

PCH Family Handbook

Revised February 2026

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1. PAPE CHILDREN'S HOUSE INFORMATION

1.1 Welcome to Pape Children's House

Pape Children's House (PCH) stands as a community-oriented childcare center, nestled within the heart of the Danforth community. Embracing the rich multicultural environment of this urban neighborhood, we foster strong connections with families, creating a nurturing and family-oriented atmosphere. Our affiliation with Pape Ave. Jr. Public School has allowed us to firmly embed ourselves in the community and cultivate meaningful bonds with our children and their families. PCH is special in many ways.

1.2 Location

Pape Children's House is currently located on the first floor of the Jones Avenue School. The school building is located at the corner of Jones and Strathcona Ave.

Address

540 Jones Avenue
Toronto, ON
M4J 3G9

Contact Information

Phone: 416-463-2043
Email: info@papechildrenshouse.com

1.3 Hours of Operation

PCH is open all year long. The centre is open from 7:30am to 6:00pm Monday through Friday. Please refer to our Holiday Closure Dates for information regarding holidays when PCH is closed.

1.4 Registration Requirements

After you accept a spot for your child(ren), an email will be sent outlining all the documents and forms that need to be submitted.

Immunization Requirements

PCH will require immunization records for toddlers and preschool children as directed by the local Medical Officer of Health. If a family's religious or conscience beliefs conflict with immunization, a form provided by PCH must be filled out and completed by a commissioner for taking affidavits. In the event there is a medical reason that prevents immunizations a letter would need to be provided by a legally qualified medical practitioner.

1.5 Pape Children’s House Program Statement

Our goals reflect our view of children as unique beings. Children are seen as competent, capable of complex thinking, curious and rich in potential.

As leaders of early learning, we engage in respectful and responsive relationships with children, families, colleagues, and the community. We are a committed, reflective, responsive, and diverse group of educators.

We hope that children who leave Pape Children’s House will grow to be true, strong, empathetic individuals.

Goals	Approaches (Policy Statement outlining our commitment to families, educators and children)	Supporting Policies and Procedures
<p>Supporting Belonging and Expression</p> <p>S46 (3) (b) (c) (h)</p>	<p>We believe that a child’s words are important and their input into decision-making and constructive problem solving with peers and adults is vital for strengthening and reaffirming their self-worth. Responsive relationships form the foundation for the development of self- regulation.</p> <p>Educators create individualized strategies that support the development of self-regulation for each child. We are responsive to children’s needs throughout the day and are alert to opportunities to transform challenging behaviours into teachable moments.</p> <p>We allow children to explore and explain their thoughts and feelings through meaningful, reciprocal conversations with educators.</p> <p>We help children to develop self-awareness through identifying feelings and behaviours while modelling appropriate actions. We</p>	<ul style="list-style-type: none"> ● Positive Child Guidance Policy ● Inclusion Policy ● Conflict of Interest/Code of Ethics ● family engagement ● Confidentiality Policy ● conflict resolution with employees, families, students, etc.

<p>Supporting children as they develop a strong sense of self and positive ways of interacting with others</p>	<p>encourage constructive problem solving and decision-making skills through the clarification of feelings, asking open ended questions, and offering emotional support.</p> <p>Families are experts on their children’s lives and are their primary source of care, socialization, and knowledge. We nurture our partnerships with families through dialogue at arrival and departure time, using the Lillio app for written and pictorial communication, collaborative family meetings, special guest contributions to programming and an open-door policy.</p> <p>Individual Support plans are developed collaboratively with families and community professionals for all children with special needs enrolled in the program. Our goal is to support the child’s ability to participate in a meaningful and purposeful manner through adaptations to the physical, social, and learning environment.</p> <p>We strive for an environment where all families are embraced and supported as children thrive when educators and families work in partnership.</p>	
<p>Supporting Engagement and Expression</p> <p>Opportunities for children to play, explore and inquire</p>	<p>We believe that children learn best through play and inquiry which are directly rooted to their interest and daily life experiences.</p> <p>Educators develop daily learning opportunities based on their deep</p>	<ul style="list-style-type: none"> ● Attendance, Transitions & Supervision Policy ● Individualized Medical & Anaphylaxis Plans Policy

	<p>learning for younger age groups are facilitated by educators daily.</p> <p>Documentation of learning serves multiple purposes. It allows us to share the learning process with families and it provides an opportunity for educators to reflect on the curriculum in the context of How Does Learning Happen and ELECT.</p>	
<p>Nurturing Well-Being</p> <p>S46 (3) (a) (g)</p>	<p>Our commitment to children’s well-being is woven through all areas of the curriculum. We view well-being as encompassing all the ways that educators support a child’s physical, mental, and spiritual health. We strive to meet these goals in the following ways:</p> <p>We will make the environment a safe place for children both emotionally and physically. We model and support behaviours that are non-violent and inclusive of all races, genders, cultures, religions, abilities, and family structures. We encourage children to learn about and to express their feelings both to educators and to each other. We are committed to learning about each other in a respectful and inclusive way.</p> <p>Individual support plans are developed collaboratively with families and community professionals for all children with special needs enrolled in the program. Our goal is to support the child’s ability to participate in a meaningful and purposeful manner through</p>	<ul style="list-style-type: none"> ● Accessibility Policy ● Accident Policy & Procedure ● Anti-Bias/Anti-Racism Policy ● Birthdays ● Child Abuse Policy ● Equity Policy ● Extreme Weather Policy ● Prohibited Practices ● PCH Fire Drill Procedure ● PCH Emergency Management Policy & Procedures ● Health & Well-Being Policy ● Individualized Medical & Anaphylaxis Plans Policy ● Inclusion Policy ● Medication Policy ● Outbreak Management Policy

	<p>adaptations to the physical, social and learning environment.</p> <p>Providing a variety of healthy, natural food designed to meet children’s nutritional needs is an integral part of our program. We have chosen a caterer that meets the highest nutritional standards. We work closely with them to meet the individual needs of children and families.</p> <p>Lunch and snack times are important opportunities for group socialization, development of self-help skills, self-regulation, and a sense of belonging. Attention is paid not only to meeting individual dietary needs, including allergies, but to achieving this without drawing attention to differences. Making decisions about food choices and serving sizes is one way that children can learn about themselves and their own needs and wants.</p> <p>An early afternoon opportunity for rest, sleep or quiet activities is designed to meet individual children’s needs. This time ensures that children have adequate rest and energy to pursue their interests for the balance of the day.</p>	<ul style="list-style-type: none"> ● Playground Supervision Policy ● Smoke Free Environment ● Workplace Violence & Harassment Policy
<p>Parent Engagement and Communication</p> <p>S 46 (3) (h)</p>	<p>Families are experts on their children’s lives and are their primary source of caring, socialization and knowledge. We nurture our partnerships with families through dialogue, written and pictorial communication, collaborative meetings, special guest contributions</p>	<ul style="list-style-type: none"> ● Daily Family Check-ins ● Family engagement

	and open-door invitations to programs.	
<p>Community Involvement</p> <p>S46 (3) (i)</p>	<p>Pape Children’s House is part of multiple communities. We have been led by a parent Board of Directors since 2006. During that time, we have worked with Pape Public School to provide kindergarten and school-age before-and-after school programs in addition to our toddler and preschool programs.</p> <p>Individual support plans are developed collaboratively with families and community professionals for all children with special needs enrolled in the program. We value our partnerships with all consultants and integrate their feedback and strategies into our daily practice.</p> <p>Our reciprocal relationships with our school partners and community members are valued and we are committed to building partnerships that support children and families.</p>	<ul style="list-style-type: none"> ● Individualized plans for children ● Family and community engagement
<p>Documentation and Review of Program Statement</p> <p>S46 (3) (k)</p>	<p>We view our program statement as a living document. Our goal is to build on it as we deepen our understanding of “How Does Learning Happen”.</p> <p>We will formally review the program statement annually. It will be reviewed by all employees, students, and volunteers prior to interacting with any children and following any changes to the document.</p>	<ul style="list-style-type: none"> ● Professional evaluation ● Program Statement Implementation Policy & Supporting Procedures ● Policies & Procedures Monitoring Chart

PCH will ensure that all employees, volunteers, and placement students are in compliance with the program statement, all policies, procedures and individualized plans.

Prohibited Practices

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

- a) Corporal punishment of a child.
- b) Physical restraint of a child, such as confining a child to a car seat, stroller, or other device for the purposes of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing a child from hurting themselves or someone else and is used only as a last resort and only until the risk of injury is no longer imminent.
- c) Locking the exits of the childcare Centre for the purpose of confining a child or confining a child in an area or room without adult supervision unless such confinement occurs during an emergency and is required as part of the licensee's emergency management policies and procedures.
- d) Use of harsh or degrading measures or threats, or use of derogatory language directed at or used in the presence of a child that would humiliate, shame, or frighten a child or undermine their self-respect, dignity or self-worth.
- e) Depriving a child of basic needs including food, drink, shelter, sleep, toilet use, clothing, or bedding.
- f) Inflicting any bodily harm on children including making children eat or drink against their will.

PCH's Program Statement is consistent with the Ministry's policy statement on programming and pedagogy as issued under the Child Care and Early Years Act, 2014. The Program Statement is a living document that will be reviewed by all employees, placement students and volunteers prior to interacting with children, and following any changes to the document. The Program Statement will also be reviewed at least annually, to ensure our practices accurately reflect this statement.

Goals and Approaches

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

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

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

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

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

Supporting Belonging and Expression

GOAL - What We Do

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

We support positive interactions among the children, families, educators, and placement students/volunteers. We believe that families are the experts on their child(ren) and we value the diverse perspectives brought to our programs.

APPROACH - How We Do This

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

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

We empower children to become active participants in their learning by offering them the freedom to make choices. Starting from our youngest toddlers engaging in simple voting, to our school age children involved in a comprehensive voting system within their program, every child is encouraged and provided with opportunities to actively contribute and take charge of their learning experience.

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

If a family is concerned about their child’s development, we encourage them to speak with one of the program educators or a member of the management team. PCH has access to the **Every Child Belongs** team made up of professionals from the City of Toronto Children Services and community agencies. PCH can request the service of an Every Child Belongs **Resource Consultation Staff** who offers extra support needs to children, families and educators if needed.

We nurture our partnerships with families through conversations at arrival and departure time, using an online application for written and pictorial communication, the annual family survey, collaborative family meetings, special guest contributions and open-door invitations to our programs. Our team of educators foster meaningful interactions with families by exchanging ideas, resources, observations, and knowledge on a daily basis. The information that we receive from families each day is valuable and contributes to our planning for, and understanding of, each individual child.

Supporting Engagement and Expression

GOAL - What We Do

Our goal is to provide positive learning environments and experiences that support each child’s learning and development. Our classroom environments are set up to encourage exploration and inquiry through play-based learning opportunities. Care is given to ensure that there is time, space, and encouragement for children to explore materials and relationships.

We are committed to sharing the children's learning processes with families. We believe that it's important to offer children the perspective of other viewpoints, cultures, values and beliefs.

APPROACH - How We Do This

Our educators ensure that the whole child is supported through curriculum planning for all developmental domains. We respect that children each have their own way of learning and take this into consideration when planning. Our educators meet the children where they are, modifying their teaching styles as needed. Educators are highly trained to observe, acknowledge and identify each child's strengths and needs, and adapt their program curriculum planning and learning materials accordingly. The educator's documentation of the children in their program is also used to assess whether the approaches set out in this Program Statement have been effective on the children's growth and development. Educators skillfully engage in child-initiated play when opportunities to extend learning are observed.

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

Educators are flexible in their schedules and spontaneous moments are turned into learning experiences, whether it is with a child individually or with a group. Each program has a designated space for children to save art creations or project work. We practice small groupings to better support children during transitions, mealtimes, and group activities. Group experiences are facilitated by educators daily and are designed to support social interaction.

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

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

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

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

We believe it is important to offer children perspectives on other's viewpoints, values and beliefs. This is done through open discussions that encourage children to listen to one another respectfully, encourage empathy and take in another person's point of view. Our educators feel it is important to address any topic that arises pertaining to the above in a respectful and inclusive fashion, while asking open-ended questions about what the children know and understand about the topic. This supports our understanding of how to respond to the children's inquiries/knowledge, curiosity, and emotional wellbeing.

Our approach to diversity is informed by the interests of children and families. It is enhanced by the diversity of our team of educators, who bring a variety of perspectives and a multitude of knowledge to our program. We strive to widen a child's knowledge by introducing them to the diverse make-up of the world, through conversations, activities, and literature. In our environment, we also utilize the PCH community of home languages, cultural celebrations and family traditions. We strive for an environment where all families are embraced and supported, as children thrive when educators and families work in partnership.

Nurturing Well Being

GOAL - What We Do

We make the environment a safe space for every member of the PCH community. Our commitment to children's well-being is woven through all areas of the curriculum by supporting children's physical, mental and spiritual health (spiritual health includes volunteering, being positive and optimistic, contributing to society, connecting with others, feeling a sense of belonging and practicing self-care).

APPROACH - How We Do This

We model and support behaviours that are non-violent and inclusive of all races, genders, cultures, religions, abilities, and family structures. We do not permit violent play or play with weapons. We are committed to learning about each other in a respectful and inclusive way. We

create an environment where everyone's voice is heard and valued. Our educators model appropriate self-regulating techniques and give the children the language to use to express their feelings.

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

Lunch and snack times are important opportunities for group socialization, development of self-help skills, self-regulation, and fostering a sense of belonging. Attention is paid not only to meeting individual dietary needs, including allergies and food restrictions, but to achieving this without drawing attention to differences. Making decisions about food choices and serving sizes is one way that children learn about themselves and their own needs and wants. Snacks are available two or three times a day. Educators also model healthy eating habits with the children and engage with them during lunch and snack times to support socialization and self-help skills.

Children have opportunities for both indoor and outdoor play, as well as rest, sleep, or quiet time activities which are designed to meet individual needs. These times ensure that children have adequate rest and energy to pursue their interests for the balance of the day. In our younger programs, any children who do not nap, or wake early from their nap, are invited to participate in quiet activities in the room.

Our centre adheres to the standards established by the Ministry of Education (MOE), the Ministry of Health (MOH), Toronto Public Health (TPH) and any other governing bodies. All educators are certified in Standard First Aid Level C with Infant and Child CPR/AED. We follow established procedures for sanitation and prevention of communicable diseases as well as emergency procedures.

Our Commitment to Continuous Learning and Growth

GOAL - What We Do

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

APPROACH - How We Do This

Educators are supported in their professional journey through daily dedicated time for program development and engage with colleagues through collaborative learning and team-building opportunities. Workshops are provided and professionals are invited to team meetings on an as-needed basis to support our educators and enhance their knowledge. We strive to stay ahead of current pedagogy, always prioritizing quality care.

1.6 Program Details

Toddler (Sweet Peas)	Toddlers 18-30 months	Group Size: 15 children Ratio: 1 educator per 5 children Program educators: 4 educators
Preschool (Wonderland & Adventure Island)	Preschool 2.5 – 4 years	Group Size: 16 children - per room Ratio: 1 educator per 8 children Program educators: 3 educators
Junior and Senior Kindergarten (Creative Minds & Marvelous Explorers)	Junior and Senior Kindergarten 3.7 – 6 years	Group Size: 20-26 children - per room Ratio: 1 educator per 13 children Program educators: 2 educators
School Age (Daring Dragons & Leading Lions)	Grades 1, 2 & 3 5.5 - 9 years	Group Size: 30 children – per room Ratio: 1 educator per 15 children Program educators: 2 educators

Important Notes for Toddler and Preschool Programs

- For a toddler or preschool child to attend they must be walking independently, and they must feel comfortable using the stairs (with minimal assistance). We do not have extra staffing to support individual children with these transitions.
- There is a designated shed for stroller and bike/scooter storage onsite (on the south side of the building).
- Families are asked to label all of their children’s belongings. This helps to support locating them if they get lost or misplaced.

- For toddler or preschool children, a rest period is provided in the early afternoon. Children in these programs must have a rest period of no more than 2 hours and are allowed to sleep, rest, or are invited to engage in quiet activities in the program room, based on each child's needs.
- If you have specific requests regarding your child's nap schedule or needs during rest time (i.e. shorter nap time or no longer needs to nap), please provide this information to a member of the management team via email.
- For toddler or preschool children, PCH provides a snack in the morning and afternoon. A hot, nutritious lunch is provided mid-day. All snacks and meals are catered by Real Food for Real Kids and most food restrictions and allergies can be accommodated by the caterer. A menu detailing the daily snacks and lunches can be found in each program.
- If the weather permits, the children in these programs must spend at least 2 hours outdoors each day. The educators provide planned outdoor and indoor gross motor program activities during these times. During inclement weather, the children participate in gross motor activities within the program room.
- **If your child will be absent, please inform your child's program using the Lillio app by 9:30 am.**

Important Notes for the Kindergarten and School Age Programs

- The program educators will drop off children to their school classes in the mornings and pick up the children from their school classes after school each day.
- PCH provides a snack in the morning and afternoon; however, families are responsible for providing two extra snacks and lunch for school days. **All snacks must be peanut/nut free and cannot be eaten while in the care of PCH.**
- A hot nutritious lunch will be provided on PA Days, Winter break, March break and during the summer. All snacks and meals are catered by Real Food for Real Kids and most food restrictions and allergies can be accommodated by the caterer.
- **DO NOT SEND** your child with food items to be distributed to other children.
- In the kindergarten and school age programs, each child is required to have at least 30 minutes of outdoor play, weather permitting (unless otherwise approved by the Director, a child's physician, or a parent of the child advises in writing)
- Children are provided with the opportunity to direct the daily schedule, allowing for flexibility and independence. During inclement weather the children participate in gross motor activities in the school's gym, the hallway, or inside the program room.
- Families are asked to label all of their children's belongings. This helps to support locating them if they get lost or misplaced in between transitions to and from school.
- **If your child will be absent during a regular school day**, please message your child's program using the Lillio app by 9:30 am **and** email Pape School to inform them of your child's absence.
- **If your child will be absent during a PA day, March Break or in the summer months** please message your child's PCH program using the Lillio app by 9:30 am.

