described as "slapped cheek" appearance)after 1-4 days a lace-like rash appears on the body; the rash can last up to 3 weeks	<ul style="list-style-type: none">a few days before the rash starts; once the rash appears, the virus is no longer contagious	<ul style="list-style-type: none">no exclusion required if child feels well enough to participate in activitiesIf you are pregnant and your child becomes ill with fifth disease or you have had an exposure to someone with fifth disease, call your health care provider
Hand, Foot & Mouth Disease (coxsackie virus)	<ul style="list-style-type: none">contact with secretions from the nose, mouth and blisters of an infected person (i.e. sneezing)germs are also found in stool (poop) of an infected person and can spread to another person's mouth usually through unclean handsincubation period *3-5 days	<ul style="list-style-type: none">fever, headache, sore throat, loss of appetite, lack of energy, vomiting and/or diarrhea, small painful ulcers in the mouth, skin rash with small blisters on hands, feet, and buttocks lasting 7-10 days	<ul style="list-style-type: none">most contagious during the first week of illnessvirus can be present in stool for up to 4 weeks after start of illness; always wash hands thoroughly to prevent the spread of germs	<ul style="list-style-type: none">exclude from child care and school until fever is absent for 24 hours (with no over the counter medication), blisters have dried and child feels well enough to participate in regular activities
Impetigo (staphylococcal bacteria or streptococcal bacteria)	<ul style="list-style-type: none">usually follows a scrape or an insect bitedirect contact with rash; contact with bedding, towels, or clothing that have touched an infected person's skin	<ul style="list-style-type: none">rash with a cluster of red bumps or blisters around the mouth, nose or other parts of the skin not covered by clothingmay ooze or be covered by a honey-colored crust	<ul style="list-style-type: none">from onset of rash until 24 hours after the start of antibioticmaintain good hand washing after touching infected skin	<ul style="list-style-type: none">exclude from child care and school for 24 hours after the start of antibiotics - if no antibiotic treatment is used exclude until rash is healed
Mononucleosis (Epstein-Barr virus)	<ul style="list-style-type: none">spreads person-to-person through saliva (i.e. kissing, sharing beverages)incubation period *4-6 weeks	<ul style="list-style-type: none">50% of people have no symptomsfever, sore throat, fatigue, swollen glands, enlarged spleen	<ul style="list-style-type: none">not highly contagious; can persist for a year or more after infection	<ul style="list-style-type: none">no exclusion required; consult physician about avoiding contact sports until fully recovered
Pink Eye (Conjunctivitis) (bacterial/viral)	<ul style="list-style-type: none">contact with eye secretions through contaminated fingers or articles (i.e. wash cloths or towels)when pink eye is caused by a cold the droplets from a sneeze or cough can also spread itincubation period *24-48 hours	<ul style="list-style-type: none">redness in whites of eye, scratchy feeling or pain in eye, swollen eyelidswatery or yellowish discharge; eyelids often stick together	<ul style="list-style-type: none">assume contagious until diagnosed	<ul style="list-style-type: none">exclude from child care and school until child has seen a doctor, nurse practitioner or pharmacistfor bacterial causes, exclude for 24 hours after the start of appropriate antibiotic
Strep Throat/Scarlet Fever (group A streptococcus bacteria)	<ul style="list-style-type: none">contact with secretions from the nose or mouth of an infected person (i.e. sneezing, coughing)incubation period *1-3 days	<ul style="list-style-type: none">fever, very sore throat, headache, swollen glands, trouble swallowing, nausea, sore stomach, red throatif scarlet fever, can have sandpaper-like rash	<ul style="list-style-type: none">10-21 days or until 24 hours after starting appropriate antibiotic treatment	<ul style="list-style-type: none">exclude from child care and school for 24 hours after the start of appropriate antibiotic

* Incubation period = Time between contact with disease and start of symptoms

FACT SHEETS:

<http://healthunit.org/health-information/infectious-diseases/fact-sheets/>