

## **Guidance And Discipline**

No one strategy is effective in every situation, or with every child. Therefore, licensees need to use any/a lot of techniques in order to be successful with children.

### Communication Techniques

- Use of self / I messages
- Active listening
- Restatement
- Reflection of feelings
- Conflict resolution

### Preventative Techniques

- Encouragement
- Modeling
- Limit setting
- Scanning
- Changing environment

### Other Techniques

- Reminding
- Redirection
- Ignoring
- Reasoning
- Logical consequences
- Choice offering
- Prompting
- Body language (A gentle touch may be used for soothing the child.)
- Humor
- Command / Direction
- Time out ( Max 2 mins)

In case where a child is harmful to themselves and has lost control the ability to reason, the licensee will help to soothe the child until self-control is regained.

The role of the educator in the discipline process will be to teach self-control. Positively worded guidance, clearly stated expectations and rules and the direction of behaviour to that of socially acceptable will be used to prevent behaviour problems. No child will be subjected to harsh, belittling or degrading treatment, whether verbal or physical that would humiliate the child or undermine the child's self-respect. Appropriate social skills such as problem solving, sharing and cooperation will be taught, modeled and encouraged. Logical consequences to problematic behaviour will be allowed to occur - such as fixing blocks broken as a result to rough play and helping a child that is hurt as a result of the other child's behaviour. Time out (2 mins max) and removal of privileges or activities may be used to respond to behaviour problems exhibited by children when all other strategies have not been effective.

Please advise the centre if any of the above strategies is ineffective with your child or if you have suggestion of techniques which work with your child.

Thank you.

# Nutrition Policy

## **Who provides the food and drinks?**

The parent(s)/guardian will provide snacks, lunch and drink (water and/or juice) for the day.

## **What is provided?**

Parent(s)/guardian will ensure the child is given food with good nutritional value.

Note: Parent package is very specific about “treat foods” such as snacks with chocolate and sugar, to be given at home.

Parents will be informed if the child brings food with low nutritional value and suggestions made for the kinds of food that are healthy for children.

## **Food Handling**

Meal areas including kitchen counters, tables, fridge and microwave will be kept clean at all times.

Perishable foods such as dairy products, meat, poultry and eggs will be refrigerated. Indicator on the thermometer in the fridge will be checked that it is at optimum temperature at all times.

Children's allergies and/or specific diet will be posted.

## **When Food Is Provided**

7am - 8am	Breakfast (For those children who have not had one at home)
9am - 9:30am	Morning Snack
11:30am - 12:15am	Lunch
3pm - 3:30pm	Afternoon Snack

Note: Licensee will provide water to children whenever they want. Please ensure children drink lots of fluid throughout the day especially during hot season.

## **Supervision During Meal Times**

The licensee will sit at a table with the children during mealtimes.

Children will be encouraged to eat and drink and will in no way forced or use food/drink as reward or punishment.

Children will be ensured to eat their own food and not share with their peers.

If a child has a specific diet planned under a dietician/physician, the licensee will follow the specific diet plan.

Morning Snack Licensee will help children choose a healthy snack such as fruit(s), Vegetable, cheese, and yogurt and a drink.

Lunch Licensee will ensure children choose a wholesome meal such as a Sandwich or left over food packaged by Parent/guardian and juice/water.

Afternoon Snack Children can choose what they want to eat and drink. However, licensee will inform parent the policy regarding treat foods if they have been included in their lunch kits.

Fussy Eaters Give food choices from their lunch kits.

If they refuse all choices, licensee will make choice for them and verbally encourage them to eat.

If they don't finish/touch the food during the meal time, the child will be asked to pack it away. Try again at 2nd meal time.

If child habitually refuses to eat, the licensee will talk to parent and work out a strategy, e.g.

- Ask mom to let the child help put together meal in a lunch kit.
- Ask mom to give a variety for child to choose from.
- Ask mom not to include food that he/she doesn't like, etc.

**NO FORCED SPOON FEEDING OR HOLDING THE CHILD OR MAKING THEM CRY OVER EATING!**

**Drinking water will be provided to the children throughout the day.**

**Parent Awareness of Children's Nutritional Needs**

At enrollment, parent(s)/guardian will be informed verbally and through parent package about the centre's healthy eating and nutritional policies.

Canada's Food Guide and the Licensing Nutritionist Telephone # (604-507-5481) will be made available to parent(s)/guardian.

The centre will introduce a nutrition theme which educates children and families about healthy diets that build healthy bodies.

(Note: An exercise content/plan will also be established for every day).

Parents will be informed informally, as warranted about their children's eating and drinking habits. For any concerns, the licensee will talk to:

- a. The parent/guardian to find a solution.
- b. The licensee who will then have a formal meeting to propose alternatives.
- c. The licensing nutritionist (604-507-5481).