Other Important Notes for All Programs

- **PCH IS A NUT FREE AND NO OUTSIDE FOOD ZONE.** DO NOT SEND your child with any food items unless discussed and approved by PCH.
- All meals, snacks and beverages provided by RFRK meet the recommendations set out in the Health Canada document "Eating Well with Canada's Food Guide.
- If you plan on arriving later than 10:00am, please email PCH by 9:30am so that we are aware that your child will still be attending.
- Hands should be washed when arriving at PCH or before participating in program activities, as there are children at PCH with severe allergies.
- Each program has a communication book in their room, which is solely used by the program educators to record notes from families (ex. whether a child will be arriving late, is being picked up by someone else that day, etc.), as well as any information about the daily happenings in the program.

Tips and Suggestions to Help Your Child's Transition to Junior Kindergarten

- Talk to your child about the upcoming school year. Ask questions. Such as "How do you feel about starting school?" "What are you excited about?" "What are you nervous about?"
- Encourage them to label and express their emotions and validate your child's feelings. They can draw pictures about how they are feeling about all the upcoming changes.
- Make them feel involved in the planning process when purchasing school items, for example when picking out their water bottle, lunch containers and backpack.
- Get them excited about school by encouraging them to participate in making choices and decisions such as what snacks they will have for the day or what to wear.
- Encourage and support your child with being more independent and taking responsibility by practicing self help skills (i.e. toileting, eating, opening and closing lunch boxes, zipping and unzipping backpacks, carrying belongings and dressing themselves).

Please note: Kindergarten pick up time is a very busy transition, and we do our best to make sure your child has all their belongings at the end of the day. We do want to share that this is the age of development where we begin encouraging your child to be responsible for their own belongings, which aligns with the expectations and practices in school.

Here are some tips to help encourage independence and responsibility. **Over the summer, have your child practice:**

- Wiping properly after using the washroom, as they do not receive support with this in school. We encourage your child to practice on their own, and if needed, we will support the child with developing this skill. Please inform the educators in your child’s program if your child needs help in the washroom.
- Putting on their own clothing items, shoes and jackets.
- Opening and closing the lunch containers they will use during the school year. You may need to demonstrate this to your child prior to having them practice.
- Putting belongings into their backpacks and zipping it up.
- Carrying their own belongings, such as backpacks.
- Being responsible for their belongings such as shoes, water bottles, hats, mittens, etc.
- Encourage and talk with your child about being responsible.

1.7 Program Enrichments

PCH provides a music enrichment program on a weekly basis for toddlers and preschool. The program includes singing, movement games, storytelling, and instrument exploration.

For JK/SK/SA children, program enrichments happen on PA Days, March Break, and during the summer months. The enrichments are diverse in nature and are chosen to support the children’s interests.

1.8 Requirements for Reduced Ratios

Reduced Ratios

Provisions allow for flexibility in staffing requirements during children’s arrival, departure, and during rest time. The reduced ratio shall not be less than two-thirds of the required ratio.

- Reduced ratios **are not** to be used during outdoor play periods.
- For programs that operate for six hours or more, during periods of arrival (i.e. the 90-minute period after the program starts each day), departure (i.e., the 60 minute period before the program ends each day) and the rest period.
- The rest period is not to exceed two hours in length. To operate during reduced ratios this must be a period where the children are not engaged in active play (e.g. they are sleeping or engaged in quiet, inactive play), with one educator in the room while a second educator is readily available to step in if needed.

Name of Age Category & Reduced Ratio Timing	Number of Children in Room	Number of Employees Required

Toddler 7:30-9:00, Rest Period & 5:00-6:00	1-8	1
	9-15	2
Preschool 7:30-9:00, Rest Period & 5:00-6:00	1-12	1
	13-16	2
Kindergarten (School Days) 7:30-8:00 / 5:30-6:00	1-20	1
	21-26	2
Kindergarten (PA Days, March Break, Summer) 7:30-9:00 & 5:00-6:00	1-20	1
	21-26	2
School Age (School Days) 7:30-8:00 / 5:30-6:00	1- 23	1
	24-30	2
School Age (PA Days, March Break, Summer) 7:30-9:00 & 5:00-6:00	1- 23	1
	24-30	2

1.9 Trips & Outings

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

- Only our kindergarten and school age programs go on field trips, outings, or community walks.
- Families will be notified of all trips/outings in advance, through the online communication app (Lillio) and verbal reminders.
- Families must sign a consent form for their child(ren) to participate in any trip/outing.
- A list of all children and employees going on the trip/outing, along with their photos, will be submitted to the Management Team by the program Educators, who will also take a copy with them.
- The route taken for any trip/outing will be available to the PCH Management Team and made available to families if requested.
- The Educators in the programs will follow the procedures outlined in the Trip Planning & Supervision Policy for any outings outside of the PCH property.

1.10 Birthdays

At PCH we recognize that each child's birthday is a time for celebration.

Programs acknowledge children's birthdays in a variety of ways, such as singing a celebratory song, making a birthday crown or card, or other special activities.

To celebrate birthdays and other special events, families can order a cake through our caterer, Real Food for Real Kids, using their online ordering portal: <https://www.rfrk.com/cakes/> Please note that they do require 5 business days' notice for cake orders, not including holidays.

1.11 Parking at PCH

Families are encouraged to use street parking along Strathcona Avenue.

1.12 Entry into the Building

To gain access to the building, PCH has a buzzer system in place at door #2, which can be accessed from Jones Avenue, walking past the playgrounds and up the concrete steps. Upon your arrival, please press the button **once** and wait a few seconds for the "click" sound. A PCH employee will be able to see you on the monitor and unlock the door so that you may enter. For security purposes, you may be asked for your name and your child's name before entering, as the systems are in multiple rooms and not all employees are familiar with all families. There may be times when you will need to wait a few moments before someone is able to unlock the door for you. If there is no answer, and there are educators outside in the playground, identify yourself to one of them and they will use their key card to let you in. If there are no educators outside, please call the centre.

1.13 Holiday Closure Dates

PCH is closed on the following National holidays:

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

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

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

1.14 Summer Move

During the summer months, there may be times where school custodians need to clean and wax the floors. This may require PCH to relocate into alternate rooms in the school building for an extended period of time. This move can happen in various phases. An email notice will be sent to families of impacted programs prior to each phase of the move.

2. POLICY FOR TRANSITIONING TO PCH

A child's transition week starts on their first official day at PCH. The first week will be a staggered approach to set children up for success by starting with shorter transition days and gradually increasing the duration of their visits. A family member or designated individual must be available onsite during the first week in the event a child is having a challenging transition. In the weeks leading up to your start date, one of the educators from your child's program will be contacting you to go over the transition expectations and to review any questions you may have regarding this process.

We understand that each child and family are different, so we ask that you remain flexible during this time, as we strongly believe in following a child's lead. In some instances, families may need to follow the transition plan up to two weeks or more.

2.1 What to Bring on Your First Day

Toddlers (Sweet Peas) & Preschool (Wonderland & Adventure Island)

- Extra changes of clothes (socks, underwear, pants, shirts, shoes etc.) that are labeled.

- Water bottle labeled with name.
- Labeled clothing appropriate for the weather conditions.
- Diapers, wipes and creams, if needed.
- One sleep toy or comfort item.
- A blanket.
- A reusable bag to carry the blanket and stuffed sleep toy.

*Sleep toys, blankets, and water bottles are sent home every Friday, and they are to be laundered and brought back every Monday.

*Home toys are not allowed onsite unless the program educators specify otherwise.

JK/SK (Marvelous Explorers & Creative Minds) & School Age (Daring Dragons & Leading Lions)

- Extra change of clothes and shoes that are labeled.
- A knapsack for school.
- 2 nut-free snacks and lunch for school days.
- A labeled water bottle.

2.2 Important Notes for Drop Offs and Pickups

- Families cannot drop off their child earlier than 7:30am, even if an educator is onsite.
- Families must ensure that a program educator is aware of their child's arrival and departure each day. Please note that children must always be accompanied by an adult in the hallways at drop-off and pick-up times.
- Kindergarten and school age families can drop their children off before school (7:30am-8:30am) in their PCH programs. The program educators will drop off the children outside of their school classes in time for school.
- If kindergarten and school age families arrive after 8:30 am, we ask that you drop off your child directly to their school classroom.
- For toddler or preschool children, drop-offs are not permitted between 11:30am - 2:30pm as this is disruptive to the programs.
- Families are encouraged to help support their children in following the rules set out by PCH at drop-off and pick-up times (ex. walking feet in the halls and program rooms, using indoor voices, etc.)
- Anyone picking up a child from PCH, other than the child's parent or legal guardian, must be at least 18 years of age, have valid photo identification, and verbal and/or written permission has been given by the child's family. Children will not be sent home alone in a taxi/uber/lyft, etc.
- If a family member has restricted access to a child (ex. a custody agreement), PCH must have a copy of this agreement or a court order on file to comply.

- PCH closes at 6:00 pm. All families and employees must leave the centre at this time so that custodial staff can carry on with their work. Families who arrive past 6:00pm will be charged a late fee. Refer to our Late Pickup Policy for more information.
- Please refer to our Safe Arrival & Dismissal Policy & Procedures for important information regarding drop-offs and pick-ups.

2.3 Seasonal Clothing Requirements

In order for children to take full advantage of our program, it is important that they wear comfortable and weather-appropriate play clothing. We have scheduled outdoor play time each morning and afternoon. Families must ensure that their child is dressed appropriately. Spare clothing in a child's cubby or knapsacks should reflect the current season. The educators are not responsible for any lost or misplaced clothes.

2.4 Transitioning from Program to Program

In June of each year, families are informed if their child will be moving programs for summer months or in the fall. Transition days (whether partial or full days) are an intentional part of our practice at PCH to support the child's emotional well-being and help to ensure a happy and smooth transition to a new program. During the transition process, the child is still enrolled in their original program, allowing them to return at any time, should the need arise.

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

During the transition process, a family is still charged at the rate of the original program room. PCH does not fill that child's space in their original program room until the official start date in their new program.

2.5 Graduation Policy

Graduation between programs at PCH is based upon availability of space in the programs. The graduation selection process is prioritized through a combination of the child's start date at the centre and their date of birth. Program movement can also be impacted based on space availability in the program that the child would be best suited for (classroom dynamics, educators in the program) and child-to child peer dynamics. Please note if more than one child entered PCH on the same day, then the date of birth will be used (with priority going to the older child).

2.6 Space Availability Policy

Although every effort will be made to ensure that children will be able to remain in PCH until grade 3, we cannot guarantee this. Continuation at PCH will depend on the number of vacancies available in the programs.

The Board of Directors and the management team will continually monitor enrollment levels and ages of the children.

In the case that PCH has space limitations, and there is no alternative program, priority will be given to families with seniority at PCH. Seniority is determined by the family's start date. Family start date is determined by the start date of the first child within a family who is currently registered at PCH. If there has been an interruption in registration, the start date will be considered the date of when the family resumed service at PCH.

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

Procedure

- In April each year, the management team will evaluate the number of spaces that will be required in summer and September.
- A survey for the upcoming year will be issued to each family to determine the need for care in summer and September.
- Once the needs of each family have been determined, families who are withdrawing will be asked to follow the procedure outlined under the policy for withdrawing your child from Pape Children's House.
- If notice is given to a PCH family because of space restrictions, that family will be given priority on the waiting list, and if additional space becomes available these families will be notified.

3. THE PCH TEAM

3.1 Non-Profit Organization

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

As a non-profit corporation, PCH is required to hold an Annual Meeting (AM) of its membership. Families are given at least 1 months' notice of the Annual Meeting (AM) date. The Annual Meeting (AM) is usually held between September through December each year. New Board members are elected at the AM, and all families are each allotted one vote, as they are

members of the organization. The Annual Meeting provides an opportunity for the Board to report on the financial status of the centre, appoint an auditor for the year, review the past year and plan for the year ahead.

3.2 The Board of Directors

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

A complete set of by-laws governing the Board of Directors is available to families on the Family Information board, beside the PCH office. The Board is committed to working cooperatively with PCH employees to provide the best possible working conditions and environments for children. Any parent/guardian interested in becoming involved in the Board can apply when there is a call out for new members. We encourage families who have been a part of the PCH community for more than one year to apply.

3.3 The Administration Team

The administration team is responsible for decisions regarding the day-to-day operations of PCH. The administration team consists of a Director, Supervisor, and an Administrative Assistant.

3.4 Educators & Team Members

Our program teams consist of Registered Early Childhood educators (RECEs) and Early Childhood Assistants (ECAs). The PCH team also includes a housekeeper, and RECE/ECA floater(s) who covers staff sick time or vacation time.

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

4. FEE POLICIES

4.1 Paying Your Fees

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

Fee Contract

PCH fees are paid through pre-authorized payments through your bank. New families who accept a spot but then decline that spot will be charged a non-base \$200 fee per child, to cover administrative costs. This will be withdrawn from your bank account as a pre-authorized

payment. The \$200 non-base administrative fee does not apply to families that have been approved for subsidy by Toronto Children Services.

If a child is absent for any reason, fees are still required for that period. Fees are also posted on the Family Information board and are signed by the PCH Board Treasurer.

A receipt for income tax purposes will be emailed to each family no later than February 28th of each year. Special requests regarding your tax receipts (i.e. 2 separate receipts, only one parent's name on the receipt, etc) can be noted on your Fee Contract during the enrollment process or made via email to the management team.

Families are required to follow the procedure listed under the policy for withdrawing their child from Pape Children's House when they no longer require a spot at PCH. If families do not follow the procedure, payment for a full month will still be required.

In the event of insufficient funds, two additional attempts will be made to withdraw fees. If attempts at withdrawal continue to be unsuccessful, a certified cheque will be required. The Board of Directors may terminate the care of any child or children if fees are in arrears. The caregiver of the child or children listed in the notice of termination has seven days to pay the outstanding amount after receipt of the notice, or the termination will be deemed final. Families who fail to pay their fees will lose their childcare space. A collection agency may be contacted to obtain outstanding payments.

Refunds

Refunds for childcare fees will not be processed for missed days, vacation days, sick days or inclement weather closures.

In circumstances in which refunds or credits are identified (i.e. overpayment of childcare fees), a refund will be issued through the original payment method or applied as a credit toward future fees, based on the family's preference.

Canada-Wide Child Care Plan

On March 28, 2022, Ontario reached an agreement with the federal government for a national childcare plan for families called the Canada-Wide Early Learning and Child Care (CWELCC) System. PCH is currently participating in the Canada-Wide Early Learning and Child Care (CWELCC) program. Eligible families will see financial relief through reduced average parent fees every year.

Overview

The implementation of the CWELCC System is a five-year plan which will support five key pillars within early learning licensed child care serving eligible children:

1. **Accessibility** - increase child care spaces for more affordable and high-quality child care options.
2. **Affordability** - help lower child care fees for parents of children under the age of six.

3. **Quality** - improve compensation for low wage Registered Early Childhood educators and improve recruitment and retention.
4. **Inclusivity** - support inclusive child care and the needs of diverse communities and populations.
5. **Enhancing data and reporting** - evaluate and improve how the child care system supports children and families.

Eligibility Criteria

- Any child who is 0-5 years of age.
- Any child who turns 6 years old between January 1st-June 30th of the current year.
- Any child who turns 6 years old after June 30th, is eligible until the last day of their birth month that year.

Program Fees

Toddler, preschool and kindergarten fee rates are set as per CWELLC guidelines. Please visit our [website](#) to see the most current program fees.

4.2 Childcare Subsidies

Childcare subsidies are available to those who qualify through Toronto Children's Services. Children's Services can be reached by visiting their website at [Child Care Fee Subsidy - City of Toronto](#). For families on subsidy, it should be noted that in accordance with Toronto Children's Services policy, children cannot be absent or use vacation days prior to withdrawing from care. This policy also applies if a subsidized child is transferring from one childcare location to another.

Toronto Children's Services allows for a total of 50 days of absence from the centre, which includes sick time and vacation time.

Subsidized families are still responsible for paying their regular fees during vacation or sick time. If more than the allotted 50 days is required, the family must apply for an appeal with Children's Services.