**Other policies**

- All poisons and cleaning products are stored in locked cupboards.
- The phone number for the poison control is (604)-682-5050
- Only non-poisonous plants will be planted at the center
- All spilled liquids are wiped up immediately
- The classroom will be arranged to minimize safety hazards.
- Plastic bags will be kept out of reach of children.
- Licensee will supervise children when they are eating. Children will eat while they are sitting down. Licensee has had training in handling choking in younger children.
- All kitchen knives to be kept in the container in the high cupboard, out of reach of children.

## Health & Safety

It is the responsibility of the licensee to ensure health and safety of all children. For example, removing broken cabinet; keeping rocked cabinet (if broken) at high-level; keeping cupboard out of reach; keeping machine in a locked box/cabinet out of children's reach; kitchen knives to be kept in container on high cupboard.

### Scraps/Cut

Use warm soapy water to clean cuts/scraps. Apply a Band-Aid if necessary.  
Not to use polysporin unless get a signed consent from parent/guardian.

### Bee/Insect Sting

Make a paste of baking soda and water in a tablespoon and apply to affected area.

### Report to the licensing office

As soon as Doctor or Police, Fireman is involved (i.e. Child is taken to hospital or walk-in clinic or any other doctor), the report needs to be filled within 24 hours to licensing officer. If unsure, please call licensing office [604-949-7712](tel:604-949-7712).

### Sunscreen Policy

When UV rays are high (in summer and perhaps even as early as spring and as late as fall), licensee will apply sunscreen on each child even if it is cloudy:

- Half hour before going out
- Every 2 hours that children are outside

Note: Children need to wait 10 mins (when reapplied outside) to go back to play to wait for the sunscreen to be absorbed.

Moreover, if child says they already applied it, make sure you will still apply it again in case they made up about it or may have it too early.

### No-Smoking

It is a smoking-free centre. I request that everyone respect this policy and refrain from smoking around the centre (playground & centre & parking lot).

We all know about the hazards of second-hand smoking and also we are in a very privileged position to be role models for the children.

# Health and Sickness Guidelines for parent(s) & Staff

In the interest of good health and for the benefit of all children attending the centre, necessary guidelines have been established to assist in deciding whether your child is well enough to attend the center.

1. Most children's illness starts with a fever. Fever, usually indicates that the child is fighting some form of illness and at this time is contagious. Do not send your child to the center until 24 hours after the fever has abated and/or until symptoms have subsided.
2. If your child has been vomiting or had diarrhea over night, he/she should not attend the centre for at least 24 hours and/or until other acute symptoms have subsided.
3. If your child is on antibiotic he/she continues to be contagious for 24 hours after the first dose of medication. He/She should not return to the centre until this time has elapsed.
4. It is not the policy of the centre to administer patent medicine (over the counter drugs). These medications should be given before the child leaves home. The licensee can administer the prescription medication from a pharmacist labelled bottle with your written permission in a stand-alone form for each prescription. (This is in addition to the blanket consent form for emergencies).
5. Children who has communicable childhood disease (Chicken Pox, scarlet fever, mumps, conjunctivitis) will not be accepted in the centre.
6. Please advise the centre immediately as you become aware of your child having communicable disease, or having been in contact with the same. The licensee will further advise the other parents.
7. Please provide a Doctor's written Proof or the child's passport of up-to-date immunization.

If you have any questions or concerns regarding your child's state of health, call your nearest public health nurse.

**Parent/Guardian Signature:**

**Date of Signature:**

# Emergency Preparedness

1. The licensee is familiar with procedures as outlined in the Emergency Procedures.
2. Fire drills and or Earthquake drills shall be held every month.  
Records must be kept of the drills in the daybook, as well as regular book and keep as a policy book.
3. A letter shall be sent to parents outlining the safety program and including procedures for parents in the event of emergency.
4. Licensee shall maintain Emergency Kit in an accessible area. The Kit shall be for emergency purposes only and checked for contents at the beginning of the school year.
5. Parents advised to provide an emergency supply kit containing 3 days' supply of :
  - a. H2O (Expiring 5yrs)
  - b. Food Bars (Expiring 5yrs or min 1yr)
  - c. Foil Blanket  
(See sample)
  - d. For each child (to be kept in named bin) in case of emergency and names blankets.
6. In case of emergency, licensee will take the children to Walton Elementary School, Coquitlam and will inform the parents accordingly.

# OUTSIDE PLAYTIME POLICY

When going out, licensee will line up all children, choose an area they will play at and inform all the children, tick off child present against the list as they go out. The licensee will keep count while outside and add any latecomers on the list.

When coming in from the playground, children will first line up, names ticked off as child goes inside the daycare.

If visibility is poor outside, the teachers will immediately line up to go inside.

During outside play, licensee will ensure children are within the designated area, within calling distance of her.

When cold outside, teachers will ensure children leave their jackets on always during outside play.

Active play will be an hour everyday—30 minutes in the morning and 30 minutes in the afternoon.

# SCREEN TIME

Screen time will be limited to 20 minutes or less a day. Children below 2 years of age will not be allowed to play with I pads/I pods/Mobiles/Laptops.



# Safe Release of Children

-No child will be released from the center unless a parent or a guardian previously designated by a parent comes for him/her. This information will be regularly updated.

-All parents or designated guardians, who come for the child (ren), must have them signed by the licensee.

- Parents understand that the licensee is not legally allowed to release children to anyone unless authorized on the registration form and agree to a written and signed notice beforehand if someone new is picking up the child. This person will need to bring an ID.

## LATE PICK UP

The following procedure will be observed for any child not picked up by centre closing time:

- Every effort will be made to reach the parent(s) and the alternate person(s) name as specified in the registration form.
- If the licensee is not able to reach any of the above person(s), the Ministry of Children and Families welfare will be contacted on (604)-469-7600.

# Infection Control Chart

To control the spread of infections, will follow the guidelines closely--

- Prevent Contact
- Keep immunization up to date
- Stay home when sick
- Isolate children who become sick
- Notify parents about exposure to communicable diseases.
- Leave non-washable toys at home
- Turn away when someone coughs or sneezes.
- Do not share cups, bottle, plated, utensils, food, drinks, bedding, or mattresses.
- Do not kiss babies on the mouth.
- Do not use fingers as pacifiers.
- Discard unused refrigerated formula after 24 hours.
- Change diapers away from food preparation areas.
- Disposes of trash daily.
- Do not touch blood
- If blood is touched, wash hands immediately with anti-bacterial soap.
- Do not share toothbrush, toothpaste, pierced earrings, nail clippers or razors.
- Cover mouth when sneezing or coughing. (Although it is best to cough or sneeze into a disposable tissue and discard it immediately).
- Cover unused food/formula and refrigerate.
- Cover sandboxes when not in use.
- Wear gloves when changing diapers.
- Fold soiled diapers inward and secure with tabs to contain urine and stool.
- Discard diapers, disposable soiled materials, and those used for cleaning in a tightly covered, foot-activated plastic-lined container.
- Leave scabs alone.
- Cover cuts with bandages
- Use barriers (gloves, tissues, towels) when caring for bloody injuries such as bleeding noses.
- Bag blood-soiled disposable items and discard in a tightly covered, foot-activated plastic-lined container.
- Kill germs
- Wash hands routinely
- Wipe secretions, stool and urine from the children's skin.
- Clean/disinfect containment surfaces, toys, toilet training equipment, food-preparation, sleeping materials, diaper-changing area, and bathroom areas.
- Wash soiled clothing and bedding.
- Follow routine housekeeping procedures.
- Apply disinfectant to cuts.
- Remove blood from surfaces, wash with a cleansing agent, rinse with a bleach solution, and air dry.
- Rinse blood-soiled clothing with cold water or hydrogen peroxide.
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# **Common Signs and Symptoms of Childhood Infection**

## **Coughing**

May indicate respiratory infections such as bronchiolitis, sinusitis, viral pneumonia, influenza, parainfluenza, adenovirus, and pertussis.

## **Diarrhea**

May indicate multiple infectious agents including salmonella, shigella, campylobacter, rotavirus, enterovirus, and parasites.

## **Fever**

A fever may be a general symptom of a viral or bacterial disease.

## **Headache**

This may be a symptom of many illness, when accompanied by a fever, stiff neck, and sensitivity to light, it may indicate bacterial or viral meningitis.

## **Infected skin or sore**

This may represent impetigo or wound infections. A child with an open infection such as this needs a doctor's note before being allowed in a day-care setting where he/she might infect other children.

## **Irritability**

Unusual irritability or unexplained crying should be reported to the child's parents or guardians. This accompanied with fever may represent bacterial or viral meningitis.

## **Itching on the body or scalp**

Look closely for lesion or agents such as scabies and head lice.

## **Lethargy**

This may be a general symptom of a virus or bacterial disease.

## **Pink Eye**

Tearing, itching of the eye, swelling and tenderness, along with redness to the eye represent conjunctivitis, either viral or bacterial in nature.

## **Rapid or altered breathing**

May indicate the respiratory infections listed above.

## **Rash**

Generally, a rash must be evaluated on a case-by-case basis. Whenever there is a question about etiology, a physician should be consulted.

## **Sore Throat**

Respiratory infections, pharyngitis, tonsillitis, viruses, and streptococcus (strep throat) all may be indicated. Consult a physician.

## **Vomiting**

This may be a general symptom of viral or bacterial disease.

## **Yellow Skin or Eyes**

This may be a symptom of hepatitis, and the child should not be allowed in a day-care setting without the consent of a physician.