Subsidized families will be responsible for keeping track of their own days pertaining to their subsidy allotment and for the fees associated with any absent days that are not covered by Toronto Children's Services. Any such fees need to be paid following PCH's fee schedule. Failure to settle accounts upon withdrawal may disqualify families from transferring their children to other childcare centres or receiving subsidized child care in the future.

Families are required to inform their case worker at Toronto Children's Services if they plan to withdraw from care.

4.3 Vacation Notice

We ask that families notify the management team by email of any vacations their child(ren) will be taking, along with the dates that they will be away from PCH.

4.4 Withdrawing Your Child from Pape Children's House

If a family will be permanently withdrawing their child from PCH between July 1st and August 31st, PCH requires notice by April 1st. For withdrawals in any month other than July and August, PCH requires one month's notice. If one month's notice isn't given, payment for a full month will still be required.

PCH is a 12-month program, therefore, to preserve the financial stability of the centre, we are not able to support any requests to withdraw for just the summer months. If a family is taking vacation fees are still expected to be paid during that time.

If a child will be entering Grade 4 or moving to a new school in September, their last day of eligibility for PCH will be the last day of summer.

Timeframes for Withdrawing from PCH	Notice Required
January-June or September-December	One Month's Notice
July or August	By April 1st

Important note for Kindergarten and School Age Families

Please be aware that families who live outside of Pape Ave. Junior Public School (temporarily relocated to Jones Ave. School) catchment area are not guaranteed a spot at Pape Ave. JPS after aging out of PCH. Please refer to the TDSB out of area admissions policy [here](#) for more information.

4.5. Children's Records

Children's records will be kept in a locked cabinet for 3 years after the day of the withdrawal from care at PCH.

5. PCH POLICIES & PROCEDURES

5.1 Accessibility Policy

Pape Children's House is committed to developing policies, practices, and procedures that provide accessible quality services to its clients and their children. Services will be provided to clients with disabilities in a manner that promotes and respects dignity, independence, integration and equal opportunity.

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

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

1. **Dignity** - Persons with a disability must be treated as valued clients as deserving of service as any other customer.
2. **Equality of Opportunity** - Persons with a disability should be given an opportunity equal to that given to others to obtain, use and benefit from our services.
3. **Integration** - Wherever possible, persons with a disability should benefit from our services in the same place and in the same or similar manner as any other customer. In circumstances where integration does not serve the needs of the person with a disability, services will, to the extent possible, be provided in another way that considers the person's individual needs.
4. **Independence** – Services must be provided in a way that respects the independence of persons with a disability. To this end, we will always be willing to assist a person with a disability but will not do so without the express permission of the person, child or family.

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

Communication

Pape Children's House is committed to communicating with clients with disabilities in different or alternative ways that take into consideration their disability. Educators will be trained on how to interact and communicate with clients with disabilities in a manner that is respectful of a client's dignity and independence. Alternative methods of communication will be provided as requested.

Use of Assistive Devices

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

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

Feedback Procedure

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

Training

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

Content & Timing of Training

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

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

Documenting Training

The policy is to be reviewed with all employees, placement students and volunteers before they begin their employment/placement/volunteering and annually thereafter. Records of training will be stored in the PCH office.

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

The Accessibility Policy is available to our families through the Family Handbook, which is always accessible on our website (www.papechildrenshouse.com). Alternative formats will be provided if requested.

5.2 Accident & Incident Policy & Procedure

Accidents

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

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

Incidents

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

*All accidents and incidents will be recorded in the daily written record and the documentation for the accidents/incidents will be located in the individual's file.

5.3 Anti-Bias/Anti-Racism Policy

Policy

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

The "practice of freedom" is fundamental to anti-bias education.

Our curriculum goals are to enable every child to:

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

Anti-bias curriculum embraces an educational philosophy as well as specific techniques and content. It is value based. Differences are good, oppressive ideas are not. It sets up a creative tension between respecting differences and not accepting unfair beliefs and acts. It asks educators and children to confront troublesome issues rather than covering them up. An anti-bias perspective is integral to all aspects of daily life in our programs.

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

Definition of a Racial Incident

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

The incident may be of an overt or subtle/passive nature, verbal, physical, exclusion or avoidance, written and/or inactive/passive behaviours. Examples may include slurs, racial jokes, taunting, discourteous treatment, stereotyping, threats, abuse, intimidation or racist written material.

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

Definition of a Biased Incident

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

Incidents may be manifested in one or more of the following ways: banter, jokes, name calling, discourteous treatment, graffiti, threats, insults, exclusion, defamatory statements, or physical violence. Bias or discriminatory attitudes may be subtle, covert, overt and sometimes unconscious or casual.

Note: all biased incidents must be reported to the management team and documented by a member of the management team. Documentation(s) will be stored in the applicable child or employee's file.

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

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

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

Follow the above procedures.

Resolving Racial/Biased Incidents when Children are Involved

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

We believe these incidents are opportunities for children to learn to support and respect each other. At the same, we explain that the behaviour is not acceptable. Educators will handle these situations in an age-appropriate manner, while continuing to foster the child(ren)'s self-worth.

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

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

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

Responding to Witnesses of Racial/Biased Incidents

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

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

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

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

5.4 Biting Policy

Policy

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

Purpose

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

Child Biting Procedures

1. Respond immediately - both children involved in the incident need proper assessment and care.
2. Perform hand hygiene and put on gloves (follow public health guidance).
3. Provide appropriate first aid (see steps below).

Procedure if the skin is not broken:

- Wash the bite thoroughly with soap and water.
- Examine injury site for puncture marks/broken skin.
- Clean the wound with soap and water, apply a cold compress and soothe the child who was bitten.
- Rinse the biter's mouth with water.
- Fill out an Accident Report for the child who was bitten and an Incident Report for the child who bit.
- Inform both families that were involved in the incident.
- Inform the management team.
- Make note of the biting incident in the daily written record.

Procedure if the skin is broken:

- Observe both children to see if there was any blood involved.
- Allow the wound to bleed gently, without squeezing.

- Clean the bite carefully with soap and water.
- Apply a cold compress to the wound.
- Apply a loose dressing (gauze) and seek medical attention if the bite is deep and bleeds a lot.
- Fill out an Accident Report for the child who was bitten and an Incident Report for the child who bit.
- Within an hour of the incident, inform both families whose children were involved in the incident and advise them to contact their health care provider regarding post exposure immunization and advice.
- Inform the management team.
- Make note of the biting incident in the daily written record.
- The management team will report the incident to TPH as soon as possible if either child has Hepatitis B,C or HIV, and ensure confidentiality of the children and families is respected.

Toronto Public Health 416-392-7411 or the TPH Bloodborne Diseases team 416-338-8400 or by email at CDCBloodborne@toronto.ca

**Educators will NOT reveal the identity of the child who bit to the families of other children. Instead, assure the families that the program educators are aware of the problem and are working toward solutions, but that all children can have problems with biting.

Tips to Reduce Biting Incidents

- Supervise and be in close proximity to children who bite.
- Reinforce the “no biting” rule.
- Teach children through books and discussions that biting hurts.
- Do not pretend to bite children during play.
- Teach children self- regulation tools to support them when they feel anger or frustration.
- Provide children with language to support their self -control (e.g. “NO” or “I don’t like that”).
- Step in to support children with conflicts.

Plan for Continuous Biting Incidents

When this occurs, the following steps will be taken:

1. The program team will have a meeting to discuss an action plan for the specific child.
2. Every occurrence will be documented and will indicate the location, time, participant behaviors, etc.
3. The program team will evaluate the immediate response given to ensure appropriateness (comforting the bitten child and treating their injury, providing a firm and disapproving response to the biter that does not inadvertently reinforce the behavior, etc.).

4. The context of the biting incidents will be determined: analyze, document, and profile.
5. Educators will shadow children who have a biting tendency, anticipate biting situations, and teach non-biting responses, adapting the program as necessary. Educators might shadow a child (for a specified amount of time which will be collaboratively determined by Management and the program educators) to prevent the behavior.
6. In the case that multiple biting episodes happen from the same child, the family, program educators, and management team will set up a meeting to discuss strategies that can be implemented at home and at PCH. If the biting incidents continue, additional meetings may be required.

5.5 Child Abuse Policy

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

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

Policy

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

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

Procedures

1. Report suspected abuse directly to the Children's Aid Society (CAS) within 2 hours of suspecting the abuse. It is the legal responsibility of the individual who initially suspects the abuse to report directly to the CAS, regardless of the opinions of anyone else.
 - 1(a). If more than one person is involved as a witness, those people should decide among themselves who will report. The individual reporting will ensure that the CAS worker is aware that there were additional witnesses.
 - 1(b). PCH encourages all individuals NOT to discuss their suspicions with anyone. No one can help an individual decide if a report should be made. If the individual is unsure, they should consult with a CAS worker. No one can advise an individual NOT to report suspicions of child abuse or try to stop the person from reporting or consulting with the CAS.
 - 1(c). If necessary, employees are responsible for seeking immediate medical attention for children. When contacting the CAS, individuals are expected to provide their name, their position, the centre name, and their telephone number.

Contact Numbers for Children's Aid Societies

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

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

JEWISH CHILDREN'S AID SOCIETY - (416) 638-7800 ext. 6234

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

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

- Individuals are expected and allowed to answer questions relating to the safety and protection of the child.
9. Documentation regarding suspected abuse which include any follow-up conversations/ meetings are to be maintained in a file labeled CAS, and not the child's file. The CAS file will be stored in a locked filing cabinet in the PCH Office.
 10. All individuals are required to cooperate with CAS workers and police once that worker or officer's identification has been verified. If the CAS worker or police officer wants to take a child into custody, they are legally entitled to do so, with or without a warrant. In this case, a member of the management team or employee designate will inform the child's family.
 11. If a family member accuses or suspects an employee/placement student/volunteer of abuse, the family member should be directed to report their suspicion to CAS. The management team should inform the Board of Directors AND, regardless of the decision taken by the family member to make a report, should contact CAS for a consultation. Follow-up with the employee/placement student/volunteer should NOT occur until CAS has been consulted.
 - 11(a). If there is an allegation of abuse, the allegation must be reported as a Serious Occurrence. CAS will instruct the management team on how to proceed with employee management during an investigation. This may include, but is not limited to, removing the employee/placement student/volunteer from the program room or from the centre until an investigation can be completed.
 - 11(b.) In the event that the allegation is proved to be founded based on a balance of probabilities, disciplinary action may be taken up to and including termination of employment/placement/volunteering depending on the severity of the infraction.
 12. In the event that an employee accuses or suspects another employee of abuse, they should be directed to report their suspicion to CAS. The management team should inform the Board of Directors AND, regardless of the decision taken by the employee to make a report, should contact CAS for a consultation. The suspected employee should not be informed.
 - 12(a). If there is an allegation of abuse, the allegation must be reported as a Serious Occurrence. CAS will instruct the management team on how to proceed with employee management during an investigation. This may include, but is not limited to, removing the employee from the program room or from PCH until an investigation can be completed.
 - 12(b). If the allegation is proved to be founded based on a balance of probabilities, disciplinary action may be taken up to and including termination of employment depending on the severity of the infraction.
 13. If a CAS worker contacts one of the members of the management team to report an allegation of abuse against an employee, the member of the management team should:
 - Verify the identity of the CAS worker.
 - Get as many details as possible regarding the allegation.
 - Ask for any directions from the CAS worker regarding notifying families and actions to be taken with the employee.

13(a). The suspected employee should not be informed unless the member of the management team is instructed to do so by the CAS worker. The Board of Directors should be notified immediately, and the allegation must also be reported as a Serious Occurrence.

13(b). As an immediate step, this member of the management team is to ensure that the employee against whom an allegation has been made is not left alone with children.

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

13(d). If the allegation is proved to be founded based on a balance of probabilities, disciplinary action may be taken up to and including termination of employment depending on the severity of the infraction.

Additional Resources

In addition to the information contained in this policy and its procedures, employees are also encouraged to visit the following website <https://boostforkids.org/> for further information and resource sheets including:

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

5.6 Closure Policy

In the event that a program at Pape Children's House closes as a result of an illness outbreak or an inability to meet staff to children ratio requirements, families with children in the closed program(s) will receive a refund as of the 4th day of the closure until the closure is over.

5.7 Code of Conduct Policy

At Pape Children's House (PCH), we strive to provide a safe, caring learning environment for children, staff, and families. A considerable amount of information is entrusted to PCH

employees on behalf of the children enrolled and their families. It is essential for all employees to respect the confidential nature of the information shared and to respect the right to privacy. The following individuals are expected to behave in a respectful manner and comply with this code of conduct:

- PCH management team, Board of Directors, and Staff Members.
- Children.
- Parents/Guardians/Family Members of children enrolled.

Respect

It is an expectation that at all times children, families, and staff members are treated with respect, courteous language, and considerate actions.

Honesty & Integrity

We have a responsibility to each other, the people we serve, and our community to ensure that a concern for what is right forms the basis of our decisions and our conduct. We are truthful in our communications with others, including for example, answering screening questions. We respect and comply with legislation, PCH policies, public health requirements and our professional codes and standards.

Safety

We promote a safe and healthy environment for children, families, and staff. We take all reasonable precautions to ensure the safety of children and our staff. We rely on parents to monitor their children, and employees to monitor themselves and act accordingly (keep children home/stay home, disclose to the management team, etc.).

Zero Tolerance

We are committed to providing a safe, secure, healthy, and respectful environment through prevention of any inappropriate behaviours. Depending on the severity of the violation, we reserve the right to take appropriate and immediate measures. These may include requesting a family member to leave the premises, contacting the police, or taking further legal action.

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

- Threats, perceived threats, acts of violence, bullying or intimidation and slander.
- Verbal abuse, swearing, name calling, or degrading responses or behaviours.
- Any form of discrimination or harassment from any person in association with PCH.
- Advances on employees.
- Families taking the discipline of other children into their own hands.
- Dishonesty regarding the guidelines set out by the MOE, MOH, and TPH.
- Actions that put another person at risk of harm, including failing to disclose potential health risks.

The Board of Directors and the management team reserve the right to enforce immediate disciplinary measures as the situation may warrant. This may include the following:

- Removing the offender from the premises immediately and barring them from coming onto or into the premises.
- Calling police services for direction/assistance.
- Taking legal action.
- Calling the Children's Aid Society for direction.
- Suspending or withdrawing childcare service.

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

1. The management team will document and report the incident immediately to one or more of the following parties: The Chair of the Board of Directors, The Program Advisor from the Ministry of Education, City of Toronto Children's Services, police services or the Children's Aid Society.
2. The management team and Board of Directors will set up a meeting within 24 hours to discuss and assess the incident/situation. The following criteria (some or all) will be used to assess the situation:
 - The impact of the incident/situation on PCH employees and children.
 - The seriousness of the offence.
 - The actual or potential risk/harm to child(ren) or adults.
 - Any past documentation or reports of problems with the family and/or employee involved.
 - Any previous disciplinary action taken.

Consequences of Breaching PCH Code of Conduct Policy

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

- Further investigation by members of the Board.
- Verbal warning.
- Written warning.
- Suspending or withdrawing childcare service with 4 week's notice.
- Suspending or withdrawing childcare service immediately.

Appeals

Once the decision of the Board of Directors has been communicated, the person(s) involved in the incident will be given 5 working days to discuss/appeal the decision. The Board of Directors will endeavor to respond within a timely manner to establish a process to consider the appeal.

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

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

5.8 Concerns & Complaints Policy for PCH Families

PCH will not tolerate families voicing complaints/concerns:

- In the presence of children.
- During program time.
- In a manner that is threatening or demanding to a child, a PCH employee, a placement student/volunteer, or another family member.

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

Any family experiencing difficulties at PCH, who wishes to address their issue/concern, can arrange a meeting with program staff or the management team by email, telephone or in person. Issues/concerns must always be discussed in a private and professional manner. Attendees for this meeting will include the family member(s) experiencing difficulties and at least two members of staff and/or the management team. During the meeting a discussion will be held to address the issue/concern, possible resolution(s), and appropriate timeliness for the resolution(s).

All meetings and discussions will be documented by a staff member or a member of the management team. If the issue/concern is not resolved within the agreed upon timeline, or within 5-10 working days of the discussion, either party or the management team will take the matter further through a letter of issue/concern to the PCH Board of Directors.

Procedure

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 Examples: schedule, sleep arrangements, toilet training, indoor/outdoor program activities, feeding arrangements, etc.	Raise the issue or concern to - the classroom staff directly or - a member of the management team.	Address the issue/concern at the time it is raised or Arrange for a meeting with the parent/guardian within 2 business days. Document the

		issues/concerns in detail. Documentation should include:
General, Centre- or Operations-Related Examples: child care fees, hours of operation, staffing, waiting lists, menus, etc.	Raise the issue or concern to - a member of the management team.	- 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;
Staff-, Supervisor-, and/or Licensee-Related	Raise the issue or concern to - the individual directly or - a member of the management team or Board of Directors All issues or concerns about the conduct of staff, supervisor, etc. 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.	- 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. Provide contact information for the appropriate person if the person being notified is unable to address the matter.
Student- / Volunteer-Related	Raise the issue or concern to - the staff responsible for supervising the volunteer or student or - a member of the management team. 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	Ensure the investigation of the issue/concern is initiated by the appropriate party within 5-10 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.

	become aware of the situation.	
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Letters of Issue/Concern

All letters of issue/concern shall be addressed to the following members of the PCH Board of Directors: Chair/Co-Chair and the Chair of the Personnel Committee. The communication should be placed in a sealed envelope and given to the Supervisor who will date and initial the envelope and give it to the President.

All letters must include:

- The name of the person writing the letter.
- The date.
- The issue/concern.
- Efforts to resolve the issue.
- The requested resolution.

Once the Chair has received the letter, they will inform the entire Board of Directors.

An ad-hoc committee will be struck and will meet within 48 hours to start an investigation. No person(s) involved in the complaint/concern will be a part of the ad hoc committee. The ad-hoc committee will consist of 3 board members, the Supervisor, and the Director.

Following completion of the investigation, the ad hoc committee will make recommendations and/or a final decision in writing within the policies and guidelines of PCH, in response to the letter of issue/concern. Every attempt will be made to accomplish this within 20 working days of receiving the letter of issue/concern.

It should be noted that the Board of Directors are volunteers who are parents of PCH and they use their personal time to fulfill their duties as Board members. If there is a delay in issuing a response all parties involved will be notified by email of the delay and a new timeline will be given. The decision of the Board of Directors is final and binding on all parties to the complaint.

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.

Individuals should inform the PCH management team that they have contacted or are contacting CAS to report suspected abuse. The role of the management team is to act as a support to the individual. Please refer to the Child Abuse policy for more details. For more information, visit: [Child welfare and child protection services](#)

5.9 Confidentiality Policy

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

Employees of Pape Children's House shall only release personal information pertaining to a child to their parent or guardian, as listed in the child's file. Families requesting another family's phone number/contact information may leave their contact information with an educator or member of the management team to be passed on to the other family, so that they can get into contact with each other.

Upon enrollment, families are also required to provide a signature under "Information Sharing Consent" on the Family Policy & Permission Sign Off form, which grants permission for PCH employees to communicate and share information with the Pape Public School.

5.10 Criminal Reference (Vulnerable Sector) Check Policy

Vulnerable Sector Checks

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

A VSC is required:

- Before beginning employment or otherwise interacting with children.
- On or before the 5th anniversary after the date of the most recent VSC (every 5 years).
- When an employee is terminated from or on leave from PCH for 6 months or longer, and is rehired at PCH, a new VSC is required prior to returning.
- If an employee is on leave from PCH for less than 6 months and during their leave, and their VSC has expired, they are required to provide a new VSC prior to returning to PCH.

All VSCs will be reviewed by the management team to ensure that they are:

- Conducted by a Police Service from the city or town in which the person lives.
- Prepared no earlier than six months before the day it was obtained by the centre.
- An original and complete document, which is also clear, legible and not altered.
- Inclusive of all information required about Criminal Code (Canada) convictions as set out in section 9 of the Child Care and Early Years Act, 2014.

The management team will also review membership status of individuals who are members of the College of Early Childhood educators, Ontario College of Teachers and/or Ontario College of Social Workers and Social Service Workers, to ensure that the individual has not been found guilty of professional misconduct. This information is not available in a police record check.

Additional Measures for When a VSC is Not Yet Available

If it is taking some time for an employee to receive their VSC, PCH will follow these additional measures:

- The employee shall complete an Offence Declaration (OD) to cover the period of time between their last VSC or OD and up until the time that they submit the new OD. Refer to the Offence Declaration section below that outlines this process.
- The employee shall not be left alone or unsupervised with children until their new VSC or OD has been obtained.

If an individual requires the original copy, a member of the management team will take a photocopy and mark it "True Copy" with the date and their initials.

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

Checks shall only be conducted for successful job candidates and are not required for employees making employment moves within the centre.

Fingerprint identification is required if job candidates have a previous or current criminal conviction or the candidate has the same name as another person with convictions.

Positions Affected

- Board of Directors
- Management team members
- Registered Early Childhood educators
- Assistants
- Contract/Casual/Supply employees
- Placement Students
- Volunteers

Board Members

All Board members must provide a current CRC (Criminal Reference Check – **not** Vulnerable Sector) or Criminal Records and Judicial Matters Check, plus a Statement of Non-Interaction with Children to the management team upon starting their position within the Board of Directors. During their time as a Board member, a new CRC must be provided on or before the 5th anniversary after the date of the most recent CRC (every 5 years). Instructions on how to apply for a CRC will be provided by a member of the management team.

Volunteers

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

Placement Students

Students must have a current Criminal Reference Check - Vulnerable Sector (VSC), prior to starting their placement. Students are never to be left alone with any PCH children.

VSC older than 6 months but less than 5 years old

If a prospective volunteer or student can only provide a VSC that is older than 6 months but less than 5 years old, the person must also provide an Offence Declaration for the period of time that happened after the 6 month anniversary of the VSC being done up to the time it will be submitted to PCH. If five or more years have passed since the date of the VSC, the person must provide a new VSC.

Other Persons at the Centre

An Offence Declaration or Attestation is required for any person who provides childcare or other services to a child who receives care at the centre, other than an employee, placement student or volunteer (ex. special guests who provide program enrichments, special needs resource consultants, supply staff from an agency etc.) This requirement does not apply to the following individuals acting in the course of their profession:

- Police officers.
- Firefighters.
- Ambulance attendants, paramedics or other emergency personnel.
- Regulated health professionals.
- Individuals whose profession is regulated under the Social Work and Social Service Work Act, 1998.

Offence Declarations

As required by The Ministry of Education, PCH will obtain an Offence Declaration (OD) from all employees, placement students and volunteers who interact with children, and any other persons who provide child care or other services to children at PCH.

An Offence Declaration is required:

- Annually, no later than 15 days after the anniversary of the most recent VSC or OD.
- Where a VSC has been provided by a student or volunteer that is more than 6 months old and less than 5 years old before the individual starts interacting with children
- When an employee is terminated from or on leave from PCH for less than 6 months but would have provided a new Offence Declaration during the period of time, a new OD is required prior to returning.
- In the event that a new employee is waiting longer than expected to receive their new VSC.

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

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

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

All Offence Declarations will be reviewed by the management team to ensure that they have:

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

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

If an individual requires their original Offence Declaration, the management team will take a photocopy and mark it "True Copy" along with the date and signature of one of the management team members, to keep on file.

Offence Declaration Signing Schedule

The PCH management team will determine one date per calendar year for all current PCH employees to complete their annual Offence Declaration. In order to maintain compliance, the following measures will be in place:

- When a new vulnerable sector check is obtained from an individual, that individual's Offence Declaration schedule will change according to the date of that vulnerable sector check. Therefore, PCH will obtain an Offence Declaration from the individual even in the calendar year in which a new vulnerable sector check is required, to align offence declaration schedules of all their staff.
- When setting the date for the Offence Declaration schedule, the management team will also take into account years in which the set date falls on days when the centre is closed (for example, on a day which is a statutory holiday).

Board Members

During their time as a Board member, a new Offence Declaration is required annually, no later than 15 days after the anniversary of the most recent CRC or OD. A member of the management team will provide the annual OD to be completed.

Attestations

As required by The Ministry of Education, PCH will obtain an attestation from the employer, person or entity who retained the services of any other persons who provide childcare or other services to children at the centre.

An attestation is required:

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

An attestation must include the following information:

- The name of the person the attestation applies to.
- Indication that the employer, person or entity has retained and reviewed a Vulnerable Sector Check from that person.
- Confirmation that the VSC was conducted less than 5 years ago from the date of the attestation (e.g., month and year of the VSC date).
- Confirmation that the VSC was conducted by a police service.
- Confirmation that the VSC did not list any convictions for any offences under the Criminal Code (Canada) listed in subparagraph 1 ii of subsection 9 (1) of the Child Care and Early Years Act, 2014.
- The name and signature of a member of the management team or designate.

All attestations will be stored in a locked filing cabinet in the office, for three years after it was created.

If an individual requires their original attestation, the management team will take a photocopy and mark it "True Copy" along with the date and signature of one of the management team members, to keep on file.

Process for Obtaining a VSC - Employees and Volunteers

Employees will follow the steps below for submitting their Vulnerable Sector Check, **if they currently reside in the City of Toronto:**

- Complete the following registration form from Toronto Police Service:
<https://www2.policesolutions.ca/checks/services/toronto/register.php>
- After registering, select "Vulnerable Sector Check" and follow the steps to apply.
- During the application process, you will be prompted to enter the following code:
202309TPSON1BC58
- When applying for the Vulnerable Sector Check you must also include two pieces of government issued identification – one must include your photograph and signature, and one must include your full name and date of birth.
- The cost of the Vulnerable Sector Check for employment is determined by Toronto Police Service and payment can be made with Visa, Visa Debit, MasterCard or American Express while completing the application.
- After completing the application, download or take a screenshot of the receipt and provide it to a member of the management team via email.
- For more information please visit the following Toronto Police Service webpage:
<https://www.tps.ca/services/police-record-checks/>

If an employee does not reside in the City of Toronto, they must inform a member of the management team right away, and follow the Vulnerable Sector Check application process that is applicable to their region's Police Services department (i.e. Peel Region, York Region, etc.).

Process for Obtaining a VSC - Placement Students

Placement students will obtain their VSC through their College as part of their pre-placement requirements.

Other Notes

- All employees and volunteers are required to pay the cost of the VSC.
- Once received, all individuals must promptly send via email or bring in the VSC to the management team, who will keep the "True Copy" in a locked filing cabinet in the office.
- PCH has taken steps to ensure that its hiring practices follow all legal requirements, including those established under the Ontario Human Rights Code.

Exceptions

- If a person turns 18 years old while in a position where they interact with children receiving child care at the centre, the management team will obtain from the person, within one month after the person turns 18 years old, a statement that discloses every previous finding of guilt of the person under the Youth Criminal Justice Act (Canada), if the person received an adult sentence, or indicates that there were no such findings of guilt.

- If a person turns 19 years old while in a position where they interact with children receiving child care at the centre, the management team will require the person to apply to obtain a vulnerable sector check within one month after the person turns 19 years old. After applying for the VSC, a receipt must be provided to the management team.

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

Information about an individual's criminal record and history will be treated confidentially and every effort will be made to protect the privacy of employees, placement students, volunteers and any other person mentioned in this policy 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).

Procedures for Positive Screenings

If a positive screening is received, the management team will:

1. Inform the Board of Directors.
2. Form an ad hoc committee, including the Personnel Committee Chair, Chair and the Supervisor/Director to review the positive screening result(s).
3. Request written particulars from the individual regarding the information referenced in the screening results.
4. If the individual has been accused but not convicted of a crime, they will need to provide a new expedited VSC.
5. Review the written documentation with the ad hoc committee in order to assess eligibility for employment/placement/volunteering at PCH. An assessment shall include consideration to the following points, which shall assist the committee in determining if the individual is considered low or high risk, with respect to having direct contact with children:
 - Requirements of the position
 - The nature of the offence(s)
 - Sentencing received (if any)
 - The date of the offence
 - Rehabilitation efforts made by the individual (if any)
6. The ad hoc committee will carefully document all discussions and will prepare a recommendation on the individual's eligibility for employment/placement/volunteering for review and approval by the Board of Directors.
7. The Board of Directors will advise the individual of their decision in writing.
8. An individual will not be considered eligible for a position at PCH if they have

9. been accused or convicted of one of the following offences under the Criminal Code (Canada):
 - Section 151: sexual interference
 - Section 163.1: child pornography
 - Section 215: duty of persons to provide necessities
 - Section 229: murder
 - Section 233: infanticide
 - any other Federal or Provincial offence prescribed by the regulations
10. When an employee/placement student/volunteer has been accused or convicted of one of the following offences under the Criminal Code (Canada), their employment/placement/volunteering will be immediately terminated:
 - Section 151: sexual interference
 - Section 163.1: child pornography
 - Section 215: duty of persons to provide necessities
 - Section 229: murder
 - Section 233: infanticide
 - any other federal or provincial offence prescribed by the regulations

Note: The final decision for eligibility for employment with PCH will depend on the Board of Director's opinion on whether the individual would be considered a high risk to have in direct contact with the children at the centre.

5.11 Emergency Closings

Severe Weather

Occasionally, severe weather conditions may require the Toronto District School Board to cancel transportation or, in extreme conditions, close schools. The decision to close schools is made by the Director of Education. If schools are closed, the local media will be informed before the beginning of the school day, usually by 6:00am.

If the TDSB announces a full school closure (for example a snow day) PCH will close as well. Sometimes the weather conditions become severe during the school day, in this event if the school closes, PCH will also close. PCH will contact families as soon as possible for closings during the day. For information about TDSB Closures visit their [website](#) or the local media channels.

All Other

PCH has Emergency Management Policies and Procedures in place in the event of an emergency. The PCH management team will ensure that clear and effective communication is provided to families, and any other authorities, during and following the emergency events. In the event of an emergency situation that makes the PCH premises temporarily unavailable, the PCH educators and children will relocate to our designated place of shelter:

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

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

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

If there is an electrical power failure on the premises, the PCH phone line will not work. However, we will still try to contact families via other telephone systems (ex. personal cell phone).

PCH has a Fire Drill Procedure in place and conducts monthly fire drills. Pape Public School also has fire drill procedures and practices in place, which PCH follows on instructional days (when school is in session). All persons on these premises are required to obey all fire drills/alarms as per the Ontario Fire Marshal's Act.

5.12 Emergency Medical Care & Consent Policy

If, at any time, due to such circumstances as an injury or sudden illness and medical treatment is necessary, PCH staff will take whatever emergency measures they deem necessary for the protection of a child while in care.

This may involve contacting 911, interpreting and carrying out their instructions, and transporting a child to a hospital by ambulance. These actions may be taken before contacting the parent/guardian and any expense incurred for such treatment, including ambulance fees, is the parent/guardian's responsibility.

During the enrolment process permission is requested to obtain the necessary emergency medical care for a child in case of sudden or life-threatening illness or injury.

5.13 Equity Policy

The aim of Pape Children's House is to provide a safe, secure, supportive and stimulating environment where children are free to grow to their highest potential. PCH endeavors to provide a bias-free learning environment, including the use of gender-neutral/anti-bias language in our teaching materials, and employs principles of equity in our responses to specific incidents and other facets of our programs.

Our learning environment reflects the diversity of the children at PCH and the world in which they live. The environment reflects cultural awareness and sensitivity, which is incorporated

into each child's day-to-day activities. The children are taught to respect the unique cultural, religious, and ethnic heritage of different groups that make up Canadian society.

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

Children are encouraged to participate in all aspects of activities equally. Behaviours that are sexist, racist, and heterosexist, as well as violent play and the use of toy weapons, are not permitted.

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

PCH is committed to providing the highest standards of service to children and families. We are also committed to the protection of children, families, employees, placement students and volunteers from any form of discriminatory behaviour. PCH supports the Human Rights Code Section 4(s), which *"provides that every person has a right to freedom from discrimination..."*. The Code applies to the actions of people in the workplace itself (employment practices) and to the provision of service (childcare) to the public.

PCH employees are responsible for ensuring that these requirements in the Human Rights Code are followed.

5.14 Extreme Weather Policy

Heat/Smog/Wind Warnings

*In this policy "Warning" and "Alert" are used interchangeably.

According to Environment & Climate Change Canada, a **Heat Warning or Alert** is issued when there is a forecast of two or more consecutive days with daytime maximum temperatures of 31°C or warmer, together with nighttime minimum temperatures of 20°C or warmer or when there is a forecast of two or more consecutive days with humidex values expected to reach 40°C or higher. The combination of heat, humidity and other weather conditions can be dangerous, especially for young children.

The Ministry of Environment and Climate Change, together with Environment and Climate Change Canada, will issue a Special Air Quality Statement for **smog** if a high Air Quality Health

Index value (7 or greater) is forecast to last for 1 to 2 hours. (City of Toronto, 2020). The Air Quality Health Index for Toronto can be accessed [here](#).

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

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

1. Check with Environment Canada 30 minutes prior to scheduled outdoor play time, using the [Toronto Weather Forecast](#) or by calling 416-661-0123 to verify the temperature for the day and to check if a heat/smog/wind warning has been issued. Also, check the communications on Microsoft Teams throughout the course of the day for any messages related to a heat/smog/wind warning.
2. If there is a heat warning with temperatures **between 32-38 degrees** Celsius with humidity, or a Special Air Quality Statement for **smog** with a high Air Quality Health Index value ranging from 4-6 (moderate risk), **outdoor play will be limited to 30 minutes**. Water play is encouraged during hot weather. Children should be encouraged to stay in the shade, take breaks from activities to cool off and rehydrate, and not participate in extremely vigorous activities. All children should be wearing a hat and sunscreen, and water **must** be provided for drinking.
3. There will be **no outdoor play** if the temperature is **above 38 degrees** Celsius with the humidity.
4. If there is a wind warning, or a Special Air Quality Statement for **smog** with a high Air Quality Health Index value of 7 or higher, there will be **no outdoor play**.

When Outside During Hot Weather

- Plan outdoor play before 11 a.m. and/or after 3 p.m.
- Seek or create shade with trees or umbrellas
- Cover up with clothing and sunglasses
- Consult with a Toronto Public Health Nurse for more sun safety ideas by calling 416-338-7600

Responding to Symptoms Caused by High Heat/Smog

If a child does develop symptoms related to high heat/smog, an educator in the child's program will immediately contact a member of the management team and promptly do one of more of the following:

- Call for medical help (if required)
- Remove excess clothing from the child
- Cold sponge the child
- Move the child to a cooler environment (ex. indoors with A/C or fan).
- Give the child sips of cool water or a re-hydrating drink (no ice or ice-cold water).

- Inform the family to pick up their child as soon as possible

Responding to Symptoms Caused by Extreme Cold

Extreme cold is determined by temperatures of -15 degrees Celsius or colder for toddlers and preschoolers, and -17 degrees Celsius or colder for JK/SK and school age children. At these temperatures, the programs will not go outdoors.

If a child does develop symptoms related to extreme cold, an educator in the child's program will immediately contact a member of the management team and promptly do one of more of the following:

- Call for medical help (if required)
- Move the child indoors
- Remove winter outer-clothing from the child
- Warm the afflicted area(s)
- Inform the family to pick up their child as soon as possible

5.15 Harassment Policy

Pape Children's House (PCH) is committed to providing a safe, respectful, inclusive, and welcoming environment for all children, families, staff, students, volunteers, and visitors. Violence, harassment, discrimination, or threatening behaviour of any kind is not tolerated. This commitment applies to all interactions:

- On-site and off-site
- In person or virtual
- During daily programming, meetings, events, or communications

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

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

Respectful Conduct

All members of the PCH community are expected to treat one another with courtesy, dignity, and respect. Unacceptable behaviour includes, but is not limited to:

- Verbal abuse, threats, intimidation, or yelling
- Harassment, discrimination, or bullying

- Sexual harassment, including touching, flirtations, advances, leering, or other suggestive gestures or innuendos
- Aggressive or hostile behaviour
- Damaging property
- Possession or use of weapons
- Any behaviour that causes fear, emotional distress, or physical harm

These expectations apply to **families, staff, students, volunteers, and visitors.**

Violence & Threatening Behaviour

Violence includes:

- Physical harm or attempted harm
- Threats or behaviours that reasonably cause fear of injury
- Domestic or personal conflicts that occur on PCH property or during PCH activities

PCH will take all reasonable steps to protect children, families, and staff. Serious incidents may result in removal from the premises and/or contact with emergency services.

Harassment, Discrimination & Bullying

Harassment or discrimination based on personal characteristics protected under Ontario Human Rights Code (including race, religion, disability, gender, sexual orientation, family status, and age) is strictly prohibited. This includes:

- Offensive comments, jokes, gestures, or images.
- Unwelcome remarks or behaviour.
- Demeaning or belittling comments.
- Any form of sexual harassment including touching, flirtations, advances, leering or other suggestive gestures or innuendos.
- Bullying, intimidation, or misuse of authority.
- Aggressive or hostile behaviour.

Respectful, appropriate communication is always expected.

Reporting Concerns

Families are encouraged to raise concerns **as soon as possible** so they can be addressed promptly.

- If it is safe to do so, concerns should be shared with the **Director or a member of the management team.**
- All concerns are taken seriously and handled respectfully.
- Confidentiality will be maintained as much as possible

There will be **no retaliation** against anyone who raises a concern in good faith.

Response & Follow-Up

PCH will:

- Review concerns promptly and fairly.
- Take appropriate action when expectations are not met.
- Involve external authorities when required.

Families may be asked to participate in meetings or follow-up steps as part of resolution.

5.16 Health & Well-Being Policy

PCH takes direction from the Medical Officer of Health with respect to any matter that may affect the health or well-being of a child receiving care at the centre. Any regulations set by the Ministry of Health or Toronto Public Health take precedence over the Ministry of Education and other governing bodies.

The management team is responsible for communicating any direction given by the Medical Officer of Health to all individuals at the centre. All individuals must then follow the direction given by the management team, as per directed by the Medical Officer of Health.

This policy aims to support the growth, development, and learning of each child while minimizing health risks in group care settings. Its goal is to protect and improve the health of both the children in care and all PCH employees.

Training Plan

The Health & Well-Being Policy and the procedures within it are to be reviewed with employees, placement students and volunteers before they begin their employment, placement, volunteering and annually thereafter.

When illnesses, communicable diseases, or outbreaks occur in the centre, employees will receive additional training, as required, to deal with the situation.

Daily Health Checks & Screening

As children arrive at PCH in the mornings, the program educators will perform a visual health check for each child, before the child begins to associate with other children, to detect possible symptoms of ill health. If educators determine a child is too ill to participate, they will contact the family to pick up the child within 45 minutes and follow the procedures outlined in this policy.

Families must make other arrangements for care if their child becomes ill at home and is unable to function as usual. We ask that families please keep their child at home if they are feeling unwell or show symptoms of unwellness prior to coming in.

Documentation Of Illness

All illnesses will be recorded in the daily written record and the documentation for illness will be located in the child's file.

Mask Use

The decision to wear a mask or not is very personal and we support any individual that chooses to use a mask. It is recommended that for 10 days after the start of symptoms or a positive COVID 19 test or exposure to COVID-19 through close contact, individuals entering PCH wear a well-fitted mask. The use of masks does not apply to children under the age of two.

Ventilation

Improving ventilation can also help prevent infections in childcare centres. At PCH, the following strategies have been implemented to improve ventilation:

- Opening windows and doors to allow fresh air to circulate (when weather permits, when it is safe to do so).
- Using air purifiers with HEPA filters – filters are vacuumed weekly and are replaced based on manufacturers instructions.
- When fans are used, limiting the blowing of air across people and surfaces by positioning them to provide an upward movement of air.
- Moving activities outdoors when possible (when weather permits, when it is safe to do so).

Exclusion & Isolation of Ill Children & Employees

Since young children are still building up their immunities, they are more prone to infection and disease. If a child becomes ill while at the centre, they will be isolated in a designated area within the classroom, or in the PCH office if necessary, and the family will be immediately contacted to pick up the child within 45 minutes.

Once the family arrives, the staff will give them a copy of the completed Illness Report Form. A parent's initials are required on the form if the child's symptom(s) include fever and/or chills, or nausea, vomiting or diarrhea. An additional copy of the completed Illness Report Form will be stored in the child's file.

In some instances, a doctor's note may be required to return to care, depending on what symptoms are present. Please reference the PCH Illness Report Form to see which symptoms apply.

Please refer to the [Toronto Public Health Screening Questionnaire](#) for the steps to follow based on your child's symptom(s), when they can return to care, and steps to follow upon

their return to help keep everyone safe. For any symptoms not listed on the TPH Screening Questionnaire, families should consult with their family doctor or a healthcare professional regarding next steps.

Employees at the centre are also susceptible to illness, as they are in close proximity to many children. If an employee becomes ill at work, they will be sent home as soon as possible. Employees should refer to the [Toronto Public Health Screening Questionnaire](#) for the steps to follow based on their symptom(s), when they can return to work, and steps to follow upon their return to help keep everyone safe. For any symptoms not listed on the TPH Screening Questionnaire, employees should consult with their family doctor or a healthcare professional regarding next steps.

Communicable Diseases

There are specific communicable diseases that are required to be reported to Toronto Public Health as per Ontario Reg. 135/18 and amendments under the Health Protection and Promotion Act. Timely reporting of communicable disease is essential for their control. The full list of these reportable diseases is posted in the centre and an online version can be found [here](#). Information on communicable diseases, including signs and symptoms and when to exclude, is also posted in the centre and an online version can be found [here](#).

Families are asked to email the management team right away if their child(ren) have any signs, symptoms or confirmation of a communicable disease, in order for the management team to report it to Toronto Public Health. The educators and management team will also monitor attendance records for any increase in baseline levels of absenteeism.

Outbreak Action Plan - Communicable Diseases

If a reportable communicable disease is suspected/confirmed, PCH will report to the Communicable Disease Notification Unit (CDNU) at 416-392-7411 during business hours Monday to Friday 8:30am to 4:30pm or 3-1-1 after hours. If there is doubt, the management team will wait for diagnosis and further information from Toronto Public Health. If an outbreak is declared, PCH will follow the direction of Toronto Public Health.

The following additional control measures will also be implemented:

- Isolate the ill child(ren) from the rest of the group and notify their families to pick up within 45 minutes (in the case of an ill employee, placement student or volunteer, they should be sent home as soon as possible).
- Ensure that there are adequate supplies for hand hygiene, cleaning and disinfecting.
- Increase cleaning/disinfecting of high-touch surfaces.
- Ensure disinfectant times are followed (for outbreaks – spray disinfectant and let stand, following the directions on the disinfectant bottle).
- Suspend all sensory play activities and food experiences.
- Reinforce with others the importance of enhanced hygiene and respiratory etiquette.

- Post signage at entrances to and within the centre, notifying others that there is an outbreak in the centre, if required by TPH.
- Restrict visitors from the centre for the duration of the outbreak.
- Distribute outbreak advisory letters to all families and employees if provided by TPH.
- Record names, dates of birth (DOB), genders, all symptoms, the dates and times the child(ren) and employee(s) became ill, and their room number or program type (ex. preschool - Rm.12) and relay this information to Toronto Public Health (TPH).
- Contact absent employees and families whose children became ill before the outbreak was declared, to inquire about their symptoms. If these symptoms match those from the outbreak, add their information to the list (if requested by TPH).
- If needed, obtain permission from employees and families of children with symptoms matching those of the outbreak to submit specimen samples to the Public Health Ontario Laboratory.

The management team will inform families of the outbreak and details of the communicable disease by email or through a posting outside of each program.

Outbreak Action Plan - Gastrointestinal Illness

An outbreak of gastroenteritis is defined as two or more cases meeting the following case definition with a common epidemiological link (e.g., the same room or program, or same child care provider) with initial onset within a 48 hour period. A case (child or staff) of gastrointestinal illness can be defined as:

- Two or more episodes of diarrhea within a 24-hour period, or;
- Two or more episodes of vomiting within a 24-hour period, or;
- One or more episodes of diarrhea and one or more episodes of vomiting within a 24-hour period.

If a gastrointestinal outbreak is suspected, a member of the management team will fill out the online [TPH Gastrointestinal Outbreak Reporting Form for Child Care Centres](#). TPH will use this information to determine if an outbreak exists and will reach out to a member of the management team regarding next steps.

The management team can also call the TPH Communicable Disease Notification Unit (CDNU) for further guidance if an outbreak is suspected or if unsure if there is an outbreak: 416-392-7411, Monday to Friday, 8:30am to 4:30pm or 3-1-1 after hours.

The person completing the outbreak reporting form will have the following information ready:

- Program(s) affected (toddler, preschool, kindergarten, etc.).

- Number of individuals who are sick.

If a gastrointestinal outbreak is suspected, a member of the management team will start a line list and gather the following information for all ill individuals:

- Their last name and first initial.
- Their date of birth.
- What program they are in (ex. Kinder - Rm. 6, SA - Rm. 11).
- Their gender.
- Date and time of first symptom(s).
- Number of episodes of vomiting and/or diarrhea within a 24 hour period, and any other symptom(s) as indicated on the line list provided by TPH.
- If applicable, any additional information as indicated on the line list provided by TPH (ex. whether a stool sample was submitted, any additional comments).

If any of the ill individuals are staff members, a separate line list is needed to record their information. The line list(s) shall be submitted to TPH if requested. If TPH declares that there is an outbreak, a unique outbreak number will be assigned and must be included on all outbreak-related documentation. Along with the instructions provided by TPH, the management team will use the Outbreak Checklist to guide all measures implemented throughout the duration of the outbreak. PCH will continue to monitor children, employees, placement students and volunteers for anything out of the ordinary. Additional control measures will also be implemented (listed above).

5.17 Health & Well-Being: Administration of Drugs/Medication Policy

This policy is intended to protect and safeguard the health and well-being of the children in our care by ensuring that appropriate procedures are in place and followed by all employees.

The policy sets out steps to be followed by employees and families when receiving prescription medications and administering them to children. The policy also addresses the administration of products with Drug Identification Numbers (DINs).

Process for Administering Prescription Medications, Non-Prescription Medications, and Other DIN Products

* DIN products include a wide variety of items, including vitamins, medicated ointments, and over-the-counter medication.

1. Prescription medications and DIN products are to be stored in accordance with the instructions on the label and kept in a locked container either in the program's medication box or refrigerator. All medications will be inaccessible to children. Medication can only be dispensed/administered from the original container. For

prescription medications the original container must include the child's name on the pharmacy label. For emergency medications, refer to the Individualized Medical & Anaphylaxis Plans Policy.

2. The child's family must complete and sign the top portion of the Administration of Medication form before the medication or the DIN product can be administered, indicating the time and number of days that the medication is to be given, the correct dosage, the date of purchase and expiration date, the DIN and/or prescription number, and any applicable storage instructions. If medication is to be administered on an "as needed" basis, the written instructions must clearly indicate the situations under which the medication should be given. This could include the physical symptoms that must be present, the behaviour the child must be exhibiting or the child's temperature. Simply indicating "as needed" or "as required" is not sufficient. For DIN products, families must label the container with their child's first and last name with a permanent marker.
3. One of the core educators* in the child's program is responsible for ensuring that the information on the medication/DIN product and prescription label corresponds to the information provided on the Administration of Medication form, that the medication/DIN product is not expired, and that the form is **fully completed** by the family prior to administering the medication/DIN product.
4. In the event, there is a discrepancy between the dosage on the medication label and the dosage information on the medication form, the staff member will need to follow the steps below:
 - a) First confirm with the family as to which is the appropriate dosage to administer to the child.
 - b) If the dosage on the medication/DIN product is correct, the family will need to correct the information on the medication form and initial and date by this change.
 - c) If the dosage on the medication form is correct, but is different on the medication/DIN label, a doctor's note is required, indicating the child's name, name of the medication/DIN product, and the instructions to be followed. The medication/DIN product will not be administered until the doctor's note has been received.
5. The completed form, along with the prescribed medication/DIN product, must be brought to a member of the management team by an educator from the child's program **prior to** administering the medication/DIN product on the first day. The medication/DIN product and the form will be reviewed by the member of the management team, who will initial and date the top right corner of the form to confirm that it has been reviewed. The educator will then bring the form and medication/DIN product back to their program and continue to store and administer the medication/DIN product as required.
6. The medication/DIN product is to be administered to the child at the prescribed time, on the prescribed day(s), by one of the core educators in the program. When administering medication, one of the core educators* will take the steps outlined below:
 - Identify the child.

- Collect the correct medication/DIN product.
 - Verify that the prescription label information matches with the information on the Administration of Medication form for that child.
 - Prepare and administer the medication/DIN product in a well-lit area with the least amount of interruption/distraction.
 - Immediately record the date and exact time that the medication/DIN product was administered, and the dosage given, on the form and initial beside this information.
 - Ensure that the medication's/DIN product childproof top is properly secured.
 - Return medication/DIN product to the appropriate locked container.
7. Any changes to the information outlined in the Administration of Medication form will be documented on the bottom portion of the form and signed by the educator and the child's family.
 8. In the event that medication/DIN product is administered later than the scheduled time, the core educator* responsible for administering the medication/DIN product will immediately inform the family (this would be considered a change to the information outlined in the Administration of Medication form, and the point above would apply).
 9. Upon completion of the medication/DIN product, the core educator* will return any leftover medication/DIN product or the emptied bottle/container to the family and have them sign and date the bottom portion of the form. The educator will initial beside the family signature, ensure all areas of the form are complete and make sense, and submit the completed form to the management team.
 10. The management team will store the completed form in the child's file.

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

**PCH will not administer non-prescription medications like Ibuprofen & Tylenol to suppress symptoms of illness/fever when the child is showing signs that they are not well enough to participate in the program.

Process for Administering Non-Drug or Medication Products

In the event that a family requests any of the six following products below to be administered to their child, they must give consent during the enrolment process or to the program via a message using the Lillio app.

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

These products will be used once the family has provided this consent and details for the use of the product. These products can be administered without a medication form. If any of these

products are prescribed by a physician/health practitioner, the procedures found under the Administration of Drug/Medication Policy will be followed instead.

The six non-drug/medication products listed above are to be stored in accordance with the instructions on the label. These six items can only be dispensed/administered from the original container and must include the child's name.

Process for Accidental Administration of Prescription Medication, Non-Prescription Medication, and DIN Products

In the event that the medication/DIN product is administered to the wrong child, or the wrong dosage is administered to the right child, the management team must be immediately notified and must immediately contact the affected families.

The program educators must refer to the directions on the label for accidental administration of the medication/DIN product, which may include calling 911 or going to the nearest emergency room.

5.18 Illness-Related Policies & Procedures

Communicable Diseases Reportable to Toronto Public Health

Medical attention is required if a reportable communicable disease is suspected. PCH is required to report these cases to Toronto Public Health. Families must inform the management team if a communicable disease is suspected or confirmed. **A doctor's note may be requested by PCH.**

Chicken Pox

Chickenpox (Varicella) is usually a relatively minor illness. For the first couple of days the child will feel ill, with cold-like symptoms, cough, fever, and abdominal pain. Then a rash of red, pimple-like spots will appear. They may have as few as 30 spots, or the rash may cover their entire body, including the throat, mouth, ears, groin, and scalp. The spots turn into clear blisters that become cloudy, break open, and crust over. The rash itches a lot. Spots continue to appear for 1 to 5 days and subside over 1 to 2 weeks.

Chickenpox is very contagious, and most of the risk for contagion occurs 1 to 2 days before the rash appears, with transmission most likely to occur through coughing and sneezing (air-borne). The contagious period lasts until all the spots have crusted over. It is usually too late to prevent exposure to others. Fortunately, a vaccine is available to prevent chickenpox. After exposure to the chickenpox virus, symptoms appear in 11 to 20 days.

Prevention

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

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

Child Care Policy – Chickenpox

Staying home is not necessary if a child feels well enough and is fever-free. The Canadian Paediatric Society recommends that a child with mild chickenpox who is able to participate normally in all activities, should be allowed to return to the centre or to school even if they still have a rash. If the child has a rash that is not diagnosed as chickenpox, a doctor's note providing more information regarding the diagnosis is required in order for them to return to PCH.

Diarrhea & Vomiting

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

Children under the age of 4 need special attention when they have diarrhea or are vomiting, because they can quickly become dehydrated. Careful observation of the child's appearance and fluid intake can help prevent problems. For children aged 4 and older, supplemental feedings with a children's oral electrolyte solution (such as Pedialyte, Gastrolyte, etc.) are recommended.

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

Child Care Policy – Diarrhea & Vomiting

If a child has an incidence of diarrhea or vomiting at the centre, the child will be sent home. The child can only return after they have been vomit/diarrhea-free for 48 hours.

Measles

The signs and symptoms are high fever, cough, runny nose, and red eyes. Symptoms typically start 7-21 days after exposure. The rash usually appears 14 days after exposure. The rash begins on the face as small red spots, which enlarge and clump together and spread down the body. It is spread easily from person-to-person mainly through the air, or through direct contact with respiratory secretions of an infected person.

Child Care Policy – Measles

The child must be absent from the centre for at least 4 days after the onset of the rash. The child can then return once they are fever-free and feel well enough to participate.

Mumps

The signs and symptoms are fever, aches and pains, headaches and swelling of the salivary glands around the jaw and cheeks. This swelling is painful and makes the cheeks puff out. The

glands usually become more swollen and painful over 1 to 3 days. Some children infected with mumps may have no symptoms at all, or may seem to have a cold, but can still spread the infection to others. Mumps spreads through saliva or respiratory secretions of an infected person. Symptoms usually start 12-25 days after exposure, most commonly 16-18 days.

Child Care Policy – Mumps

The child must be absent from the centre for 5 days after the onset of swelling , or symptom onset if swelling is not present.

Pertussis (Whooping Cough)

Symptoms usually start like a cold, with a runny nose and a cough. The main symptom is progressive, severe coughing. Coughing may be followed by a “whoop” sound before the next breath. The coughing can be so aggressive that children vomit or have trouble breathing. The cough is usually severe for 2 to 3 weeks and then starts to get better. Pertussis spreads from direct contact with respiratory secretions of an infected person through coughing and sneezing.

Child Care Policy – Pertussis (Whooping Cough)

Toronto Public Health will provide guidance on when the individual can return to the centre.

Rubella

The signs and symptoms of Rubella (German Measles) are a rash which starts on the face, low grade fever, headache, red eyes, runny nose and swollen glands in the neck and behind the ears. The rash appears as pink or light red spots, which spread from the face and the neck to the entire body. Rubella spreads through direct contact or respiratory secretions of an infected person. Symptoms usually start 14-21 days after exposure. Sometimes the individual may have no symptoms at all, but they can still spread the infection to others.

Child Care Policy – Rubella

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

Other Common Illnesses Not Reportable to Toronto Public Health

Colds

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

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

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

Colds occur throughout the year but are most common in late winter and early spring. The average child has 6 colds a year; adults have fewer. If a child seems to have a cold all the time, or if cold symptoms last 2 weeks or longer, suspicion of allergies or sinusitis should be considered.

Child Care Policy – Colds

If a child has a common cold and is not able to fully participate in the program, the family will be contacted to pick them up within 45 minutes. The child can return once their symptoms have been improving for 24 hours and they feel well enough to participate.

Fevers

Fever is defined as a body temperature of 37.8°C (100.04°F) or higher. In most but not all cases, fever indicates that an illness is present. By itself, a fever is not harmful; in fact, it may help the body fight infections more effectively.

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

Child Care Policy – Fevers

If a child has a fever of 37.8°C (100.04°F) or higher, they are to be excluded from the program until they have been fever-free for 24 hours.

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

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

1. Take the child's temperature. Record the temperature, ensuring that the same measurement is used (Celsius or Fahrenheit).
2. Wait 10-15 minutes, then take the child's temperature again.
3. If the temperature readings are at or above 37.8°C (100.04°F), the educator taking the temperature should inform their room partners. The educator will ensure that the child is comfortable and will monitor them for any changes or additional symptoms.
4. If a fever is present, an educator from the child's program will contact their family to inform them that their child has a fever and ask that they come pick the child up within 45 minutes. The child's temperature will also be taken in front of the family member when they arrive for pick up.
5. An educator in the program will complete an Illness Report Form for the child, including:

- The times the temperature was taken.
 - The time the family was contacted.
 - Details about the child's behaviour prior to checking the child's temperature.
 - The time the child was picked up.
 - Confirmation that the family was reminded that their child must be fever-free for 24 hours before returning to PCH – the family will initial on the designated spot on the form.
6. If the temperature readings are within the normal ranges, the child should be monitored for any changes and/or symptoms.

Guidelines on How to Take a Temperature (Ear Thermometer)

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

Hand-Foot-Mouth Disease

Hand-foot-mouth disease is a viral illness that mostly affects young children but can occur at any age. It usually develops during the summer and fall months.

Fever, sore throat or sore mouth, and loss of appetite are early symptoms. Within 2 days, blisters form in the mouth and on the tongue. In children, a painless, blistering rash often develops on the fingers, palms of the hands, and soles of the feet. Infants may also develop a red rash on the buttocks. There is no treatment for hand-foot-mouth disease other than to give acetaminophen to reduce fever and mouth pain, and to make sure the person drinks plenty of fluids.

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

Child Care Policy - Hand-Foot-Mouth Disease

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

Head Lice

Lice are tiny, white, wingless insects that may live on the hair. They feed by biting the scalp and sucking blood. The bites itch and may cause an allergic rash. Head lice live in the hair on the

head. Lice are spread by close physical contact or from contact with clothing, bedding, brushes, or combs or an infected person.

Recommendations

Nix, Resultz and RID are some non-prescription medications for lice. Follow the manufacturer's directions for exact use. For head lice, comb the hair well with a fine-toothed comb after treatment to remove all nits. On the day treatment starts, wash all dirty clothing, bedding, towels, combs and brushes in hot water to help get rid of lice and nits. Items can also be stored in an airtight Ziploc-type bag for 2 weeks. Families may also choose to seek out professional services for lice removal and treatment.

Child Care Policy - Head Lice

Head Lice (Pediculosis) is a common problem in childcare and schools, especially at certain times of the year. If a child was found to have head lice (pediculosis), or nits (eggs) are detected, the child's family will immediately be contacted to pick them up and to begin treatment as soon as possible. Before returning to PCH treatment must be given and all lice and nits must be removed.

If all lice and nits are not removed, other children in the program, as well as your child, will continue to be affected by the problem. Therefore, if a child is not free of lice or nits once returning to PCH, parents/guardians will be contacted to pick them up and seek treatment.

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

For kindergarten and school age children, if the school has sent the child home due to lice, they cannot attend Pape Children's House as an alternative.

Hospital Stays

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

Pink Eye (Conjunctivitis)

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

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

Child Care Policy - Pink Eye (Conjunctivitis)

If a child has a suspected case of pink eye or has redness in the eye(s) and discharges, one of their program's educators will call the family and ask that the child is picked up within 45 minutes, and will provide the family with a Pink Eye Affidavit form. By signing the form, the

family acknowledges that they have sought the medical advice of a doctor or pharmacist and that the appropriate medication was administered.

Children may return to PCH 24 hours after the medication has been administered, and will provide the program educators with the completed Pink Eye Affidavit upon their return.

If the child has redness in the eye(s) and discharges that are not diagnosed as pink eye, a doctor's note providing more information regarding the diagnosis is required for them to return to PCH.

Rash

If a child has a rash that is not diagnosed as a communicable disease, a doctor's note providing more information regarding the diagnosis is required for them to return to PCH.

Strep Throat

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

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

Strep throat causes some or all these symptoms: severe and sudden sore throat, fever of 37.8°C (100.04°F) or higher, swollen and tender lymph nodes in the neck, trouble swallowing, and/or a white or yellow coating on the tonsils. Strep throat spreads through both direct and indirect contact with an infected person. Strep throat is treated with antibiotics.

Child Care Policy - Strep Throat

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

5.19 Inclusion Policy

PCH strives to provide an environment that meets the needs of all children and families by delivering programs and services that are inclusive of children with special needs. We work to ensure that our programs emphasize the importance of respect and sensitivity for diversity by providing positive and healthy environments for children. Inclusive childcare means the provision of quality services for all children regardless of race, age, ability, language, culture, ethnicity or family structure.

Policy

The primary goal of this policy is to meet the needs of children and their families through the provision of high-quality childcare. We recognize that all children have unique needs. In partnership with families, we are committed to meeting the developmental/educational needs of all children within our centre.

Guiding Principles

We endeavor to welcome and accept all children within PCH's structural limitations. All children will have the same range of options within our PCH. We will attempt to provide all reasonable modifications so that all children can participate fully within our centre.

Procedures for Meeting the Needs of All Children

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

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

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

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

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

2(b). A team will be organized, which may include the educators in the child's program, the management team, the child's family, the SNR and any outside agency professionals, as identified by the family. A profile of the child's strengths and needs will be developed at the initial team meeting and will be available for the entire team to review, and all meetings will be documented.

2(c). The team in consultation with the family will develop an action plan that may include:

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

Additional Discussion Points:

- Consent to request additional information, reports or consultation with other agencies (ex. the school or an outside agency).
- Consideration of the physical layout of the room/centre.
- Development of individual or family contracts.
- Changes to the child's day that can be made by the educators and the family to support the child's needs.

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

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

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

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

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

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

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

Training Plan

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

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

Communication Process

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

5.20 Individualized Medical & Anaphylaxis Plans Policy

The Child Care and Early Years Act, 2014 requires childcare programs to have policies for children with anaphylactic allergies. These policies aim to protect children from exposure to allergens by creating individualized plans outlining what to be aware of and details on how to keep the child safe.

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

Anaphylaxis Plan Details/Requirements

The documentation in a child's Anaphylaxis plan will include information collected by the child's family. Specifically, each plan will include the following:

- The child's full name and a description of the child's allergy(ies).
- Details as to how the epi-pen and other medication(s), if applicable, will be administered (ex. procedure, dosage, etc.).
- Signs and symptoms associated with the allergy to be aware of, and any support to be made available if necessary.
- A description of the procedures to be followed in the event of an allergic reaction or medical emergency.
- Steps to reduce the risk of the child being exposed, any avoidances/modifications to be aware of.
- Any additional procedures to be followed in the event of an emergency evacuation or while off-site on a trip/outing.
- An indication of where the child's epi-pen or other emergency allergy medication is kept, whether it be on the child's body or in the child's program.
- Any other relevant documents provided by the child's family.

Strategies to Reduce the Risk of Exposure to Anaphylactic Allergens

The following strategies to reduce the risk of exposure to anaphylactic causative agents must be followed at all times by employees, students and volunteers at PCH.

- Do not serve foods where its ingredients are not known.
- Do not serve items with 'may contain' warnings on the label in a room where there is a child who has an individualized plan and emergency procedures specifying those allergens.
- If required, the catering company can provide the known ingredients for all food being served.
- For children with food restrictions/allergies, their individual SDRs (summary of dietary restrictions) will be reviewed by the program staff before food is served, to verify that causative agents are not served to children with anaphylactic allergies.
- In cases where a child has food allergies or special dietary needs that cannot be met by the centre, families can provide supplemental food items (ex. lactose-free cheese, rice milk, etc.). The food items must be labelled with the child's name and must be kept in their original packaging, including labelled ingredients, and must only be served to that child. Prior to bringing in these food items the family must discuss with a member of the

PCH management team, to ensure that the food items being provided are nut free and do not contain any allergens that other individuals in the program are allergic to. All written instructions for diet provided by a parent will be implemented.

- Do not use craft/sensory materials and toys that have known allergens on the labels.
- Make sure each child's individual plan and emergency procedure are kept-up-to-date and that all staff, students, and volunteers are trained on the plans.
- Refer to the allergy list and ensure that it is up to date and implemented.
- Update staff, students, and volunteers when changes to a child's allergies, signs and symptoms, and treatment occur and review all updates to individualized plans and emergency procedures.
- An allergy alert sign is posted outside the applicable program rooms in order to update families of allergies while maintaining the confidentiality of children.

Creating an Allergen-Safe Environment

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

PCH is a nut free and “no outside food” zone, and we will attempt to maintain a peanut/nut-free environment by working with all food providers (ex. the catering company, the pizza company for pizza days, catering food for meetings, etc.).

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

Families are not to send their child with any food items unless discussed and approved by PCH. For children in the Kindergarten and School Age programs, PCH provides a snack in the morning and afternoon; however, families are responsible for providing two extra snacks and lunch for school days. **All snacks must be peanut/nut free and cannot be eaten while in the care of PCH.**

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

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

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

Allergy Communication Plan

The following is our communication plan for sharing information on life-threatening and anaphylactic allergies with staff, students, volunteers, parents and families.

- Families will be informed about anaphylactic allergies and all known allergens at the centre through the use of allergy alert signs, posted outside of program rooms where there are children with allergies.
- A list of all children's allergies including food and other causative agents will be posted in all food prep and serving areas, in each program room, and in each program's attendance binder.
- Each child with an anaphylactic allergy will have an individualized plan and emergency procedures that detail signs and symptoms specific to the child describing how to identify that they are having an allergic reaction and what to do if they experience a reaction.
- Each child's individualized allergy plan and emergency procedures will be made available and accessible wherever the child may be present while receiving child care.
- The catering company will be informed of all the allergies at the child care centre, including those of children, staff, students and volunteers. The catering company will be informed as soon as new allergies are identified.
- The child care centre will communicate with the Ministry of Education by reporting serious occurrences where an anaphylactic reaction occurs in accordance with the established serious occurrence policy and procedures.
- This communication plan will be reviewed annually and as needed to ensure it is meeting the needs of the child care centre and that it is effectively achieving its intended result.

Individualized Anaphylaxis Plan Procedures Responsibilities of the Management Team

- During the enrollment/orientation process, inquire with each family as to whether their child has any allergies (including non-anaphylactic allergies).
- During the enrollment/orientation process, inform new families that PCH is peanut/nut free facility, that there is a no outside food policy in place, and which potentially life-threatening allergies (foods and causative agents) to be aware of.
- Ensure that the child with allergies is added to the list of allergies/food restrictions/medical needs, which is posted in all PCH programs, the housekeeping area, any other food preparation and/or eating areas, and in each program's traveling binder with the main attendance.
- Ensure that the child is added to the allergies/food restrictions/medical needs photo document for their program, which is posted in the child's PCH program, as well as the housekeeping area.
- For children with anaphylactic allergies, ensure that the child's family completes an Anaphylaxis Plan. The completed plan must be provided to the management team by the family no later than a week prior to their child starting.
- Ensure that any allergy-related medications are provided by the family as of the child's first day.

- If a child is already enrolled at PCH and develops any allergies requiring a plan, the family is to complete and return the plan to the management team within a reasonable amount of time, and provide any required medications as soon as possible.
- Ensure that all employees, placement students and volunteers review, sign off and receive any necessary training for each plan. The plans are to be reviewed and signed off on by employees, placement students and volunteers before they begin their employment/placement/volunteering, on an annual basis, and as needed.
- The management team will ensure that all employees, placement students, and volunteers receive training on any allergy-related medications that are unfamiliar or require specific instruction, if needed.
- Ensure that the child's family reviews their Anaphylaxis Plan annually to determine whether or not any changes are required.
- Report all food allergies and restrictions to the catering company, and provide updates as needed.
- Ensure all employees, placement students and volunteers are certified in standard first aid with CPR/AED level C, as mandated by the Ministry of Education, which includes anaphylaxis training.
- Ensure all PCH employees, placement students and volunteers are aware of anaphylactic triggers and symptoms (listed under Appendix A and Appendix B), as well as all components of this policy.
- Ensure that families are given advance notice of when epi-pens or other medications expire, and that they provide the new epi-pen/medication(s) 1 month prior to the current epi-pen/medication(s) expiring.
- Ensure compliance of the plans by all employees/placement students/volunteers on an ongoing basis, as well as any contraventions of the plan.
- Keep the child's plan(s) in their file for a minimum of 3 years from the date that the child withdraws from the centre.
- Follow the Serious Occurrence Reporting Policy & Procedure for any incidents involving life-threatening illnesses, including anaphylactic reactions.

Responsibilities of Families

- Inform the management team of any allergies (anaphylactic or not) their child has prior to starting at PCH or immediately once becoming aware of them.
- Complete an Anaphylaxis Plan, provided by PCH, which is to be returned to the management team no later than 1 week after receiving the plan template, and provide any required allergy-related medications as soon as possible.
- Review the plan details, including the steps to follow for an anaphylactic reaction, with a member of the management team and train them on any allergy-related medications that are unfamiliar or require specific instruction, if needed.
- Be aware of any upcoming expiration dates and provide the new epi-pen/medication(s) 1 month prior to the current epi-pen/medication(s) expiring.
- Inform the management team whenever there is a change to the child's plan or when the plan is no longer required.

- Review the child's Individualized Plan for Anaphylaxis annually to determine whether or not any changes are required or if the plan can remain as-is for the year or until additional changes are needed.

Responsibilities of Employees, Placement Students & Volunteers

- Review and comprehend each section of the child's Anaphylaxis Plan and ask any questions if clarification is needed.
- Follow, and be able to speak to, all the details of the child's Anaphylaxis Plan to ensure compliance.
- Sign off on all individualized plans upon starting at PCH, on an annual basis, and when there are changes made.
- Every employee, placement student and volunteer will receive the appropriate training for each plan if required.
- If a child requires emergency medication (ex. epi-pen) to be administered, or administers their own emergency medication, as outlined in their Anaphylaxis plan, one of the educators from the child's program must document this on their Administration of Medication for Anaphylaxis Plan chart (attached to the copy of the child's Anaphylaxis plan that is located in their program) and in their program's daily written communication book. The educator must also notify the child's family as soon as the medication has been administered and ensure that the family signs the Administration of Medication for Anaphylaxis Plan chart when the child is picked up.
- Inform the management team when any emergency medication is administered by an educator or child and submit a copy of the completed Administration of Medication for Anaphylaxis Plan chart, after the family has been notified and has signed the chart.
- For epi-pens or other allergy-related emergency medications, any employee can administer them (except for a new or occasional employee, a placement student or a volunteer). Any other medication(s) must be administered by one of the core educators* in the child's program.
- Emergency medications (ex. Epi-pens, Benadryl, Reactine) must be stored out of children's reach, but easily accessible to employees, and never locked up when the child is in attendance. Each program has a fanny pack inside their program backpacks, which is where all emergency medications belonging to children in the program are stored (unless the child has permission to carry their own emergency medications).
- When a child is absent for a full day their emergency medications (ex. Epi-pens, Benadryl, Reactine) will be locked.
- When transitioning and when in small groups (ex. lunch time, group experiences, etc.) any child with an anaphylactic allergy must be with a core educator*, who will also be responsible for carrying the program backpack (with the black fanny pack inside) or just the black fanny pack, during these times.
- Employees will remind families of potential allergens, specific triggers and hand hygiene practices to ensure that children are kept safe.
- Report any indications of an allergic reaction from any agent that the child is unknown to be allergic to, to the family immediately.

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

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

Procedure for Responding to an Anaphylactic Reaction

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

Training Plan

As per the identified responsibilities of the management team, the child’s family, and the employees/placement students/volunteers, listed above, this policy is to be reviewed with employees, placement students and volunteers before they begin their employment/placement/volunteering, on an annual basis, and as needed any time there are changes to any child’s individualized plan and emergency procedures. A written record of training for staff, students and volunteers on procedures to be followed for each child who has an anaphylactic allergy will be kept in the PCH office.

Appendix A - Anaphylaxis Triggers

Foods which are sources of anaphylactic reactions:

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

Other possible sources in prepared foods:

- Baked goods (cakes, cookies, breads, etc.)

- Candies
- Cereals
- Crackers
- Granola bars
- Pasta
- Sauces, dips

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

Non-food sources:

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

Appendix B - Symptoms of Anaphylaxis

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

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

Symptoms may include any of the following:

- Itchy eyes, nose, face
- Flushing of face and body
- Swelling of eyes, face, lips, tongue and throat
- Hives
- Vomiting
- Diarrhea
- Wheezing
- A feeling of fear, impending doom and/or apprehension
- Weakness and dizziness
- Inability to breathe
- Loss of consciousness
- Coma

5.21 Late Pickup Policy

Unless otherwise expressly stated, PCH closes at 6:00 p.m. sharp. It is the responsibility of every parent/guardian of a child at PCH to pick up their children at or before the time that PCH closes. A child who remains at PCH beyond the closing time places a strain on PCH resources and requires educators to remain after hours to attend to the child. This is difficult for everyone involved and causes PCH to incur additional costs.

In the event of a failure to pick-up a child by the closing time, PCH educators will follow the procedures outlined in the Safe Arrival & Dismissal policy, specific to the "Procedures for Staff to Follow in the Event a Child Does Not Get Picked Up By 6pm".

Late Pick-up Fees

The following non-base late pick-up fees will be incurred per family, and must be paid within 2 days:

- For the first 5 minutes, or part thereof: \$5.00
- For each additional minute: \$1/min

*CWELLC does not apply to non-base pick-up fees.

In addition to the above fees, PCH reserves the right to charge any reasonable fee, at their sole discretion, to the parents/guardians whose child has not been picked up after 30 minutes past closing time. This fee covers the cost of caring for and handling the child as directed by the Children's Aid Society.

When a child is picked up after closing time, the parent/guardian shall sign a late pick-up slip acknowledging the date and time the child was picked up, and the amount to be paid. The failure to pay late fees may result in a notice of termination and the possible removal of the child from PCH.

If a parent/guardian knows they are going to be late, they are asked to please call PCH ahead of time so that the educators are aware of the situation and can prepare the child for late pick-up. Please note that this call does not exempt parents/guardians from the late pick-up fee.

Multiple Late Pick-ups

PCH understands that, notwithstanding best efforts, sometimes a late pick-up is unavoidable. However, any abuse of the late pick-up policy will not be tolerated.

Accordingly, the following policy will apply to multiple late pick-ups of the same child(ren) in a family:

1. After five (5) late pick-ups in any 12-month period, the following fee structure will permanently apply:

- For the first 10:00 minutes, or part thereof: \$20.00
- For the next 10:00 minutes, or part thereof: \$30.00
- For the next 10:00 minutes, or part thereof: \$40.00

Note that these charges are per family.

2. After seven (7) late pick-ups in any 12-month period, a warning notice will be issued to the parent/guardian of the child;
3. After nine (9) late pick-ups in any 12-month period, a second warning notice will be issued to the parent/guardian of the child;
4. A third and final notice will be given on the 10th late pick-up in any 12-month period. PCH may, at its discretion, remove the child from the centre at this time.

5.22 Photography Policy

In childcare, photographs of the children are a useful tool utilized in daily routines. There is an iPad in every room for educators to use to take photos of children. iPads must remain on site at PCH or can be taken off site only when accompanying program activities.

Photographs help to provide visual cues for the children, as well as offer parents an opportunity to view their children participating in daily activities and special events. Photographs are also used for emergency purposes such as an emergency photo album and descriptions of children with allergies or for administrative purposes as each child's file contains a recent photo.

Pape Children's House does not allow parents, guardians or any other family members to videotape or take photographs of any child attending PCH. We take plenty of photos of children, if there are any of just your children that you would like, please ask the educators to print or send a copy for you.

Consent for photographs is authorized during the enrollment process. Parents can email the management team at any time if they wish to withdraw consent to photograph their child.

5.23 Placement Students & Volunteers Policy

Pape Children's House accepts placement students and volunteers.

Policy

A primary objective of the Child Care Services unit is to meet the needs of children and their families through the provision of high-quality childcare services. We are committed to working in partnership with placement students and volunteers to provide experiences that will enable them to have a successful career in the field of Early Childhood Education, where they can focus on meeting the developmental/educational needs of all children. We are also committed to acting as a resource to students and volunteers to support them in skill development and professional learning.

Placement Students

ECE students from George Brown College complete their seven-week field placements at PCH. They are responsible for the completion of school assignments and personal goals. Placement students are closely monitored by PCH program educators and are not included in our ratios. Placement students are never left alone with any children. Prior to students starting their placement at PCH, they must have a clear Vulnerable Sector Check (VSC), a completed health assessment, and completed Workplace Health & Safety and AODA training.

Long Term Volunteers

Any volunteers at PCH must be 18 years of age. Volunteers are not included in our ratios and are never left alone with any children. Prior to volunteering at PCH, they must have a clear Vulnerable Sector Check (VSC), a completed health assessment, and complete all assigned Workplace Health & Safety and AODA training modules.

The Roles & Responsibilities of the Management Team

- Ensure that all placement students and volunteers have a current Criminal Reference Check - Vulnerable Sector prior to beginning their placement/volunteering. The Criminal Reference Check (Vulnerable Sector) Policy will be followed.
- Ensure that all placement students and volunteers also have current certification in standard first aid with CPR/AED level C and are current in all immunizations (unless an immunization Affidavit is provided).
- Ensure that all placement students and volunteers have read and signed off on all policies, procedures and individual plans prior to beginning their placement.
- Ensure that all placement students and volunteers have completed Workplace Health & Safety and AODA training.
- The Supervisor will conduct an orientation for all new placement students and volunteers on their first day at PCH.
- When ongoing concerns about a placement student or volunteer are brought forward, the management team will call a meeting with all parties involved. Next steps will be determined at the meeting, which may include terminating the placement/volunteer opportunity.

The Roles & Responsibilities of Supervising Educators

- Ensure that placement students and volunteers are always closely supervised, never leaving a placement student and volunteer alone with any children. Educators are legally responsible for children at all times.
- Ensure that placement students and volunteers are not counted as part of ratio requirements.
- Complete any evaluations as outlined by the placement student's faculty advisor.

- If any concerns arise regarding a placement student or volunteer, the educator will notify the management team and speak with the placement student, faculty advisor or volunteer directly to determine next steps.

The Roles & Responsibilities of Placement Students & Volunteers

- Never be left alone with any children.
- Read, sign off and comply with all policies, procedures and individual plans prior to starting placement/volunteering.
- Provide all required documents (VSC, first aid, immunization record, medical form, etc.) and complete Workplace Health & Safety and AODA training.
- Conduct work in a professional manner.
- Bring forward new ideas and special skills to the supervising educator(s).
- Fulfill all responsibilities as discussed during the orientation with the Supervisor.
- Smoking/vaping and mobile device use is not permitted during work hours.
- If any concerns arise, inform the supervising educator and discuss strategies to address the concern. If the concern persists after addressing it with the supervising educator, bring the concern forward to the faculty advisor or member of the management team to determine next steps.

Restrictions

Placement students and volunteers **must not**:

- Be left alone at any time with a child or group of children.
- Administer any medication(s).
- Attend to a child in an emergency.
- Use their personal devices to take photos or recordings of children.

5.24 Positive Child Guidance Policy

Supporting Children

We are committed to supporting children as they develop their self-regulation skills. educators are responsive to children's needs and are alert to opportunities to transform challenging behaviours into teachable moments. We help children to develop self-awareness and constructive problem solving and decision-making skills through clarification of feelings, encouragement and modelling. We believe that a child's words are important and their input into decision-making and constructive problem solving with peers and adults is vital for strengthening and reaffirming their self-worth. Authentic, responsive relationships form the foundation for the development of self-regulation.

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

- Calming techniques.
- Physical affection*
- Redirection.
- Hand-over-hand (toddler and preschool children).
- Setting limits.
- Offering choices.
- Giving positive praise and reinforcement.
- Consistent follow-through with expectations.
- Emotional support - helping the child to identify and label emotions.
- Pictorial reminders (ex. when and then).
- Asking questions to support problem solving and self-regulation.
- Individual Support Plans.

*PCH sometimes uses physical affection (ex. hugs, kisses, having a child sitting on the educator's knee, etc.) to help children regulate their emotions. When it comes to physical affection, it should be initiated by the child, or the educator has asked the child's permission.

Escalated Behaviors

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

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

Hands-Off Approach

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

Professional Practice

- Employees must never discuss a child in the presence of other children.
- Employees must never discuss a child within that child's range of hearing.

- Employees must not discuss one family's handling of a situation with any other families.
- Employees must not at any time, under any circumstances, leave children unsupervised (the only exception to this would be when school age children go to the washroom, which is done in pairs, and employees are aware of where they're going).

Prohibited Practices

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

- Corporal punishment of a child.
- Physical restraint of a child, such as confining a child to a car seat, stroller or other device for the purposes of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing a child from hurting themselves or someone else and is used only as a last resort and only until the risk of injury is no longer imminent.
- Locking the exits of the childcare centre for the purpose of confining a child or confining a child in an area or room without adult supervision, unless such confinement occurs during an emergency and is required as part of the licensee's emergency management policies and procedures.
- Use of harsh or degrading measures or threats, or use of derogatory language directed at or used in the presence of a child that would humiliate, shame or frighten a child or undermine their self-respect, dignity or self-worth.
- Depriving a child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding.
- Inflicting any bodily harm on children including making children eat or drink against their will.

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

Training Plan

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

All employees, placement students and volunteers must adhere to this policy. The management team is responsible for regularly observing and assessing all employees/placement students/volunteers as they provide positive child guidance.

Additional professional development opportunities can be sourced/provided if needed. Any unacceptable behaviors by employees, placement students or volunteers will be noted, given immediate attention and followed up on.

5.25 Safe Arrival & Dismissal Policy & Procedures

Approved on December 12th, 2023

Purpose

This policy and the procedures within help support the safe arrival and dismissal of children receiving care at Pape Children's House.

This policy will provide families, 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 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.

Policy

General

Pape Children's House will ensure that if 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.

PCH will also ensure that any child receiving care at PCH is only released to the child's parent/guardian or an individual that the parent/guardian has provided verbal or written authorization to whom PCH may release the child to. The individual who the parent/guardian is authorizing to pick up their child must be over the age of 18 and must bring photo identification with them.

PCH will not release any children from care without supervision.

Procedures For Absences

Procedure For Families to Follow in The Event Your Child Will Be Absent from Care

Email PCH by 9:30am at info@papechildrenshouse.com or send a message to your child's Lillio account. The note should include the following details:

1. Absent child's name,
2. Date(s) of absence,
3. Reason for absence.

Emails will be checked on a regular basis.

****In the event your child will be absent longer than the duration stated in the initial message, an additional message must be sent through Lillio confirming the extended duration of the absence.**

Procedures For Staff to Follow in The Event a Child Has an Unconfirmed Absence for Toddler & Preschool Programs, Kinder & School Age Programs (For PA Days, March Break, Winter Break, Summer etc.)

At the beginning of the day, the staff member on the opening shift will check the program's communication app (i.e. Lillio) for any messages regarding absences and will note it in the program's communication book, as well as on the program attendance using the following letters to indicate the reason for the absence: (A-away, S-sick, H-holiday).

Any absences that have been communicated verbally on that day are also to be noted on the attendance and in the program's communication book.

If a child does not arrive to their program and the parent/guardian has not communicated a change in drop-off (e.g., left a message, voicemail or advised the closing staff at pick-up the day prior), the staff in the classroom must follow the steps below:

- The late shift staff, at the beginning of their shift, will check the communication app, to see if there are any additional absences. They will also check with the management team via Teams on their program's chat channel. They will provide the names of all of the children who have unconfirmed absences to see if any messages from those families have been received.
- The late shift staff will record the required information on the provided "Unconfirmed Absence Form" indicating which children have not arrived at PCH.
- The late shift staff will broadcast to the rest of their team whose absences have not yet been confirmed.
- No later than 10:15am, the early shift staff shall contact the parent/guardian by messaging via the program's communication app, stating the following: "We are checking in to see if [child's name] will be attending today. Please let us know as soon as possible and also indicate when [child's name] will return to care. If you are unsure of a return date, please send a message daily with an update of the absence. Thank you for your cooperation."
- After 30 minutes, if the family has not responded to Lillio 's message, the late shift staff will call the parent/guardian(s) directly. If they cannot reach the parent/guardian(s) they will proceed with calling the child's emergency contacts.
- The early shift staff will then update the "Unconfirmed Absence Form" to indicate that a message was sent to the family, with the staff's full name, and the time the email was sent. If the family does not respond to the message and has to be called directly, the "Unconfirmed Absence Form" will be updated to indicate that the family was called, with the staff's full name, the time the call was made, and who the staff spoke to. The early shift staff will broadcast updates regarding absences to all members of their team.

Procedures For Staff to Follow in The Event a Child Has an Unconfirmed Absence for Kindergarten & School Age Programs (Regular School Days)

1. At the beginning of the day, the staff member on the opening shift will check the program's communication app (i.e. Lillio) for any messages regarding absences and will note it in the program's communication book, as well as on the program attendance using the following letters to indicate the reason for the absence: (A-away, S-sick, H-holiday).
2. Any absences that have been communicated verbally on that day are also to be noted on the attendance and in the program's communication book.
3. The staff member on the opening shift will check the communication app again at 9am & 3pm, to see if there are any additional absences to be aware of and will check with the management team to see if any messages regarding additional absences have been received.
4. During the pickup procedure from Pape Public School, the staff members from each program will connect with the school classroom teachers to find out about any unconfirmed absences and this will be noted on the "Kinder and SA Unconfirmed Absence Form".
5. If the school classroom teacher can provide information as to why the child is absent, record what was shared on the "Unconfirmed Absence Form", under the column "what did the child's school teacher communicate regarding the child's absence". This absence must also be recorded on the program attendance using the following letters to indicate the reason for the absence: (A-away, S-sick, H-holiday).
6. If the school classroom teacher cannot provide information regarding an absence on that day by 3:20pm, one of the program staff members shall contact the parent/guardian by messaging via the program's communication app, stating the following: "We are checking in to see if [child's name] will be attending today. Please let us know as soon as possible and also indicate when [child's name] will return to care. If you are unsure of a return date, please send a message daily with an update of the absence. Thank you for your cooperation."
7. After 30 minutes, if the family has not responded to Lillio 's message, the late shift staff will call the parent/guardian(s) directly. If they cannot reach the parent/guardian(s) they will proceed with calling the child's emergency contacts.
8. The staff member will then update the "Unconfirmed Absence Form" to indicate that a message was sent to the family, with the staff's full name, and the time the email was sent. If the family does not respond to the message and has to be called directly, the "Unconfirmed Absence Form" will be updated to indicate that the family was called, with the staff's full name, the time the call was made, and who the staff spoke to.
9. The staff members will broadcast any updates regarding absences to all members of their team.

****Staff in the kindergarten and school age programs will not contact the families directly regarding before-care absences, as this will be done as part of Pape Public School's daily entry procedures.**

***The appropriate Unconfirmed Absence Form will be printed on the back of each program's weekly attendance sheet.

Procedure For Safe Dismissals

Procedure For Families to Follow in The Event Your Child's Pick-Up Arrangements Change

- Parents/guardians are responsible for communicating changes such as pick up authorization to their child's program educators. Only those indicated as an 'anytime pick up person' on a child's emergency card are authorized to do so without prior confirmation. If anyone else is picking up the child, the following procedure would be required.
- Send a message to your child's Lillio account or to info@papechildrenshouse.com informing the educators of the alternate pickup person. The note should include:
 1. The person's full name,
 2. The person's phone number,
 3. The date this individual will be picking up your child,
 4. Time frame of pick up.

**Please note that any individual who the parent/guardian is authorizing to pick up their child must be over the age of 18 and must bring photo identification with them.

Procedures For Staff to Follow in The Event a Child Has an Alternate Pick-Up Arrangement

1. The staff members will regularly check the program's communication app (i.e. Lillio) for any messages regarding pick up and will note them in the program's communication book.
2. Any alternate pickups that have been communicated verbally on that day are also to be noted in the program's communication book.
3. Any alternate pickups noted in the program's communication book will state the following: Child's full name, alternate pickup contact's full name and phone number, date of the pickup, who authorized the pickup, how the notification was received, and the staff member's name (i.e Johnny Ho will be picked up by John Doe (phone number), on March 4th. Mom confirmed this pick up on Lillo and this has been confirmed by Jannet H).
4. All staff members are to check their program's communication book and the Teams app for regular updates on pick up consents.
5. 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 an individual indicated on the child's emergency card as an "any time pick up person", or those that the parent/guardian have authorized by verbal or written consent. Staff are required to ask anyone they haven't met or anyone that is not an "any time pick up person" for photo identification.

6. In the event where the staff does not know the individual picking up, or the parent or guardian did not inform the staff of an alternate pick up, the staff member must follow the steps outlined below:
 - Check the program's communication app (i.e. Lillio) for any messages regarding an alternate pickup.
 - Reach out to Management to see if there has been any communication regarding a change to the child's pick up schedule.
 - If there has been no communication from the child's parent/guardian, call the parent/guardian by phone to confirm whether this individual can pick up the child. Ask for the individual's full name so identification can be confirmed.
 - Check the alternate pickup person's identification before you release the child from care.
 - Document the alternate pickup consent in your program's communication book indicating the following: who came to pick up the child without consent, the child's full name, what steps were taken to get consent, who authorized the pickup and how, the time of the conversation with the parent/guardian, and which staff member confirmed this authorized pick up (i.e John Doe came to pick up Jonny Ho without consent. Cherie B contacted both parents and got a hold of mom at 5:30pm. Mom confirmed that John Doe can pick up. Photo identification was confirmed by Cherie B.”).

In the event that staff can't get ahold of the child's parent/guardian, they are not to release the child from PCH. Instead, they will reach out to Management, or a staff designated for support.

In the event that Management or a staff designate can't get ahold of the parent/guardian after 3 attempts, the anytime pick up contacts will be called to pick up the child.

Procedure For a Child Who Does Not Get Picked up From Care

Procedures For Staff to Follow in The Event a Child Does Not Get Picked Up By 6pm

1. At 6:00pm, one of the staff in the program shall contact the parent/guardian by phone and advise that the child is still in care and has not been picked up. The other staff shall ensure that the child is given a snack and engage with them in an activity, while they await their pick-up.
2. Where the staff is unable to reach the parents/guardians or authorized individual who was to pick up the child, after 2 attempts or 5 minutes, the staff will inform the management team.
3. If the staff are still unable to reach the parents/guardians or authorized individual who was to pick up the child, by 6:15, the staff will call the child's "anytime pick up" contacts listed on the child's emergency card.
4. If the staff is still unable to reach the parents/guardians or "anytime pick up" contacts, the staff shall reach out to the "emergency contacts" listed on the child's emergency card, by 6:30pm.

5. Where the staff is unable to reach the parents/guardians or any other authorized individuals listed on the child's file (e.g., the emergency contacts and anytime pick up contacts) by 7pm, the staff shall proceed with contacting the local Children's Aid Society (CAS) at (416) 924-4646. Staff shall follow the CAS's direction with respect to next steps.

**In the event a child has not been picked up by 6pm two staff members must remain onsite as well as a member of the management team/staff designate.

5.26 Serious Occurrence Reporting Policy & Procedure

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

PCH is responsible for delivering services that promote the health, safety and well-being of children, and is accountable to the public and to the Ministry of Education to demonstrate that their services are consistent with relevant legislation, regulations and policies. The Ministry of Education Regulation 262 and the City of Toronto Assessment for Quality Improvement (AQI) require that childcare centres report any serious occurrences, monitor the incidence of serious occurrences, and ensure that sufficient and appropriate measures are in place to avoid serious occurrences.

Policy

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

Definition

A serious occurrence is defined as:

- The death of a child.
- Abuse*, neglect or an allegation of abuse or neglect.
- A life-threatening injury to or a life-threatening illness**.
- A missing or temporarily unsupervised child - when an educator has not followed the policies and procedures outlined in the Attendance, Transitions & Supervision Policy, resulting in an incident where a child goes missing or is temporarily unsupervised for more than 60 seconds and the child's educator(s) were unaware. This would not apply when supervising in the program room or other confined areas, or for school age children when they go to the washroom (traveling in pairs, and employees are aware of where they're going).
- An unplanned disruption of the normal operations that poses a risk to the health, safety or well-being of children.

*Abuse includes:

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

**Life-threatening injury or illness is defined as an incident that is so serious that it has the potential to cause a child to die. When reporting this type of serious occurrence, the individual making the report must indicate whether the injury or illness appeared while the child was receiving care at the centre OR whether the threatening injury or illness appeared before the child came into care but was sustained/developed while the child attended the centre. In the event of a life-threatening injury, ensure that the child is taken to the hospital, accompanied by either an educator in the child's program, a member of the management team or an employee designate.

PCH is only required to notify the Program Advisor of a serious occurrence if the alleged abuse or neglect occurred while the child was receiving care at the child care centre. If anyone at the centre suspects that a child is, or may be, in need of protection, they must report this suspicion to the local children's aid society. RECEs should familiarize themselves with reporting requirements under the Child, Youth and Family Services Act, 2017, and abide by them as the failure to do so is contrary to the law and may constitute professional misconduct. For more information on the Child, Youth and Family Services Act, 2017 and the duty to report, see [Reporting Child Abuse and Neglect: It's Your Duty](#).

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

Procedure for Serious Occurrences

1. If needed, a member of the management team or an employee designated must notify the appropriate authorities immediately (fire, police, ambulance, coroner, Children's Aid). The Child Abuse Policy will also be followed if the occurrence is related to suspected child abuse.
2. In the event of a life-threatening accident, an Accident Report will be completed by the employee who witnessed or attended to the accident, documenting the occurrence. If needed, the management team will add comments to the report.
3. Within 24 hours of the serious occurrence, a member of the management team or an employee designate will fill in the Serious Occurrence Report on the Child Care Licensing System (CCLS) and submit it. Note: in the report do not use full names or other identifying factors like child's initials. Use the term "the individual" instead.
4. If CCLS cannot be accessed (for example, where CCLS or an internet connection is unavailable), the person reporting the serious occurrence will notify the Program

Advisor by email or by telephone within 24 hours of becoming aware of the occurrence. A serious occurrence report will be submitted in CCLS as soon as the system can be accessed. If the Program Advisor cannot be reached by telephone, a voicemail message will be left to notify them of the incident.

5. The online report through CCLS will generate a summary report (notification form). The summary of the serious occurrence must not include any identifying information. The management team is responsible for posting this form on-site, near the current Child Care License and Licensing Summary Chart. At PCH, the form is posted on the Family Information board, located in hallway beside the office. The form will be posted for a minimum of 10 business days from the date of the occurrence, or the date of the last update. When a serious occurrence involves a serious complaint or allegation of abuse, the Notification Form will be posted after an investigation has taken place.
6. All updates to serious occurrences will be reported in CCLS through update reports until the serious occurrence has been closed by the Ministry of Education. Where the Ministry of Education requests updates to a serious occurrence in CCLS, these will be provided as soon as possible through update reports.
7. The management team is also responsible for informing the members of the Board of Directors regarding any serious occurrences, and for providing the Ministry of Education with any requested updates regarding serious occurrences.
8. PCH employees are not to speak to the media and must refer all questions regarding the serious occurrence to the Board of Directors.
9. Any employee interviewed by the police must always have the Supervisor or Director and a member of the Board of Directors present during the interview. The police officer's name, badge number and division name/number should be recorded.
10. The management team must also notify the TDSB of any serious occurrences related to a death of a child or life-threatening injury or illness that take place on TDSB property.
11. Serious occurrences reported to the Ministry of Education will be documented by a member of the PCH management team in the daily written record, located in the PCH office.

Protocol for Unsupervised Child

1. The educator must inform the management team or employee designate (if management is offsite) as soon as they become aware that a child in their care was left unsupervised for more than 60 seconds.
2. After speaking with the management team or the employee designate, one of the child's educators will inform the family of the incident.
3. One of the child's educators must document the details of the incident.
4. The management team or employee designate will follow the protocols for submitting a serious occurrence.
5. A meeting with the management team and the child's educators will be held to discuss the incident and create an action plan to minimize the risk of the incident occurring again.

6. Any protocols required for monitoring compliance and contraventions will be followed by the Supervisor.

Protocol for Missing Child

The management team or employee designate will:

1. Alert all staff, volunteers and students at the centre that a child is missing.
 - If during school hours, alert the school's Principal and/or administrative team that a child is missing.
2. Immediately search the entire child care premises, including outdoor play areas such as playgrounds.
3. Have a member of the management team or employee designate immediately alert the child's family (in case parents have additional information about the child's whereabouts).
4. Call 911.

Additional Notes

The serious occurrence categories in CCLS are:

1. Death of a Child.
2. Allegation of Abuse and/or Neglect.
3. Life-threatening Injury or Illness (life-threatening injury or illness is defined as an incident that is capable of causing death)
 - Injury.
 - Illness.
4. Missing or Unsupervised Child(ren).
 - A child was found.
 - The child is still missing.
5. Unplanned Disruption of Normal Operations.
 - Fire.
 - Flood.
 - Gas Leak.
 - Detection of Carbon Monoxide.
 - Outbreak.
 - Lockdown.
 - Other Emergency Relocation or Temporary Closure.
 - Public Health Ordered Closure.

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

Training Plan

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

5.27 Sleep Supervision Policy

- A rest period is provided for toddler and preschool programs in the early afternoon to ensure that children have adequate rest and energy to pursue their interests and play for the remainder of the day. The rest period is no more than 2 hours in duration. Any children who do not nap, or wake early from their nap, are invited to participate in quiet activities in a designated area of the room.
- All cots will be labeled with the individual child's name and will be cleaned and disinfected on a regular basis and when needed. Sheets are laundered on a weekly basis and when needed.
- A blanket and/or soft sleep toy (ex. stuffie or comfort item) can be provided by the child's family if needed.
- Any child in a kindergarten program who indicates that they want to rest or engage in quiet activities will be provided the opportunity to do so by the program educators.
- Families can provide written instructions for any special requirements regarding rest, and can also provide written recommendations from their child's practitioner for placement of the child for resting, other resting needs, etc.
- For sleeping children in the toddler program, an educator must periodically perform direct visual checks (walking throughout the room every 30 minutes), being physically present beside the child and looking for indicators of distress or unusual behaviours. Direct visual checks will be documented on the toddler program's sleep chart after each check is performed. While performing direct visual checks, educators will ensure that there is sufficient light in the room to effectively observe the children.
- Any observance of significant changes in a child's sleeping patterns or behaviours during sleep will be communicated by a program educator to the child's family on the day of the observance.
- Adjustments made in accordance with the observations of the educator and any family feedback regarding the observations will be implemented. The family feedback, and any other rest requests will be documented on the program's sleep chart and in the child's file.

5.28 Smoke Free Environment

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

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

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

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

5.29 Strike Policy

In the event that the Toronto District School Board (TDSB) or associated unions call a strike and Pape School is allowed to remain open, PCH will continue to operate based on the direction given from the Ministry of Education and the TDSB. The number of programs in operation during a strike will be determined by staff availability and ratio requirements.

If JK/SK or school age programs are in operation during the strike, the daily summer program fee will be charged for this duration to support extra staffing and programming requirements.

In the event that Pape Avenue Jr. Public School closes as a result of a strike, or PCH is not allowed to operate some or all programs, families with children in the closed program(s) will receive a refund as of the 4th day of the strike until the strike is over.

5.30 Suspension/Withdrawal from PCH

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

- There are outstanding fees owing.
- We are not able to accommodate the child's needs within our centre.
- The child poses a serious threat to other children and/or employees.
- Families fail to comply with the centre's policies.
- Families fail to comply with an individual or family contract (refer to the Inclusion Policy).

If the child's needs cannot be accommodated, the child poses a serious threat to others, or a family fails to comply with an individual or family contract, the following steps will be taken before a decision is made to suspend/withdraw the child:

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

5.31 Waitlist Policy

It is often the case that the demand for spaces at PCH is greater than the number of spaces available. Accordingly, we have established a waitlist for families desiring to have their child(ren) attend PCH. This waitlist is intended to fairly allocate the resources at PCH in accordance with the needs of children, and the policies and needs/concerns of PCH.

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

Waitlist Fee

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

PCH Tours

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

Placement

A waitlist application must be completed and submitted in order to be placed on the list. Upon completing the application, the person who completed the form should receive an email confirming that the application was received. Families can call or email the management team to confirm that their application was received (if they happen to not receive a confirmation email).

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

If a family accepts a space and then subsequently declines that space, the family will be charged a \$200 non-base administrative fee, per child.

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

If a family declines a space offer and requests removal from the waitlist, they must submit a new application to rejoin the waitlist later. This requirement does not apply if a child was previously enrolled at PCH and withdrawn due to space limitations.

Priority Placement

Subject to suitability, if and when a space becomes available for a particular age category, applicants will be selected based on their original application dates within each of the following groups, starting with ‘Group 1’ and continuing through the subsequent groups if necessary. If

there is more than one child with equal priority within the relevant group, a lottery will be held to determine who will receive that spot.

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

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

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

Group 4 - Others.

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

Suitability

A balanced program is important to PCH, and the children in our care. On occasion, selection for PCH programs may be made out of sequence based on reasonable considerations undertaken by PCH in determining entitlement and priority for placement in any available space at PCH. This suitability factor is at the sole discretion of PCH.

Position on Waitlist

Families can contact the Management Team via phone or email to check their waitlist status at any time. However, we recommend following up in the spring (May-June) of their desired start year, as this is when we begin planning for our major intake period (typically from July to September). During this time, we can provide better information about potential openings.

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

Note: most new children to PCH will enter into the program when they are 18-20 months old, as spaces in the toddler program are typically most available. Children must be at least 18 months of age to start at PCH, must be walking independently, and have a level of comfortability going up and down stairs with assistance.

School Age Years

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

TDSB Out-of-Area Admissions Policy

Please be aware that families who live outside of the Pape School catchment area are not guaranteed a spot at Pape School after aging out of PCH. Please refer to the TDSB out of area admissions policy [here](#) for more information.