# Payment Policy

- Early registration/waiting list fee – Parents can confirm the seats by paying 20% of the month's fee in advance. This will ensure the child's enrolment to the program. This fee is nonrefundable.
- Parents are required to give a month's notice to withdraw their child. If the parent intends to withdraw the child before completing the month, full month's payment will be charged.
- Parents need to pay the fees by 5 th of every month. Late fee fine of a dollar a day will be charged for fees paid after due date.
- Failure to pay the monthly fees will result in withdrawal of services after giving a month's notice.

# Reportable Incident

- If the child becomes ill or injured, the licensee will immediately inform the parent/emergency contact.
- The licensee will inform the medical health officer /licensing officer within 24 hours if the child is involved in any incident mentioned in Schedule H while under her supervision.
- And also if the child has any communicable diseases which can affect other children under her care.

**SCHEDULE H**

[am. B.C. Regs. 95/2009, s. 4; 205/2013, Sch. 1; 178/2016, Sch. 1, s. 9.]

*(Sections 52 and 55 [harmful actions not permitted; notification of illness or injury])***Reportable incidents****1** For the purpose of this regulation, any of the following is a reportable incident:

“**aggressive or unusual behaviour**”, which means aggressive or unusual behaviour by a child towards other persons, including another child, which has not been appropriately assessed in the child’s care plan;

“**attempted suicide**”, which means an attempt by a child to take his or her own life;

“**choking**” means a choking incident involving a person in care that requires

(a) first aid,

(b) emergency care by a medical practitioner or nurse practitioner, or

(c) transfer to a hospital;

“**death**”, which means any death of a child;

“**disease outbreak or occurrence**”, which means an outbreak or the occurrence of a disease above the incident level that is normally expected;

“**emergency restraint**”, which means a restraint that is necessary to protect the child or others from imminent serious physical harm that is not approved and documented in a child’s care plan;

“**emotional abuse**”, which means any act, or lack of action, which may diminish the sense of well-being of a child, such as verbal harassment, yelling or confinement, perpetrated by a person not in care;

“**fall**”, which means a fall of such seriousness, experienced by a child, as to require emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital;

“**financial abuse**”, which means

(a) the misuse of the funds and assets of a child by a person not in care, or

(b) the obtaining of the property and funds of a child by a person not in care without the knowledge and full consent of the child or the child’s parent;

“**food poisoning**” means a food borne illness involving a person in care that requires emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital;

“**medication error**”, which means an error in the administration of a medication which adversely affects a child or requires emergency intervention or transfer to a hospital;

“**missing or wandering person**”, which means a child who is missing;

“**motor vehicle injury**”, which means an injury to a child that occurs during transit by motor vehicle while the child is under the care or supervision of the licensee;

“**neglect**”, which means the failure of a care provider to meet the needs of a child, including food, shelter, care or supervision;

“**other injury**”, which means an injury to a child that requires emergency care by a medical practitioner or transfer to a hospital;

- “**physical abuse**”, which means any physical force that is excessive for, or is inappropriate to, a situation involving a child and perpetrated by a person not in care;
- “**poisoning**”, which means the ingestion of a poison or toxic substance by a child;
- “**service delivery problem**”, which means any condition or event which could reasonably be expected to impair the ability of the licensee or his or her employees to provide care, or which affects the health, safety or well-being of children;
- “**sexual abuse**”, which means any sexual behaviour directed towards a child by an employee of the licensee, a volunteer or any other person in a position of trust, power or authority, and includes
- (a) any sexual exploitation, whether consensual or not, and
  - (b) sexual activity between children if the difference in age or power between them is so significant that the older or more powerful child is clearly taking sexual advantage of the younger or less powerful child;
- “**unexpected illness**”, which means any unexpected illness of such seriousness that it requires a child to receive emergency care by a medical practitioner or transfer to a hospital.

[Provisions relevant to the enactment of this regulation: *Community Care and Assisted Living Act*, S.B.C. 2002, c. 75, section 34]



## MEDICATION ADMINISTRATION CONSENT FORM

Child's Name:	
Physician's Name:	Phone:
Pharmacy Name:	Phone:
Medication:	Prescription #:
Dosage of Medication:	
Times to be given by parent:	
Times to be given by caregiver:	
Any possible side effects that you have been made aware of by the Physician or Pharmacy?	

I hereby give permission and authorize \_\_\_\_\_ to administer the medication in the dosage as stated above. This dosage is consistent with the recommendations of the Physician and/or drug manufacturer. I accept the responsibility of supplying the current correct medication in its original container, and I agree to submit a new consent form if there is any change in the medication to be administered.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

### CAREGIVER'S ADMINISTRATION RECORD:

Date:	Time Given:	Amount Given:	Administered By:

