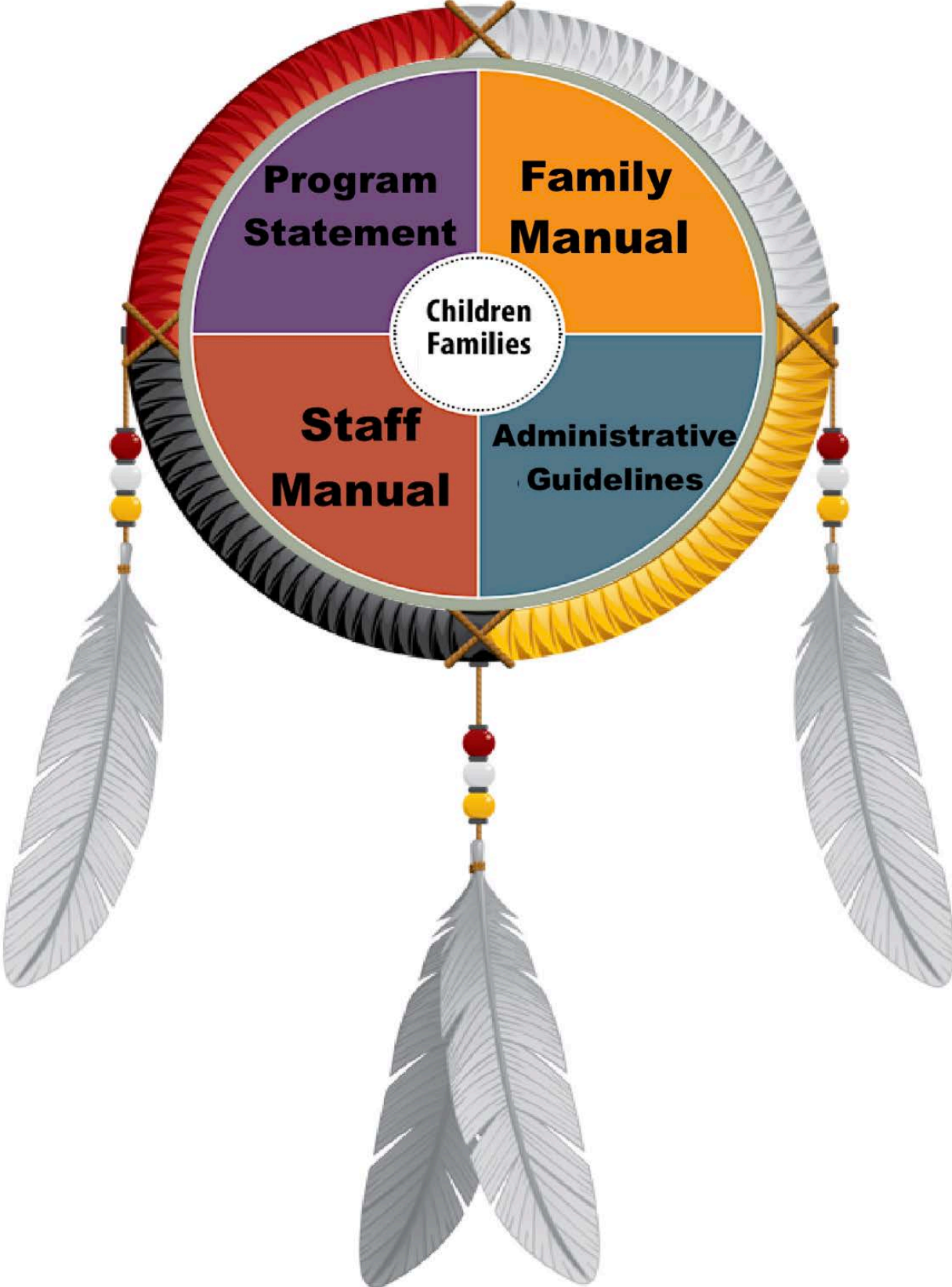


Ekwaamjigenang Children's Centre Program Manual





Ekwaamjigenang Children's Centre Program Statement

Nimajii-toomin Maamwi

"We are on this journey together" as we work together to nurture, teach, guide, empower, inspire, protect, and interact with the children, your children, our Ekwaamjigenang, "Our Children, Our Sacred Gifts".

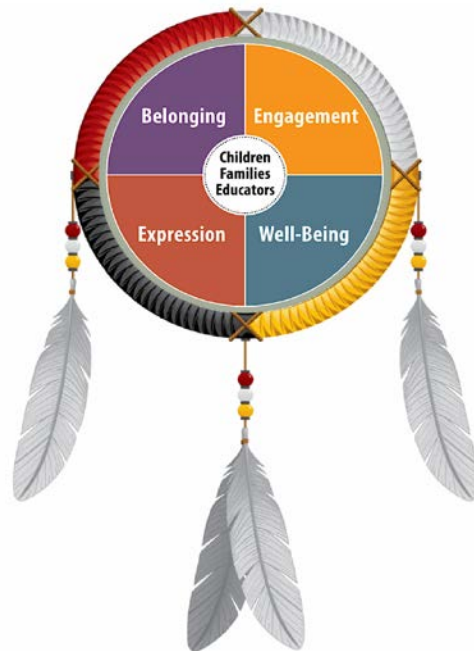
This Program Statement has been developed in collaboration with families, staff, Ministry of Education, and the community of the Mississaugas of the New Credit First Nation. The Child Care Early Years Act, 2014 (CCEYA), How Does Learning Happen?, and the "Elect" Document. This statement and other supplementary documents are used by the administration and program staff as a tool for understanding, implementing and maintaining high quality child and family programs, supports, and services. All policies are reviewed annually by Chief and Council and families are welcome to offer their suggestions and any proposed changes.

Ekwaamjigenang is Ojibwe for "Our Children, Our Sacred Gifts". Children are one of the many sacred gifts "Gitchi Manitou", the Creator, has given to us to be responsible for. We believe our children are our sacred gifts and the goal of Ekwaamjigenang Children's Centre is to create a comfortable home away from home where children feel welcomed, loved, respected, nurtured and safe.

We believe in the potential of every child, the value of play, and the importance of attachment, in the development and well-being of children. We use the "pedagogy of learning for the early years" as our learning resource guide. The "How Does Learning Happen" pedagogy is organized around belonging, well-being, engagement, and expression as the foundation for children's growth and learning.

Children and families are at the centre of all circles and we not only recognize, honour, and support the attachment of children to their primary caregivers but, also, include them in the creation of an environment and program that is rich in inspiration and possibilities.

The Aboriginal Language and Cultural Pedagogy is primarily based on the Ojibwe culture/tradition and balanced with respecting and including all cultures of the children enrolled in the program. At Ekwaamjigenang we include the Ojibwe language, cultural traditions, and a healthy relationship with the Earth, in the lives of the children in our care.





Ekwaamjigenang Children's Centre Program Statement

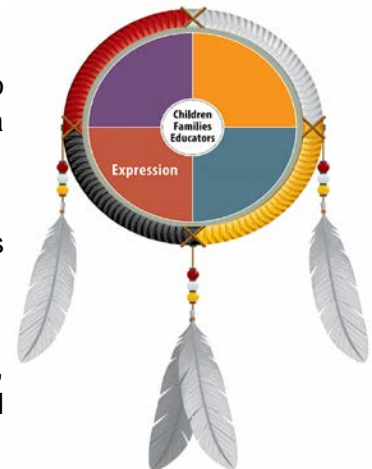
Ekwaamjigenang's Program Goals

Our goal is to provide a quality, research-based program through:

- **EMERGENT CURRICULUM:** creating an environment and activities that build on children's interests, life experiences, skill levels and potential.
- **ATTACHMENT-BASED THEORY:** helping children stay connected with their primary caregiver(s) throughout the day, to community, and to the Earth.
- **ELECT FRAMEWORK:** using Early Learning for Every Child Today to help us observe and plan for each child's developmental needs.
- **PEDAGOGY:** incorporating Ontario's pedagogy for the Early Years (How Learning Happens) to help children develop a sense of belonging, their sense of self, their health and well-being, and to support continuous professional learning for the staff.
- **OJIBWE CULTURE:** keeping children and family at the centre of all circles and engaging the children in the Ojibwe language, traditions, and relationship with the Earth.



- Activities are initiated and enhanced to encourage, expand on, and develop healthy individual, peer, adult-child, and group interactions.
 - Interactions, activities, and the environment create/support the attachment to primary caregivers, to community (local to world-wide), and to the Earth, strengthening the children's sense of belonging, identity, and security.
 - Family and community members are invited to join us at the centre and to share their Wisdom and skills with the children.
- Children are provided the opportunities and encouragement to express themselves physically, verbally, and creatively in a healthy and safe manner.
 - Children's unique perspectives, intentions, actions and thoughts are respected and supported through listening and guidance.
 - The Native Teachings of "Wisdom, Love, Respect, Honesty, Humility, Bravery, and Truth" are the basis of our interactions and are used to teach and guide.



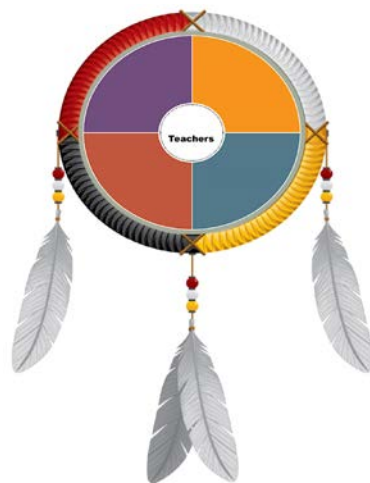
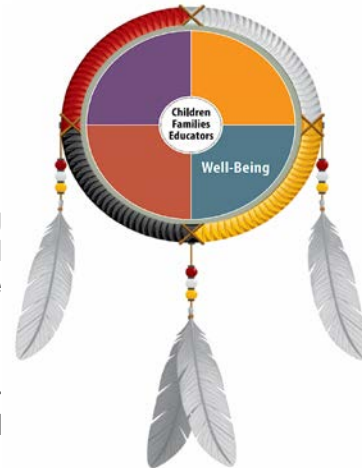


Ekwaamjigenang Children's Centre Program Statement



- The environment, resources, and activities are adapted to inspire curiosity, creative thinking and expressing, exploration, and play.
- We believe that every child is capable and rich in potential. We strive to help each child build a strong foundation for their life journey.
- We respect and support every child's unique way of engaging with the world.

- We care for and support the children's social, physical, intellectual, emotional and spiritual well-being.
- We encourage and assist manageable risk-taking (physically and emotionally), helping the children learn and grow and to develop resiliency, self-regulation and a positive self-esteem.
- We provide a balance of indoor/outdoor, active/quiet, child-lead/teacher-lead, and independent/adult-supported activities.



- Staff participate in training throughout the year, reflect on their programs and interactions, research current information on early childhood and children's interests and share information and observations with co-workers and families.
- Observations and documentation are reviewed regularly by Supervising Staff and discussed, both formally and informally.
- Staff review and sign the Program Statement and Staff Handbook on a yearly basis.

This Program Statement is reviewed and signed yearly by Staff & Chief and Council



Ekwaamjigenang Children's Centre Program Statement

Implementation Policy

We identify, respect, support and enhance the development of each child in our care.

SPIRITUAL DEVELOPMENT:



- We role-model and encourage children to interact and communicate in a positive manner, using the 7 Teachings of Wisdom, Love, Respect, Honesty, Humility, Bravery, and Truth.
 - Nimajii-toomin maamwi: “We are on this journey together” and we support children in their development of self-regulation skills and self-awareness.
- We provide a balance of child-initiated, adult-supported and adult-lead experiences, supporting individual learning styles and needs, while maintaining a strong adult-oriented relationship that contributes to the feelings of security and interdependence.
 - We foster the engagement of and ongoing communication with families about the program and their children: the sharing of information with families, learning from them and with them, is vital to the development of a program that meets each child's needs for growth, learning, and well-being. Nimajii-toomin maamwi. We have an open-door policy and are available at any time to discuss concerns or just chat about the program, children's needs, and/or our role within the community.
 - We invite and involve local community partners in the process of supporting the children, the families, and staff, during celebrations that are hosted by community members, and to volunteer in our program or be special guests sharing Wisdom and skills; we, also, take the children on field trips into the community to enhance their learning about their world and to include families and community members in the teaching/guiding of the children. Nimajii-toomin maamwi.
 - We include the Ojibwe language and culture in the program, on a daily basis, connecting children to family, community, culture, and the Earth.



Ekwaamjigenang Children's Centre Program Statement

MENTAL DEVELOPMENT:



- We foster the children's exploration, play and inquiry through the inclusion of natural items, multiple-use materials, and emergent curriculum, expanding on their interests, abilities, and discoveries, and through observing and being involved in the process.
- We plan for and create positive learning environments and experience in which each child's learning and development will be supported, based on their individual skills and interests; we believe that children need to be having fun, be interested and be engaged; observations of

each child and input from families help to tailor experiences to best meet their needs.

- We believe that every child is rich in potential and follows their own path of learning. Our role is to support this journey, providing the opportunities to explore, become competent, and expand their skills and knowledge at their own pace.

PHYSICAL DEVELOPMENT:



- We promote the health, safety, nutrition and well-being of the children by following the Health and Safety Standards of Health Canada, including meals and snacks that follow Canada's Food Guide as well as the inclusion of traditional foods. Meal plans are posted each week and individual meals are adapted to meet the special needs identified by families.
- We provide a balance of indoor and outdoor play, as well as active play and rest and quiet times, while giving consideration to the

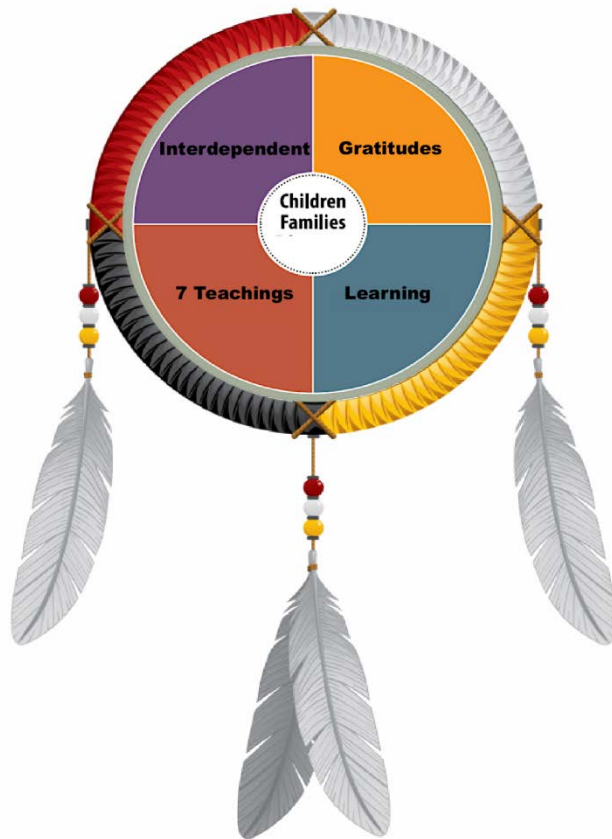
individual needs of the children; balance is one of the key elements of a quality program, providing children with a variety of experiences and the skills to benefit from and to self-manage in each situation.



Ekwaamjigenang Children's Centre Philosophy

Children and families are at the centre of all circles, interconnected with all things. The wellness of the children and families indicates the wellness of the community.

As part of the Mississaugas of the New Credit First Nation community, we believe in supporting the wellness and the interconnectedness of children, family, community, and the Earth. On this journey, we support the development and understanding of: Interdependence, Gratuities, the 7 Teachings, and Learning.



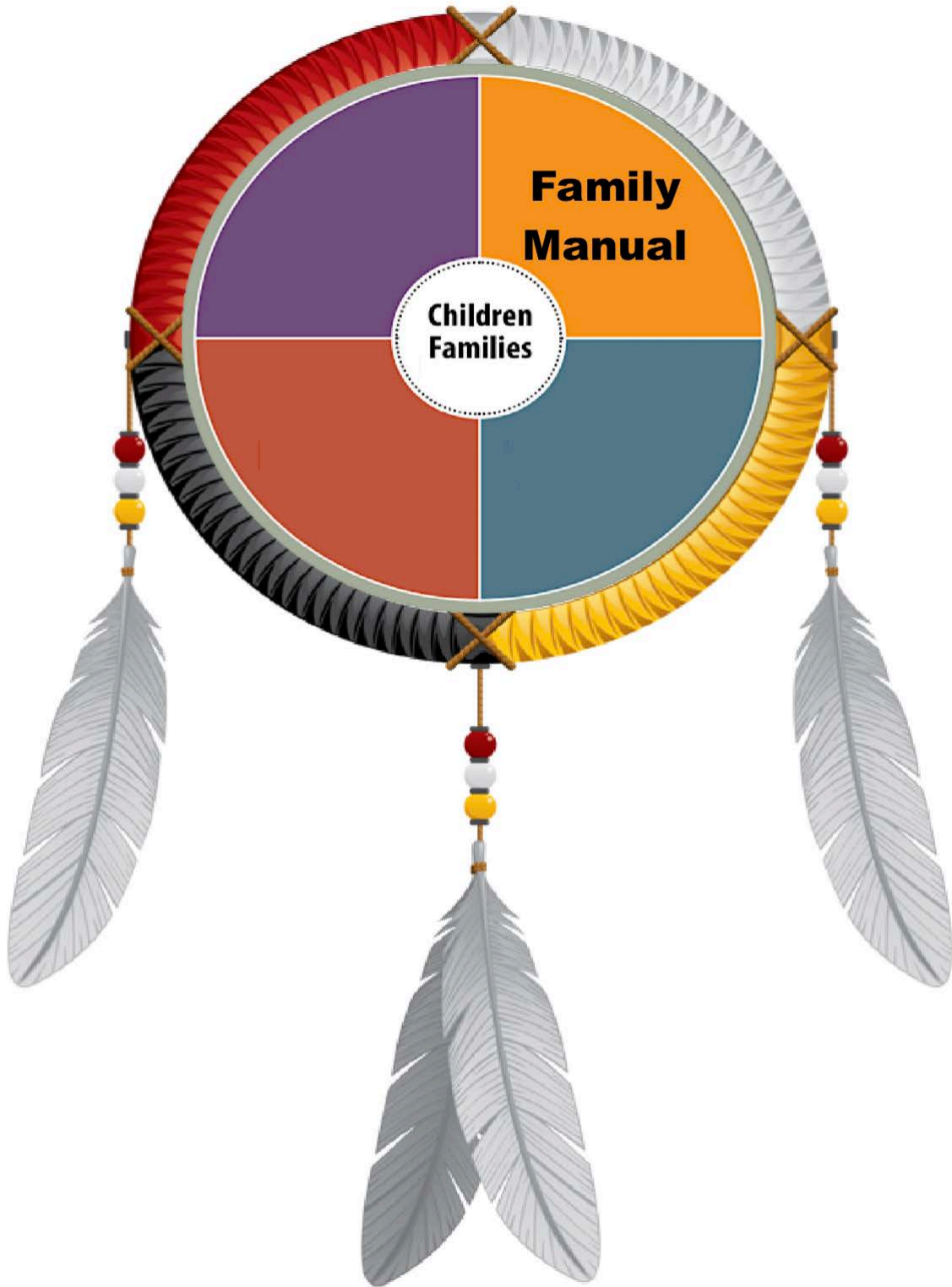
We believe that community, local to world-wide, is about interdependence and connectedness, and we support working together with others and with nature, supporting each other and our environment, and respecting the impact we have on all things.

We honour all things through gratitude, being grateful for everything, every action, every relationship, and every life lesson.

We use the 7 Teachings of Wisdom, Love, Respect, Honesty, Humility, Bravery, and Truth to guide us with our interactions, role-modelling, and teaching.

We believe that learning happens through experiences – exploring, interacting, and relating with others and our environment.

*Nimajii-toomin Maamwi: We are on this journey together.
Miigwech*





Ekwaamjigenang Children's Centre Family Manual

Our Program Manual

1. Program Statement: Centre Goals & Philosophies
2. Family Manual: Our Partnership With Families
3. Staff Manual: Staff Requirements and Procedures
4. Administrative Guidelines

Nimajii-toomin Maamwi

"We are on this journey together" as we work together to nurture, teach, guide, empower, inspire, protect, and interact with the children, your children, our Ekwaamjigenang, "Our Children, Our Sacred Gifts".

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Our Team

Title	Name	CECE Registration # or Qualifications	Years of Experience
Supervisor	Patti Barber RECE	03541	29
Assistant Supervisor	Elisa Machida RECE	28595	28
RECE	Jimi Green RECE Kris Kerfont RECE Shannon King RECE Greg Montour RECE Bonnie Smith RECE Melissa Carter RECE Terri Jo Johnson RECE Geeg Hill RECE	16746 03545 03547 03422 05455 05457 03544 50243	22 28 15 21 14 14 14 2
Child Care Assistant	Shelby Riddell RECE	45000	3
Ojibwe Language Instructor	Tena Sault	Native Language Instructors Diploma	23
Cook	Kathie Thompkins	Food Handler Safety Program Knowledgeable about Canada's Food Guide	14

Resource Consultant:

Ashley Lessard, RECE, is contracted with Lansdowne Children's Centre through their Early Integration Program <http://www.lansdownecentre.ca/>. She is a member in good standing of the College of ECE and has completed a post-secondary program of studies that is both theoretical and practical in relation to the children with special needs.

Volunteers and Students on Training Placements:

- Students must be a minimum of 14 years of age.
- Supervision: RECE's and Child Care Assistants working in any classroom must ensure that students (on placement and under 18 years of age) are supervised by ECC staff at all times.
- Behaviour Guidance: Students may guide and direct children's behaviour; classroom staff will closely monitor when this occurs. Each student will have a "Guidance and Discipline Monitor" completed by classroom staff.

Screening

All staff, students and volunteers undergo a health assessment, have up to date immunizations, and a clear vulnerable sector check as per provincial legislation. As per the Child Care and Early Years Act, all persons providing services to the children at the centre, shall provide, prior to working with the children, an offence declaration or an attestation from the person's employer that the person has completed a vulnerable sector check, which has been completed in the last five years and show no convictions. This declaration/attestation is required on a yearly basis, within 15 days of the anniversary date.

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Our Child Care Hours

Weekly: Our doors are open Monday to Friday, from 7:30 AM – 5:00 PM.

Part-time: Part-time care is available for 2.5 days per week (or less) or 5 mornings (7:30 to after lunch meal, (12:00 for infants and toddlers, 12:15 for preschoolers, and 12:30 for the JK group) or 5 afternoons (12:30 – 5:00PM).

- If a family wishes to change from full-time to part-time or part-time to full-time, an authorization for Parent Fee Change Form (see Administrative Guidelines) is to be completed. Please note that there is not a guarantee that a full-time space will be available, once a family changes to part-time.

Closures

Honouring community events and celebrations, the centre is closed for the following:

Statutory Holidays: New Years Day, Family Day, Good Friday, Victoria Day, Aboriginal Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving Day, Christmas Day, Boxing Day

Christmas-New Years Break

Other Closures:

Staff Training: Our staff participate in 8 professional development days per year, to develop their skills and learn the latest research, in order to further enhance the quality care at our centre.

Weather: In emergency cases such as weather conditions, water or sewer problems, loss of heat/power, the Centre may have to close and the emergency closure will be implemented as follows: The centre staff will: 1) Contact parent's work, cell or school phone number. If no one can be reached within 15 minutes then, 2) Contact emergency contacts (three contacts are required on emergency list).

Lock-down Situations: See Administration Guidelines under CODE BLUE Procedure.

Other: Notice of any other closures of the Centre as per Chief and Band Council Resolution, will (if at all possible) be posted at least 24 hours in advance.

Note: *Fees are NOT charged for statutory holidays, professional development days, bereavement or the closure period between Christmas and New Years and closures due to weather.*

Fees

Due Dates: To help families avoid becoming in arrears, parent fees are due in full prior to the start of the month that is April fees are due by the end of March and so on.

Arrears: All families will follow the **MNCFN Arrears Policy**, in regards to child care services and payment of fees.

As per MNCFN Arrears Policy, *If full payment has not been made by the first of the month of childcare, your childcare services will be suspended. Late payment must be paid

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in full within the first ten business days of the month. Failure to do so will result in childcare services being terminated and the account placed on hold.

Payments: Fees can be paid by debit, cash, cheque, money order or online bill payment through your financial institution. A receipt is issued upon all payments made. For income tax purposes a letter stating the total amount of parent fees paid will be made available upon request. NSF fees will be charged according to the MNCFN Arrears Policy.

Invoices: Invoices are issued on the 1st of the month. An invoice is a document that states the amount owing for the following month.

Statements: Statements are issued on the 15th of the month. A Statement reflects payments and adjustments made up the 15th of the current month.

Holidays: Fees are NOT charged for statutory holidays, professional development days, or the shut down period between Christmas and New Years.

Fee Rates:

Fee Schedule	Full Day Service 5 Days/Week	Part Time Service 2.5 days per week or 5 sessions
Infant Toddlers Preschool, Jr. Kindergarten	\$10.00 /day \$50.00/week	\$6.00/day \$30.00/week

Age Groups & Enrolment

To best meet the needs of the children, we provide personalized, age-appropriate care for four different age groups: infant, toddler, preschool, and junior kindergarten.

Age Group Room Capacity: Following the guidelines of the Child Care and Early Childhood Act, we are able to support the following numbers in each group:

Our Programs	Age Range	Our Capacity	Staff to Child Ratio
<i>Infants</i>	3-18 months	6	1:3
<i>Toddlers</i>	18-30 months	15	1:5
<i>Preschoolers</i>	30-44 months	32	1:8
<i>Junior Kindergarten</i>	42-60 months	12	1:13

Transitioning To New Groups

As children develop, their needs change, their abilities change, and their environmental needs change. To support this, we use the following to determine when a child will change groups: Children usually transition to the next group when:

- The child reaches the ages listed above
- Are developmentally ready to move up according to our “Ages & Stages”
- Spaces are available
- A Transition Move Up Schedule will be provided to parents (See Admin Guidelines).

Ekwaamjigenang Children's Centre Family Manual

Families are the “primary caregivers” and we work together to support the children and help them build a strong foundation.

Our Service Process

Waiting List

The Waiting List Application form is available on the website:

<http://www.newcreditfirstnation.com/ekwaamjigenang-centre.html>. There is no waiting list fee and the priority/placement criteria is listed below.

Enrollment and Waiting List Eligibility Criteria and Procedure

Children are placed on the waiting list and given a priority listing based on the following eligibility and requirements as well as the date and time of the waiting list application submission.

Priority	Requirements	Parents are
A	Child has New Credit Status or is eligible for New Credit Status. Must complete a Waiting List Application Form, eligibility for status verified by Lands/Membership Department.	Working, in training, enrolled with an Educational Institute (must provide proof) or be on maternity/paternity leave.
B	Child has New Credit Status or is eligible for New Credit Status. Must complete a Waiting List Application Form, eligibility for status verified by Lands/Membership Department.	Not working, must be actively seeking employment.
C	One parent is a New Credit Band Member must provide proof of status. Must complete a Waiting List Application Form	Working, in training, enrolled with an Educational Institute (must provide proof) or be on maternity/paternity leave.
D	One parent is a New Credit Band Member Must complete a Waiting List Application Form	Not working, must be actively seeking employment.
E	Mississaugas of the New Credit First Nation Staff Member Must complete a Waiting List Application Form *Enrollment is contractual	Applicant must be employed as an MNCFN permanent staff.
F	Other First Nation Children Must provide proof of child's status Must complete a Waiting List Application Form *Enrollment is contractual.	Working, in training, enrolled with an educational institute or on maternity leave (must provide proof).
G	Other First Nation Parents (children do not have status) Must provide proof of parent's status Must complete a Waiting List Application Form *Enrollment is contractual	Working, in training, enrolled with an educational institute or on maternity leave.

Ekwaamjigenang Children's Centre Family Manual

H	Other First Nation Children Must complete a Waiting List Application Form *Enrollment is contractual	Not working
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All Waiting List Application Forms will be date and time stamped and initialed by both the applicant and Ekwaamjigenang office staff or designate.

Children are placed on the waiting list first by the priority number and then by the date or time of the waiting list application forms received by Ekwaamjigenang.

Priority may be given to children, if ordered by a Court, Children's Aid Society, or supporting documentation from another outside agency requesting that a child be placed in a child care setting.

*Children enrolling under priority E, F, G, or H will be enrolled on a contractual basis. Should there be a priority A,B,C, or D who submits their name on the waiting list, then a two week notice is given to enrollment criteria E, F, G and H for termination.

When a child is next on the list, the family will be contacted. When asked, families will be notified where their child is on the current priority list, which may change at any time based on the priority criteria above.

Orientation

We recognize the importance of “getting to know us” before leaving your children in our care. To facilitate this, prior to your child's enrollment, you are invited to visit the centre and have a tour of the Centre. You will be introduced to staff, have the opportunity to observe routines, activities and interactions between staff and children.

We will provide you with an orientation package, which you can complete at home, at your convenience. When you have the orientation package completed (and/or if you have questions) we will meet again at the centre to complete the enrollment process for your child.

During the orientation, we will spend some time in the classroom, chat with the classroom teacher(s) and have some family photos taken. These interactions and photos help your child feel comfortable at the centre. Seeing their family members chatting and smiling with staff helps the children feel comfortable and safe with their gekinoo'amaaged, their teacher, and the photos help with any separation anxiety they may experience, helping them feel connected with you, during your absence.

Admission/ Enrolment

Family-Child Participation: For the first little while, you are encouraged to stay with your child at the beginning of the day in order to reassure him/her and to minimize fears until you and your child become more comfortable and to help build the rapport between family and staff, a key element to the child forming an attachment to their gekinoo'amaaged, teacher. You may stay in the classroom for part of the day, leave the room but stay at the centre, and slowly work up to leaving your child in our care.

Immunizations: Parents/guardians are required under the Child Care and Early Years Act (CCEYA), prior to your child starting, to provide an up to date immunization record. Under the CCEYA parents are to also keep the following information up to date: immunizations, change of address, phone numbers, emergency contacts, authorized persons to pick up child(ren), court

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orders, and any changes to allergies and any medical conditions.

Withdrawal / Service Termination

Termination by Families:

If/when you are withdrawing your child from the centre, on a permanent basis, we require written notice, two weeks in advance. (Note: Fees will be charged for two full weeks following notification, if the written notice is not provided. Also, a permanent space cannot be guaranteed if you wish to temporarily withdraw your child. Your child will be placed on the waiting list.)

Termination by Centre:

Ekwaamjigenang Children's Centre will terminate or suspend services when policies are not followed, fees are not paid, or if parents have an outstanding arrears account with the MNCFN and no arrangements have been made (i.e. parent fees, housing loan, education, etc.), according to the established Arrears Policy of the MNCFN. If a child has not attended for one week and no contact has been made by parents to inform us of the absence, the centre will call the parent once to remind them of the policy. Should it happen a second time where the child has not attended and the parent has made no contact with the centre your child will automatically be withdrawn from the program and full program fees will be charged for a two-week period. The child may be placed on the waiting list for a future spot.

Temporary Care: Parents who enrol children under waiting list criteria E,F,G and H must sign and agree to temporary care under a contractual Termination Agreement (see Administrative Guidelines) whereby two weeks notice for termination is given.

Children learn through play, exploring their world, experimenting, practicing, learning to solve problems, getting along with others, and expanding their social, physical, intellectual, creativity, communication, emotional and spiritual development.

Daily Routines

Arrival /Departure

Parking: A drop-off area is provided for cars, however if you anticipate staying at the Centre for any length of time, kindly park at the back of the parking lot.

Safety: To increase the safety for your children and others, please ensure all safety precautions are met, i.e.) keys not in ignition, cars not left idling (as exhaust fumes enter the building) etc.

Accessible Parking: Please acknowledge the handicap parking spot and refrain from using it except for emergencies.

Car Seats: Upon arrival, if staff or another parent notices that a child is not in a car seat, the family member will be informed that they are in violation of the Ministry of

Ekwaamjigenang Children's Centre Family Manual

Transportation Regulations.

No child is to be left unattended in a vehicle.

Routine: Young children depend on regular routines for their sense of security. Arrival and departure times are opportunities to communicate briefly with teachers and/or the Supervisor/Assistant Supervisor and to arrange for interviews if you require additional time or privacy. We recommend that you establish fixed hours to pick up and drop off your child.

Supervision: *Please ensure children are under your supervision while in the centre to pick up or drop off.* When your child arrives, notify a staff member as to your child's presence. You will be asked a series of questions as to your child's well being.

Early Arrival: Due to lower numbers early in the morning and later in the afternoon, children (except infants) may begin and end their day in the Gathering Room. In the morning, at 8:20 AM, the children move to their group's activity room. In the afternoon, after 4:00, when numbers diminish, the children (except infants) again may come together in the Gathering Room.

Absence: If your child will not be attending, please call the Centre to inform us of their absence. The Children's Centre encourages all parents to bring their child to the Centre by 9:30 a.m. All children who are enrolled for education and enrichment and who have a capable, non-working family member/primary caregiver at home are encouraged to pick up their child at 3:30 p.m. in order to assist us with maintaining staff to child ratios.

Communication: Arrival and departure times are ideal times for staff and families to share information. If these times are inconvenient for families, then other arrangements can be made. Upon arrival, families will be asked about the child's night/morning, to gather information that may be used for the emergent curriculum as well as things that might influence the child's well-being for the day.

Health Check: Upon arrival, children are to wash their hands, with soap, and a daily observation is made of each child, before the child begins to associate with other children, in order to detect possible symptoms of ill health. Families will be asked to take their children home if there are any signs of a communicable disease.

Fire Drills: Should family members be at the centre when a fire drill is conducted, they are to follow the posted evacuation plan and exit the building accordingly. If families arrive during a fire drill, family members must remain with their child until the child is added to the attendance or the fire drill is over.

Communication (End of Day): When picking up your child, enter the building and make sure that a staff person is aware that you are leaving (please refrain from using the playground gates).

- When children are picked up, positive information of some of the activities that the child has been involved with during the day will be shared with the family.
- Accident/incident forms will be shared and copied for the parent/guardian. If someone authorized other than the parent/guardian picks up the child that day then a copy of the accident/incident form will be sent home in a sealed envelope for the parent/guardian.

Consent: Unless otherwise arranged, children will not be released to any person other than those specified on the enrollment form.

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- Any changes to be made to the emergency and authorized pick up people must be done in writing on the current emergency contact form and initialed by parents.
 - Families are required to inform the staff of any person not on the emergency contact list who will be picking up their child. This must be done in person, or can be done by phone (in certain circumstances you may have to provide your family security password).
 - Family Identification: Staff may ask for identification to ensure that the people picking up a child are authorized.
 - Court Orders: Should there be a court order or CAS directive such can be filed with the office for legal restrictions to be followed.
 - As per the Child Care and Early Years Act: no parent will be denied access to his/her child except if the staff member believes on reasonable grounds that the parent does not have a legal right of access to the child or that the parent is behaving in a disruptive manner and/or could be dangerous to the children at the premises.

Late Pick-Up: Children become anxious when families are late; therefore all children are to be picked up by 5:00 p.m.

- Parents or authorized people arriving after 5:00 p.m. to pick children up will be asked to fill out a Parent Fee Change Form and state the reason of the lateness. A late fee of \$15.00 may be charged to the parent's account if in the absence of a reasonable explanation.
- After Hours: If by 5:05 p.m. children are still at the Centre, staff will call the parents first and then proceed to call emergency contacts. **Staff are required to contact Brant Family and Children's Services at 1-888-753-8681 when children are still at the centre and contact was not made with the parents or emergency contacts and no one has called or arrived after 60 minutes.**

Impairment: Children at the Centre will not be released if the Supervisor (or designate) has reasonable grounds to suspect that any person picking up children may be under the influence of drugs or alcohol. Alternate or emergency pick up person will be notified to pick up your child, as we are not in a position to judge the level of impairment.

Activity Rooms

Age Groups: Each age group has a separate activity room.

Materials: A variety of play materials, resources, and exploration items are available for children of all ages and skill levels. Open-ended materials that can be used in several different ways, invite children to explore, to use creative thinking skills and expression, to interact with others, and to learn through play.

Nature: Natural items are found in every activity room, bringing nature indoors and helping to create a soothing environment and one that encourages understanding and respect of the Earth.

Lighting: The windows in each activity room provide natural lighting for the room as well as an opportunity for children to observe nature "in action".

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Photos: Cameras are available for staff to document activities throughout the day. The photos become a component of the observations used to develop/enhance programming as well as a way to reconnect children to families during their absence and to keep families informed about what is happening at the centre.

Family Involvement: Families are welcome to stay (or drop in) and join us for some play and discovery time, as well as contribute to the activity planning process.

Staff Interactions: Staff use gentle voices, non-judgemental phrases, and direct eye contact when interacting with children. They are aware of all the children in the room and their individual needs.

Sleep/Rest Time

Staff Ratio: Staff ratio will be reduced during sleep time, as children are not active during this time. This does not apply for children under the age of 18 months.

Sleep time: Sleep time does not exceed 2 hours in length. Some older children, with family consent, do not require sleep in the afternoon and are provided with activities that provide them with a quiet time in their day. JK children are weaned from their naptime in January; quiet time will be provided.

Beds: Cribs are provided for the infants and cots are provided for the older children. The centre also provides the bedding; families are to provide a blanket for their child.

(see *Administrative Guidelines*) *Safe Sleep and Sleep Supervision Guidelines*

Washroom Routines

Diapers: Families of infants and toddlers who are not yet toilet-trained are to provide diapers and wipes for the children.

Extra Clothing: Several changes of clothes are required for children of all ages.

Footwear: For children who are toilet training an extra pair of shoes or Crocs are recommended.

Hand-washing: All children (and staff) wash their hands after diaper/washroom routine. Staff also wear disposable gloves to prevent spread of germs.

Change Tables: Change tables and toilets are wiped with disinfectant after each washroom routine.

Interactions: Staff will support the children's independence as well as emotional well-being by making washroom routines a positive and safe experience for the child, regardless of whether or not the child is successful with the process.

Meal/Snack Routines

Meals: Each program at ECC offers two snacks and a hot lunch daily. Children's special dietary needs and allergies are posted in the kitchen and the classrooms and are checked on a daily basis by all staff and volunteers. Weekly menu plans are posted for the current and following week to assist family menu planning at home.

Food Handling: All permanent staff are trained in and safe food handling and have obtained a Food Safety Certificate.

Hand-washing: Children wash their hands before and after each snack/meal.

Staff: To promote good healthy eating habits, staff eat with the children (unless

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detrimental to their health).

Family-Style: Meal time is family-style and provides a wonderful opportunity for conversation amongst the children as well as between children and staff. Conversation provides an opportunity to learn more about the children and what they are thinking. It is a time to role-model and guide manners, patience and respect for others. Ojibwe language is also included in the meal routine (directions, requests, food names, etc.)

Canada's Food Guide: The Ekwaamjigenang Children's Centre is mandated to follow Canada's Food Guide for each child. All children will be encouraged to taste all food prepared for them unless it is detrimental to their health (allergies).

Interdependence Skills: Staff provide a mixture of interactions during meals/snack routines such as feeding the children (which strengthens feelings of security). Children are taught and encouraged to use self-help skills.

Snacks: Fruit and crackers are available for children throughout the day. Children are not limited to one serving of snack if there are additional portions available. At 4:00PM, snack (ex. cut up fruit) will be provided for the children.

Water: Individual water bottles are provided to each child and are labelled with their name and picture. Water bottles are sanitized daily.

Infants: All children under one-year of age are fed in accordance to instructions provided by the parent/guardian.

Outdoor Play

Inspections: Our play areas are inspected annually by a licensed playground inspector, monthly and seasonally by the Supervisor and/or Assistant Supervisor and daily by staff.

Time Outdoors: The children explore and play in the outdoors for a minimum of two hours each day, weather permitting. Infants, infant/toddler, and toddler groups are separated from other children during active indoor and outdoor play periods.

Activities: The children explore nature, develop self-confidence, take risks, spend time by themselves if they wish, and interact with others creating spontaneous play or engaging in organized play activities. Children learn best through play and our role is to observe, supervise, and expand on the play experiences.

Nature: We believe that connection to nature contributes to the whole child and provides opportunities to enhance children's sense of wonder and joy in the world around them.

- Connecting with nature also helps build respect for the Earth and the desire/belief in being caregivers to our planet.
- The children explore the natural environment within the playground areas as well as during nature walks in the community and other outdoor activities.

Staff Interactions: Staff engage in children's play, observe children's interactions, and encourage appropriate risk-taking along with safety precautions/awareness.

Washroom: When a preschool child is sent in from outdoors, a staff person inside the child care centre is made aware (via the walkie talkie) that a child is entering the building and meets them at the door.

Clothing & Possessions

Cubbies: Each child has a personalized cubby area to hold their extra clothing and

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possessions.

Personal Items: All personal articles must be labeled in order to assist staff in keeping track of children's belongings.

Toys (etc.) brought to the centre can be stored in the child's cubby area or brought into the activity room where they can be played with by all the children. (Note: damages may occur during group play. Special items should be kept in the cubby area or returned home after showing staff/peers.)

Clothing: Please dress your child in appropriate clothing so they may fully participate in all aspects of the program.

- Extra sets of clothing should be kept at the Centre in case of accidents.
- Indoor footwear is required as well as closed toe shoes for outdoor play.

Lost Items: *The Children's Centre staff are not responsible for lost articles. Staff will do their best to recover items.*

Field Trips and Off-Site Activities

Trips: Each program strives to arrange trips to special places of interest throughout the year.

Notification: A notice will be sent home 2 weeks (if possible) in advance of the excursion informing you of the destination, time, and date. It will also include a permission form to be signed and returned. You are always welcome and encouraged to accompany us. ECC will adhere to all current laws governing car and booster seat legislation.

Teacher/Child Ratio: When on field trips the Centre will maintain Child Care & Early Years Act ratios as follows:

Infants = 1 to 3

Toddlers = 1 to 5

Preschoolers = 1 to 8

Jr. Kindergarten = 1 to 12

Car Seats: Ekwaamjigenang requires that all children transported in the child care van are to use a properly secured (by trained car seat technician if possible) car seat or booster seat (supplied by the parents or one of the ECC car seats) as per the MTO regulations.

Weather Extremes

The Child Care and Early Years Act regulates and requires daily outdoor play for each child, weather permitting unless a physician or parent of the child advises in writing. Every effort will be made to accommodate requests, however due to constraints such as ratios, this may not be possible. In extreme weather alerts (heat or cold), called by Environment Canada, children will normally be kept indoors; they may however go out for 5 to 10 minutes for exposure to fresh air and to practice routine dressing skills.

Children are a gift, a gift to be treasured, protected, and nurtured.

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Health, Safety & Nutrition

Individualized Plans

An individualized plan will be prepared for any child that has a special plan for their health and well-being. The plan will include information about the family's responsibilities, the staff's responsibility, and any other special requirements. It will include information on what to do and what not to do. It will also include procedures that will take place if the plan is not followed. The plan will be reviewed, on a regular basis, by the family as well as all staff involved in the child's care and staff will be supported, as needed, to follow the plan as set out. *(See Administrative Guidelines for Individualized Plan Form)*

Non-compliance will result in verbal warning/direction, written notification, suspension without pay, termination, based on the policies of MNCFN and the severity of the situation and prior contraventions.

Inspections

All inspections are completed in accordance to the CCEYA licensing regulations

Sanitary Practices

- Hands (staff and children) are washed prior to eating and after toileting/diaper procedures.
- Diaper change areas are disinfected after each use.
- Individual water bottles are sanitized daily.
- Tables and chairs are wiped and disinfected as needed, before and after each meal.
- Play materials are washed and disinfected as needed.
- All infant equipment is disinfected daily and as needed.

Serious Occurrences

See Administrative Guidelines [Serious Occurrence Reporting Procedure](#)

If a Serious Occurrence takes place at the centre, a notification form will be posted at the entrance doors and will be displayed for 10 business days.

Communicable Diseases

We follow the **REPORTING AND SCHOOL ABSENTEEISM SURVEILLANCE SYSTEM PROTOCOL**, in consultation with CHN (Community Health Nurse).

All absenteeism due to illness is reported to the CHN on a weekly basis and recommendations are made by CHN in an effort to protect the children and families from further illness. Communicable disease outbreaks will be posted in the entrance area of the Children's Centre and any direction given by the CHN will be followed. Parents are offered information on the disease. Please contact the Centre if your child is absent due to illness.

The Supervisor or designate will report communicable disease or reportable illness to the CHN as soon as possible. The CHN or designate will contact the Communicable Disease Nurse, First Nations and Inuit Health Branch, Southern Ontario Region to release the

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illness data for review and recommendations.

If needed, the Regional Community Medicine Specialist will be contacted, and any recommendations communicated by the CHN to the Centre Supervisor or designate.

The CHN can make temporary recommendations when receiving ill health information.

Medical Conditions

The Child Care and Early Years Act requires that every child who is enrolled in the Centre have an up-to-date record on the child's conditions requiring medical attention and written instructions signed by a parent of the child concerning any special diet, rest or exercise requirements or restrictions. Every effort will be made to accommodate requests however due to constraints such as ratios, this may not be possible.

If a child becomes ill during the day, temporary care will be provided until you can be contacted and the child can be taken home. The child must be taken out of the Children's Centre and may return the following day if the child is able to fully participate in all the daily activities.

The Child Care and Early Years Act states that if a child has a suspected illness, and it appears that the child requires immediate medical attention, the Supervisor or designate may contact the CHN to examine the child, if available.

Allergies

Families must inform staff of any allergies a child has and an action plan will be prepared for the child in consultation with the family.

All staff members will be made aware of the allergy and strategies will be put in place to reduce the risk of exposure to the allergen as well as an Anaphylaxis Emergency Action Plan (see Administrative Guidelines) if an allergic reaction takes place.

Staff are required to review the allergy list regularly.

A notice of children's allergies will be posted in each activity room and in the kitchen.

Training for special emergency treatments will be provided for all staff.

Anaphylaxis Policy - see Administrative Guidelines

Head Lice Procedure

See Administrative Guideline on Head Lice; Facts Treatment Procedure and Verification

First Aid

All staff are trained in First Aid and CPR with an additional infant child focus.

If minor first aid is administered to a child families are informed by the staff and are provided a copy of a completed accident report.

If a child sustains an injury to their head; parents are notified immediately, it is at the parent's discretion should they wish to seek medical attention.

A first aid kit is located in each program room.

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Medication Administration

Ekwaamjigenang Children's Centre will administer only prescription drugs to children, in accordance with CCEYA. This individualized plan requires that parents provide:

- a) A completed "Medication Consent Form" which provides the Centre staff with written authorization for the administration of the medication, a schedule of times the medication is to be given, and amounts to be given. (See Administrative Guidelines).
- b) The medication is administered from the original container as supplied by the pharmacist, and that the container is clearly labeled with the child's name, the name of the medication, the dosage of the medication, the date of purchase (within 2 weeks unless otherwise authorized by Supervisor or designate) expiry date, instructions for storage and administration.
- c) Please send a medication spoon/container (with clearly visible dosage markings) with the medication as amounts can differ, (It usually comes with the medication or can be obtained from the pharmacy). All medication must be given directly to a staff person. Medication cannot to be left unattended at any time.

Whenever possible, it is best that medication is given at home. The parent/guardian is encouraged to discuss this possibility with the child's health care provider.

The first dose of any medication should always be given at home and with sufficient time before the child returns to child care, in order to observe the child's response to the medication given.

It is suggested that the parent/guardian ask the pharmacist to provide the medication in two containers, one for home and one for use in the child care centre.

The administration record must include any other pertinent information, such as symptoms, triggers and reactions to look for.

Staff must compare the Medication Consent Form with the medication container information to confirm accuracy of dosage administration.

Immunization

The Child Care and Early Years Act states that prior to admission, each child must be immunized as recommended by the local Medical Officer of Health. ECC falls under the jurisdiction of the Regional Community Medicine Specialist, First Nations & Inuit Health, Ontario Region, and Health Canada. **The recommendation for immunization purposes is to follow the revised Publicly Funded Immunization Schedule for Ontario, August 2011, Schedules 1 to 4.**

For parents enrolling their child or children in the Ekwaamjigenang Children's Centre, this means that every child must have an up-to-date immunization record on file and available at all times for inspection by a Ministry Program Advisor.

Every child enrolled in the Ekwaamjigenang Children's Centre will have a review of his/her immunization status by the MNCFN Community Health Nurse (CHN) and a copy of the immunization record will be shared with the Community Health Office.

A "Release of Information" form will be provided to the parent prior to the child's entry into ECC to assist Community Health's role in providing education, review of immunization records, and obtaining information for the ill health surveillance. If for some reason the

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child does not have an up-to-date immunization record, the immunization record will be examined, parents consulted and a decision regarding start date will be determined in consultation with the CHN.

Parents are responsible for ensuring their child's immunization is current and that ECC has an accurate copy of your child's immunization. Failure to provide an accurate immunization record will result in the suspension of services for your child. Should an outbreak of Communicable Illness occur and your child is found to be behind in immunizations or an objection in writing has been made, parents must remove their child from the Centre in order to protect their health and that of others and may return once the outbreak is cleared.

A parent has the right to object in writing to immunization on grounds that the immunization conflicts with the parents' religion or conscience, or a legally qualified medical practitioner gives medical reasons in writing to the operator as to why the child should not be immunized. If there is no documentation from the parent as to why a child is not immunized, this child may be suspended until documentation is obtained. The Government Form is available online Link:

[http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-4897-64E~1/\\$File/4897-64E.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-4897-64E~1/$File/4897-64E.pdf)

Topical Creams Application

Prescription creams must be filled out on a Medication Consent Form. Other topical creams must be documented on a Topical Cream Application Form (See Administration Guidelines)

As part of our daily routine (with parental permission) ECC sunscreen is applied to all children prior to outdoor play when UV Index warrants such; normally between the months of April to October.

If a parent wants staff to apply insect repellent, the preferred practice is to apply the sunscreen first then the repellent on top of the sunscreen. Insect repellent should have no more than 5 % deet as an ingredient and will be applied to the skin sparingly.

Should you send in your own sunscreen then the products must be in the original container, labeled with child's first and last name, a Topical Cream Application form must be completed. Any products beyond the expiry date will not be accepted.

Sick Leave

Ekwaamjigenang Children's Centre strives to minimize any outbreaks of contagious illness or diseases. To ensure this, staff conduct daily health checks and adhere to the following procedures:

- To determine if a child is to stay home due to illness, we follow the Infection Prevention Information provided by the Haldimand-Norfolk Health Unit Link: <https://hnhu.org/wp-content/uploads/Infection-Prevention-and-Control-School-Reference-Guide-web.pdf> and *Well Beings-Guide to Health in Child Care* (third edition) by the Canadian Paediatric Society As well we must report under the Health Protection and Promotion Act anything listed as a Reportable Disease (See: Administrative Guidelines).
- If we notice any out of the ordinary or unusual symptoms, we will call the family to

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discuss the situation.

Fire Policy & Procedure

Fire drills are conducted monthly in order to meet the CCEYA regulations, all groups are required to participate. Should you be in attendance when a fire drill is conducted, please note the posted evacuation plan and exit the building accordingly.

If you arrive during a fire drill procedure parents must remain with their child until the child is added to the attendance or the fire drill is over.

Fire procedure plan, which has been approved by the local fire chief, is posted in each room of the centre.

Children are not yet fully aware of or in control of their emotions and often need to use physical reactions in order to release and express the emotions – and to let adults know that something is not right.

Behaviour /Developmental Guidance

Role of Staff:

- All staff abide by the ECC Program Statement.
- Staff use a gentle voice, non-judgmental phrases, and direct eye contact during interactions. They are aware of all children and their individual needs and interact accordingly.
- Guidance: We believe in behaviour guidance vs. behaviour management *as young children benefit from an affirming approach that encourages positive interactions with other children and with adults, rather than from a negative or punitive approach to managing unwanted behaviour.*
- Children are in the process of learning about themselves, their emotions, the world around them, and interacting with others. The ability to self-regulate is still developing in young children. Our role is to support, guide, teach, listen, role-model and co-regulate. Every situation is an opportunity to teach and guide, as opposed to punish and correct.
- We help children identify their intentions and strategies to achieve these goals. We also help them cope with the disappointment of not being able to fulfill their intentions and to develop “back-up plans” and alternative goals. This builds resiliency and coping skills. We, also, help them take responsibility for their actions, through assistance with cleaning up messes, ensuring other children are okay, and problem-solving with others.
- The Gaabaagang Area (Quiet Space) is available for children who want to take a break from the activity of the room and/or from their peers. The Gaabagang area is used as a place to be by oneself for a while as well as a space to calm down, following a situation that has evoked heightened emotions. The Gaabaagang Area, although it is a place to be by oneself, is not a place of isolation and a staff member stays connected

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with the child in some manner stating “Nimajii toomin maamwi” letting the child know the educator is there for them. Staff are expected to provide encouraging supportive language and behaviour for the child (ex. telling the child they are safe, letting the child know they can handle this, provide a soothing touch). See Administrative Guidelines Principles for Gaabaagang.

- Family/Staff Communication: It is also our role to have conversations with families, sharing observations and strategies in order to better understand the child’s needs and personality and to develop interaction strategies to best help the child develop resiliency, assertiveness, self-awareness and self-regulation as well as to have a successful, enjoyable, and healthy experience at the childcare centre.
- Injurious Actions: If a child is hurting themselves, others or property; teachers may use only their hands to hold the children’s hands or feet in an action of protection and self-defence. The Supervisor (or Designate) will be notified immediately and parents will be notified upon arrival by way of a written incident report if such action has occurred. If the parent is not the pickup person, then the parent will be notified by telephone and will receive a copy of the written incident report (which will be placed in an envelope).
- Severe Aggression: When severe aggressive and/or disruptive behaviour persists (such as repeated use of foul language, biting which is age inappropriate, hitting, kicking, slapping, punching, hair pulling, scratching, destruction of property and the safety of children and/or staff is in jeopardy the child’s parents may be contacted and the child must be picked up. The child may return once outreach is established with Community Partners/Agencies (confirmed with a phone call or letter from agency) or signed parental approval given for such partnership to be created. Community Partners/Agencies include: MNCFN Health and Social Services, Contact Brant, Contact Haldimand/Norfolk, Haldimand Norfolk REACH, Woodview, Lansdowne Children’s Centre and “Tweaking Our Awesomeness”, Behaviour Consultant.

Prohibited Practices as per **Sec 48. {(0.Reg. 137/15, ss. 45(c))}**

- (a) corporal punishment of the child;
- (b) physical restraint of the child, such as confining the child to a high chair, 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 himself, herself 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 child care centre for the purpose of confining the child, or confining the 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 the child or undermine his or her self-respect, dignity or self-worth;
- (e) depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding; or
- (f) inflicting any bodily harm on children including making children eat or drink against their will.

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Failure to provide positive guidance

- Assessment of staff interactions with children, following of our program philosophy and expectations, and individual program plans will take place on a regular basis. *(See Administrative Guidelines for Staff Compliance)*
- If a staff member uses a prohibited practice, he/she will be held accountable, following the regulations of the Child and Family Services Act, Child Care & Early Years Act, and the College of Early Childhood Educators Act; and disciplinary actions will occur in accordance to MNCFN Organizational Policies and Procedures *(See Administrative Guidelines for Disciplinary Action Procedures)*
- *MNCFN disciplinary procedures are as follows: verbal warning, written warning, suspension without pay, termination. The use of a prohibited practice may warrant immediate suspension or termination, depending on the nature of the situation.*

Role of the Parent/Guardian

- Positive Discipline: Children are guided in a positive manner at a level that is appropriate to their actions and their ages in order to teach personal and social skills, to promote self-discipline, to ensure health and safety and to build respect for the rights of others. Families will be kept informed of behaviours through the use of incident forms. Corporal punishment is not permitted on ECC premises.
- For further methods and ideas of managing behaviour please refer to the Ekwaamjigenang Children's Centre Guidance and Behaviour Policy.
- Behavioural resources will be provided as situations arise or at family's request.

Resource Consultant Support

Role: The role of the Resource Consultant through the Lansdowne Early Integration Program is to promote and support the inclusion of children into the child care setting

Family Involvement: Based upon an assessment of the child's individual development, the Resource Consultant works together with families and centre staff to develop a program plan to maximize the child's development.

Support Plan: An up-to-date individualized plan will be available, providing information for families and staff to support the child; all staff, students and volunteers must read and sign off on the individualized plan.

Screening Tools: Within the first month of enrolment, children will be screened by ECC staff using the Nippissing Screening Tool. [<http://www.ndds.ca/>] After the three month point, the children will have further screening using the Ages & Stages Questionnaires (ASQ SE and ASQ 3) completed by ECC staff. [<http://agesandstages.com/>]

Families/Caregivers/Guardians

Family Involvement

Communication: The Mississaugas of the New Credit First Nation believes in a

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collaborative approach to program and policy development and that families are the primary caregivers.

- Daily contact with parents and staff will be supplemented by interviews, group meetings and/or workshops at either the parents or the teachers' request.

Monthly newsletters will be issued to families from each program.

Open House: Each April and November the Centre will offer an Open House evening. This night will allow for socializing with your children's teachers, other families and will allow for child development discussions.

- The April Open House is held as an "Art Show", and staff must continue to post *Gaa Kiin oohmawaag "and this is how learning happens"* documentation and share children's creations with families on a regular basis

Information Board: A family information board will be displayed at different times of the year.

Policy Review: *The Program Statement, Parent and Staff Manuals, and Administrative Guidelines will be reviewed annually; families will be requested to review the manual and submit any recommended changes. Recommendations for policy changes will be forwarded to council for their review.*

Family Concerns

Communication: Families are free to discuss any and all concerns regarding their children or the centre in a safe, open environment. Concerns will be dealt with in a constructive, open and non-threatening manner.

- Staff are to be available to hear concerns by family members and will be open to suggestions and criticisms, seeing them as opportunities for growth and/or clarification regarding the issue.
- Staff may ask the family member if they would like to include the supervisor in the conversation, if they feel that it would assist in the communication process.

Process: It is our policy for the following process to be taken by the families:

- Address the teacher by conversation or letter with their concern, if they feel comfortable to do so. If the matter is not satisfactorily resolved...
- Address the Supervisor/Assistant Supervisor with your written concern. The Supervisor/ Assistant Supervisor will respond to the concern verbally (within 2 days – indicating the timeframe of response), as well as in writing (within 5 working days-dependant on the nature of the complaint). At this time, the Supervisor/Assistant Supervisor may wish to consult with the Executive Director.
- If the matter is not resolved to the family's satisfaction, the Supervisor/Assistant Supervisor will refer them to the Executive Director.
- If the matter is still unresolved, the Executive Director will provide the family with information outlining the appeals process as per the MNCFN Communications Policy
- Note: A follow up feedback session may be requested at any interval of the process

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As primary and secondary caregivers, it is important that we talk, share information, learn from each other, and work together to help children on their journey of exploration and discovering their potential.

Traditional Parenting What We Have Been Taught...

Children are Sacred Gifts and are to be treated as such – never hurt the Spirit of a child with hurtful words or actions. Children are never talked down to or belittled. Every child is born with gifts. Our role is to help identify and strengthen these gifts. We teach children the skills of living through our example.

- We teach the children to observe, with all their senses.
- Grandparents and all the Community are involved in teaching and guiding the next generation.
- Children are taught to walk the right path, to have good judgment skills.
- Knowledge of the natural world is essential to the skills of living.
- Children are given high praise for sharing with others and being helpful and respectful.
- Our history and culture are taught through stories, legends, games, dances, drumming and songs.
- Referring to others as brother, sister, auntie, and uncle, strengthens interdependence relationship rather than that of independence.
- Children learn through meaningful interactions, observations and exploration. In a safe and supervised environment natural consequences are lessons for the children.

Emotional well-being is supported through physical and emotional support of adults and of the Earth. (Ex. Sharing anger with a rock. When a child is upset provide water to flow over their hands; talk about water being our first medicine)

The circle represents interconnectedness, equality, and continuity. Children and families are at the centre of all circles.

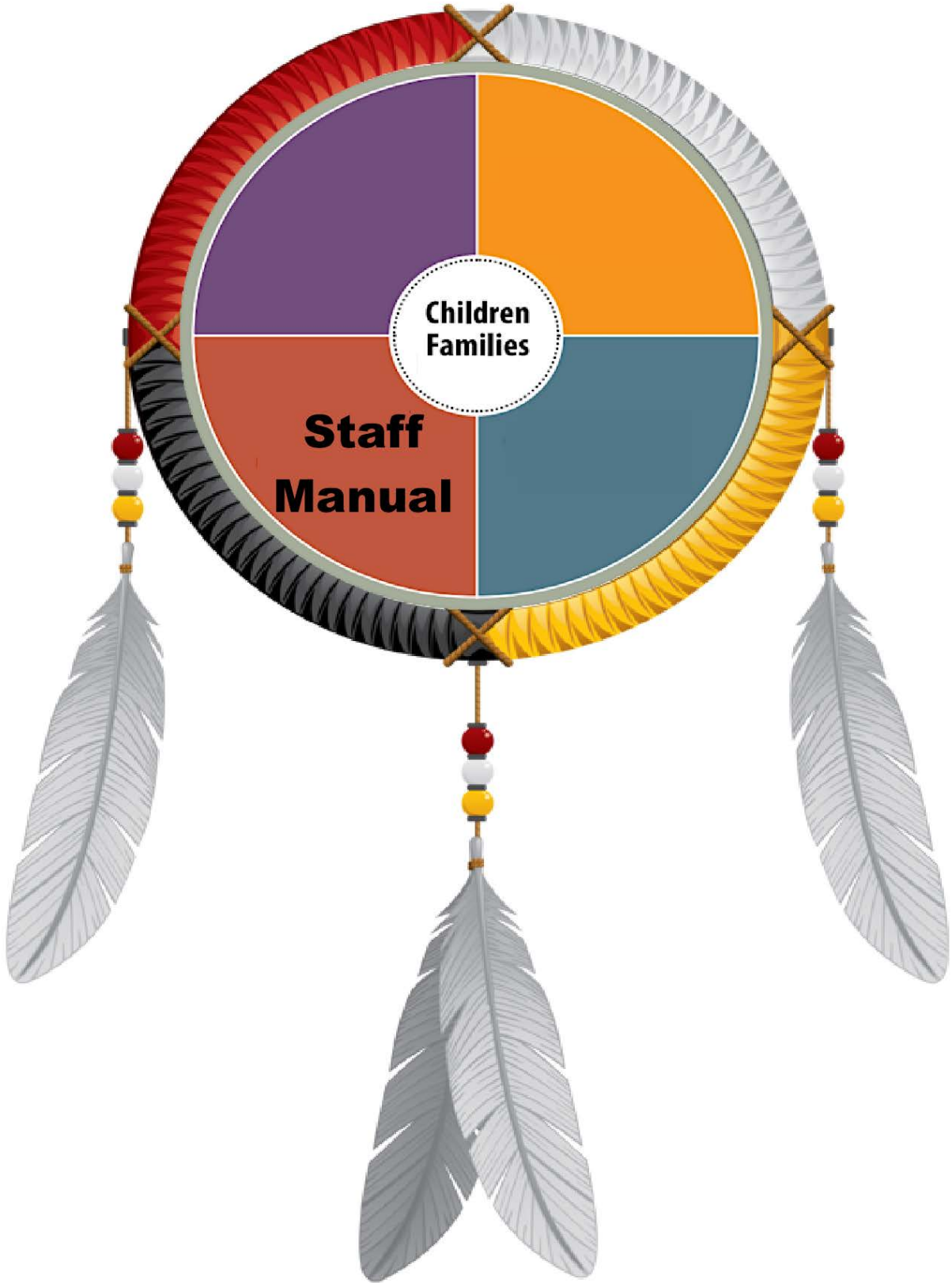
The 7 Sacred Directions of the Medicine Wheel are: east, south, west, north, above, below, and within.

**Ekwaamjigenang Children's Centre
Family Manual
Staff Review Record**

YEAR: _____

Staff Name	Position	Date Reviewed	Signature

Staff Review the Centre Philosophy, Program Statement, and Policy Manuals on a yearly basis or as needed.





Ekwaamjigenang Children's Centre Staff Manual

Nimajii-toomin Maamwi

"We are on this journey together" as we work together to nurture, teach, guide, empower, inspire, protect, and interact with the children, your children, our Ekwaamjigenang, "Our Children, Our Sacred Gifts".

Our Program Manual

1. Program Statement: Centre Goals & Philosophies
2. Family Manual: Our Partnership With Families
3. Staff Manual: Staff Requirements and Procedures
4. Administrative Guidelines

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Our Team

Orientation

All new staff, students and volunteers will have an orientation to the centre and will:

- read and sign the contents of the Program Manual and Staff Manual
- seek clarification re: any element of the Program or Staff Manual, as needed
- Note: All staff must read and sign the Program and Staff Manuals and required forms on a yearly basis.

Tours: All new staff tour each activity room, becoming aware of goals/intentions of each room, any special expectations and location of posted forms, such as allergies and conditions list.

They are also shown location of staff lockers, storage for medications, fire policies, children's allergy lists, laundry area and routines, outdoor play areas and storage rooms.

Note: all staff must read, review, and sign the Program Manual on a yearly basis.

Work Hours

Weekly Shifts: Full-time staff are scheduled, annually, for one of two shifts; either early or late (which are 7:30, 7:45, 8:00, 8:15 and 8:30 and the late shifts are 8:45 and 9:00)

Schedules are rotated on a monthly basis from early to late.

- Staff are expected to be in their designated activity room, prepared to interact with the children promptly at the start of their shift.
- Shifts are subject to change depending on the needs of the children and their families. The Supervisor / Assistant Supervisor will strive to give one week's notice to all staff before a change of shift is implemented.
- All staff are required to stay beyond their normal shift **when their program is over ratio** or staff may make arrangements for another staff to cover. Employees will be compensated with accumulated time off in increments of one half-hour. Staff members must remain in the work place for the full 30 minutes as per the MNCFN Policy and Procedure Manual (MNCFN PPM).
- Should staff wish to trade shifts we require written notice of your intentions and duration of the switch to be signed by both parties. If the early shift staff member is calling in sick they may arrange to switch shifts with their co-worker, the office must be notified of such changes.
- Overtime: All overtime must be pre-approved, unless it is due to ratio.

Sign in: Each staff is required to sign in and out on the weekly sheet as they arrive and depart from the centre and for authorized leaves. Staff must sign out on the health and safety sheets when they leave the centre grounds on their breaks and lunches.

- All monthly attendance records must be reconciled and handed in by the tenth of each month as per MNCFN PPM.

Breaks: Each staff is entitled to: Two fifteen minute breaks, one during the a.m. and one during the p.m. with one half hour lunch. This is over and above the requirements of the Canada Labour Code.



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- Tardiness of breaks and lunches is not tolerated and may be subject to disciplinary action.
- Responsibility: A break/lunch schedule has been developed to ensure these much-needed breaks are offered however, it is each staff member's responsibility to ensure breaks and lunches are awarded to them.

Leave: Leave applications must be submitted to and approved by the Supervisor /Assistant Supervisor prior to Vacation leave, or accumulated time off.

Payroll Changes: All staff are responsible to know how much sick leave, vacation or overtime they have available to use. If a payroll deduction is required, staff must complete and sign a payroll change form within the pay period.

Closures: We are closed for the following:

Statutory Holidays: New Years Day, Family Day, Good Friday, Victoria Day, Aboriginal Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving Day, Christmas Day, Boxing Day; Christmas-New Years Break
8 P.D. (staff training days) per year.

Weather: In emergency cases such as weather conditions, water or sewer problems, loss of heat, the Centre may have to close and the emergency closure will be implemented as follows: The centre staff will; 1) Contact parent's work, cell or school phone number. If no one can be reached within 15 minutes then, 2) Contact emergency contacts (three contacts on emergency list).

Other Closures: Notice of any other closures of the Centre as per Chief And Council Resolution, will (if at all possible) be posted at least 24 hours in advance.

Staff Health and Immunization

Health Assessment: All staff have a health assessment completed before commencing work.

Sick Leave: In order to keep communicable and infectious illness from spreading we ask staff who are ill to utilize their sick leave; a Doctor's note may be requested as per the MNCFN PPM.

Immunizations: All staff must ensure their immunizations are up to date; Tetanus boosters are required every ten years.

Influenza: It is highly recommended that staff protect themselves and the children within their care from the influenza virus by taking part in the voluntary influenza immunization offered on a yearly basis.

Medications: Staff are to take medications in a safe place away from the children (i.e. staff room, office, staff bathroom etc.) Personal medications can be stored securely in your bag or purse or they can be stored in the staff room medicine box.

First Aid: All staff are trained in Standard First Aid, including Infant and Child CPR.

Criminal Reference Checks

Criminal Reference Checks: All staff (including students and volunteers) must obtain a Criminal Reference Check including a vulnerable sector check, no earlier than six months prior to employment and every five years thereafter. (See Administrative Guidelines)



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Code of Ethics

See New Credit Administration's Policy on "Code of Ethics" in the MNCFN PPM.

Work Atmosphere

Team: ECC strives to produce a work atmosphere which is conducive for Team Building and a quality program/environment for the children.

Gossip: Gossip MUST REMAIN OUTSIDE OF THE CENTRE.

Disagreements: If a staff member disagrees with, objects to or simply does not understand why a fellow staff member is conducting themselves in a manner that does not promote group cohesion or appears to not follow the philosophy and rules of this program statement, it is to be addressed promptly.

- If it is of a serious nature, contact the supervisor immediately.
- If it is not of a serious nature, address the co-worker in a non-threatening, open, constructive manner. Arrange a mutually agreeable time to discuss your concern. Upon meeting with the co-worker, discuss the entire event, including what happened before, during and after the incident. If required, come up with a plan of action that is mutually agreeable.
 - If an unsatisfactory reply is given, it is to be discussed with the Supervisor.
- Documentation: When documenting what has occurred, present suggestions or possible alternatives to the situation. Together the staff can brainstorm a response that all staff can work with.
- Openness: Staff are to be open to questions, suggestions, and redirections regarding work ethics/practices, always striving to learn and grow.

Professionalism

Expectations: To increase and maintain the positive image of ECC to the New Credit and surrounding communities, as well as to the Families of the Children's Centre, all employees are expected to conduct themselves in a courteous and professional manner when dealing with fellow colleagues, families and the public at all times.

Dress Code: Staff are required to dress in a comfortable, presentable manner. (see Administrative Guidelines)

- Footwear: Footwear should not be excessively high*, (**Anything over 1 1/2 inches*) for your own safety.

Policy Revisions: If there are any revisions, suggestions, or adaptations, a staff member feels would enhance these policies, please document and forward to the Supervisor/ Assistant Supervisor.

- Review: The MNCFN PPM suggestions will be reviewed every two years with the Operations Management Team and the recommendations made to Chief and Council for review.
- **Interactions with Children and Families:** All staff will interact with the children and families in a caring, patient, respectful and empathetic manner. They shall live up to the



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standards set out by our Centre Philosophy and Program Statement, the College of Early Childhood Educators, and our First Nations Community.

Training and Development

Continuous Learning: Staff at Ekwaamjigenang are committed to Continuous Professional Learning as each member strives to continually improve their knowledge and skills.

Professional Development Days: Staff participate in up to 8 training days per year as well as in-house training provided during staff meetings and other supports.

- PD Days are a means for enhancing and developing the programs at Ekwaamjigenang.
- Professional Development may consist of first aid training, programming ideas, child development, behaviour guidance techniques, reviewing Duty To Report Child Abuse, also upgrading computer and review of health and safety practices.
- Staff also expand their skills by sharing their knowledge, experience, and expertise with others, enhancing their personal and professional skills, in order to best meet the needs of the children. Information is shared one-to-one with co-workers as well as during staff meetings and other sharing opportunities.
- Staff are to document their training, including:
 - professional learning goals and strategies to achieve the goals
 - dates, training topics and information, certificates
 - reflections on training and how it can be implemented at Ekwaamjigenang, as well as how it relates to the Centre's Philosophy and Program Statement
 - plans for and assesses the sharing of training information with co-workers see Administrative Guidelines

Reflections: Daily reflections by staff are catalysts for research and skill development.

- Reflections include: thoughts about observations, program plans, interactions between children and children and children and adults, the staff's own interactions with children, families, and co-workers, and new learning goals.

Volunteers and Students on Training Placements

- Ratio: In accordance with the Child Care and Early Years Act and our ECC Supervision Guidelines (see Administrative Guidelines), students on placement and volunteers at ECC do not have unsupervised access with children at any time. Students and volunteers are not counted in the staffing ratios at any time.
- Staff Support: All staff are to help guide and assist students, be a positive role model and complete evaluations as per requirements of the college. Staff are required to complete a behaviour management monitoring form on each student under their supervision. Pre-approved overtime may be given for completion of the student evaluations.
- Age: Students must be a minimum of 14 years of age.
- Supervision: RECE's and Classroom Assistants working in any classroom must ensure



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that Students (on placement and under 18 years of age) are supervised by classroom staff at all times. (See Administrative Guidelines under Supervision).

- Behaviour Guidance: Students may guide and direct children's behaviour; classroom staff will closely monitor when this occurs. Each student will have a Supervision Compliance Form completed by classroom staff.

Our Service Process

Families & Children are at the centre of all circles.

The Language of the Circle: Circles represent important principles in the Aboriginal worldview and belief systems – namely, interconnectedness, equality, and continuity. According to traditional teaching, the seasonal pattern of life and renewal and the movement of animals and people were continuous, like a circle, which has no beginning and no end. Circles suggest inclusiveness and the lack of a hierarchy. They are found throughout nature – for instance, in the movement of the seasons and the sun's movement from east to west during the day. Circles are also used in the construction of teepees and sweat lodges; and the circular willow hoop, medicine wheel, and dream catcher are powerful symbols.

http://edu.gov.on.ca/eng/aboriginal/Guide_Toolkit2009.pdf

Orientation Interview

The orientation sessions are the beginnings of the attachment process for the child and staff members.

- Positive interactions between family and staff (welcoming, chatting, smiling, laughing) help children begin to feel safe with the staff and see them as alternative caregivers.
- Be patient in developing a relationship with the child; do not rush it. If possible, let the family member guide the connection.

Orientation sessions also set the tone for the staff-family relationship that will develop throughout the time the child is at the centre.

- Families should feel safe to and be encouraged to share stories, provide input on children's care, the program, the centre as a whole, and to ask questions and seek support when needed.
- Staff are to remember and respect that the families are the primary caregivers and we are a service that supports them in their role with their children.

Photos of the families and the staff and families together are to be taken during the orientation process; these are to be used as tools for reducing separation anxiety and re-connecting children with their family throughout the day.

Admission/ Enrolment

Prepare Cubby for the new child entering your room,

Meet with parent for orientation to your classroom, provide classroom needs list

Within the first month of enrolment, children are screened using the Nippissing Screening



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tool.

At the three month point, further screening is conducted using the Ages and Stages Questionnaires. (ASQ SE and ASQ 3)

Withdrawal / Service Termination

If a child has not attended for one week and no contact has been made by families to inform of the absence, Supervising Staff are to be informed.

Service Termination means separation for the child, from their caregivers. To support the child through this, staff will send home photos of child, all the child's belongings and a good bye card with photos of the classroom teachers.

Arrival/Departures

Staff Arrival

NOTE: Staff are to be in the activity room prepared to interact with the children at the start of their shift.

Early Shift:

- Review classroom early shift responsibilities, previous days journal, classroom observations for curriculum planning, individualized plans, allergy lists, etc.
- Set up room according to emerging interests.
- Check classroom snacks and fill water bottles.

Late Shift:

- Review late shift responsibilities, classroom observations, individualized plans, allergy lists, etc
- Check with co-worker regarding children's health, activities, and any other updates.

Children & Families' Arrival

Routine: Although it is recommended that families establish a routine for arrival/pick-up, as staff, we respect families' needs, beliefs, and the situations impacting routines.

Car Seats: If staff notice that a child is not in a car seat, families are to be informed that they are in violation of the Ministry of Transportation Regulations.

Early Arrival: For the first ninety minutes of the morning, last hour of the day and two hours of the rest period, a reduced ratio of adults to children may occur. Children (except infants) may come together in the Gathering Room (see below for reduced ratios).

- Remember that this is the start of the children's day and they may need a quieter and less active environment than the rest of the day as well as more nurturing from staff.
- Staff cover the Gathering Room on a rotating schedule, to cover the "reduced ratio" time-frame in the first and last hour of the day.
- Staff-child Ratio: (This does not apply for the infant program and during outdoor play.)



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- Reduced ratios are limited to the following:
 - teacher to toddler ratios are no less than 1:8;
 - teacher to preschool ratios are no less than 1:12;
 - teacher to junior kindergarten ratios are no less than 1:13;
- Note: at any time during the day, if ratios do not require full staff attendance, the extra staff is to check in with the office to see where they can be of assistance.

Wednesday's Maamwi mini-ik-we da Coffee Time: staff are to invite families to have a beverage and snack (available in the office) before continuing on with their day.

- Staff not required in the activity rooms can use this time to chat with families.
- Coverage may also be arranged to facilitate time to speak with families at this time.

Communication with Families: Arrival and departure times are ideal times for staff and families to share information. If these times are not the best time for families then other arrangements can be made.

- Greet families in Ojibwe (start with Aanii ... and then expand on the conversation in Ojibwe, as the year progresses).
- Use this time to build rapport with the families, support the attachment process for the children, empower the role of the families as primary caregivers, seek information and input, and smile.
 - Note: remember to maintain a professional relationship with families, in regards to the childcare centre, when on the premises as well as in the community.
- Ask the families about their child's health update, including sleep, eating, which all have an impact on the child's day.
- Talk about family activities since last day at centre, ex. Sports event.
 - Note: These discussions provide a topic of conversation with the children and may develop into an emergent curriculum activity and the conversations show the families that you care about them.
- Ask families if they have any concerns and/or strategies re: behaviour, routines, etc.
- Check to see if the family has seen the recent *gaa kiin oohmawaag* "And this is how learning happens" stories and discuss the activities, if the family has time.
- Watch for non-verbal communications by family members that might indicate an unspoken concern and/or relationship barriers.

Health Check: Upon arrival, **before** the child begins to associate with other children, children are to wash their hands, with soap, and a daily observation is made of each child, in order to detect possible symptoms of ill health.

- Families are to be asked to take their children home if there are signs of a communicable disease.

Daily Records: A daily record is filled out by staff, starting with health-related information shared by families, and added to throughout the day, with any information about incidents affecting the health, safety or well-being of children and staff.

- Staff shall also look for any changes in behaviour such as sleep patterns or eating



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habits, as these, too, could indicate ill-health or well-being.

- Any changes are to be discussed with families to get their input and share information.
- Staff are to document any changes to their program; such as to the reason why they did not go outside for two hours

Clothing & Possessions

Cubbies: Staff help children keep the cubbies tidy and to help them respect each other's space.

Personal Items: Check all personal articles to ensure they are labeled.

Toys (etc.) brought to the centre can be stored in the child's cubby area or brought into the activity room where they can be played with by all the children. (Note: damages may occur during group play. Special items should be kept in the cubby area or returned home after showing staff/peers.)

- Staff are to ask the child if they are going to just show their toy or if the other children can play with it, helping them with the decision-making and the follow-through. It may be suggested that extra-special items return home with family, after being shown to the other children.

Clothing: A second set of clothing should be kept at the Centre in case of accidents.

- The staff place soiled clothes in each child's locker in a plastic bag and note toileting accident on child's daily journal notes.

Children & Families' Departure

Communication With Families (End of Day):

- When families arrive to pick up their child(ren), staff are to share positive information of some of the activities that the child has been involved with during the day.
- Discuss *gaa kiin oohmawaag* "And this is how learning happens" stories for the day, if they are posted and the families have time available.

Accident or incident forms must be shared with and copied to the parent; should a parent not be the pick-up person the copy of the accident or incident form will be sent in a sealed envelope for the pickup person to forward to the parent/guardian.

Consents: Unless otherwise arranged, children will not be released to any person other than those specified on the admission form.

- Family Identification: Staff are to routinely ask for identification to ensure that the people picking up a child at the child care are the ones identified on the admission forms by parent(s).
- Court Orders: (See Administrative Guidelines)
- As per the Child Care and Early Years Act: no parent will be denied access to his/her child except if the staff member believes on reasonable grounds that the parent does not have a legal right of access to the child or that the parent is behaving in a disruptive manner and/or could be dangerous to the children at the premises.

Impairment: Children will not be released if the Supervisor (or designate) has reasonable



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grounds to suspect that any person picking up children may be under the influence of drugs or alcohol. Alternate or emergency pick up person will be notified to pick up your child, as we are not in a position to judge the amount of alcohol consumed.

Supervision: Families are to ensure children are under their supervision while in the centre to pick up or drop off. Staff can provide support to families, if needed, and staff are available. (Remember that families are at the centre of all circles.)

Late Pick-Up

- Closure: Parents or authorized people arriving after 5:00 p.m. to pick children up are asked to fill out a Parent Fee Change Form and state the reason of the lateness. A late fee of \$15.00 may be charged to the parent's account if in the absence of a reasonable explanation.
- After Hours: If by 5:05 p.m. children are still at the Centre, staff will call the parents first and then proceed to call emergency contacts. Staff are required to contact the Brant Family and Children's Services at 1-888-753-8681 when children are still at the centre and contact was not made with the parents or emergency contacts and no one has called or arrived after 60 minutes.

Staff Departures

Early Shift:

- Ensure child to teacher ratio is met, prior to leaving classroom (See Work Hours)
- Complete observation, accident and incident documentation prior to leaving

Late Shift: See Administrative Guidelines Lock up and Late Pick Up Procedures

- Late shift staff cannot leave until all children are picked up
- Classroom to be tidied up, all toys picked up, tables washed, chairs stacked
- Sweep floors and mop up stains and spills
- Cubby area straightened and floors cleared of items
- Potties picked up and disinfected, remove and disinfect potty inserts
- Counters and sinks cleared of items, sinks wiped of all debris
- Garbage and diaper bags tied up, removed and set outside the classroom doors
- Empty all water bottles and send to the kitchen
- Complete observation documentation
- Take journal to Gathering Room
- Check and lock windows, playground areas/storage sheds

Activity Rooms

Materials: A variety of play materials, resources, and exploration items are available for children of all ages and skill levels.

- Activities should help develop awareness and understanding of the Ojibwe language and culture, and an interdependent relationship with community and with the Earth,



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when possible.

- Open-ended materials, items with no one specific purpose, invite children to explore, to use creative thinking skills and expression, to interact with others, and to learn through play.
- A variety of activity areas are available for the children to become engaged and to express themselves; the activities are based on observations (children's interests and skill development), and the pedagogy of learning.
- Activity areas should look inviting and facilitate exploration.
- Areas available at all play times should include: blocks, role-playing, sensory, creative expression, books.
- Materials are changed on a frequent basis, except for those items that are part of the emergent curriculum process.
- Activities and materials provided should be based on observations: emergent curriculum and skill development. Staff should be able to identify why every item is in the activity room at this time.
- Traditional parenting: "As soon as the child is old enough, their education begins. Skills of living are taught by example. Native history and culture are taught through stories." (See Traditional Parenting Notes).

Home-Like Environment: The activity rooms are to reflect a home-like environment, creating a welcoming, nurturing, home-away-from-home atmosphere for the children and an inviting space for families.

- Couches, plants, lamps, family photos are a few elements that can be included in the space.
- Photos of the children and their families posted around the room help children stay connected with their families throughout the day.
- Photos of the families with the staff are helpful in creating the attachment relationship with the Gekinoo'amaaged (secondary caregivers).
- Conversations about families also help to support the attachment needs during the separation transition.
- Traditional parenting: the earth is also "home" and should be reflected in the indoor environment.

Nature: Natural items are found in every activity room, bringing nature indoors and helping to create a soothing environment and one that encourages understanding and respect of, and the interdependency with the Earth.

- The natural items are for 1) decor and 2) for exploration and 3) building the respect for and interdependent relationship with all things.

Lighting: The windows in each activity room provide natural lighting for the room as well as an opportunity for children to observe nature "in action". Think of the window as one of the activity areas in the room.

Music: Singing and music are to be part of the children's day, as they help with brain



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development, language development, and emotional regulation and expression.

- If background music is used, remember that it should not overpower conversations, concentration, and/or interactions and that not all children respond well to background music.
- Music is to be age appropriate and include classical music and cultural songs
 - For Round Dancing, the Ojibwe circle moves in a clockwise rotation, to ensure that food and medicines are abundant on the Earth.
- If you play an instrument, the children would benefit from seeing you play and connecting with music on a more personal level.

Gaabaangang Area: a quiet retreat space is available for children at all times, providing them time/space away from the group activity; specialty items for this area should be rotated regularly (See Administrative Guidelines Principals of the Gaabaangang).

Family Involvement: Families are welcome to stay (or drop in) and join us for some play and discovery time! Invite families into your classroom.

Community Involvement: Children need to be involved with their community on a regular basis, either by bringing the community in or taking the children into the community. This should be part of your parental engagement strategy.

NOTE: Remember: we are teaching interdependency, gratitude, 7 Teachings, and learning through the four foundations of: belonging, well-being, engagement, and expression.

Interactions & Activities

Interactions with children must be nurturing, supportive, and empowering. Comments such as, *“I know you can do this”* and *“Let’s do this together”* are beneficial for the child’s self-confidence and feelings of connectedness.

Young children need physical contact as part of the attachment process. This includes stroking of hair, eye contact, smiles, and having a child sit beside you while reading a book, for example.

As part of the attachment process and interdependence, children need to be able to rely on adults for problem-solving, guidance, and support, when needed.

When a child who is capable of a self-care skill seeks support, this is an indication of a possible emotional need rather than competence and helping the child feel settled and connected at this time is beneficial. Ex. the child may want an adult to put their shoes on today but not tomorrow. It is important to respect the child’s voice and look for that which underlies the words. A response might be similar to: *“I know you can do this. Do you just need me to do it with you this time?”*

Interdependence is a key element of the Ojibwe Culture; working together, relying on each other and helping others are part of this trait.

Provide a balance of activities: indoor/outdoor, active/quiet, child-lead/adult-lead, physical/verbal exploration and individual/group activities.

We allow the children the time and space to explore, think, reflect, and express. Choosing the right time to interject, to ask questions, and to comment, is very important. We do not want to interrupt the learning process or assume we know what the children are exploring.



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Sometimes sitting back and observing is the most important role, letting the learning happen naturally through play.

Children learn through experience and, sometimes, this means taking a risk to “try”, whether physically or emotionally. Our role is to encourage and to support them through the manageable risk-taking as well as the outcomes of the experience. We also recognize that sometimes children are not ready to take the risk and some children learn by observing first. Every child's journey is different and honoured.

Sometimes play is “just play” and we need to respect the play and not turn it into a teachable moment.

Experiences provide a balance of challenges and successes, helping develop resiliency skills and positive self-esteem.

Staff will use a gentle voice, non-judgmental phrases, and direct eye contact when interacting with the children and families. Staff will be aware of all the children as well as their individual needs.

We interact with children and families in a manner that reflects our Philosophy, Program Statement, and Policies and Procedures.

- We initiate positive, warm interactions and engage in children’s play and exploration
- We use appropriate voice tone, language, and non-verbal methods to communicate.
- We display appropriate affection and attentiveness.
- We listen and respond to children.
- We model relationships that reflect anti-bias practice.
- We acknowledge and greet families (verbally and non-verbally).
- We support families in their role as primary caregivers and do not judge their choices.

See Traditional Parenting Notes.

Transitions

Transition times are a great opportunity for the inclusion of music/singing as it helps reduce stress, helps inform children of tasks/expectations, and helps maintain a cohesive group. Using music (and other strategies) helps keep the transition time relaxed, positive and enjoyable for all involved.

Children’s groups must be divided in half for all transitions, providing each smaller group with more opportunity for support from the adult.

Smaller groups are an indicator of quality care.

Staff Breaks

Coverage staff are to be informed of: activities taking place in the room, any special observations that are to be looked for, special supports any child needs at the time, and reminders of allergies, medications (etc.) if needed. Staff leaving for breaks must leave as soon as the coverage worker is updated and be prompt on returning back to the classroom. All staff are responsible for ensuring their much needed break has occurred if it has not staff are to inform the coverage person or office staff.



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Rest/ Time

Safe sleep practices are to be strictly followed by all staff. The requirement for sleep supervision at all times includes the time periods when the children are sleeping in a separate sleep room/area.

Infant Room

- At no time are infants to be swaddles (wrapped tightly in a blanket); the use of sleep sacks or sleepers are recommended. Blankets (loosely covered) can be used while rocking children.
- No extra blankets are to be placed in cribs.
- The temperature of the sleep room should be maintained at 20 degrees Celsius (68F).
- All children under twelve months must be placed wholly on their back to sleep (supine position).
- Once an infant can roll from supine to prone (on stomach) and from prone to supine, the infant can be allowed to remain in the sleep position that he or she assumes.
- When there are **three or more infants** in the sleep room, a staff member is to be physically present in the sleep room to supervise the children and conduct physical checks to ensure they are breathing well (no rapid breathing) and are a comfortable body temperature (a simple stroke on the side of the child's face) to check for signs if the infant is too hot such as sweating, damp hair or flushed cheeks.
- The children who are in the sleep room will have the time that they fell asleep recorded on the diaper and sleep white board located on the wall beside the infant sleep room door, in the main room, as well as noted in the child's daily journal notes.
- When there are less than three infants in the sleep room, a staff member is to visually monitor the sleeping children and conduct physical checks every 15 minutes to monitor breathing and body temperature (as noted above). **The time of physical checks must be documented in the child's daily journal notes.**
- An electronic monitoring device is to be used in conjunction with the visual checks.
- When a child is placed in their crib for sleep, all bed rails must be raised in the locked position.
- At no time are children given bottles on their cots or in their cribs.

All Classrooms

- Lighting in the sleep room must allow for visual monitoring at all times. Lights may be dimmed but staff must be able to see all the children clearly.
- if needed, it is preferred practice to rub children's backs rather than patting; if patting a back, the heel of the palm must remain in contact with the child while patting.
- Staff ratio may be reduced during rest time, as children are not active during this time. This does not apply for children under the age of 18 months.
- Individual cots or rest mats are to be placed at least 18" apart, with a 36" aisle to ensure the safety of children and staff, in case of an emergency. Staff should consider the



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placement of children alternating head to feet; feet to head for health reasons.

- Music volume should be at a restful level and music choice should be relaxing.
- Children are not to be deprived of “basic needs”, i.e. bedding, toileting requests, comfort toy.
- If after 30 minutes from the start of rest time, a child has not fallen asleep then quiet activities must be provided.
- Any child's rest time must not exceed 2 hours in length for all children over 18 months. Children are encouraged to engage in quiet activities, rest or sleep; therefore soft lighting must be on during the Rest time should be of such duration that normal sleep patterns at home are not disrupted.
- Children are checked at twenty minute intervals and checks are documented.

Meal/Snack Routines

Allergies: Children's special dietary needs and allergies are posted in the cooking and food service areas. An individualized plan is to be completed and followed for each child with special dietary needs.

Infants: All children under one-year of age are fed in accordance to written instructions from a parent. Educators should be responsive to children's cues of hunger and fullness they are never forced to eat. All food and drink must be labelled with the child's name. All food and drink are properly prepared and stored for nutritive value.

Food/drinks: Where a parent supplies any food/drinks, such must be labelled with the child's name. Children's individual labelled water bottles must be accessible at all times. The water bottles are rinsed, filled, and sanitized every day.

Meals/snacks: Each program at ECC offers two snacks and a hot lunch daily; healthy between meal snacks (fruit and crackers) are made available to the children at their level.

- At 4PM, snack (ex. cut up fruit) will be provided for the children.
- Children are not limited to one serving if there are additional portions available.

Canada's Food Guide: ECC is mandated to follow Canada's Food Guide for each child. Children are given the opportunity to taste all foods prepared for them unless it is detrimental to their health (allergies).

- Traditional foods are incorporated into the menu plans throughout the year.

Food Handling: Staff use safe food handling practices and ensure proper hand washing when preparing and serving foods.

Hand-washing: Children and staff wash their hands before each snack/meal.

Family-Style: Meal time is family-style and provides a wonderful opportunity for conversation between the children and the children and staff. Conversation provides an opportunity to learn more about the children and what they are thinking and to re-connect them with family.

- Avoid delays in food service so children do not have to sit and wait.
- Be prepared for spills and calmly clean up and offer reassurance when this happens



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- To promote good healthy eating habits, staff eat with the children (unless detrimental to their health, ex. allergies). Staff are to positively role model and be a food ambassador.
- Meals provide a time to role-model and guide manners, patience and respect for others, the 7 Teachings, the interdependence with nature, and gratitude for the food, the Earth, the cook, etc. role-model giving thanks for the food and food preparation
- Ojibwe language is also included in the meal routine (directions, requests, food names, etc.)

Interdependence Skills:

- During meals/snack routines, staff provide a mixture of interactions: feeding the children (strengthening feelings of security); helping children with feeding and mealtime routines; and also encourage children to practice self help and care skills.
- The older children are also expected/encouraged/assisted to scrape remaining food into the garbage/compost container and place their dishes into the bus pan.

Outdoor Play

See Administration Guidelines ECC Playground Guidelines

Inspections: Our play areas are inspected annually by a licensed playground inspector, monthly and seasonally by the Supervisor and/or Assistant Supervisor and daily by staff. All inspections are documented.

- Daily check: Prior to outdoor play, playground is checked for damages, non-playground items, and equipment safety.

Time Outdoors: The children explore and play in the outdoors for at least two hours each day, weather permitting unless a physician or parent advises otherwise in writing. Every effort will be made to accommodate such requests, however due to constraints such as ratios, this may not be possible.

- Activities: During this time the children explore nature, develop self-confidence and large muscle skills, take risks, spend time by themselves if they wish, and interact with others creating spontaneous play or engaging in organized play activities. Just as when indoors, children learn best through play and our role is to observe, supervise, and expand on the play experiences.
- Manageable risk-taking provides the opportunity for skill-development, self-awareness, resiliency, and awareness of boundaries.
- Infants: infants not able to walk yet are separated from other children.

Nature: We believe that connection to nature contributes to children's social, physical, intellectual, emotional, and spiritual well-being and provides opportunities to enhance children's sense of wonder and joy in the world around them. Connecting with nature includes spending time in the rain, the snow, the cold, the heat, etc, allowing children to experience all elements of nature.

- Connecting with nature also helps build respect for and the interdependence with the Earth and the desire/belief in being caregivers to our planet.



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- Our groups explore the natural environment within the fenced areas as well as during nature walks in the community and other outdoor activities.
- Conversations can take place regarding seasons ex. asking children to notice what has changed since the last time the children were at the location. Questions can be asked about nature conversations and activities can take place to demonstrate the interdependent relationship with nature, our role is as caregivers, and gratitude.

Washroom: When a child is sent in from outdoors, (to use the washroom,) a staff person inside is made aware that a child is entering the building and meets them at the door.

Weather Extremes: In extreme weather alerts i.e. heat or cold children are normally kept indoors however they may go outdoors for 5 to 10 minutes for exposure to fresh air and to practice routine dressing.

Remember: we are teaching interdependency, gratitude, 7 Teachings, and learning through the four foundations of: belonging, well-being, engagement, and expression.

Field Trips and Off-Site Activities

Trips: In order to connect children with their community and to involve community members in the teaching/guiding of the children, each program strives to arrange trips to special places of interest. A Field Trip Procedure Checklist is to be completed (see Administrative Guidelines).

Family Notification: A notice is to be sent home 2 weeks (if possible) in advance of the excursion informing families of the destination, time, and date.

- Notification will also include a permission form to be signed and returned. Please see "Parental Consent for Off Site Activities" (Administrative Guidelines).
- Families are always welcome and encouraged to accompany the group.
- ECC will adhere to all current laws governing car and booster seat legislation.

Teacher/Child Ratio: When on field trips the Centre will maintain Child Care & Early Years Act ratios as follows:

Infants = 1 to 3

Toddlers = 1 to 5

Preschoolers = 1 to 8

Jr. Kindergarten = 1 to 12

Car Seats: Ekwaamjigenang requires that all children transported in the ECC van are to use a properly secured (by trained car seat technician if possible) and approved car seat or booster seat (supplied by the parents) as per the MTO regulations. Car seats brought in are inspected for expiry and conformity to the regulations.

Van: If the ECC van is to be used, staff must have a valid class F licence and must complete the safety circle check prior to transporting children. If the van has less than ½ tank of gas, the driver is to fill up at the New Credit Variety and Gas Bar using the band gas tax exempt card located in the pouch in the van.



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Health, Safety & Nutrition

Individualized Plans

An individualized plan will be prepared for any child that has a special plan for their health and well-being. The plan will include information about the family's responsibilities, the staff's responsibility, and any other special requirements. It will include information on what to do and what not to do. It will also include procedures that will take place if the plan is not followed. The plan will be reviewed, on a regular basis, by the family as well as a supervisor and all staff involved in the child's care. (See *Administrative Guidelines for Individualized Plan Form*).

Non-compliance with the individualized plan: Co-workers and supervisory staff will assist staff as needed, with skills required. A record of steps taken will be attached to the office copy of the Individualized Plan. Disciplinary action may also be required, if staff is non-compliant with the plan, following the policies of the MNCFN (see below).

Disciplinary steps are as follows: Verbal warning, written warning, suspension without pay, termination. (Immediate suspension or termination may occur if warranted.)

31.0 EMPLOYEE DISCIPLINE

Policy: **THE ADMINISTRATION EXPECTS THAT EACH EMPLOYEE SHALL MAKE EVERY REASONABLE EFFORT TO FULFIL THE REQUIREMENTS OF HIS/HER POSITION, AND TO CONDUCT HIM/HERSELF CONSISTENT WITH THE POLICIES AND THE CODE OF ETHICS.**

EMPLOYEES WHO ARE UNWILLING TO RESPECT THESE FUNDAMENTAL COMMITMENTS WILL BE OFFERED REASONABLE ASSISTANCE TO CORRECT THEIR PERFORMANCE OR BEHAVIOUR. IF THERE IS NOT A SATISFACTORY IMPROVEMENT ON BEHALF OF THE EMPLOYEE, FURTHER DISCIPLINARY MEASURES WILL BE TAKEN WHICH COULD ULTIMATELY LEAD TO THE DISMISSAL/TERMINATION OF THE EMPLOYEE FOR CAUSE.



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Individualized Plan

Childs name	
Date:	Current Room
Specialization Area	Medical:___ Nutrition:___ EIP:___ Court order:___ Sleep:___
Individualized Plan	Family will:
	Staff will:
	Child will:
DO NOT ...	<i>What to do if it should happen</i>
Signatures <i>(to be signed and reviewed prior to implementation)</i>	Family:
	Staff:
Supervisory Notes	
Next Review Date:	



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Inspections

Health / fire and playground inspections are completed on an annual basis. Daily playground inspections are completed by staff each morning.

Health Assessment

Prior to employment potential employees must provide proof of a health assessment and up to date immunizations current within six months. Health assessments are done to identify any active communicable diseases or other infection risks (See Admin Guidelines)

Immunization

Staff must have immunization in accordance to the Publicly Funded Immunization Schedule for Ontario, August 2011.

Sanitary Practices

When handling blood and bodily fluids staff are reminded to use universal precautions (i.e. the use of gloves and proper disposal methods.)

See Administrative Guidelines for Proper Hand Washing Procedure, Sanitary Procedures, Toileting Procedure, Diapering Procedure

Serious Occurrences

A “serious occurrence” means,

- (a) the death of a child
- (b) abuse, neglect or an allegation of abuse or neglect of a child
- (c) a life-threatening injury to or a life-threatening illness of a child
- (d) an incident where a child goes missing or is temporarily unsupervised, or
- (e) an unplanned disruption of the normal operations that poses a risk to the health, safety or well-being of children. (“incident grave”) O. Reg. 126/16, s. 1 (2, 7, 9).

Serious Occurrence Reporting must be completed within 24 hours of occurrence

If a serious occurrence situation should occur:

- The child will be provided with immediate medical attention when warranted.
- Appropriate steps shall be taken to address any continuing risks to the children’s safety.
- Ensure that the local coroner is notified immediately in all cases involving death, regardless of location (ex. hospital) or circumstances.
- The staff or any other person witnessing or having knowledge of the occurrence shall report the matter to the Supervisor or Designate to conduct serious occurrence inquiries.
- The (Assistant-) Supervisor or Designate shall immediately begin a serious occurrence inquiry, in accordance with the following steps. The purpose of the inquiry is to gather information regarding the actual or alleged occurrence(s).
- All persons having knowledge of the occurrence should remain on the premises until



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the designated person has interviewed them or indicated that there is no need for their involvement at that point.

- The (Assistant-) Supervisor or Designate gathers serious occurrence information.
- The Executive Director is notified that a Serious Occurrence has taken place at the Children's Centre.
- Serious Occurrences are now reported electronically via the Ministry of Education website portal.

The login address is: <https://www.one-key.gov.on.ca/iaalogin/IAALogin.jsp>

- The reporting process is very simple and is completed online.
- The Supervisor and the Assistant Supervisor each have their own account and password to report a serious occurrence.
- Two copies of the generated report are to be printed and the report is to be displayed on the front door. The document must be displayed and not taken down for ten business days. (With the exception of serious occurrences regarding unverified complaints and allegations of abuse). These documents must be kept for a minimum of three years.
- The person who completes the Serious Occurrence Report online will be emailed that the report has been received and when the Serious Occurrence is closed.
- If the form is updated with additional information such as additional actions taken by the operator, the form remains posted for 10 days from the date of the update.
- Licensees must complete the annual summary report as a method of identifying issues, trends and actions taken, and retain the report on file at the centre.

Any actions of non-compliance will be dealt with according to our policies and documented as such.

See the Administrative Guidelines for full information.

Communicable and Reportable Diseases

When a parent reports their child has a communicable or reportable disease as defined by the H/N Health Unit (see Administrative Guidelines) the Supervisor or designate will report to the Community Health Office as soon as possible such information.

Any outbreaks of communicable disease will be posted in the entrance area of the Children's Centre and we will follow the direction of the Community Health Office. Each parent will be offered information on the disease.

If staff have a concern regarding the potential of a communicable disease they will address the issue with the Supervisory Staff and families will be contacted. Remember that **staff members are not physicians and do not diagnose**.

If families ask for staff's opinions regarding symptoms, referrals to the family physician may be suggested, (remembering that staff cannot diagnose).

Duty to Report

See Administrative Guidelines [Duty to Report a Child in Need of Protection](#)



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Ill Health

If a child becomes ill during the day, temporary care will be provided until the child is picked up and an Ill Health Report is completed. The child must be taken out of the Children's Centre and may return the following day if the child is able to fully participate in all the daily activities. See Haldimand Norfolk's Health Unit Guide for more information <https://hnhu.org/wp-content/uploads/Infection-Prevention-and-Control-School-Reference-Guide-web.pdf>. The Child Care and Early Years Act states that if a child has a suspected illness, and it appears that the child requires immediate medical attention, the Operator may contact the Community Health Nurse, if available, to examine the child.

Children's Sick Leave

Ekwaamjigenang Children's Centre strives to minimize any outbreaks of contagious diseases. To ensure this, staff conduct daily health checks and must adhere to the following procedures:

To determine if a child is to stay home due to illness, we follow the Infection Prevention Information provided by the Haldimand-Norfolk Health Unit (see Administrative Guidelines). Link:

<https://hnhu.org/wp-content/uploads/Infection-Prevention-and-Control-School-Reference-Guide-web.pdf> and *Well Beings-Guide to Health in Child Care* (third edition) by the Canadian Paediatric Society. If we notice any out of the ordinary or unusual symptoms, we will call the family to discuss the situation.

Allergies

Families are to inform staff of any allergies a child has and an individual plan will be prepared for the child.

All staff members will be made aware of the allergy and strategies will be put in place to reduce the risk of exposure to the allergen as well as an emergency plan if an allergic reaction takes place.

Staff are required to review the allergy list regularly.

A notice of children's allergies will be posted in each activity room and in the kitchen.

Training for special emergency treatments will be provided for all staff.

Anaphylaxis Policy - See Administrative Guidelines

Head Lice Procedure

Centre Role:

- A head lice check is performed every Monday morning or the first day of attendance each week.
- If a child is seen to be scratching their head excessively a lice check is performed.
- If lice or nits are discovered the child's guardian will be contacted to pick up the child
- Staff will continue checking the child throughout the 7-10 day period after each treatment for evidence of any new nits for removal and/or for louse or nymph detection.
- At Ekwaamjigenang all bedding, pillows and cases will be stripped and washed and



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dried in a hot dryer. Soft toys will be dried in a dryer for 20 minutes.

- Any items that can't be placed in the dryer will be placed in plastic bag tied securely for 5 days.

Family Role:

- Families are expected to treat their child in consultation with a Doctor or Pharmacist;
- Families must follow treatment instructions and share the treatment plan with Child Care staff by completing a Head Lice Treatment Form.
- All bedding, pillows and cases should be stripped and washed and dried in a hot dryer. Soft toys should be dried in a dryer for 20 minutes. Any items that can't be placed in the dryer should be placed in plastic bag tied securely for 5 days.
- Families are to check all family members and anyone who may have had close contact with the child.

First Aid

All staff are trained in Standard First Aid CPR/AED level C

Families will be notified on the Accident form as to what first aid was administered for their child.

Each program has a first aid kit in their room and the staff are responsible to ensure sufficient first aid materials are maintained.

A staff first aid kit is located in the staff room and an eyewash station is located in the mechanical room and in the kitchen.

Medication Administration

Ekwaamjigenang Children's Centre will administer only prescription drugs to children, in accordance with CCEYA. This individual plan requires that parents provide:

- a) A completed "Medication Consent Form" which provides the Centre staff with written authorization for the administration of the medication, a schedule of times the medication is to be given, and amounts to be given. (See Administrative Guidelines).
- b) The medication is administered from the original container as supplied by the pharmacist, and that the container is clearly labeled with the child's name, the name of the medication, the dosage of the medication, the date of purchase (within 2 weeks unless otherwise authorized by Supervisor or designate) expiry date, instructions for storage and administration.
- c) A medication spoon/container (with clearly visible dosage markings) is to be provided with the medication as amounts can differ, (It usually comes with the medication or can be obtained from the pharmacy). All medication must be given directly to a staff person. Medication cannot to be left unattended at any time.

Whenever possible, it is best that medication is given at home. The parent/guardian is encouraged to discuss this possibility with the child's health care provider.

The first dose of any medication should always be given at home and with sufficient time before the child returns to child care, in order to observe the child's response to the medication given.



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It is suggested that the parent/guardian ask the pharmacist to provide the medication in two containers, one for home and one for use in the child care centre.

For any long-term medication, Staff will advise the parent/guardian one week prior to the medication needing to be refilled.

Any unused or expired medications will be returned to the parent/guardian when it is no longer needed or able to be used by the child.

The administration documentation must include any other pertinent information, such as symptoms, triggers and reactions to look for.

Staff must compare the Medication Consent Form with the medication container information to confirm accuracy of dosage administration.

Topical Creams Application

*** Prescription creams **must be in a locked container** and a “**Medication Consent Form**” must be filled out

As part of our daily routine (with parental permission) ECC sunscreen is applied to all children prior to outdoor play when UV Index warrants such; normally between the months of April to October.

If a parent wants staff to apply insect repellent, (parents are to supply such) the preferred practice is to apply the sunscreen first then the repellent on top of the sunscreen. Insect repellent should have no more than 5 % DEET as an ingredient and will be applied to the skin sparingly.

Should families send in their own sunscreen then the products must be in the original container, the container must be clearly labeled with child's first and last name, a form must be completed with instructions for storage and administration.

Any product beyond the expiry date will not be used.

Fire Policy & Procedure

Fire drills are conducted monthly in order to meet Child Care & Early Years regulations, all groups are required to participate. Should a family member be in attendance, they must remain with their child until the child is added to the attendance or the fire drill is over.

Fire procedure plan, which has been approved by the local fire chief, is posted in each room of the centre.

Each staff is required to know, understand and adhere to the Evacuation Plans posted in all areas of ECC. While performing monthly fire drills, each staff member is responsible for ensuring that they have all children, attendance sheets, emergency info sheets, and blankets upon exiting the building.

Annually staff will review and sign off on the ECC Evacuation Plan.

Smoke Free Guidelines

See Administrative Guidelines Smoke Free Guidelines



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Behaviour /Developmental Guidance

Role of Staff:

- All staff abide by the Ekwaamjigenang Children's Program Statement
- **Guidance:** We believe in behaviour guidance vs. behaviour management.
- **Children's Needs:** Children are in the process of learning about themselves, their emotions, the world around them, and interacting with others. Research shows that the ability to self-regulate is still developing in young children.
- **Our role** is to support, guide, teach, listen, role-model and co-regulate. Every situation is an opportunity to teach and guide, as opposed to punish and correct.
We help children identify their intentions and strategies to achieve these goals if possible. We also help them cope with the disappointment of not being able to fulfill their intentions and to develop "back-up plans" and alternative goals, as needed. This builds resiliency and coping skills. We, also, help them show respect and interdependency by take responsibility for their actions, through assistance with cleaning up messes, ensuring other children are okay, and problem-solving with others.
 - See Traditional Parenting Notes below.
- **We role-model** the 7 Teachings during our interactions with others, and provide the support to child to use the teachings.
- **Family/Staff Communication:** It is also our role to have conversations with families, sharing observations and strategies in order to better understand the child's needs and personality and to develop interaction strategies to best help the child develop resiliency, assertiveness, self-awareness and self-regulation and to have a successful, enjoyable, and healthy experience at the childcare centre.
- **Injurious Actions:** In an instance where a child is hurting themselves, others or property; teachers may use only their hands to hold the children's hands or feet in an action of protection and self-defence. The Supervisor (or Designate) will be notified immediately and parents will be notified upon arrival by way of a written incident report if such action has occurred. If the parent is not the pick up person, then the parent will be notified by telephone and will receive a copy of the written incident report (which will be placed in a sealed envelope).
- **Severe Aggression:** When severe aggressive and/or disruptive behaviour persists (such as repeated use of foul language, biting which is age inappropriate, hitting, kicking, slapping, punching, hair pulling, scratching, destruction of property and the safety of children and/or staff is in jeopardy the child's parents may be contacted and the child must be picked up. The child may return once outreach is established with Community Partners/Agencies (confirmed with a phone call or letter from agency) or signed parental approval given for such partnership to be created. Community Partners/Agencies include: MNCFN Health and Social Services, Contact Brant, Contact Haldimand/Norfolk, Haldimand Norfolk REACH, Woodview, Lansdowne and Journey Within Consultation.



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- **The Gaabaagang Area** (Quiet Space) is available for children who want to take a break from the activity of the room and/or from their peers. The Gaabaagang area is used as a place to be by oneself for a while as well as a space to calm down, following a situation that has evoked heightened emotions. The Gaabaagang Area, although it is a place to be by oneself, is not a place of isolation and a staff member stays connected with the child in some manner. (See Administrative Guidelines)
- **Prohibited Practices** (as per as per Sec 48. {(0.Reg. 137/15, ss. 45(c))})
 - (a) corporal punishment of the child;
 - (b) physical restraint of the child, such as confining the child to a high chair, 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 himself, herself 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 child care centre or home child care premises for the purpose of confining the child, or confining the 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 the child or undermine his or her self-respect, dignity or self-worth;
 - (e) depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding; or
 - (f) inflicting any bodily harm on children including making children eat or drink against their will. O. Reg. 126/16, s. 34If staff use any of the prohibited practices the incident will be reported as mandated.

Non-compliance with prohibited practices policies will result in **disciplinary action as stated in the MNCFN policies. Disciplinary steps are as follows: Verbal warning, written warning, suspension without pay, termination. (Immediate suspension or termination may occur if warranted.)**

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Prohibited Practices Review Form						
Staff Name	Date	Initial		Staff Name	Date	Initial

Resource Teacher Support

Role: The role of the Resource Teacher and Resource Teacher Assistant through the Lansdowne Early Integration Program is to promote and support the inclusion of children into the child care.

Family Involvement: Based upon an assessment of the child's individual development, the Resource Teacher works together with families and centre staff to develop a program plan to help maximize the child's development.

Support Plan: An up-to-date individualized plan will be available, providing information for families and staff.

Families/Caregivers/Guardians

Family Involvement

Communication: The Mississaugas of the New Credit First Nation believes in a collaborative approach to program and policy development and that families are the primary caregivers.

- Daily contact with parents and staff will be supplemented by interviews, group meetings and/or workshops at either the parents or the teachers' request.

Monthly newsletters will be issued to families from each program.

Open House: Each April and November the Centre will offer an Open House evening. This night will allow for socializing with your children's teachers, other families and will allow for child development discussions.

- The April Open House is held as an "Art Show", and staff must continue to post *Gaa Kiin oohmawaag "and this is how learning happens"* documentation and share children's creations with families on a regular basis



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Information Board: A family information board will be displayed at different times of the year.

- Staff take turns creating the family information board a schedule is posted in the Staff Room.

Policy Review: *The Program Statement, Parent and Staff Manuals, and Administrative Guidelines will be reviewed annually; families will be requested to review the manual and submit any recommended changes. Recommendations for policy changes will be forwarded to council for their review.*

Family Concerns

Communication: Families are free to discuss any and all concerns regarding their children or the centre in a safe, open environment. Concerns will be dealt with in a constructive, open and non-threatening manner.

- Staff are to be available to hear concerns by family members and will be open to suggestions and criticisms, seeing them as opportunities for growth and/or clarification regarding the issue.
- Staff may ask the family member if they would like to include the supervisor in the conversation, if they feel that it would assist in the communication process.

Process: It is our policy for the following process to be taken by the families:

- Address the teacher by conversation or letter with their concern, if they feel comfortable to do so. If the matter is not satisfactorily resolved...
- Address the Supervisor/Assistant Supervisor with your written concern. The Supervisor/Assistant Supervisor will respond to the concern verbally (within 2 days – indicating the timeframe of response), as well as in writing (within 5 working days- dependant on the nature of the complaint). At this time, the Supervisor/Assistant Supervisor may wish to consult with the Executive Director.
- If the matter is not resolved to the family's satisfaction, the Supervisor/Assistant Supervisor will refer them to the Executive Director.
- If the matter is still unresolved, the Executive Director will provide the family with information outlining the appeals process as per the MNCFN Communications Policy
- Note: A follow up feedback session may be requested at any interval of the process

Program Documentation

Documenting Learning Observations:

All staff (supply included) are expected to contribute to the observation documentation. Observations can include conversations, play interactions, creations, exploring, and laughter.

- One goal is to “see” the unseeable, how the children are exploring and processing information, what they find interesting and/or are trying to figure out; how they relate to materials and to others.



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- Don't assume they are (or should be) using materials the same way that you would or how you intended them to be used.
- Look for indicators of learning styles, personality traits, communication styles, thinking styles, and any other element that can help you help the child along the journey of life. For example, if a child is a “born leader”, help develop strong leadership skills.

Photos: Cameras are available for staff to document activities throughout the day. The photos become a component of the observations used to develop/enhance programming as well as a way to reconnect children to families during the day, (attachment process), keep families informed about what is happening at the centre, and remind children of activities they have experienced.

Documentation: Binders, charts, and sticky notes are examples of strategies to document observations. The observations are to be used for program planning, reflecting, and building an understanding of individual children's development.

Ga kiin oohmawaag “And this is how learning happens” posted documentations: staff are to create and post at least one learning story for each of the four foundations each week: belonging, well-being, expression, engagement, or the elements of our Philosophy (interdependency, gratitude, 7 Teachings, learning) and include the common language of ELECT in the story description.

- To create a uniform look at the centre and to help families know where to look for the documentations, they will be created on a legal-size paper, with the title, the photo(s), the story, and, at the bottom, “This is a beautiful representation of [foundation word(s)]”.
- These documentations help families and visitors see what happens during the day, how to look at play as learning opportunities, and showcases our understanding of the pedagogy of learning. See Administration Guidelines

Reflections:

Reflections: All staff are to reflect on observations, the environment, interactions with families, and the program as a whole, identifying components of the children's development, the effectiveness of the program, as well as their own professional growth, and how they are and they can meet the components of the Program Statement.

Documentation: Reflections are to be documented and plans created as to how to best utilize the information and build on the skills and knowledge.

Staff at Ekwaamjigenang are on a journey of continual professional development and are to be always striving to improve the quality of care at the centre.

Programming:

Co-Planning: Daily observations and program planning are to be discussed with co-workers, on a casual and/or formal basis.

Content: Plans are to be based on observations of children's interests, skill-development, input from families, and our Program Statement.

Emergent curriculum is to be used, to expand on children's activities, taking them to new



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understandings, next opportunities to explore, build new skills, etc.

Balance: Activities should provide a balance and variety of experiences, including hands-on exploration, reflective, and interactive options and a balance of active/quiet, in/outdoor, child-lead/teacher-lead, physical/intellectual, large and small muscle, etc.

Skills: The activities should support learning styles, engagement styles, developmental levels, and the “skills of living” (See Traditional Parenting notes).

Documentation: Posted programming documentation should provide information for supply staff, supervisory staff, and visitors about what is happening in the classroom and how the activities have evolved from previous activities/events, helping all staff observe and contribute to the emergent exploration.

Planning for the program should consider: interdependency, involving families, community members, nature and field trip possibilities.

Supervisory Reviews

Supervisory Staff will observe, assess, and discuss observations, reflections, and PD opportunities with each classroom on a monthly basis.

The Supervisory reviews will ensure staff are following the beliefs and standards of the Centre’s Philosophy and Program Manual.

(See sample form below)



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Compliance/Supervisory Review

Date:		Room:
Program Focus:	Interactions:___ Arrival:___ Meals:___ Washroom:___ Sleep:___ Outdoor:___ Other:_____	
Observations		<p>gentle voice non-judgmental eye contact scanning area individual needs engages children affectionate attentive listens to children models +interactions empathetic respective patient empowering nurturing follows child's lead Centre Philosophy</p>
Debriefing 		
Plan of Action <i>(including action taken for non-compliance)</i>		Timeline
Signed	Supervisor	Date
	Staff	



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Supporting Our Philosophy

Traditional Parenting

Children are Sacred Gifts and are to be treated as such – never hurt the Spirit of a child with hurtful words or actions. Children are never talked down to or belittled.

Every child is born with gifts. Our role is to help identify and strengthen these gifts.

We teach children the skills of living through our example.

We teach the children to *observe* with all the senses except touch, helping children strengthen their observation skills and diminish need to possess, manipulate, and control.

Grandparents and all the Community are involved in teaching and guiding the next generation.

Children are to learn their role in community, of contributing to community.

Spiritual education is the foundation of a successful life.

Prayer is a way of life and happens through singing, drumming, and the gift of tobacco.

Children are taught to walk the right path, to have good judgment skills.

Knowledge of the natural world is essential to the skills of living.

Children are to learn their connection to and reliance on All The Relations.

Children are given high praise for sharing with others and being helpful and respectful.

Our history and culture are taught through stories, legends, games, dances, and songs.

Referring to others as brother, sister, auntie, and uncle, strengthens interdependence relationship rather than that of independence.

Children learn through exploration and copying. Natural consequences (in a safe and supervised way) are lessons for the children.

Lessons are taught, by the adults, through storytelling, not lectures.

Emotional well-being is supported through physical and emotional support of adults and of the Earth. (Ex. Sharing anger with a rock, washing our sadness away in the water etc.)

The circle represents interconnectedness, equality, and continuity. Children and families are at the centre of all circles.

The 7 Sacred Directions of the Medicine Wheel are: east, south, west, north, above, below, and within.

We role-model and use the 7 Teachings to guide interactions and behaviour.

Resource Sites & Notes on Traditional Parenting

1. <http://www.collectionscanada.gc.ca/obj/thesescanada/vol2/OSUL/TC-OSUL-436.pdf>

As soon as the child is old enough, their education begins. Skills of living are taught by example. Native history and culture are taught through stories.

Knowledge of the natural environment was essential.

The belief was that the world was made up of spirits. Spiritual education was seen as the foundation of the successful life and fasting and dreams were important aspects of this education.

Anishinabek parents used gentleness and tact [regarding the governance of children]

One or more grandparents were usually found in each household. [to help teach]



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2. http://www.beststart.org/resources/rep_health/pdf/SupportingtheSacredJourney.pdf

Throughout our lives, we are on a learning journey. In traditional First Nations cultures, we begin learning about our ways of being within the world from the moment we are conceived. Teachings come from all of those around us and in many ways, such as through stories, humour and guidance. Sometimes, we do not understand the lesson that Elders are trying to teach us. In time, the purpose is revealed through our experience and growth. This type of learning requires reflection and patience

The cradleboard or tikanagan was used to keep babies safe. It helped them to learn about watching, not wanting. Young children were taught about their role in the community and their responsibility to the community. Discipline was a sharing of this knowledge in a story or by example. Voices were not to be raised or unkind words spoken, for the spirit of the child required gentleness.

Each person in the community has a role and responsibility for raising a child. This means ensuring safety, providing teachings and supporting the parents to make sure that they are given good guidance through their journey. The traditional way is a way of life based upon connection to extended family, clan and community. All are responsible for ensuring that the young person feels valued, loved, cared for and for keeping her or him safe from harm. Prayer is a way of life for traditional people. It is a way to greet the day and to be thankful. Prayers can be in many forms. Singing, drumming, burning tobacco or putting tobacco on the earth are ways people pray. Smoking a pipe or putting tobacco in the fire is a way of sending prayers upward to Creator. The smoke carries the prayer.

Our connection and reliance on each other and all in creation is recognized through giving thanks. It is the expression of respect, responsibility and recognition. We know our sacred place in creation through our thankfulness. We thank the medicines we use by our offer of tobacco.

A good mind is able to think clearly, has an excellent memory, and is peaceful and just. [...] It is also a logical and reasonable mind. A peaceful mind is one without jealousy, want or selfishness. It is a mind connected to body, spirit and the universe. Understanding one's place in relationship to the universe; connection, reliance and equity is the foundation for the just mind. The just mind is able to look at the 17 past and into the future with the same thought and care given to the present.

The joy of babies and unconditional love were at the heart of parenting. There was no discipline as defined by the Europeans. The babies and children were free to learn, grow and explore. Babies were kept close and kept in a cradleboard/ tikanagan or a swing/wewebizon. They were not allowed to cry, so would be attended to immediately.

Children were highly praised when they shared with others, were helpful, kind or respectful (Anderson, 2011). As they grew up, they were given more ways to contribute to the community and more responsibility.

3. https://www.acc-society.bc.ca/files_2/documents/BringingTraditionHome-TOCandIntro.pdf

Respect: a feeling or attitude of admiration and deference toward somebody or something; respecting ourselves, our children, in our relationships with other adults, our Elders and teachers, other parents, our communities, our traditions and our land



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Belonging: the state of being accepted and comfortable in a place or group; communal and shared adult responsibility for children; the importance of tone of voice; the meaning of 'All my relations.'

Love: tender affection, a passionate feeling of desire or something that elicits deep interest and enthusiasm; traditionally an Aboriginal child developed attachment to many adults. We teach our children what we believe in because we love them and want the best for them.

Honoring: understanding and valuing the stages our children go through as they develop; children as gifts from the Creator, and about the importance of traditional birth and childhood rituals in marking different milestones in a child's life.

Humility: acknowledging that we have much to learn from mother earth, each other and our children, and that leaders are servants of the community; traditional ways of teaching children: storytelling, demonstrating skills, praise, learning responsibility through play

Courage: the quality of mind or spirit that enables a person to face difficulty, danger, pain, etc., in spite of fear; traditional ways of coping with loss; how family and community support helps young parents learn new parenting skills; the importance of ceremony and protocols for connecting with one's culture and traditions.

Wisdom: the ability to discern or judge what is true, right, or lasting; cultural practices to build and strengthen our families.

Generosity: liberality in giving or willingness to give; generosity —a key value for Aboriginal people; feasts

Celebration: Through the cycle of the seasons we honor and celebrate the Earth.

Learning Cycle: The Aboriginal cycle of learning often begins in the spiritual quadrant where one becomes aware of one's needs in relation to self, family, communities, and finally one's place in the greater universe. The second part of the cycle is within the emotional quadrant where the awareness of needs may cause a person to struggle with feelings and emotions. This struggle happens when there are contradictions to assumptions, beliefs, and attitudes that were learned earlier in life. As the person works toward a resolution of the contradictions, she moves into the third stage. This is the mind stage in which she is able to build upon her newly-acquired © BC Aboriginal Child Care Society, 2010 Bringing Tradition Home 14 Introduction knowledge to construct new patterns and gain more positive views of living. As the person integrates new knowledge and beliefs into her life she finds a new sense of self. She is then able to maintain the more positive patterns she has learned through the process. Humans follow this learning process throughout their lifespan. A person who has become self-aware, and has grown in understanding is able to teach others by sharing their knowledge. This is the responsibility that Elders have worked towards.

4. <https://www.youtube.com/watch?v=aKq-l6xfCEw>

connected to the land

respecting each other

referring to each other as: brother, sister, auntie, uncle >> relationship vs individual (by name)



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5. <http://www.beststart.org/resources/aboriginal/TCooC.pdf>

“The spirit of the child was of the utmost importance—you do not wound the spirit of a child.” – Edna Manitowabi (Anishinaabe)

There was a philosophy of non-interference. Natural consequences to a child's actions were allowed to occur, in a safe and supervised way, to allow children to learn their own lessons about life and behaviour.

Storytelling is a traditional approach that was used to guide children. Stories were told that illustrated what happened when someone did not follow the teachings

One method of discipline is using water as medicine for a child who is acting out and cannot calm down. The water teaching, it is the first major discipline medicine. It can help when the child is really upset. Gently put water on the face of the child, not tap water but spring water or snow. Bottled water can be used too. Snow can be melted and warmed up a bit. Put the water in a bowl and gently take the water in the child's hand until they get used to feel of the water and are not shocked. Rub their hands back and forth and cup their hands in yours, within the bowl. Sing their song or another song the parent knows, or a tune can gently be hummed. Talk to the child about the medicine. We want the child to remember that calm time, refer to the time in the womb. Take their hands and use the water to gently wash their face from the forehead and temples to the cheeks. After say to them, “Hmm, I think you need to calm down, I think we need to go get water.” Remind them that that water medicine is there to help. The first medicine is the water.

It is hard when there are discipline problems. Parents ask, “What do we do? This child is blind to the problem. They are blind to us, they are blind to our words. They can't see the problem and they can't figure out how to behave properly.” My grandmother taught me to take that problem and work with it in a different way. Get a rock. Each one of my children has a special rock. Sit and tell all of your problems to that rock and put all of your anger into that rock. It's actually part of that rock's job to take that on, to take that from you as they are considered grandfathers and grandmothers. Tell that rock what you need to. I can say, “Go get your rock and hold on to it. Rub it and be as angry as you have to be.” My grandmother used to say, “Don't tell them not to be angry. They need to feel that and deal with that.” Make a special place in their room where they keep that rock. Have them make a special home for the rock, like a bag or a bundle, by their bed or on their shelf. They can tell all their problems to that rock. Any time they are feeling stressed they can talk to that rock, or if they don't have the words for it, what they are feeling or why, they can just hold on to it. My grandmother used to ask, “How much do you think you can hurt a rock?” This way the child is separated from the negative emotions. We tell them, “If you have a problem, you can always come and talk to mom and dad, but if you are so frustrated that you cannot talk about it, use your rock.”

It is important to separate who our children are from their behaviours. Sometimes unmet or unrecognized needs result in undesired behaviours that can be prevented. Learning to recognize things that lead to some of these undesired behaviours is helpful. Children have different needs and behaviours at different ages, related to their developmental stage. Their needs and behaviours may also reflect any special needs they may have such as difficulties learning or remembering.

Research is now showing that there are some problems with Time-outs. Young children



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are not able to calm down by themselves and need a calm adult to help them. Time-outs do not teach appropriate behaviour and do not provide needed contact or support from a caring adult. Rather than leading to better behaviour in children, some children respond with distress, frustration, or anger. Forcibly separating children from their families, even just in another room or space within the room, does not feel good to many First Nations parents who recall all too well what forced removal of children looked like in the historical past. Time-outs can cause a child to feel abandonment, even just temporarily, but this can still have an overall negative effect. The child sees themselves as bad and undeserving. This can lower self-esteem. It also encourages more bad behaviour. When children are told they are bad, they are more likely to behave badly. Time-outs often contribute to power struggles and don't let children learn to work through their strong emotions with assistance of a caring adult. Time-outs do not address any underlying factors for the behaviour (such as hunger or fatigue), do not show caring and understanding, and do not guide children to appropriate behaviour.

In a Time-in, a child who is having a difficult moment is invited to sit with a parent for comfort and calming. During the Time-in, the parent helps the child express their feelings and point of view, listening to and empathizing with the child. The parent explains why the behaviour was a concern and helps the child problem-solve, discussing other ways to address the situation. The parent actively listens to what the child is saying and respects the child's perspective and feelings. Time-in strengthens bonds between parents and children. During a temper tantrum, or a major meltdown, it is not possible to teach a child. Staying nearby and calming them (if possible) is the only option until they settle. Then the empathetic discussion can start.

6. <http://www.ccnsa.ca/docs/child%20and%20youth/NCCAH-supportingaboriginalparents-web-april2009.pdf>

As a process that began in the earliest moments in a child's life, education was transmitted orally in the tradition of stories, legends, myths, games, dances, songs and from the specific teachings of Elders, grandparents and extended family members. In the oral traditions of teachings, the intergenerational transmission of language was actualized, while foundational knowledge and understandings about culture, personal and community identity, values, customs, history and spiritual beliefs were realized.

Whenever one stands in the world, there are always four equal directions. Without all the directions, the world is incomplete and cannot be. It is the unity of these directions that makes the wholeness of reality. Each direction relies on the existence of the other directions for its own identity as a direction. Each direction reflects differences in the world (plenitude) and sets out the possibility for interconnectedness

- 7 <http://firstnationspedagogy.com/innerfire.html>

Each person is unique, thus have unique special gifts. In traditional times, these special gifts were carefully observed and acknowledged. Special gifts could include:

- The gift of leadership.
- The gift of healing.
- The gift of working with plants or
- animals.
- The gift of artistry and craft work.
- The gift of music or dance.



Ekwaamjigenang Children's Centre Staff Manual

- The gift of reading and communicating with the land.
- The gift of prophesy and communicating with Spirit.
- The gift of storytelling and oral expression.

Sources:

Community Elders

<http://www.collectionscanada.gc.ca/obj/thesescanada/vol2/OSUL/TC-OSUL-436.pdf>

http://www.beststart.org/resources/rep_health/pdf/SupportingtheSacredJourney.pdf

https://www.acc-society.bc.ca/files_2/documents/BringingTraditionHome-TOCandIntro.pdf

<https://www.youtube.com/watch?v=aKq-l6xfCEw>

<http://www.beststart.org/resources/aboriginal/TCoOC.pdf>

<http://www.ccnsa.ca/docs/child%20and%20youth/NCCAH-supportingaboriginalparents-web-april2009.pdf>

<http://fnecdc.ca/wp-content/uploads/The-BC-FNECD-Framework.pdf>

http://www.beststart.org/resources/hlthy_chld_dev/pdf/CBS_Final_K12A.pdf

Early Childhood Education Supports

1. https://www.college-ece.ca/en/Documents/Early_Childhood_Education_Program_Standard_EN.pdf College of ECE Program Standards
2. <https://www.youtube.com/watch?v=C0lwNNIX8xA> “How Does Learning Happen” video



Ekwaamjigenang Children's Centre Staff Manual

New Staff: Policy Review Record

New Staff, Volunteers & Students (*Policies must be reviewed prior to working with the children*)

Staff Name	Position	Date Reviewed	Signature

Staff review the Centre Philosophy, Program Statement, and Policy Manuals on a yearly basis. (Reviews are to be kept for 3 years.)



Ekwaamjigenang Children's Centre Staff Manual

Policy Change Review Record

Policy Change:

Staff Name	Position	Date Reviewed	Signature

Staff review any changes made to Policy.
(Reviews are to be kept for 3 years.)



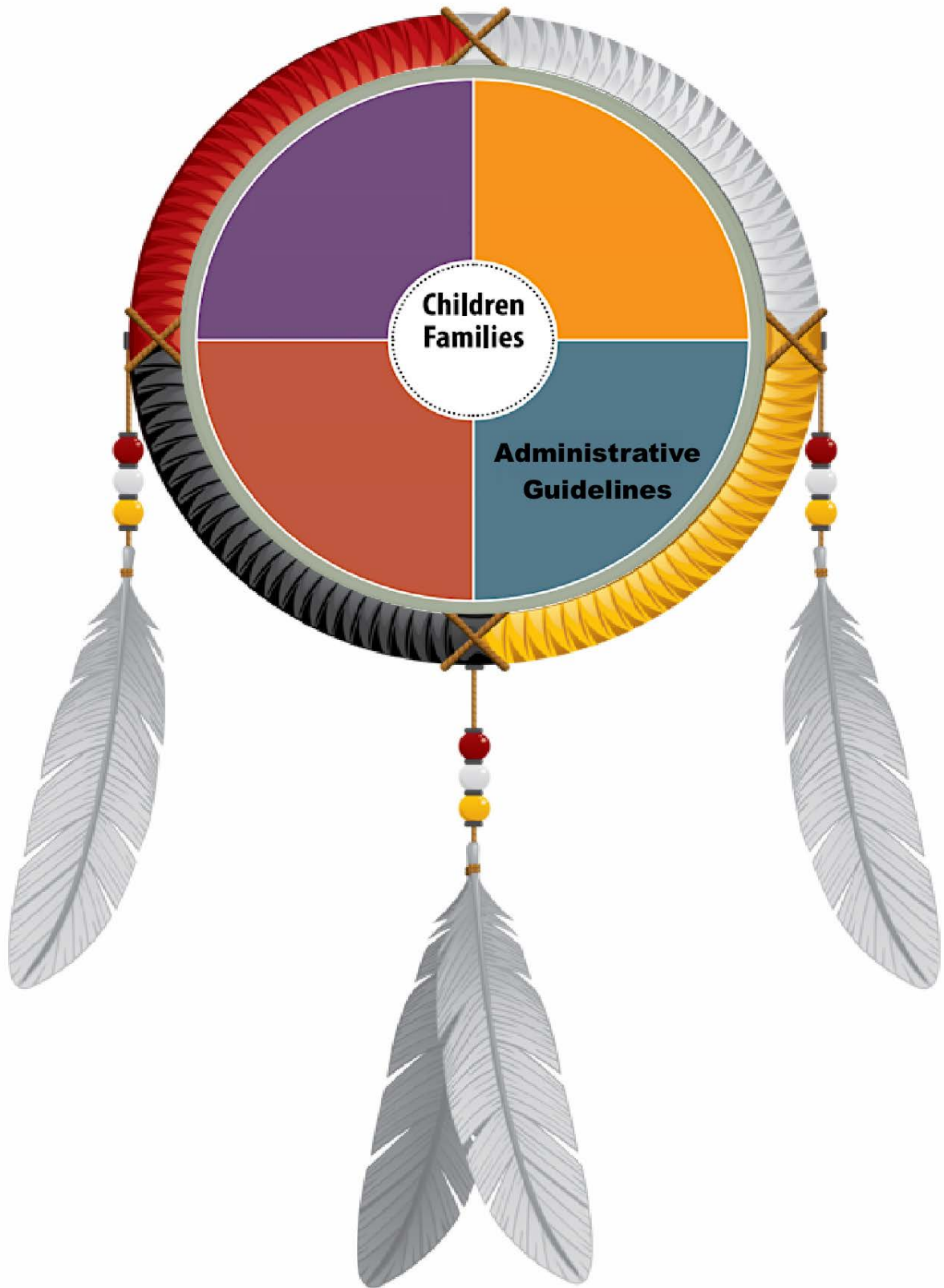
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Annual Policy Review Record

YEAR: _____

Staff Name	Position	Date Reviewed	Signature

Staff review the Centre Philosophy, Program Statement, and Policy Manuals on a yearly basis (Reviews are to be kept for 3 years.)





Ekwaamjigenang Children's Centre Administrative Guidelines

Nimajii-toomin Maamwi

"We are on this journey together" as we work together to nurture, teach, guide, empower, inspire, protect, and interact with the children, your children, our Ekwaamjigenang, "Our Children, Our Sacred Gifts".

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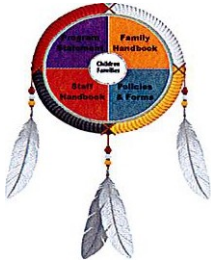


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Ekwaamjigenang Children's Centre Administrative Guidelines



Nimajii-toomin Maamwi

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Ekwaamjigenang Children's Centre
Health Assessment

Name: _____

() Full-time () Casual () Student () Volunteer () Seasonal

Under the Child Care Early Years Act we require each person working with children in a childcare setting to provide proof of the following prior to starting employment:

****This section to be completed by Yph1ys1c1an****

YES NO

Is this person free of communicable diseases?
Is this person able to lift up to 50 pounds?
I have found this person to be physically and mentally capable of working with young children in a childcare setting
Does this person have any special medical conditions that may cause inability to perform required duties?

Immunizations

Written proof of up to date immunization as follows or documentation of exemption, (a copy of the actual immunization record card should be provided). If this person should not be immunized, please attach documentation.

Please initial with date of immunization

Tetanus, diphtheria	booster within 10 years
Measles	(For persons born in 1970 or later, one dose of measles vaccine or serologic proof of immunity) .
Varicella	Past History of Chicken Pox Yes or No
Rubella (German Measles)	For females of child-bearing age (15-50) one dose of rubella vaccine or serologic proof of immunity.

Name of Physician _____

Doctors Signature _____ Date _____

Address _____

Staff Signature _____ Date _____

TB Skin testing

Please read carefully if you have not had a TB test previously:

- A two-step TB skin test establishes an accurate baseline reading for future testing.
- Documentation is required for the two tests which are completed 1-4 weeks apart.
- The process of testing and reading results will require 4 visits

1) Date of needle _____
Date read _____ millimeters of indurations

2) Date of needle _____
Date read _____ millimeters of indurations

A one-step TB skin test if required every 2 years:

- If an individual has a documented TB skin test within the last 2 years verification is required by the health official who administered the test.

Test provided by _____ Title _____

Ekwaamjigenang Children's Centre • Mississaugas of the New Credit First Nation
•R.R. # 6 Hagersville ON NOA IHO •Telephone (905)-768-5036 •Fax (905)-768-2219



Mississaugas of the New Credit First Nation
 Vulnerable Sector Check Procedure for Employees and Volunteers

**** Police Vulnerable Sector Checks are only completed on people over 18 years of age.****

After consultation with the OPP the following items are necessary for a Canadian Police Information Centre (CPIC) Police Vulnerable Sector Check (PVSC) request. At most offices you must attend in person to the Local Police Station or OPP office in the area of which you live for your CPIC/PVSC.

Your area Police Department will supply you with their application form to fill out with all your personal information. The following table shows the cost and operating hours of the Police Departments within our area (effective as of September 2015).

Area	Days	Hours	Cost	Payment Options
Six Nations Police	Monday to Friday Closed Fridays in August	8:30 to 4:00	\$30.00	Cash only exact amount
Cayuga OPP	Monday- Friday	8:15 to 4:15	\$33.00	Cash only exact amount or Debit accepted
Simcoe OPP	Monday- Friday	8:00 to 4:30	\$25.00	Cash only exact amount
Brantford Police	7 days a week Can also apply on line	24 hours	\$40.00 for employment \$20.00 for volunteer	Cash, credit or debit
Hamilton Police Service	Monday-Friday Can also apply online	8:30 to 6:00	\$50.00 for employment \$25.00 for volunteer	Cash, credit or debit

You **MUST** take with you the following:

- **MNCFN Police Vulnerable Sector Check Request Form** which **must be signed by a department head** or designate
- **Two pieces of identification** at least one must be a photo ID and cannot be your Health Card or you can show two pieces of photo ID

Acceptable Photo ID includes:

- Driver's Licence
- Passport
- Status Card
- PAL Card
- BYID (Age of Majority Card)
- Govt. Employment Card
- Military Employment Card
- Canadian National Institute of the Blind ID Card

Acceptable Non-Photo ID includes:

- Birth Certificate
- Hunting licence
- Canadian Citizenship
- Baptismal certificate
- Immigration papers
- Outdoors card
- Canadian Blood Donor Card

Only permanent MNCFN employees requiring a CPIC/PVSC will be reimbursed the cost of the CPIC/VSC but must provide the receipt for such as well as a print out of Google maps detailing the kilometers travelled from their home to the police station to 659 New Credit Rd or vice versa. When possible employees will travel during work hours otherwise OT for such must be preapproved as per the MNCFN Employment Policy and Procedures Manual.

Non permanent casual contract staff may apply to their employment and training office for possible reimbursement.



Mississaugas of the New Credit First Nation Police Vulnerable Sector Check (PVSC) Policy

Effective June 13, 2016 all Mississauga New Credit First Nation (MNCFN) employees both permanent and casual as well as volunteers who are over 18 years of age providing direct service to any vulnerable sector as defined in the Criminal Records Act 6.3 (1) must provide the results of a current Police Vulnerable Sector Check (PVSC) prior to having unsupervised contact with the vulnerable sector **(see below)*. The PVSC must be current within six months of the hiring date and also must provide a new PVSC once every three years thereafter; in the interim three years staff will be required to annually complete a Criminal Offence Declaration Form declaring any and all criminal convictions .

Students over the age of 18 years of age and on educational placement submit their own PVSC as prescribed by the institution in which they are enrolled. The PVSC policy does not apply to individuals under the age of 18 years.

The PVSC is a precautionary measure designed to ascertain whether employees, volunteers and students providing direct service to a vulnerable sector, have a criminal history which could potentially make them unsuitable for certain positions of trust. A PVSC can assist MNCFN in attempting to ensure the safety and well being of the vulnerable sector who are receiving services.

In order to keep vulnerable persons safe, the PVSC results may contain a collection of offence information, including convictions, outstanding warrants, charges, judicial orders and sexual offence convictions for which the individual has received a record suspension where authorized by the Minister of Public Safety and Emergency Preparedness . Non-conviction information shall be released only when it meets the Exceptional Disclosure Assessment. Non-criminal information, mental health information and local police contact information would not be disclosed through any police record checks. This includes information related to a person who was a victim or witness of a crime, or who had non-criminal contact with police during a mental health crisis.

MNCFN requires an original embossed PVSC obtained from the OPP, Municipal Police Services or Six Nations Police. All information obtained from the PVSC will be secured in the personnel files.

The police will obtain information through the Canadian Police Information Centre (CPIC), conduct a 5 year local address check, and includes a check in the Pardoned Sexual Offender Database.

The MNCFN will consider the information obtained through a PVSC in the context of the nature of the offence(s) including the circumstances surrounding the charges and convictions, and the specific duties of the potential employee and volunteer. Other considerations include references from past employees and rehabilitative programs and other efforts subsequently made by the candidate.

**MNCFN at its discretion may offer a 30 day conditional job offer to candidates waiting for their PVSC results who can show proof by way of a receipt obtained from their local Police Department. The conditions will include supervised access to the vulnerable persons they work with. If a conditional job offer is granted by the personnel committee before the results of the PVSC are obtained, the relationship can be terminated if the MNCFN administration considers it appropriate once the results are received.*



Mississaugas of the New Credit First Nation
Police Vulnerable Sector Check (PVSC) Request Form

The Police Vulnerable Sector Check (PVSC) request is being made under the *Police Record Checks Reform Act, 2015* in order for the protection of public safety. PVSC's are completed in cases where an individual is in a position of trust or authority over vulnerable persons. The results of the PVSC are one of the tools used to determine if an individual seeking employment, volunteering or on an educational placement has any convictions for a sexual offence listed in the Criminal Records Act (CRA) for which a record suspension was granted.

USE BLUE INK

Date: _____

As an authorized representative of the **Mississaugas of the New Credit First Nation** : who is responsible for the well-being of one or more children or vulnerable persons, as defined in Section 6.3 (1) of the Criminal Records Act, I hereby request the Ontario Provincial Police, Municipal Police Services or First Nation Police Services to conduct a:

Vulnerable Sector Check (Local Police Check for past 5 yrs.)

Pardoned Sexual Offences Check (Cannot be completed for person(s) under 18) on

Applicant Name : _____ **DOB:** _____

Applicant position title _____ **and description:**

working with the disabled over 18 years of age

working with the elderly

working with Children under 18 years of age

Required for (choose one):

Employment

Volunteer position

High School Placement

Signature of Authorized Agency Person : _____

** I give my consent for the PVSC to be conducted and released to me prior to agency review.

Applicant's signature _____

Authorized Agency Representatives:

MNCFN Human Resource Manager

MNCFN Child Care Supervisor or Assistant Supervisor

MNCFN Health and Social Service Director

MNCFN Director of Education

CRIMINAL OFFENCE DECLARATION FORM

NAME: _____

POSITION: _____

DEPARTMENT: _____

I DECLARE, that

c.i I have 110 convictions for offences under the Criminal Code of Canada up to and including the date of this declaration for which a pardon has not been issued or granted under the Criminal Records Act (Canada).

c.i I have the following convictions for offence under the Criminal Code of Canada for which a pardon under the Criminal Records Act (Canada) has 01ot been issued or granted.

List of Offences:

1. A. Date: _____

B. Court Location: _____

C. Conviction: _____

2. A. Date: _____

B. Court Location: _____

C. Conviction: _____

(use separate paper if necessary)

Dated at _____ this _____ day of _____, 20__

Signature

**** Submission of false information on an Offence Declaration may result in termination of employment with MNCFN. ****

Information is collected and disclosed according to Section 29(1) and 32 of the Municipal Freedom Information and Protection of Privacy Act (MFIPPA).

Note: Convictions not directly related to your current position will not negatively impact on your employment.

Ekwaamjigenang Children's Centre
 Authorization for Parent Fee Change

LR.#

Today's Date		<u>Financial Responsibility</u> - new enrollment only	
Parent's / Guardian Names		Mother's Name _____	Father's Name _____
Daycare Customer #		Signature _____	Signature _____
		Band name & number: _____	
		Mailing Address (include 911 # and postal code)	
		Other :	

Type of Fee Change		Effective Date
Vacation		
New Enrollment		
Full time to part time (two week notice)		
Part time to full time		
Termination (two week notice)		
Late Fee		
Other		

DETAILS OF REQUESTED CHANGE

Please include dates, particulars, etc. be as specific as possible please or attach documentation

TOTAL	

Parent Signature

Supervisor/Assistant Signature

Original to Finance: _____

Copy to Daycare Financial File: Via Yellow copy of Invoice Request

Ekwaamjigenang Children's Centre
Procedures for Court Orders and CAS Letters and **CODE BLUE**

1. Upon receiving a certified & true court order or CAS letter the Supervisor or Assistant Supervisor will update the "Court Orders on File Sheet" with the child's name and group, parent or guardian name, date of the order or letter and the nature of the order or letter . The child's emergency information sheet will be updated and forwarded to the classroom.
2. All staff will be advised by the Supervisor or Assistant Supervisor of the "Court Orders on File" Sheet update, the updates are to be reviewed by all staff; the "Office File Copy" is to be signed by all staff as updates or changes occur.
3. An updated copy of the "Court Orders on File" is placed in each classroom, kitchen, Communication Binder and office journal. The staff is to highlight the children in their group and place their copy in the classroom journal. Staff is to ensure this new information has been added to the child's emergency information sheet in their journals .
4. The new court order or CAS letter will be filed in the child's file and a copy filed in the "Court Orders on File" in the children's filing drawer in the office of the Ekwaamjigenang Children's Centre.

**If there are any discrepancies the Supervisor or Assistant Supervisor will contact the family or CAS for clarification.*

In the event of a Court Order or CAS letter being violated the following will be executed for a CODE BLUE:

1. Upon seeing the violator the Supervisor or Designate will if possible page, "CODE BLUE" or staff members can check with the office and inquire whether they should page "Code Blue".
2. When staff hears this code, they are to remain calm and lock their classroom doors and close their blinds. Should the child on the Court order or letter be outside, staff is to take that child and others as necessary to maintain ratio to the staffroom outside entrance door and lock the staffroom hallway door.
3. The Supervisor, Assistant Supervisor, Designate or other staff member (work as a team) may be the person to call 911 to request police assistance and inform them of a court order or CAS letter violation and who is in such violation. If possible the person making the call should also call the MNCFN Band Rep (905-768-1181) if it is a CAS order violation and the child is a New Credit Band Member.
4. The Supervisor, Assistant Supervisor or Designate will approach the person violating the court order and ask him/her to come into the office. In the office the Supervisor or Designate will show him/her the court order or CAS letter (from the Court Orders File-Children's Filing drawer) and ask them to leave. If the person refuses, the Supervisor or Designate will let them know that the police are on their way.
5. The Supervisor, Assistant Supervisor or Designate will inform the O.P.P. of the entire incident.

The incident will be documented as a Serious Occurrence under disaster on premises and forwarded to the Executive Director, Education & Social Council Chairs, Parent/Guardian, Minisfly of Children and Youth Services and filed in the child's file.

Ekwaamjigenang Children's
Centre Move up Schedules

Dear _____,

_____ will be moving up to the _____, their new teachers will

be _____ and _____

The first day to start full time in the new room will be _____

The following chart below will be the visiting schedule to the _____ room.

D Infants and Toddlers - Play Visits

	Dates	Wk 1	Dates	Wk 2
Monday		2 :30-departure		2:30-departure
Tuesday		9:00 - 12:00		9:00 - 12:00
Wednesday		9:00 - 12:00		9:00 - 12:00
Thursday		11:00 - departure		All day
Friday		11:00 - departure		All day

D Toddlers to preschool

D Preschool to Junior Kindergarten - Play Visits

	Wk 1	Wk 2
Monday	2:30-departure	2:30-departure
Tuesday	9:00 - 12:00	9:00 - 12:00
Wednesday	9:00 - 12:00	9:00 - 12:00
Thursday	11:00 - departure	All day
Friday	11:00 - departure	_____ All day

X

Child's Name: _____ Agreed upon move up date _____

(Teachers initials)

Move up Checklist (to be completed by new classroom teachers prior to starting visits)

Discuss move up with classroom teachers have meeting (5-10 Minutes)	
Provide parents with a copy of the move up schedule and final move up date	
Meet with parent to discuss new program - how your program is different from previous, where to find info, arrival changes, potty training, outdoor playtime.	
Post cubby label, show parent where the child's cubby is located	
Provide parent with classroom needs list	
Review new child's file - both teachers to initial	
Submit completed copy of this form to the office prior to visits starting	

Ekwaamjigenang Children's Centre Termination Agreement: Enrollment and Waiting List

_____ agree to abide by the "Enrollment and Waiting List Eligibility Criteria and Procedure" as outlined in the Waiting List Application. I understand that I am a priority **E, F, G or H** (see below eligibility

criteria) and that my child _____ is enrolled on a contractual basis. **I also understand that if there is a child who is placed on the waiting list and is higher priority A – D, my child may be subject to termination in which two (2) weeks notice will be given.** I recognize the importance of having a secondary childcare plan in place in case of termination.

Parent Signature _____ Date: _____

Supervisor Signature _____ Date: _____

Enrollment and Waiting List Eligibility Criteria and Procedure

Children are placed on the waiting list and given a priority number based on the following eligibility and requirements and the date and time of the waiting list application submission.

Priority	Requirements	Parents are
A	Child has New Credit Status or is eligible for New Credit Status. Must complete a Waiting List Application Form, eligibility for status verified by Lands/Membership Department.	Working, in training, enrolled with an Educational Institute (must provide proof) or be on maternity/paternity leave.
B	Child has New Credit Status or is eligible for New Credit Status. Must complete a Waiting List Application Form, eligibility for status verified by Lands/Membership Department.	Not working, must be actively seeking employment.
C	One parent is a New Credit Band Member must provide proof of status. Must complete a Waiting List Application Form	Working, in training, enrolled with an Educational Institute (must provide proof) or be on maternity/paternity leave.
D	One parent is a New Credit Band Member Must complete a Waiting List Application Form	Not working, must be actively seeking employment.
E	Mississaugas of the New Credit First Nation Staff Member Must complete a Waiting List Application Form *Enrollment is contractual Other First Nation Children	Applicant must be employed as an MNCFN permanent staff.
F	Must provide proof of child's status Must complete a Waiting List Application Form *Enrollment is contractual. Other First Nation Parents (children do not have status)	Working, in training, enrolled with an educational institute or on maternity leave (must Provide Proof).
G	Must provide proof of parent's status Must complete a Waiting List Application Form *Enrollment is contractual Other First Nation Children	Working, in training, enrolled with an educational institute or on maternity leave.
H	Must complete a Waiting List Application Form *Enrollment is contractual	Not working

Ekwaamjigenang Children's Centre
Safe Sleep and Sleep Supervision Guidelines

Safe sleep practices are to be strictly followed by all staff at ECC. The requirement for sleep supervision at all times includes the time periods when the children are sleeping in a separate sleep room/area.

Infant Room

- At no time are infants to be swaddled (wrapped tightly in a blanket) the use of sleep sacks or sleepers are recommended. Blankets (loosely covering) can be used while rocking children.
- No extra blankets are to be placed in cribs.
- The temperature of the sleep room should be maintained at 20 degrees Celsius (68 F).
- All children under twelve months must be placed wholly on their back to sleep (supine position).
- Once an infant can roll from supine to prone (on stomach) and from prone to supine, the infant can be allowed to remain in the sleep position that he or she assumes.
- When there are **three or more infants** in the sleep room, a staff member is to be physically present in the sleep room to supervise the children and to conduct physical checks-ensure they are breathing well (no rapid breathing) and are a comfortable body temperature (a simple stroke on the side of the child's face) check for signs if the infant is too hot such as sweating, damp hair or flushed cheeks.
- The children who are in the sleep room will have the time they fell asleep written on the diaper and sleep white board located on the wall beside the infant sleep room door, in the main room as well noted in the child's daily journal notes.
- When there are less than three infants in the sleep room, a staff member is to visually monitor the sleeping children and conduct physical checks every 15 minutes to monitor breathing and body temperature (as noted above). **The time of physical checks must be documented in the child's daily journal notes.**
- When a child is placed in their crib for sleep all bed rails must be raised in the locked position.
- At no time are children given bottles on their cots or in their cribs.

All Classrooms

- Lighting in the sleep room must allow for visual monitoring at all times. Lights may be dimmed, but staff must be able to see the children clearly.
- If needed it is preferred practice to rub children's backs rather than patting if patting a back the heel of the palm must remain in contact with the child while patting.
- Staff ratio may be reduced during rest time, as children are not active during this time. This does not apply for children under the age of 18 months.
- Cots or rest mats are to be placed at least 18" apart, with a 36" aisle to ensure the safety of children and staff, in case of an emergency. Staff should consider the placement of children alternating head to feet; feet to head for health reasons.
- Music volume should be at a restful level and music choice should be relaxing.
- Children are not to be deprived of "basic needs" i.e. bedding, toileting requests, comfort toy
- If after 30 minutes from the start of rest time a child has not fallen asleep then quiet activities must be provided.
- Any child's rest time must not exceed 2 hours in length for all children over 18 months. Children are encouraged to engage in quiet activities, rest or sleep; therefore soft lighting must be on during this time. Rest time should be of such duration that normal sleep patterns at home are not disrupted.

Ekwaamjigenang Children's Centre

Serious Occurrence Reporting Procedure

Serious Occurrences are defined as follows:

1. **DEATH OF A CHILD** - Any **death** of a child-which occurs while participating in a child care service whether it occurs on or off the premises.¹
2. **SERIOUS INJURY** - Any **serious injury** of a child which occurs while participating in a child care service whether it occurs on or off the premises. Generally, "serious injury" in child care is defined as "any injury requiring medical or third party intervention" This could include, but not be limited to the following:
 - a) An injury **caused by the service provider**, e.g. lack of or inadequate staff supervision, neglect/unsafe equipment, improper/lack of staff training, medication error resulting in injury.
 - b) A serious **accidental injury**, this could include but not limited to; sports injury, fall, burn, concussion, unconsciousness, stitches, fracture of a bone, loss of a tooth due to injury, bite that breaks the skin if parent seeks medical treatment
 - c) Non-accidental injuries such as **self inflicted or unexplained** injuries.
3. **ALLEGED ABUSE/MISTREATMENT** - Any **abuse/mistreatment** or allegation of **abuse² or mistreatment** of a child which occurs while attending a child care service. This includes all allegations of abuse or mistreatment made against staff, volunteers, and students.

If child care staff suspects that a child is, or may be in need of protection, they must report this to the local children's aid society in accordance with section 72 of the Child and Family Services Act. **This is not considered a Serious Occurrence.**

4. **MISSING CHILD** -Any situation where a child is missing
 - a.) **Whereabouts Known**
 - b.) **Whereabouts Unknown** "Missing" is defined as: when a search of the premises has taken place and staff members do not know where the child is. i.e. - the child is in attendance but cannot be accounted for. The reporting of a missing child to the police must be immediate.
5. **DISASTER** - Any **disaster** on the premises where a service is provided, or in the neighbourhood causing a disruption in service or interferes with daily routines such as a fire, flood, long term power outage, gas leak, bomb threat, disruption of water, snow storm, carbon monoxide, infectious disease (where public health officials are involved), lockdown (Code Blue), etc.
6. **COMPLAINTS ABOUT A SERVICE STANDARD** - Any **complaint** concerning the **operational, physical or safety standards** of the service that is **considered by the service provider to be of a serious nature** such as: staffing/ratio, food, sanitary practices, playground, adverse water quality, lead exceedance, staff-child interactions, supervision, microbiological exceedance, hazardous/dangerous substances (poisons, flammables), missing or stolen files and other.
7. **OTHER** - Any **complaint** made by or about a child, or any other serious occurrence concerning a child, that is **considered by the service provider to be of a serious nature** e. g. inappropriate disciplinary techniques.

¹ In the event of a death a Coroner must also be notified - ref: Coroner's Act, s.10(2) for any client; also, CFSA Reg. 70\90, s.71 for any child.

² With regard to children, see CFSA Sec 37 & 72, with respect to a child in need of protection and the duty to report.

Ekwaamjigenang Children's Centre Serious Occurrence Reporting Procedure

Serious Occurrence Reporting must be completed within 24 hours of Occurrence

1. The child will be provided with immediate medical attention when warranted.
2. Appropriate steps shall be taken to address any continuing risks to the children's safety.
3. Ensure that the local coroner is notified immediately in all cases involving death, regardless of location (e.g. hospital) or circumstances.
4. The staff or any other person witnessing or having knowledge of the occurrence shall report the matter to the Supervisor or Designate to conduct serious occurrence inquiries.
5. The Supervisor/Assistant Supervisor or Designate shall immediately begin a serious occurrence inquiry, in accordance with the following steps. The purpose of the inquiry is to gather information regarding the actual or alleged occurrence(s).
6. All persons having knowledge of the occurrence should remain on the premises until the designated person has interviewed them, or indicated that there is no need for their involvement at that point.
7. The Supervisor/Assistant Supervisor or Designate gathers Serious Occurrence Information.
8. The Executive Director is notified that a Serious Occurrence has taken place at the Children's Centre.

Serious Occurrences are now reported electronically via the Ministry of Education website portal.

The login in address is : <https://www.one-key.gov.on.ca/aaalogin/AAIlogin.jsp>.

The reporting process is very simple and is completed online.

The Supervisor and the Assistant Supervisor each have their own account and password to report a serious occurrence. Serious Occurrences are reviewed by a Program Advisor. The reporting system will generate another document that states that Ekwaamjigenang has had a serious occurrence, the type of serious occurrence, the time, steps that are to be taken immediately if any are necessary. The generated report is evidence that a Serious Occurrence has been filed. You must print two copies of the report and the report to be displayed. The Serious Occurrence Notification Form will be posted on the front door. The document must be displayed and may not be taken down before 10 business days has elapsed. (With the exception of serious occurrences regarding unverified complaints and allegations of abuse) These documents must be kept for a minimum of three years.

The person who completes the Serious Occurrence Report online will be emailed that the report has been received. There may be follow up questions from a Program Advisor that must be answered immediately. Questions may include a follow up with the family involved, further recommended steps that must be taken to ensure a serious occurrence does not happen again, or a date that the Serious Occurrence was completed. The person who filed the report will be given an email from the Program Advisor when the Serious Occurrence is closed.

9. The Serious Occurrence Notification Form is updated as the Supervisor/Assistant Supervisor or Designate takes additional actions or investigations are completed. If the form is updated with additional information such as additional actions taken by the operator, the form remains posted for 10 days from the date of the update.
10. Licensees must complete the annual summary report as a method of identifying issues, trends and actions taken, and retain the report on file at the centre. In addition to ongoing reviews and follow-up to serious occurrences, licensing staff will review the annual reports during licensing inspections.

Additional Information

Registered Early Childhood Educators (RECEs) are expected to be accountable for their actions as early childhood educators and to abide by the College of Early Childhood Educators' Code of Ethics and Standards of Practice as well as all applicable legislation, regulations, by-laws and policies that are relevant to their professional practice.

The Early Childhood Educators Act, 2007 and the Professional Misconduct Regulation state that it is an act of professional misconduct to "contravene a law, if the contravention has caused or may cause a child who is under the member's professional supervision to be put at or remain at risk"

NOTE: It is the person who has reasonable grounds to suspect that a child is or may be in need of protection, who is legally obligated to make a report to Brant Family and Children Services••

RECEs should familiarize themselves with reporting requirements under the Child and Family Services Act, 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 and Family Services Act and the duty to report, [see Reporting Child Abuse and Neglect: It's Your Duty](#). If the Licensee or staff person has reason to suspect that a child has been abused (and/or in need of protection), the staff person or licensee must report this to : Brant Family and Children Services, **Mississaugas of the New Credit First Nation Band Rep which would be a Family Support Worker (who must be present when Brant Family and Children's Services or the Police visits the Child Care Centre to see a child) and police as appropriate.

**Ekwaamjigenang Children's Centre
Anaphylaxis Emergency Action Plan and Procedure Form**

Child's Name: _____

Date Plan Developed: _____

Date to be Reviewed: _____



This person has a potentially life-threatening allergy (anaphylaxis) to:
(Check appropriate boxes)

- Peanut Milk Insect stings _____
 Tree nuts Egg Latex
 Medication: _____ Other: _____

Ekwaamjigenang Children's Centre has strategies to reduce the risk of exposure to allergens (see section A of the Anaphylaxis Policy).

My child is Asthmatic: Yes No

An asthmatic person is at greater risk. If the child is having a reaction and has difficulty breathing, give epinephrine auto injector before asthma medication.

Epinephrine auto-injector: Expiry Date: _____ / _____

Dosage: EpiPen Jr. © 0.15 mg EpiPen© 0.30 mg _____

A child having an anaphylactic reaction might have ANY of these signs and symptoms:

- Respiratory (breathing): wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever like symptoms (runny itchy nose and watery eyes, sneezing), trouble breathing.
- Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea
- Skin: hives, swelling, itching, warmth, redness, rash
- Cardiovascular (heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- Other: anxiety, headache

Early recognition of symptoms and immediate treatment could save a person's life.

The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. At the first sign of an anaphylactic reaction occurring in conjunction with known or suspected contact with an allergen, the epinephrine auto-injector (EpiPen ©) will be administered by any staff member of Ekwaamjigenang Children's Centre.
At the same time 911 Emergency Services will be contacted and told that someone is having a life-threatening allergic reaction and to send an ambulance immediately.
2. The child will be taken to the West Haldimand General Hospital in Hagersville.
3. Parents or emergency contacts will be notified immediately.

Emergency Contact Information

Name	Relationship	Home phone #	Work phone #	Cell phone #

*The undersigned parent or guardian authorizes any staff of Ekwaamjigenang to administer epinephrine to the above named person in the event of an anaphylactic reaction, as described above.

**This emergency action plan has been recommended by the patient's physician.

*Parent signature and date

*Doctor signature and date

***This Plan is in effect for one year from the date signed.



EKWAAMJIGENANG CHILDREN'S CENTRE
ANAPHYLAXIS POLICY

Purpose: To reduce the risk of exposure to anaphylactic causing agents of individuals who are regularly in attendance at Ekwaamjigenang Children's Centre (ECC). This policy is a requirement of the Child Care Early Years Act Sub section 3.10

Intent: Anaphylaxis is a serious allergic reaction and can be life threatening. The allergy may be related to food, insect stings, medicine, latex, fabric, chemicals, exercise etc.

This anaphylaxis policy is intended to help support the needs of a child with a severe and potential life threatening allergy and provide some information on anaphylaxis and awareness to parents, staff, students and visitors at Ekwaamjigenang Children's Centre.

A) Strategies to reduce the risk of exposure to allergens: *This list will be revised as necessary depending on the life threatening allergies of the children enrolled.*

B) Anaphylaxis Emergency Plan and Procedure

Parent Responsibilities

1. Should a child have a potentially life-threatening allergy (anaphylaxis) related to **food, medication, insect sting**, etc. then the parent/guardian and physician will be required to provide input on the child's individual plan by completing an Anaphylaxis Emergency Action Plan and Procedure Form and a Medication Consent Form prior to enrolling such child.
2. Parents and Physician are required to annually review and update the Emergency Action Plan and Procedure Form by completing a new form. Any costs incurred with the completion of these forms are the responsibility of the parent or guardian.
3. All parents will be required to keep the ECC staff informed and updated as to any change in their child's allergy, such as; if a new allergy develops, if the child has gained or lost weight, if the child has outgrown the allergy and no longer requires medication or any change to a child's Emergency Action Plan and Procedure Form. Any change would require Physician's written approval.
4. Should there be a delay or refusal to provide proper documentation the child will be suspended until Physician's documentation is provided.

EKWAAMJIGENANG CHILDREN'S CENTRE
ANAPHYLAXIS POLICY

D) Communication Procedure

1. Prior to enrollment the ECC orientation session provides parents the opportunity to share information about their child's medical condition, including whether children are at risk of any possible life threatening allergies.
2. Each new family enrolling a child and any new staff, student or volunteer will be notified at their orientation session of any potential life threatening allergies in the centre and the foods or allergy causing agents to be avoided.
3. This anaphylaxis policy will be reviewed with any new staff, student or volunteer prior to working with the children and annually thereafter. A record of the annual review will be kept on file for two years.
4. General Information on life threatening allergies will be maintained in our central information file and will be made available to any person upon request or provided to all families as deemed necessary.
5. Classroom and centre wide allergies will be posted in each classroom and in the kitchen. All posted allergy lists will have a date in which the list was updated.
6. The EpiPen Three Step Poster is clearly visible in all classrooms.

Statement of Agreement

I agree to the training plan for my child _____ provided to the Ekwaamjigenang Children's Centre by my Physician _____ regarding the Anaphylaxis Emergency Action Plan and Procedures for my child.

I further agree to have a Physician review the Emergency Action Plan and Procedure on an annual basis by completing a new form.

I agree to keep the ECC staff informed of any changes throughout the year that may affect my child's Emergency Action Plan by providing Physicians written approval.

Parent Signature and Date

Witness Signature and Date

Updated May 2016

What are they? What do they look like?

- Head lice are six legged, crawling insects that can only survive by drinking human blood.
- An adult louse is about the size of a sesame seed (2-4 mm long)
- An adult louse lays eggs within a half inch from the scalp, these eggs can be yellowish-white to brown colour and will be firmly attached to one side of a single strand of hair. The eggs are an oval shape.
- The eggs called "NITS" are most commonly found behind the ears, nape of neck and back of the head often found within a half inch from the scalp but maybe moved down the shaft from combing.
- Eggs do not have a nervous system; therefore nits **cannot be killed by insecticide treatment**.
- The eggs hatch in 9-10 days the nymphs begin to feed; in another 9-15 days the female matures and begins laying more eggs. The hatched empty eggshells remain on the hair, but are not a source of reinfestation.
- The feeding process may cause mild to severe itching and may leave small red bumps.

How do I treat them?

- The only way to remove head lice is a combination of treatment, nit removal and **re-treatment**.
- An over the counter lice shampoo and rinse is required to kill the living lice in the hair. The treatment directions **MUST** be followed exactly because each brand is different.
- Washing the hair with the treatment will kill the living lice but it **WILL NOT** stop the nits from hatching.
- **The ONLY way to stop the nits from hatching is by removing each nit with a fine tooth comb or removing them by hand.** All nits must be removed in order to stop the infestation.
- This process will need to be repeated within 7-10 days to ensure that all living lice and nits are found.
- Clothing that had been worn by the child when the infestation was discovered should be washed and placed in the dryer for a minimum of 20 minutes.
- **NOTE:** Nymphs and adult lice can survive off the human body for up to 3 days. While eggs can survive away from the host for up to 3 days they require the higher temperature found near the scalp to hatch.

Procedure Centre Role:

- A head lice check is performed every Monday morning or the first day of attendance each week.
- If a child is seen to be scratching their head excessively a lice check will be performed.
- If lice or nits are discovered the child's parent/guardian will be contacted to pick up the child.
- Staff will continue checking the child throughout the 7-10 day period after each treatment for evidence of any new nits for removal and/or for louse or nymph detection.
- Written notice will be posted for parents on the front entry doors for awareness and prevention.
- At Ekwaamjigenang all bedding, pillows and cases will be stripped and washed and dried in a hot dryer. Soft toys will be dried in a dryer for 20 minutes.
- Any items that can't be placed in the dryer will be placed in plastic bag tied securely for 5 days.

Procedure Family Role:

- Families are expected to treat their child in consultation with a Doctor or Pharmacist.
- Families must follow treatment instructions and share the treatment plan with Child Care staff by completing a **Head Lice Treatment Form**.
- All bedding, pillows and Cases should be stripped and washed and dried in a hot dryer. Soft toys should be put in hot dryer for 20 minutes. Any items not dryer safe should be securely tied in a plastic bag for 5 days.

Ekwaamjigenang Children's Centre
Head Lice Treatment Verification Form

Parents/Guardians please complete the information below and return it to the Centre before re-admittance will be granted.

Date:
Child's name:
Parent/Guardian's name:
Daytime telephone number:
First date lice or nits detected:
Date of first shampoo treatment:
Name of treatment shampoo used:
Date of proposed 2 ^{nct} treatment as recommended on box:
Date if 2 ^{nct} detection of lice or nits occurred :

Comments:

Recommended Topical Treatments of Head Lice Infestations

Product	Method of use in brief	Areas of concern
Name R & C Shampoo + Conditioner	<ul style="list-style-type: none"> ● Apply to dry hair that does not have conditioner, gels, creams, etc, on it ● Soak with a minimum of 25ml ● Let sit 1Dmin ● Add small amount of water to form lather and work into hair ● Rinse well with cool water, minimizing body exposure. ● Reoeat treatment 7 to 10 days later 	<ul style="list-style-type: none"> ● True allergic reactions are rare ● Possible allergic reactions if allergic to ragweed ● May cause itching or mild burning sensations of scalp
Kwellada-P Creme Rinse Nix Creme Rinse	<ul style="list-style-type: none"> ● After washing hair with conditioner-free shampoo, rinse, towel dry ● Apply enough creme rinse to saturate hair and scalp ● Leave on for 10mins ● Rinse well with cool water, minimizing body exposure ● Towel Dry ● Reoeat in 7 days 	<ul style="list-style-type: none"> ● Does not cause allergic reactions ● May cause itching or mild burning sensation of scalp
Resultz Rinse	<ul style="list-style-type: none"> ● Use a towel to prevent contact with eyes and keep clothes dry. Keep eyes closed throughout the process including the 10 min wait time ● Thoroughly apply to dry hair and scalp ● 30mL to 60mL for short hair, 60mL to 90mL for shoulder length hair, 90mL to 120mL for long hair ● Allow product to remain on hair and scalp for 10 min ● Rinse off with warm water ● Reoeat in 7 days 	<ul style="list-style-type: none"> ● May cause local irritation ● Not recommended for infants or children younger than 4 yrs of age ● If contact with eyes, flush well with water immediately

{Material referenced from The Canadian Paediatric Society 2016-Head Lice Infestations: A Clinical Update} Updated: Mar 14, 2016

Ekwaamjigenang Children's Centre
Medication Consent Form **Prescription Only**

I, authorize the administration of the medication listed below to my child by Ekwaamjigenang Children's Centre Staff. **Medication can only be given if all information is filled out.** As per the Child Care Early Years Act " Products must be in the original container as supplied by the pharmacist or the original package and the container or package is clearly labeled with the child's first and last name, the name of the drug or medication, the dosage of the drug or medication, the date of purchase and instructions for storage and administration." Any creams must not be older than one year.

Parent signature & Date	
Name of Child	
Name of Medication	_____
Start Date	
End Date or Expiry date	
Dosaqe	
Time of Administration	
Storage (circle one)	Refrigerator Room Temperature
List any known side effects	
Stop medication if the following reaction is observed	
Name of Doctor	
Doctor's phone number	

Record of Administration (to be filled out by staff only).

Date	Time	Amount	Signature	Comments

Ekwaamjigenang Children's Centre
Topical Creams/ Lotions and Sprays Application Consent Form

Child's Name: _____

Date: _____

Child's date of birth: _____

*** Prescription creams **must** be filled out on a "**Medication Consent Form**"

Ekwaamjigenang Children's Centre does not apply powders or corn starch to children due to the health risk of breathing in fine particles.

Sunscreen () Brand: _____ Exp:Date:__ Exp.

Insect repellent () Brand: _____ Date:_____

ECG Staff will apply the sunscreen first then the repel/ant on top of the sunscreen. The repel/ant should have no more than 5 % Deet as an ingredient and is applied to the skin sparingly.

Diaper rash cream () Brand:_____ Exp. Date:_____

(non-prescription)***

Other () Brand: _____ Exp. Date:_____

*Teething pain medication () Brand:_____ Exp. Date:_____

Teething pain medications can cause numbness and inhibit a child's gag reflex, therefore notify teacher if it has been applied, as it is recommended not to eat 1 hour prior or 1 hour after application.

Location on body to be applied: _____

Times of Administration: _____

Additional comments: _____

Products must be in the original container, the container must be clearly labeled with child's first and last name, instructions for storage and administration."

I give my permission to Ekwaamjigenang staff to apply the above named product to my child as necessary.

Parent's Signature & Date

**EKWAAMJIGENANG CHILDREN'S CENTRE
DRESS CODE FOR STAFF, STUDENTS AND VOLUNTEERS**

PREAMBLE

It is appreciated that staff and students are on the ground outdoors and on the floor in the Centre playing with the children and therefore require comfortable, serviceable clothing. It is an ideal situation when clothing allows free movement without concerns about wardrobe malfunctions.

POLICY

In the interest of professionalism, health and safety, being comfortable and role modeling for the children at ECC, the following dress code must be adhered to for all staff and students.

Winter/Fall

Please wear warm and appropriate clothing for outdoor wear in the winter months this includes mittens, or gloves, hats or scarves and it is suggested but not mandatory that boots with good tread, and waterproof style snow pants are ideal to truly enjoy the time outdoors with the children.

Spring/Summer

- Shorts must not be too short (with arms at your sides the bottom of the shorts should reach your fingertips).
- Flip Flops with a non slip sole (must have treads) may be worn inside the centre but must be changed to sandals (with a back strap) or shoes for outdoors

Not allowed at any time

- Spaghetti straps or tops with bra straps that show.
- Cut off shorts
- No low cut tops, please be aware of what is showing when you bend over (self check in mirror at home)
- Clothing with holes, noticeably stained or dirty are not professional
- T-shirts with controversial or inappropriate logos i.e. beer logos, etc.
- Tight fitting gym-wear including muscle shirts
- Nothing greater than an inch and a half inch heel

DRESS CODE POLICY FOR STAFF STUDENTS AND VOLUNTEERS - ECC		
Date :June 2011		

Ekwaamjigenang Children's Centre Professional Development

Professional development occurs at formal and informal training and during daily reflections.

DATE	EVENT	KEY INFORMATION/REFLECTION	IMPLEMENTATION PLAN

Appendix C: Staff Report on Qualifications and Professional Development.

Informal Professional Education Portfolio Planning Tool

Print Staff Full Name: _____ Position: _____

Current Work Placement: _____ (i.e. Preschool Room)

Learning Goal	Categories of Learning	Description of Topic	Type of informal Education	Professional Learning in Practice	Final Comments	Date Completed	# of Hours	Supervisor or designate signature

Appendix C: Staff Report on Qualifications and Professional Development.

Page 3/4

DRAFT – Formal Professional Education Portfolio Planning Tool

Print Staff Full Name: _____ Position: _____

Current Work Placement: _____ (i.e. Preschool Room)

Have you been on leave of absence (medical, parental, professional) in the past 12 months? Yes / No (do not include summer closure as leave).
If "yes" provide date of return to work from leave: _____

Important: If your date of hire or return to work from leave is in the last six months of the current review year, enter N/A for items related to professional development.

Learning Goal	Categories of Learning	Description of Topic	Professional Provider	Professional Learning in Practice	Final Comments	Date Completed	# of Hours	Supervisor or designate signature

- See back for example

)
),P,

Example

DRAFT - Formal Professional Education Portfolio Planning Tool

Print Staff Full Name: _____ Position: _____

Current Work Placement: _____ (i.e. Preschool Room)

Have you been on leave of absence (medical, parental, professional) in the past 12 months? Yes / No (do not include summer closure as leave).
If "yes" provide date of return to work from leave: _____

Important: If your date of hire or return to work from leave is in the last six months of the current review year, enter N/A for items related to professional development.

Learning Goal	Categories of Learning	Description of Topic	Professional Provider	Professional Learning in Practice	Final Comments	Date Completed	# of Hours	Supervisor or designate signature
Enter what information you hope to gain from this PE.	Choose which Categories this PE reflects.	Provide a brief description of the training.	Provide the name of the organization or institution providing training	Provide brief description of how you integrated or will integrate your learning into your professional practice.	Reflect on your learning i.e., -successes, -challenges, -unexpected outcomes. -did it meet your goals -Would you recommend	Enter date completed	Enter # of hours in total for this PE.	Supervisor or designate signature must be provided.

Professional Development

Tweaking Our Awesomeness

Debbie Pridle, BA: ECE
msaebbcp1@gmail.com

The image shows a large graphic of a spiral notebook. The notebook is oriented vertically with the spiral binding on the left side. The page is white with horizontal lines. At the top of the page, there is a horizontal line. Below this line, there are two rows of text. The first row consists of a series of dots and dashes: a dot, a dash, a dash, a dash, a dot, a dot, a dot, a dot, a dash. The second row consists of a dot, a comma, a comma, a dot, a dot. To the right of this text, there is a large, bold letter 'J'. Below the first row of text, there is another horizontal line. Below the second row of text, there is another horizontal line. Below the second horizontal line, there is a series of vertical lines: three pairs of short vertical lines, followed by three single short vertical lines. Below this series of vertical lines, there is a horizontal line that extends across the width of the page. At the bottom of the page, there is a large, bold letter 'J'. In the bottom left corner, there is a small graphic of a metal fastener or clip. In the bottom right corner, there is a large, bold letter 'J'. In the center of the page, there is a large, bold letter 'J'.

Key ^{OHJ-UU}

EKWAAMJIGENANG CHILDREN'S CENTRE SUPERVISION GUIDELINES AND PROCEDURES FOR STAFF STUDENTS AND VOLUNTEERS

PREAMBLE

As per requirements of the *Child Care Early Years Act* O.Reg.137115 11 "Every licensee shall ensure that every child who receives child care at a child care centre ii operates or at a premises where it oversees the provision of home child care is supervised by an adult at all times." Adult is defined as a person who is 18 years of age or older.

Further as stated in College of Early Childhood Educators Code of Ethics and Standard of Practice under: **Professional Misconduct** " The following conduct is defined as constituting professional misconduct for the purposes of clause 33 (2) (c) of the Act: The Practice of the Profession #2 Failing to supervise adequately a person who is under the professional supervision of the member."

GUIDELINES

ECC STAFF PROVIDES AND ARE RESPONSIBLE FOR THE WELL BEING AND SAFETY OF THE CHILDREN ENROLLED BY ENSURING PROPER SUPERVISION IS IN EFFECT AT ALL TIMES.

PROPER SUPERVISION OF STUDENTS AND VOLUNTEERS IS ALSO REQUIRED BY STAFF MEMBERS

Procedures-Supervision of Children

- 1) All children are promptly and correctly signed in and out on the daily attendance sheet and that the attendance sheet goes in and out with one of the groups if splitting groups up.
- 2) All staff are to be continually aware of the number of children in their care by conducting regular head counts especially before during and after transition times. Continually scan all areas that you are leaving to ensure all children are with the group.
- 3) Call out and make one another aware (break person included) when and if there are changes to the attendance numbers.
- 4) To ensure adequate supervision when a child is sent in from outdoors or to the office or to another classroom communication must be sent via telephone or walkie talkie to alert staff a child is coming and staff sending children must receive confirmation back the message was received via telephone or walkie talkie. Visual contact of the child must always be maintained.
- 5) Staff must ensure supervision of the children in their care is given the utmost priority, if at any time it is felt that there is lack of supervision by your co-worker they must be immediately informed of the supervision expectations and that if there is no improvement the office staff will be informed.
- 6) Failure for the person to comply with such request will result in the staff calling the office for supervision assistance and the conduct reported.
- 7) Only employees of the Ekwaamjigenang Children's Centre and Resource Teachers from Lansdowne Children's Centre have unsupervised access to children.
- 8) No child enrolled in the centre is supervised by a person less than 18 years of age.
- 9) Staff must ensure that child to teacher ratios are maintained at all times.
- 10) Students and volunteers may not be counted in staffing ratios at any time.
- 11) This policy shall be reviewed with employees, students and volunteers prior to working with children, beginning placements or volunteering and annually thereafter.

Procedures-Supervision of volunteers/summer students (under 18) and Students on placement

- 1) Students must be a minimum of 14 years of age.
- 2) Students and volunteers may not be counted in staffing ratios at any time.
- 3) RECE's and Classroom Assistants working in any classroom must ensure that Students (on placement and under 18 years of age) are supervised by classroom staff at all times.
- 4) Students may guide and direct children's behaviour; classroom staff will closely monitor when this occurs. Each student will have a Supervision Compliance Observation completed by classroom staff.



Ekwaamjigenang Children' s Centre

Supervision Compliance Observation

Name of person being observed:	Please Circle Position: Perm RECE Perm CCA Supply RECE Supply CCA Student Volunteer
Date and Length of Time Observation:	Location of Observation:
Observation:	



Ekwaamjigenang Children's Centre

Supervision Compliance Observation

Which Foundations were demonstrated during the observation: (Please Circle)

Belonging

Engagement

Expression

Well-Being

Person being observed to fill out how their interaction reflects our Program Statement: (Self-Reflection)

Comments from the Observer: Of Vays to extend the interaction, how to enrich the moment, praise)

Print name, signature of person being observed and date:

Print name, signature of Observer and date:

Ekwaamiigenang Children's Centre
Lock up and Late Pick Up
Procedures

Lock up Procedures

1. Toys in all playgrounds have been placed in sheds.
2. If hoses have been left out in summer return to the sheds.
3. Playground doors, toy sheds and block shed are locked.
4. Exterior door off the staff lounge is locked, and shades pulled down.
5. Kitchen exterior doors are locked, alien key in fire extinguisher box. Check that doors are securely closed.
6. Resource Room
 - Turn off computer in resource room.
 - Window Blinds pulled down (outside windows only)
 - Laminator is off (the red button in the back of the laminator)
7. Infant room – Close storage room door and leave the sleep room door open.
8. Check that each room teacher has stacked the chairs, pulled blinds down, toys are picked up and windows closed and locked.
9. The garage doors must be closed. Remote for large garage door in the basket in the office by the window.
10. If no one is in the office, and the janitors have not arrived use the alien key above the fire panel in the front entranceway to release the panic bars on the front doors. Enter code to set the alarm.

** Once outside check both of the door handles to see if the doors are secure.

*These lock up procedures coincide with the Lock up schedule on the staff shift schedule. Ask available staff to cover you at approx. 4:45 to give you enough time to thoroughly complete this procedure.

Late Pick up Procedure

1. If a parent or authorized pick up person arrives after 5 o'clock they must sign the Parent Fee Change Form. Check off late fee section and record the time of arrival, and reason for being late. A charge of fifteen dollars may be applied to their account in absence of a reasonable explanation.
2. If a child has been left at the Centre after 5 o'clock; begin to call parents at 5:05 if unreachable call all possible emergency contact numbers. If no one i.e. parent or emergency contact, has called or arrived after 60 minutes then a call must be made to Brant Family and Children's Services at 1-888-753-8681. Brant FAC may be on their night service at this time and it may take awhile for them to arrive.
3. To check phone messages press Line 1 on telephone, you will hear a beep-beep noise. Press *98 wait for the recorded voice to ask for your password then press 2107 (password) it will tell you to press 1-1 and listen for your messages. To save a message press 9, to delete the message press 7, to exit press *.

PRINCIPLES FOR /GAABAAGANG (BREAK TIME OR TIME AWAY)

DESIGNED TO ENCOURAGE AND TEACH CHILDREN SELF-CONTROL AND CO-REGULATION.

DESIGNED TO BE KIND AND RESPECTFUL OF CHILDREN.

DESIGNED TO TEACH CHILDREN TO TAKE TIME TO CALM DOWN UNTIL THEY ARE READY TO ACT WITH A CLEAR MIND THAT WORKS TO THEIR ADVANTAGE.

ALLOWS CHILDREN TO BE IN A BETTER FRAME OF MIND WHICH IN TURN ALLOWS THEM TO BE OPEN TO DISCUSS WHAT HAPPENED AND WHAT NEEDS TO BE DONE.

BASED ON THE PREMISE THAT CHILDREN DO BETTER WHEN THEY FEEL BETTER.

ALLOWS CHILDREN TIME TO ENTER INTO A MENTAL STATE WHERE THEY CAN LEARN FROM THEIR MISTAKES AND SOLVE PROBLEM.

HELPS CHILDREN TO FORM POSITIVE BELIEFS ABOUT THEMSELVES, THEIR WORLD AND THEIR BEHAVIOUR.

AIMS TO SUPPORT THE CHILD THROUGH EMOTIONAL DEREGULATION AND ASSIST CHILDREN WITH THEIR FEELINGS

BEGINNING THE INTRODUCTION OF THE GAABAAGANG/BREAK TIME OR TIME AWAY

- Discuss the purpose at two to three circles that includes discussion of feelings. Revisit occasionally.
- Talk about what you do on your break and why.
- Teach breathing techniques. Use a Hoberman ball to teach breathing. You could put this item in the area after you have taught its use to the children.
- Teach words or phrase you want the children to use, such as: "stop" (hand up) then walk away; "Don't touch my body."
- Use a small portion of your circle times to reinforce the above often.
- Let children design the area by allowing them to choose new items to be kept in this special area. Remember these items are to only be in this area and not used at any other time; otherwise, they will lose their specialness. Include items that help the children to calm. At circle time, bring a few items for the children to explore and watch the children to see which ones they prefer or the ones they seem to find enjoyment in. Discuss with the children how they can use the items. Put in one item that meets the needs of each child. Often a specific item will meet the needs of several children; this would be a starting point. Have a basket of items to exchange one or two items each week. It is not recommended that you change all the items at once. Leave an item that is highly favourable.
- Discussion can happen over snack time, lunchtime, circle time, or during group activities when introducing new items for this area.
- Have a timer close by.
- Have a basket or container to keep smaller items in.

- Have a mirror on wall, cushion, various sensory item to meet all sensory areas (ex.; rain sticks, lavender smelling cloth, items that light up, soft textures, squishy items, chewlery) pictures of feelings on wall, large spandex blanket, and a visual of breathing techniques.
- When possible allow children decide how long they spend in this area, as this will increase their sense of responsibility, dependability, and independence. They will be empowered with a sense of self-control and self-regulation.
- Always be PROACTIVE rather than REACTIVE. If you see something developing act on it right away.
- It is okay to suggest or gently encourage children to use this area but do not insist or force a child go. This will defeat the purpose. If you are trying to encourage a child to use this area and they are refusing, you can offer to go with the child, you can, model by going yourself. You might suggest, "Do you think it would help you to go to the Gaabaagang?" Place emphasis on "help you" They say no, you might say, "Would it help you if I went with you?" They say no again, and then say, "Well I think I will go. I think it will help me." In addition, follow through even if it is for a few minutes. Or you could say, "You are breathing heavy, raising your voice, shaking, has a red face, clenching your fist, gritting your teeth. Sounds like you need a little time to yourself." Or "would you like some lime to yourself?" Always let the child know "nimajii-toomin maamwi" "We are on this journey together"; even if the child doesn't want you there it is important to be there to support (label and validate) the tender emotions the child is feeling.
- Establish rules and review often with the children. Use visuals to reinforce the rules.

RECOMMEND BASIC RULES

- Only one person at a time (you may need to post a silhouette of a child to assist with this rule).
- Items in this area stay in this area.
- When a child is using this area and another child wants to go in, you can: have the children work it out; set a timer according to age (3 minutes for three years, 4 minutes for four years, etc.); or a teacher can assist. Remember to let the child using this area know that in so many minutes they will need to come out and another the other child have a turn.
- In the event a child is having a hard time and needs to use this area, you will need to request that the child presently using this area to come out. Ensure the child that they can have a turn later and try to engage them in something that usually interests them.

- If you feel a child is over using this area, you will need to set further rules such as they can only use it twice a day or they can only use it for five minutes at a time. Make sure it is available for them when they need to calm and do not count this as one of their times per day.
- Children should be able to choose a different area of the room if they want to.
- Children should be able to choose whether they want curtain up. Always have it up but if they take it down wait until they leave to return it.
- Children should be allowed to take a comfort toy from home or a favourite classroom comfort toy with them when using the Gaabaagang/break time or time away area.
- Create rules that best meet your classroom according to age, developmental needs and dynamics.

CONSIDERATIONS FOR THE TEACHER

***First and foremost remember,
The GAABAAGANG /BREAK TIME OR TIME AWAY is not an alternate for a
TEACHABLE MOMENT.
Mistakes are wonderful opportunities to learn.***

- Check in at regular intervals and ask how the child is feeling.
- When children come out of this area, who went in because they needed to calm, it is best to assist them by identifying their feelings, giving them the words to use, praise for using this area, assist them in problem solving, follow through on solution and give a hug.
- At times children's anger may cause them to throw toys out of this area. If you find this is the case, monitor the types of items and either find an alternative for a heavy item or ensure the area is clear. Always encourage the child to pick up items and put them back once they have calmed.
- As a teacher, try to see things from the child's point of view and awareness.
- Look for solutions rather than blame.
- Maintain dignity and respect at all times.
- **If** you need time away, call on your team teacher, Resource teacher, assistant, etc. to respond to the child while you have a break or time away.
- Consider a Solution Board for older children. "I can" ...

Difference between Time Out and The Gaabaagang/Break Time or Time Away

Gaabaagang for Infants and Toddlers

Considerations:

TIME OUT	GAABAAGANG/BREAK TIME OR TIME AWAY
Punitive	Non-punitive
Discourages	Encourages
<u>Creates distance and hostility</u>	Creates closeness and trust
Focus is on the past	Focus is on the future
Focus is on blame	Focus is on solutions
Pay for deed	Learn from deed
Based on belief that children will do better if they feel worse	Based on belief that children will do better when they feel better
Control invites rebellion	Self-control invite cooperation
Attributes results to environmental behaviour	Attribute results to their own behaviour
Children treated as objects	Children treated as partners in the process
Children will go into survival mode	Children will thrive
Reptilian brain (fight or flight)	Cortex brain (rational thinking)
Deals with problem at time of conflict	Allows for cooling-off time to gain perspective when thinking is irrational
Creates unhealthy compliance when forced	Empowers when chosen

- Quiet time for infants is a consistent space where they can choose to go for some alone time, away from the hustle and bustle of the room. The area should be visible to the classroom teacher and the classroom teacher should be visible to the child.
- This is an area where the child can choose to go and the classroom teacher should not direct the child to go. Instead when a child is upset you could ask them "Where would you like to go?" or give them a choice of two areas such as the quiet area or the book area. Each child can be encouraged to explore the area when they are in a good frame of mind by drawing their attention to area.

Also by ensuring you have items of preferred choice will also assist in the children utilizing this area.

- Materials such as soft, cuddly textures, mirror, chewy toys, stuff toys, blanket and a safe pillow are a few staples for this area. You can apply brightly colour wall decorations to catch children's attention.
- If a child chooses to go to the quiet area, the classroom teacher should monitor. If the child is upset the classroom teacher should position themselves close by. If the child is accepting of comforting from the classroom teacher should provide at this time.
- If a child chooses to go to the quiet area and is content, the classroom teacher should still monitor and through eye contact, body language or verbal, let the child know you are there should they need you "niimaajii-toomin maamwi" we're going on this journey together.
- Monitor for overuse and reasons for going to the quiet area. Make sure it is not being used to get out of following through on a request, participation etc.
- If you notice some items are not being utilized, then change them out for something that may be more appealing.

Reminder

- Maintain visual contact with the child who is using the quiet area. Look for clues as to the child's purpose for using the quiet area. Never assume they are okay. Children at this age may not adequately demonstrate their feelings and often require an adult to be supportive.

Ekwaamjigenang Children's Centre Playground Guidelines

Playground Supervision Statement

Ekwaamjigenang Children's Centre (ECC) staff will maintain supervision of the playgrounds while in use by the children. The staff will provide a safe outdoor play environment that stimulates active, creative and constructive play experiences. Staff must situate themselves to ensure that all parts of the playground are within visual range at all times.

Teacher to child ratios will be maintained at all times while on the playground i.e. Infants 1:3 Toddlers 1:5 Preschool 1:8 Junior Kindergarten 1:10 Reduced ratios are NOT used outdoors.

Playground Safety Log

The Playground Safety Log for ECC playgrounds will be kept in the office. This log will contain the following: Annual Inspection Report, Action Plan, Repair Log, Daily Inspection Checklists, Monthly Inspection Reports, **Injury Log, Seasonal Maintenance Inspection Reports, **Playground Injury Reports are logged and are filed by staff in the Outdoor **Injury Log Binder in the Staff Resource Room.

New Equipment or Renovations

All new or replaced equipment and/or renovations to the playground structures and or surfacing materials will meet the CSA Standard. Any renovation will be forwarded to the Ministry Program Advisor and repairs will be documented and filed in the ECC Playground Safety Log under the Repair Log Tab.

Responsibility & Accountability

The 7:45 a.m. ECC staff will conduct the Daily Inspection of the playgrounds if this is not completed it is up to the Break person at the start of their shift to complete the inspection. Playgrounds must be inspected prior to children's use, all staff are responsible to ensure the inspection has occurred by looking daily for the ECC staff initials on the Infant, Toddler, and Preschool playground staff initial boards at each entrance. If the initials are not visible alert the office so the inspection can be completed before the children enter the playground.

Staff are required to report any hazards or damage to the Supervisor/Assistant Supervisor for immediate action.

Monthly maintenance inspections will be completed by the Supervisor/Assistant Supervisor and will ensure that any actions plans are followed through.

Seasonal maintenance inspections and action plans will be completed by the Supervisor/Assistant Supervisor.

Maintenance and repairs will be completed by staff and or appropriate contractors when required.

Annual Playground Inspections will be arranged by the Supervisor/Assistant supervisor and are completed by a Certified Playground Inspector.

Outdoor Staff Schedule & Program Plan

The usual times of day that the playground will be utilized will be posted by the door leading to the playground as well as the staff members who are on duty for that day (this will also be recorded on the Daily Inspection Checklist). The outdoor plans state what materials and equipment will be made available to the children and is posted by the door leading to the playgrounds. These activities and materials will enhance gross motor skills and will also provide creative stimulation.

Ekwaamjigenang Children's Centre Playground Guidelines

Review of the Playground Guidelines

The Playground Safety Guidelines of Ekwaamjigenang Children's Centre will be reviewed with staff, students and volunteers commencing employment, annually thereafter and when updated. A written record of the annual review is signed by staff and records are kept in the annual review file.

The Playground Safety Guidelines are reviewed with parents during Orientation to the ECC Program and when updated. This ensures parents are aware of the measures being taken with regards to their child's safety when on our playgrounds.

Review of the Playground Guidelines

I have read, understand and agree to abide by the Playground Safety Guidelines as put in place by Ekwaamjigenang Children's Centre.

Staff signature and date

Supervisor/Assistant Supervisor Signature & date

Ekwaamjigenang Children's Centre Field Trip Procedures Checklist

Trip to: _____ Date of trip: _____

Classroom: _____

1	The Executive Director must be notified by Office Staff prior to a trip taking place and the ED will notify the insurance company.
2	Choose a destination taking into consideration individual children's needs.
3	Check for safety and appropriate facilities and activities.
4	Check if peanut free, other food allergies and possibility of insect bites.
5	Check with EMS to find out response times for ambulance, add info to field trip form. On the day of the trip complete <i>record of field trip form</i> including the
6	phone number at the location, or a cell phone number and submit to the office prior to departure.
7	Confirm vans and drivers. Social and Health vans seat 12 passengers, DC van 15 passengers. Only 4 tether straps in Social and Health vans.
8	On the day of the trip check with available early staff (possibly the cook) about doing a van check for your trip.
9	The field trip permission forms must be approved by the office prior to copying and a copy given to the office.
10	Request for funds required for trips must be approved by Supervisor, and submitted two Thursdays prior to the trip. The receipts are absolutely necessary and are the staff member's responsibility.
11	If the children require snacks or a packed lunch or if you are purchasing lunch elsewhere; Staff are required to notify the Cook in writing of their plans prior to the grocery day.
12	When ratios allow, you must take your break and lunches if at all possible while on your trip. Failure to do so will result in the forfeiture of such.
13	The Pre trip inspection form used for the van must be signed by the person inspecting the vehicle, the driver and either the Supervisor or Assistant. It is left in the van while on the trip. No driver shall have
14	consumed alcohol 24 hours prior to driving the MNCFN Vans. Ensure a staff member is available to set up room upon return. Ask that cots, toothbrushes and face cloths are set out.
At no time are staff permitted to change the location of a Field trip without signed consent from parents.	

Please be prepared: Take **epipens, inhalers**, and other medications, have coolers and thermos' washed and disinfected, take sunscreen if needed, a hat, a camera, wash cloths, first aid kit, hand sanitizer, facial tissue, plastic bags and extra clothing.

Ekwaamjigenang Children's Centre Field Trip Permission Form

Parent Information Section

Group:
Trip destination:
Date of departure:
Mode of transportation: (spaces are limited in the van).
Time of departure:
Arrival time back to the centre:
Cost:
Nearest Hospital location:
Ambulance response time:
Special instructions or notes of interest about the trip:

Information to be returned to the Day care

	Yes	No
My Child _____ will attend the field trip.		
I will be taking my own vehicle: (if yes please provide License Plate #)		
My child will need a seat in the van - car or booster seat required as per Ministry Regulations.		
Are there any medical conditions we need to be aware of: (if yes please explain)		

I give permission for my child _____ to attend the field trip to
(child's name)

_____ noted _____ above.
(location)

Parent's signature

date

**Parents Note: This form is given to you in duplicate, please keep a copy for your reference.
S:\!Supervisor\FORMS\Field Trip\ECC Field Trip Form.doc

**Ekwaamjigenang Children's Centre
Proper Hand Washing Procedure**

"Hand washing is the best way to prevent the spread of germs and illnesses."

HOW TO WASH PROPERLY

1. Use warm water that is comfortable to the touch and clean liquid soap
2. Wet hands and lather vigorously for at least 20 seconds. Scrub between fingers, under nails, around back and palms of hands and around the wrist
3. Rinse under running water
4. Dry using a clean paper towel
5. Turn off faucet with the paper towel
6. Discard paper towel in the garbage

WHEN TO WASH HANDS

EVERYONE MUST WASH WITH SOAP - upon arrival to the Daycare, and

BEFORE

- Eating
- Water play or other tactile activities
- Administering first aid or handing out medication
- Feeding or giving other personal care (diapering, cutting nails, etc.)
- Handling food
- Putting on gloves

AFTER

- Changing a diaper or coming in contact with other bodily fluids (including blood)
- Using the toilet or cleaning up an accident
- Outside activities, play or gardening
- Handling animals or cleaning cages
- Handling raw meat or dirty vegetables
- Removing gloves or whenever hands are visibly soiled
- Working with products that are poisonous (refer to MSDS)
- Handling used tissues
- Sneezing or coughing - (encourage coughing into the child's bent arm)

WHEN TO WEAR GLOVES

Gloves should be worn where there is exposure to blood, all body fluids and broken skin.

Hands must always be washed before gloves are put on and after the gloves are removed. If hands are not washed when gloves are removed, the reason for wearing gloves in the first place has cancelled out. Gloves should *never* be reused or washed between tasks.

HOW TO PROPERLY REMOVE GLOVES

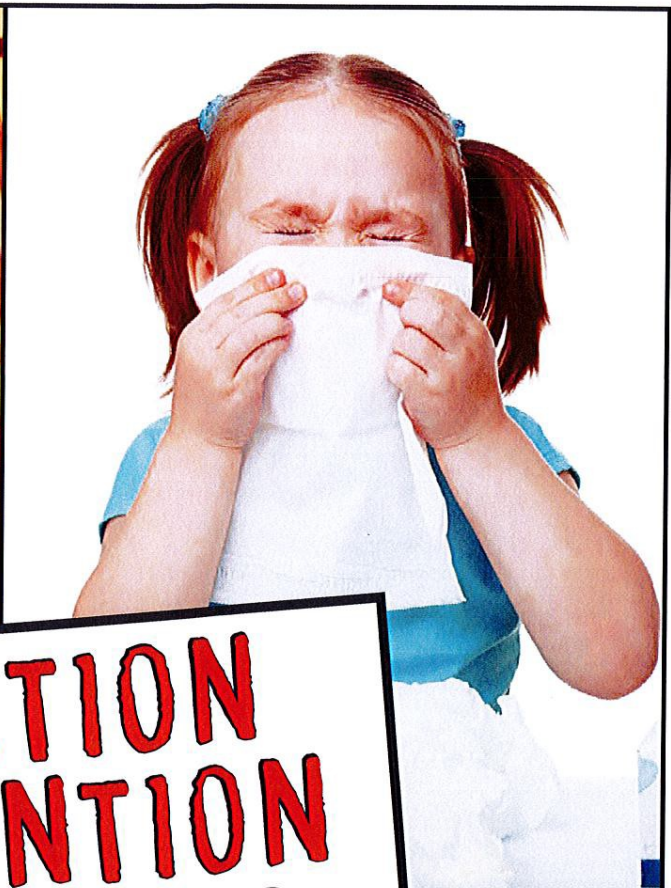
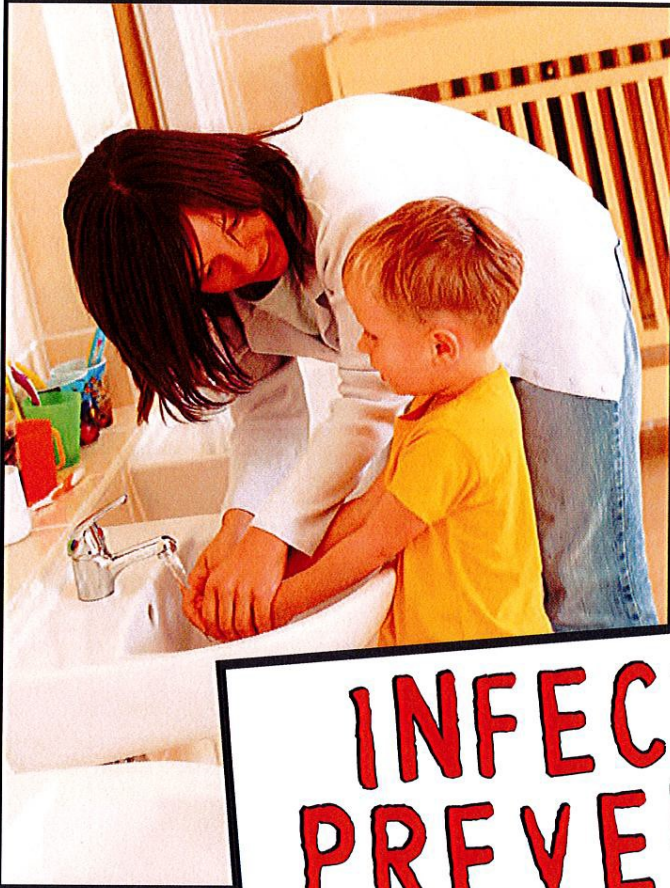
1. Pinch the glove at the palm of the hand using the gloved hand and pull the glove off
2. With the ungloved hand pull the glove off starting at the top of the glove (opening), wrapping the other glove inside of the glove. Dispose of in diaper genie or garbage can. Wash your hands!
Don't forget to wash your hands

Ekwaamjigenang Children's Centre Toileting Procedure

- Wash hands
 - Put gloves on if child has had an accident or requires assistance
 - Put child on the toilet
 - If child had an accident remove soiled clothing
 - If child urinates offer toilet paper, use of gloves is recommended if child requires assistance
 - If child had a BM put gloves on and wipe the child using baby wipes if necessary
 - If child had an accident in their clothing put gloves on and rinse soiled clothes in clean toilet water (do not rinse in sink), place rinsed clothing in a labeled plastic bag which the child's parent must take home
 - Dispose of wipes and gloves in diaper genie
 - Wash hands
 - Put fresh clothing on child, assist child with dressing if necessary place child in front of sink
 - Wash your hands using soap
 - Assist child to wash using soap
 - Disinfect toilet if needed
 - Wash your hands again; don't forget to wash your hands!!
-

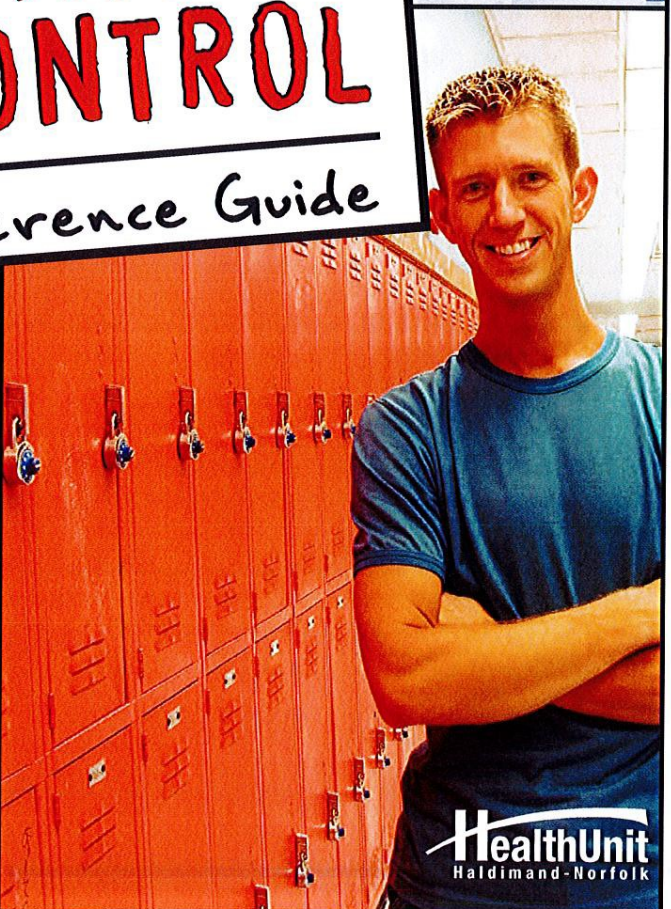
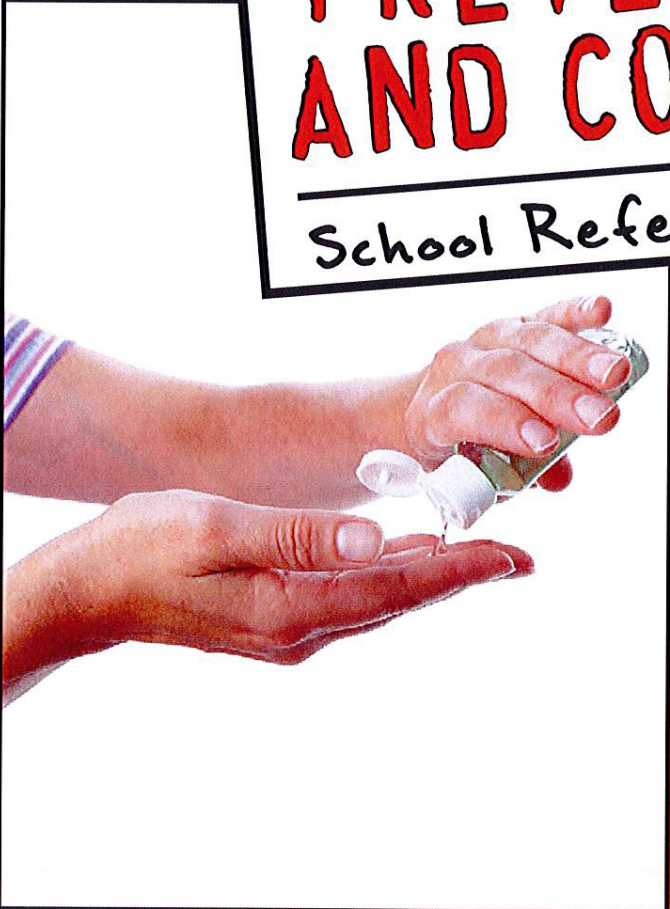
Proper Diapering Procedure

- **WASH YOUR HANDS** - This should be your first action. When changing several children wash your hands between each child.
- **CHECK SUPPLIES** - Be sure you have diaper paper or disposable towels in place on the clean changing surface, a clean diaper, baby wipes, paper towels, a waste receptacle, and any personal items such as cream. ** Use these products only by parental consent and ensure items are labeled for use for that child only.
- **POSITION THE CHILD** - Lay the child on the diapering surface in position for easy removal of the soiled diaper.
- **DIAPER REMOVAL** - Remove soiled diaper and clothing. If pins are used close and place out of child's reach. Place disposable items in a plastic lined receptacle. Cloth diapers or clothing should be placed into a labeled, "sealable, plastic bag or container which the child's parent can take home each day.
- **CLEAN SOILED AREAS** - Using a baby wipe clean the child's bottom moving from front to back. Dispose of soiled diaper and wipe in diaper genie.
- **DIAPER** - Diaper and, if required, dress the child. Wash the child's hands and your own thoroughly using soap and warm running water. Return child to the play area.
- **SANITIZE** - The diapering surface and any equipment or supplies that you have touched must be cleaned and sanitized. Bleach must be used from July to October.
- **WASH YOUR HANDS AGAIN** - Don't forget to wash your hands!
- **MAKE DIAPERING FUN** - Hang colorful mobiles above the child but out of reach, post bright pictures or designs on the walls, and create pleasant sounds with music or chimes or bells. Smile, sing, and talk while you work with the child. Bend close and pat, stroke or massage the child. Give a cuddle when diapering is finished.



INFECTION PREVENTION AND CONTROL

School Reference Guide



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Halimand-Norfolk

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Common Childhood Illnesses



Here are some illnesses that children often get. All of these spread from person to person. The table shows the following:

Disease: The name your health care professional will call it.

Symptoms: The signs of sickness your child will have or show.

Spread: The way your child can get or spread the disease.

Infectious: The time when your child is most likely to get or spread the disease.

Exclusion: When your child is *not allowed* to attend school, nursery or day care, with this illness.

DISEASE	SYMPTOMS	HOW IT'S SPREAD	INFECTIOUS	EXCLUSION
Chicken Pox	<ul style="list-style-type: none"> Fever Small, fluid filled spots that look like tiny blisters. 	<ul style="list-style-type: none"> or sneezing. By touching the fluid in the blisters before the blisters are dry. 	<ul style="list-style-type: none"> 1-2 days before the spots appear up to 6 days after the spots start. 	<ul style="list-style-type: none"> Until feeling well and the blisters are crusted over and dry.
Fifth Disease	<ul style="list-style-type: none"> Mild fever. Aches. Tiredness. Cold-like symptoms. A red face rash "slapped cheeks" appears. Rash may spread to the body. 	<ul style="list-style-type: none"> By contact with the nose and throat secretions of an infected person. The virus can pass from an infected pregnant woman to her unborn baby. 	<ul style="list-style-type: none"> Before the rash appears. Probably not contagious after the rash appears. 	<ul style="list-style-type: none"> Only if not well enough to participate. Exposed pregnant women should contact their doctor.
German Measles (Rubella)	<ul style="list-style-type: none"> Mild fever. Runny nose. Swollen glands. Sometimes followed by a mild red rash. 	<ul style="list-style-type: none"> By an infected person coughing or sneezing. By contact with the nose and throat secretions of an infected person. The virus can pass from an infected pregnant woman to her unborn baby. 	<ul style="list-style-type: none"> From 7 days before until 7 days after the rash first appears. 	<ul style="list-style-type: none"> Until 7 days after the rash first appears. Exposed pregnant women should contact their doctor.
Hand, Foot and Mouth Disease (Coxsackievirus Disease)	<ul style="list-style-type: none"> Fever. Sore throat. Sore(s) in the mouth. May be sore on the gums, tongue, palms fingers and soles of the feet. 	<ul style="list-style-type: none"> By contact with the nose and throat secretions and/or faeces (stool/bowel movement) of an infected person. 	<ul style="list-style-type: none"> While symptoms are present (However, the virus can continue to shed in the stool for weeks). 	<ul style="list-style-type: none"> Only if not well enough to participate.
Impetigo	<ul style="list-style-type: none"> Pus filled pimples that crust over. These are usually located on the face but may be on other parts of the body not covered by clothes (arms and/or legs). 	<ul style="list-style-type: none"> By person to person through direct contact with secretions from the sores of an infected person. 	<ul style="list-style-type: none"> From onset of skin infection until 24 hours after a specific antibiotic has been started. 	<ul style="list-style-type: none"> Until a full 24 hours after antibiotic treatment has been started.
Measles (Red Measles)	<ul style="list-style-type: none"> High fever. Runny nose. Cough. Inflamed eyes. Small red spots with bluish-white centers inside the mouth (Koplik spots). After about 4 days, a bright, red, raised blotchy rash appears. 	<ul style="list-style-type: none"> By an infected person coughing or sneezing. By contact with the nose or throat secretions of an infected person. 	<ul style="list-style-type: none"> From 4 days before onset of symptoms until 4 days after the rash appears. 	<ul style="list-style-type: none"> Until 4 days after the rash first appears.

Mumps	<ul style="list-style-type: none"> • Fever. • Swollen salivary glands (below the ears). 	<ul style="list-style-type: none"> • By an infected person coughing or sneezing. • By contact with the nose or throat secretions of an infected person. 	<ul style="list-style-type: none"> • From 7 days before until 9 days after the swelling appears. 	<ul style="list-style-type: none"> • Until 9 days after the swelling first appears.
Pinkeye (Conjunctivitis)	<ul style="list-style-type: none"> • Scratchy, painful eye(s) and tearing with pus. • Whites of the eyes turn pink or red. • After sleep, eyelids are often stuck together from the pus. 	<ul style="list-style-type: none"> • By contact with the eye pus of an infected person. • By contact with the nose or throat secretions of an infected person. 	<ul style="list-style-type: none"> • For duration of illness or until 24 hours after antibiotic treatment has been started. 	<ul style="list-style-type: none"> • Until 24 hours after antibiotic treatment has been started.
Scabies	<ul style="list-style-type: none"> • Very itchy rash (mites burrow under the skin and deposit eggs & faeces/poop in black-red bumps). • In children over 2 years, the rash is usually on fingers, elbows, armpits and tummy. • Younger children may have rash on the entire body. 	<ul style="list-style-type: none"> • By touching someone who has scabies. • By sharing clothing or bedding of someone who has scabies. • By using other personal items of someone who has scabies. 	<ul style="list-style-type: none"> • Until mites and eggs are killed. • Treatment is applied to the skin usually two times, one week apart. • Treatment is by the same product that is used for head lice. 	<ul style="list-style-type: none"> • Until the day after one treatment has been applied. • Close contacts may also need treatment.
Strep Throat	<ul style="list-style-type: none"> • Sore red throat. • Fever. • Tiredness. • Headache. • Sores around the mouth, swollen tender glands in the neck. • Stomach ache in children. 	<ul style="list-style-type: none"> • By an infected person sneezing or coughing. • By contact with the nose or throat secretions of an infected person. 	<ul style="list-style-type: none"> • Until full 24 hours after a specific antibiotic treatment has been started. • If infected person is untreated, infectious period is 10-21 days. 	<ul style="list-style-type: none"> • Until antibiotic treatment has been taken for a full 24 hours.
Scarlet Fever (Scarlatina)	<ul style="list-style-type: none"> • Sore throat. • Fever. • Chills. • Vomiting. • Headache. • Pink-red rash that feels like sandpaper that starts on the upper body and may spread to cover the whole body. • "Strawberry tongue" (whitish coating on tongue with bright red patch). 	<ul style="list-style-type: none"> • By an infected person sneezing or coughing. • By contact with the nose or throat secretions of an infected person. 	<ul style="list-style-type: none"> • Until full 24 hours after a specific antibiotic treatment has been started. • If infected person is untreated infectious period is 10-21 day. 	<ul style="list-style-type: none"> • Until antibiotic treatment has been taken for a full 24 hours.
Whooping Cough (Pertussis)	<ul style="list-style-type: none"> • Severe coughing spells followed by a high-pitched whoop and often vomiting. • Mild symptoms in older children, often thought to be a "bad cold". 	<ul style="list-style-type: none"> • By an infected person sneezing or coughing. • By contact with nose or throat secretions of an infected person. 	<ul style="list-style-type: none"> • From 2 weeks before and up to 3 weeks after the onset of cough (if untreated), OR until 5 days after treatment with a specific antibiotic. 	<ul style="list-style-type: none"> • Until 5 days after treatment with a specific antibiotic. • If untreated, for duration of whoop (usually lasting 3 weeks).

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Simcoe
 P.O. Box 247, 12 Gilbertson Drive
 Simcoe, ON N3Y 4L1
 519.426.6170 / 905.318.6623

Caledonia
 282 Argyle Street South
 Caledonia, ON N3W 1K7
 905.31 8.5367

Email: info@hnhu.org
Web: www.hnhu.org



Chicken Pox

What is it?

Chicken pox is a contagious rash and is caused by a virus called varicella zoster. Chicken pox is most common in the late winter and early spring. Most cases occur in children under 10 years of age but cases in adolescents and young adults can happen too.

What does it look like?

The illness begins with a mild fever followed by small, fluid filled blister-like spots that show up all over the body. The spots commonly occur in successive crops and scab over in three to four days. Spots can even occur on the scalp, the underarms and in the mouth. There can be many spots or so few that they may not even be noticed.

How is it spread?

The chicken pox virus is spread from an infected person through coughing and sneezing or by touching the spots. A person with chicken pox can spread the disease from one to two days before the rash appears and for not more than six days after the start of the rash, or until the spots have scabbed over. If a person with no immunity comes into contact with the disease, they will usually develop chicken pox in 14-21 days.

If a pregnant woman who has never had chicken pox comes in contact with someone who has chicken pox, she should notify her doctor. Treatment to prevent chicken pox may be needed.

The virus that causes us to get chicken pox when we are young remains in our bodies without causing any problems. However, when we get older or when our immune system becomes weakened, the virus can reappear and cause shingles. Shingles are painful, blister-like spots that usually appear on the skin covering the rib cage. The fluid inside carries the virus that causes chicken pox.

There is a vaccine to prevent chicken pox. To find out more about this vaccination, contact your family doctor.

Recommended Absence :

Students and staff with chicken pox may return to school and/or daycare as soon as they are feeling well enough to attend and the blisters are crusted over and dry.

For more information please contact a member of the Communicable Disease Team.

Simcoe: 519-426-6170
Caledonia: 905-318-5367



Simcoe
P.O. Box 247, 12 Gilbertson Drive
Simcoe, ON N3Y 4L1
519.426.6170 / 905.318.6623 (free from 905)

Caledonia
282 Argyle Street South
Caledonia, ON N3W 1K7
905.318.5367

Email: info@hnhu.org
Web: www.hnhu.org

Updated June 2010



Fifth Disease

What is it?

Fifth Disease is also known as "Slapped Face" disease and is caused by a virus named Parvovirus B19. This infection does not cause serious illness in most adults or children.

What does it look like?

Fifth Disease usually begins with a mild illness that may result in a fever, tiredness, body aches, headache and cold-like symptoms. A few days later; a very red rash appears on the face that looks like "slapped cheeks." The rash can appear on other parts of the body such as the trunk, arms, buttocks and thighs, and may be itchy. Symptoms usually occur four to 20 days after the person has been exposed. In children and adults, the disease is usually mild. Once a person with Fifth Disease gets better, he or she will have lasting immunity and will be protected against this disease in the future.

How is Fifth Disease spread?

It is spread by direct contact with respiratory secretions from the nose, mouth and throat of infected people (i.e. being coughed or sneezed on by an infected person less than three feet away, sharing drinking cups or utensils with an infected person). It can also be passed from an infected mother to her unborn baby.

There is some risk to the developing baby if a pregnant woman develops Fifth Disease although the risk is very low. In most cases, no harm to the baby occurs. Pregnant women exposed to Fifth Disease should see a doctor. There is a blood test that can be done to see if the woman is immune to the disease. About half of all adults are immune (due to previous infection). Other people who have certain blood disorders and/or unhealthy immune systems are at higher risk for complications from this disease. They should talk with a doctor if they come into contact with someone who has Fifth Disease.

Recommended absence

Exclusion of children with Fifth Disease from school or daycare is not recommended because the disease is most contagious before the rash appears.

Ways to help prevent the spread of Fifth Disease:

- Good hand washing.
- Careful disposal of used facial tissue.
- Not sharing drinking cups or eating utensils.
- Covering nose and mouth while coughing and sneezing.



For more information, please contact a member of Haldimand-Norfolk Health Unit's Communicable Disease Team.

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Health Unit

Simcoe
P.O. Box 247, 12 Gilbertson Drive
Simcoe, ON N3Y 4L1
519.426.6170 / 905.318.6623

Caledonia
282 Argyle Street South
Caledonia, ON N3W 1K7
905.318.5367

Email: info@hnhu.org
Web: www.hnhu.org



German Measles (Rubella)

What is it?

Rubella is usually a mild illness caused by a rubella virus that may or may not be accompanied by a rash.

What does it look like?

Symptoms occur within 14 to 21 days after a person has been exposed. Some children may have a mild fever, swollen glands or runny nose before the rash appears. This mild, red rash usually begins on the face and spreads downward and out to arms and legs and will fade in two to five days.

Adults may experience headaches, fever, body aches, red and inflamed eyes or a runny nose before the rash appears. Some adults (especially women) will experience body aches and/or joint pain during or after rubella infections.

How is it spread?

It is spread by contact with the nose and throat secretions from an infected person. Infection is by droplet spread or direct contact with the infected person. A person with rubella is infectious for about seven days before, and until seven days after the rash first appears. Report any signs of complications to your doctor (i.e., pain or swollen joints, severe headache or severe drowsiness).

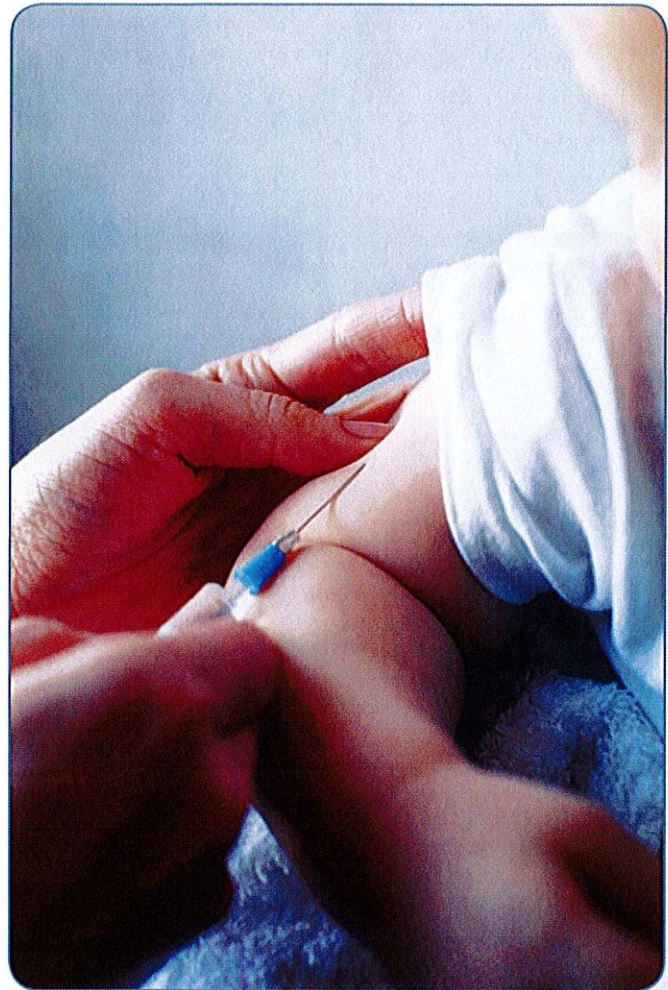
Rubella infection is prevented by vaccinating children as soon as possible after the first birthday with MMR (measles, mumps and rubella). The main goal is to prevent rubella in pregnant women, and thus prevent Congenital Rubella Syndrome (CRS). Rubella can have serious health consequences for unimmunized pregnant women especially in the first 11 weeks and may cause CRS infection in the fetus (unborn child) leading to serious birth defects, fetal death or miscarriage. A pregnant woman, at any stage of pregnancy, who thinks she has been exposed to rubella, should contact her family doctor immediately.

Recommended Absence

Anyone with rubella must stay away from day care, school and/or work for at least seven days after the appearance of the rash.

Rubella must be reported to the Medical Officer of Health as required by the Health Protection and Promotion Act.

For more information, please contact a member of Haldimand-Norfolk Health Unit's Communicable Disease Team.



Updated July 20 11.

HealthUnit

Simcoe
P.O. Box 247, 12 Gilbertson Drive
Simcoe, ON N3Y 4L1
S19.426.6170 / 905.318.6623

Caledonia
282 Argyle Street South
Caledonia, ON N3W 1K7
905.318.5367

Email: info@hnhu.org
Web: www.hnhu.org



Coxsackie Virus Disease (Hand, Foot, Mouth Disease)

What is it?

Coxsackie virus disease is a viral disease. Fever, sore throat and small sores in the mouth appear suddenly. The sores may also occur on the surfaces of the cheeks, gums, sides of the tongue, palms, fingers and soles of the feet and may last for seven to 10 days. Coxsackie virus disease usually occurs in summer and early autumn. It occurs mainly in children under age 10.

How is it spread?

It is spread by direct contact with nose and throat discharges and feces of an infected person. It can also be spread by aerosol droplet. The incubation period (the time of first exposure to the time symptoms start) is usually three to five days. The disease can be spread to others during the acute stage of the illness.

How to prevent spread?

Spread of hand, foot and mouth disease may be prevented by reducing person-to-person contact where possible. Careful attention should be given to good hand washing, particularly when handling nose and throat discharges, feces and articles soiled with these discharges.

For more information, please contact a member of Haldimand-Norfolk Health Unit's Infectious Disease Team.

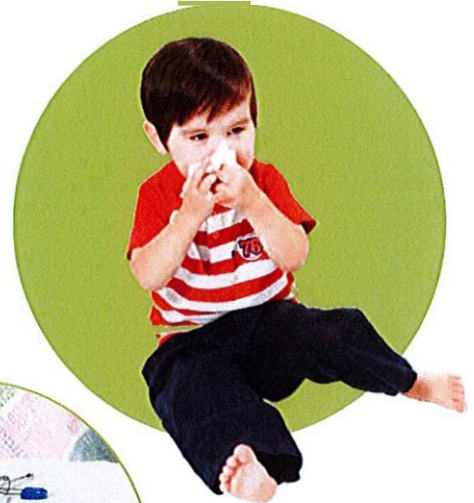
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HealthUnit
Haldimand-Norfolk

Simcoe
P.O.Box 247, 12 Gilbertson Drive
Simcoe, ON N3Y 4L1
519.426.6170 / 905.318.6623

Caledonia
282 Argyle Street South
Caledonia, ON N3W 1K7
905.318.5367

Email: info@hnhu.org
Web: www.hnhu.org





Impetigo

What is it?

Impetigo is a skin infection caused by the staphylococcus aureus or group A streptococcus bacteria. The infection develops when the bacteria gets into openings in the skin. It is common in children but can affect any age group.

What does it look like?

Impetigo infection appears as a "scalded skin syndrome" that results in blister-like sores that become filled with pus and quickly burst. The discharge from these sores dries to produce thick golden yellow "stuck-on crusts." The sores are usually itchy but scratching can cause the infection to spread. Impetigo can occur anywhere on the body, but most commonly on exposed areas such as the face. These sores generally heal without scarring.

How is it spread?

Impetigo is most commonly spread through direct contact with discharge from the sores of an infected person. It can also be spread through direct contact with a person who carries the bacteria (can be present inside the nose or throat) but does not have any symptoms of the infection. Hands are the most common way of transmitting this infection from person to person.

Communicability/recommended absence

This disease can be spread as long as the sores continue to drain or until 24 hours after antibiotic treatment has been started. An infected child may return to school or daycare 24 hours after antibiotic treatment has been started.

For more information, please contact a member of Haldimand-Norfolk Health Unit's Communicable Disease Team.



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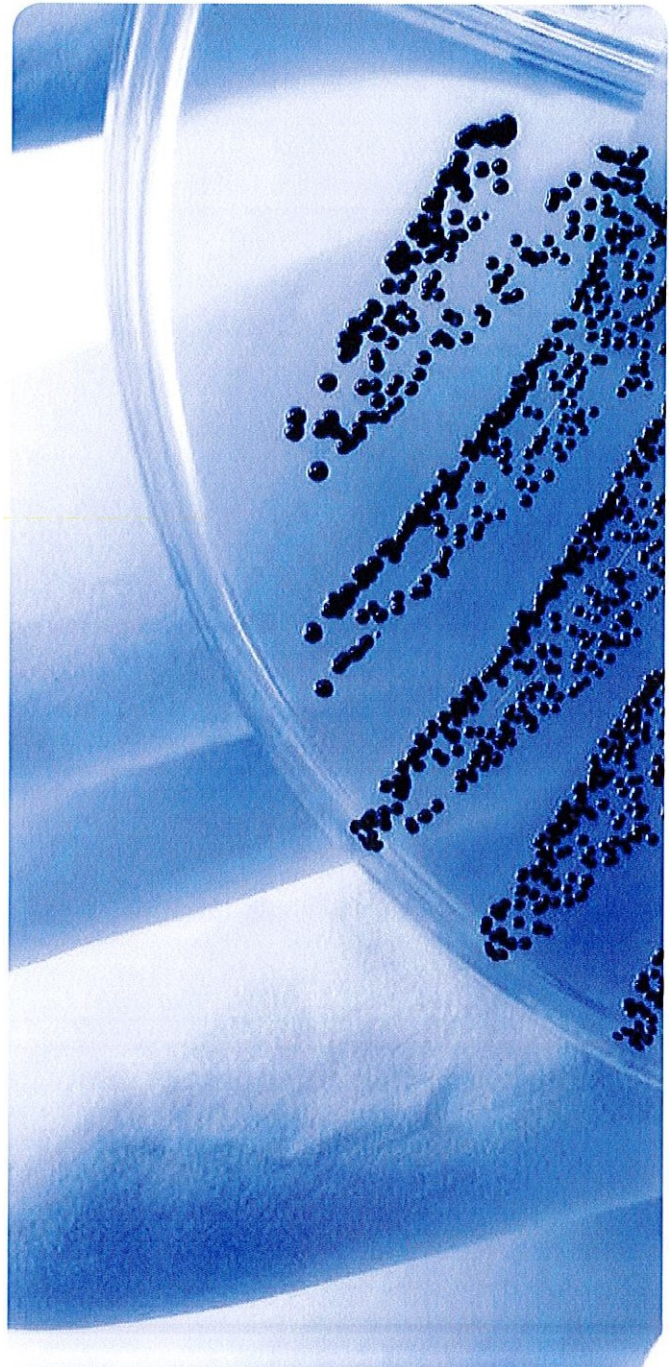
P.O. Box 247, 12 Gilbeyson Drive
Simcoe, ON N3Y 4L1
519.426.6170 / 905.318.6623

Email: info@hnhu.org

Web: www.hnhu.org

Caledonia

282 Argyle Street South
Caledonia, ON N3W 1K7
905.318.5367





Measles (Red Measles, Rubella)

What is it?

Measles is a severe illness caused by a virus. It is often complicated by diarrhea, ear infection, croup (a condition resulting from an obstruction of the airways), pneumonia, or encephalitis (inflammation of the brain). Measles can also cause death.

What does it look like?

Symptoms occur about 10 days (but can be seven to 18 days) after a person has been exposed. First symptoms are a high fever, runny nose, cough, pink eye (inflammation of the eye) and Koplik spots (small bluish white spots inside the mouth). After about four days, a bright red, raised, blotchy rash appears. The rash starts on the face then spreads to the rest of the body and lasts for about a week. Measles is one of the most highly communicable infectious diseases.

How is it spread?

Measles is an airborne disease that is spread by breathing droplets in the air that contain the measles virus. It can also be spread by direct contact with nose or throat secretions from an infected person. A person with measles is infectious from one to two days before the symptoms (fever, cough etc.) begin to four days after the appearance of the rash. There is no carrier state for measles. A person can only spread measles if they have the disease.

For prevention of measles, vaccination with MMR (measles, mumps and rubella) is recommended as soon as possible after the first birthday with a booster dose at age 18 months or before the child starts school.

Recommended absence

Anyone in the infectious stage of measles must stay away from day care, school and work for at least four days after the appearance of the rash.

This disease must be reported to the Medical Officer of Health as required by the Health Protection and Promotion Act.

For more information, please contact a member of Haldimand-Norfolk Health Unit's Communicable Disease Team.

Updated May 2010



Mumps

What is it?

Mumps is a disease caused by a virus. It usually occurs in school-aged children, although it can occur at any age. Occurrence of mumps is now rare due to the introduction of mumps vaccine in 1975.

What does it look like?

Mumps causes fever and swollen salivary glands (below the ears). During adulthood, infection is likely to produce more severe disease. Adult men and teenage boys with mumps can develop orchitis (swollen, tender testicles). Other complications can occur but they are rare.

How is it spread?

The mumps virus is spread through the air by coughing or sneezing or by droplet contact with the discharges from the nose and throat of an infected person. It can also be spread by direct contact with the saliva of an infected person. The virus is present in these discharges from seven days before until nine days after the onset of swelling of the glands. As many as one person out of three who has mumps will not have any symptoms.

Should I be concerned?

Most people today are immune to mumps because they were vaccinated against the disease. Persons born before 1957 are considered immune due to previous infection.

If a pregnant woman is exposed to mumps she should consult her physician. Mumps infection in the first trimester (three months) of pregnancy can cause spontaneous miscarriage.

Recommended absence

All people with confirmed mumps are to be excluded from school or day care until nine days after the onset of swelling.

This disease must be reported to the Medical Officer of Health as required by the Health Protection and Promotion Act.

For more information, please contact a member of Haldimand-Norfolk Health Unit's Infectious Disease Team.



Pink Eye (Conjunctivitis)

What is it?

Pinkeye is an infection of the covering of the eyeball. It is usually caused by a virus but it can also be due to a bacteria. Pinkeye can also be caused by allergies or by rubbing the eyes excessively.

What does it look like?

Children with pinkeye complain of a scratchy feeling or pain in their eyes and may have a lot of tears and pus discharge. The infection turns the whites of the eyes pink or red. When the child wakes up after a sleep, pus or discharge often makes the eyelids stick together.

How is it spread?

Pinkeye is spread by droplets from the nose or throat of an infected person. It can also be spread by contact with the discharge from infected eyes, either by the infected person touching the discharge and then another person, or by the uninfected person touching the discharge and then touching their own eye(s). The time of contact to the time of first symptoms is usually 12 to 24 hours.

When is pinkeye contagious?

A person is contagious throughout the course of active infection or until 24 hours after antibiotic treatment has been started.

How can I protect myself?

- Practise good hand washing.
- Carefully dispose of any tissue used to wipe infected eyes.
- Don't share eye makeup applicators or multiple dose eye medications.
- Don't share towels or face cloths.

Recommended absence

Persons who have pinkeye should be absent from work, school or daycare until 24 hours after antibiotic treatment has been started.



For more information, please contact a member of Haldimand-Norfolk Health Unit's Infectious Disease Team.

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Health Unit

Simcoe
P.O.Box 247, 12 Gilbertson Drive
Simcoe, ON N3Y 4L1
519.426.6170 / 905.318.6623

Caledonia
282 Argyle Street South
Caledonia, ON N3W 1K7
905.318.5367

Email: info@hnhu.org

Web: www.hnhu.org



Scabies

Scabies is a condition caused by tiny insects called mites. Scabies is a nuisance, not an infection. The condition is common in children. Some people think children get scabies because they have not been washed properly. However, scabies has nothing to do with cleanliness.

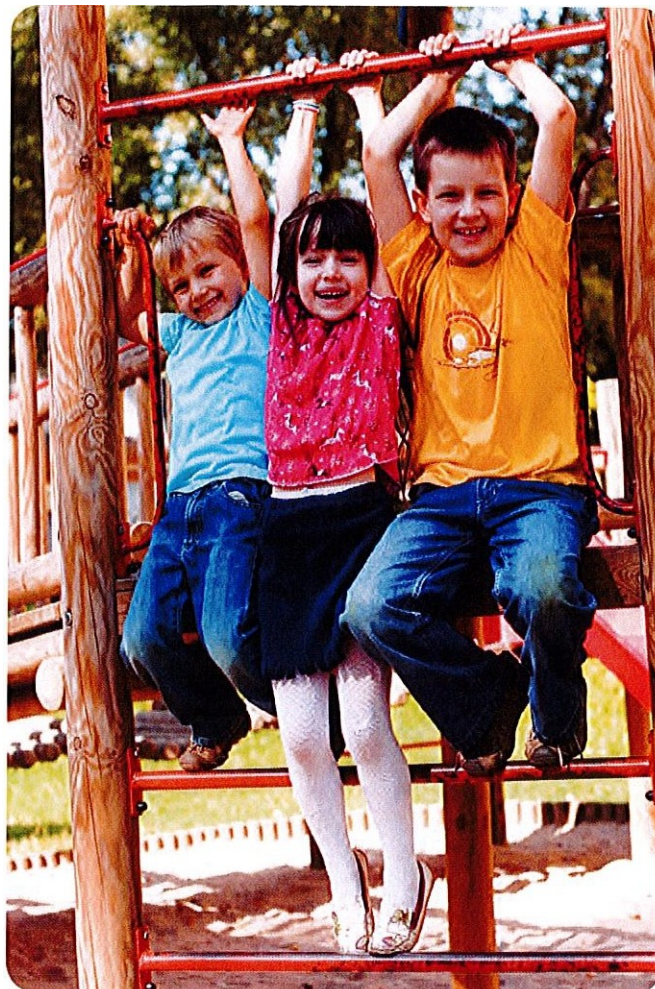
The mites that cause scabies burrow into the skin and cause a very itchy rash. The rash looks like curvy white threads, tiny red bumps, or scratches, and can appear anywhere on the body. It often appears between fingers or around wrists or elbows. On an infant, it can appear on the head, face, neck and body.

Scabies spreads from person to person by touch, or by contact with clothing or other personal items of someone with scabies.

Scabies can be treated with medication recommended by a physician. A child may still be itchy for a few weeks after the treatment has eliminated the mites. This means that the child is reacting to the mites, not that the treatment has failed to get rid of them. Washing the clothes in hot water and then putting them in a hot dryer also helps to get rid of the mites.

Things parents can do

- Watch your child closely for signs of scabies if another child has it.
- Contact your physician if you think your child has scabies. If the physician determines that your child has scabies, every member of your household will probably have to be treated with medication. Be sure to follow the instructions on the bottle.
- If your child has scabies, wash the child's bed linen, towels and clothes in hot water, and dry in a clothes dryer at the hottest setting.
- If your child has scabies, he or she should not return to the school or child care facility until treatment has been given.
- Use of insecticide sprays for the household is not indicated. Transfer of the scabies mite occurs only through skin-to-skin contact or through contact with objects recently infected.



For more information, please contact a member of Haldimand-Norfolk Health Unit's Infectious Disease Team.

althUnit

Haldimand-Norfolk

Simcoe

PO Box 247, 12 Gilbertson Drive
Simcoe, ON N3Y 4L1
519.426.6170 / 905.318.6623

Caledonia

282 Argyle Street South
Caledonia, ON N3W 1K7
905.318.5367

Email: info@hnhu.org

Web: www.hnhu.org



Head Lice

Head lice are an unpleasant fact of life that affect people all over the world. If you have a child, chances are that you will one day have to deal with head lice. Here are some tips for treating and preventing head lice with a minimum of stress.

What are head lice?

Head lice (scientific name is *Pediculus capitis*) are tiny insects about the size of a sesame seed. They live on the heads of humans and feed on their blood. They have six legs, but no wings. They cannot fly or jump, but they do crawl very fast.

They cannot survive off the human head for more than 48 hours. The only way you can

get head lice is from another person who has them.

Once they are old enough, female head lice lay eggs called *nits*. They are about the same size as a flake of dandruff. Nits are always attached to individual strands of hair, close to the scalp. Lice use a substance like glue to attach the nits, which makes them hard to remove. You may never see a louse, but you will see nits. They are cream in colour and about the size of this • dot or tip of a pencil. Dandruff is about the same size, but it is easy to remove; nits are not.

Head lice spread from person to person very easily. The way most head lice spread is from one head touching another.

How do I know it's head lice?

Symptoms are:

- Tickling feeling in the hair.
- Frequent itching.
- Sores from scratching.

However, you may only know about head lice when you or someone else finds nits in the hair. Look for them regularly at the nape of the neck and behind the ears.

Treating head lice

There are three steps to treating head lice:

1. Treat the person affected with a product that kills live lice.

There are many such products on the market. Only those that state they kill lice actually do so. Do not use regular shampoo, cream rinse or any other rinse on the head for 48 hours after shampooing with head lice shampoo. This de-activates the lice product.

2. Remove all the nits.

Using a bright light (daylight or a crafter's light are ideal), go through your child's hair carefully. Pick up one small strand at a time and pull off the nit with your fingernails.

3. After a week, treat the head again.

Just in case you missed some nits, treat the head again about seven to 10 days after the first treatment. Any nits that remain will have hatched by then, but the lice will still be young.

Treat the household

You should also wash the clothing and bedding used in the last two days by the affected person. Don't forget stuffed animals! Wash in hot water and dry in a hot dryer.

For items that cannot be washed, you have three options:

- » Dry clean.
- » Put them in a sealed bag for two weeks.
- » Put them in a deep freezer for several days.

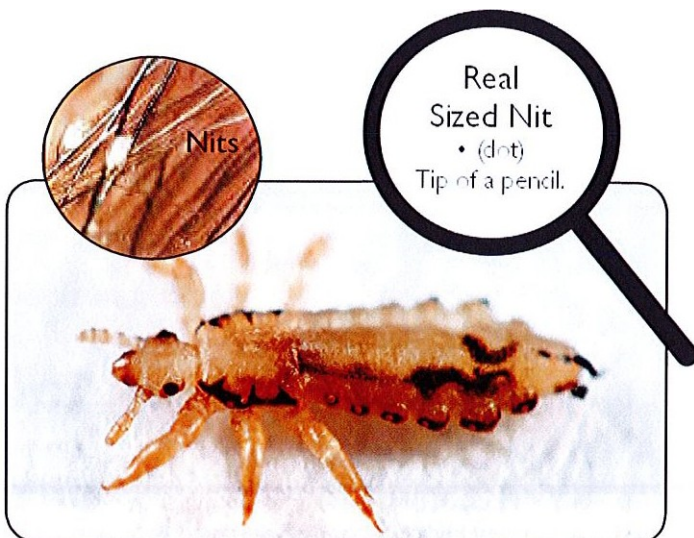
Head lice spreads by...

• Close contact

When heads touch during hugs, sharing secrets, play wrestling, working together.

• Shared objects

Combs, brushes, hats.



- Vacuum your child's car seat or booster seat.
- Disinfect combs, brushes, hair clips, headbands, etc. by washing in very hot water with soap.
- Vacuum chairs and couches that the affected person has used recently. *Do not* use chemical sprays.
- Check everyone who shares the home for nits.
- Head lice products contain insecticide. They should be used exactly as directed and no more frequently than every seven days. The product may say **it kills nits** as well, but it won't kill all of them. Removing the nits is essential.
- To make nit removal easier, try sitting your child in front of a TV program, movie, etc.
- Nit combs can be useful. The metal ones are much better than the plastic ones. Regular combs are not fine enough.

Preventing head lice

- Teach children that head lice spread by direct contact. They should keep a little distance from other heads.
- Teach children to *never* share combs, brushes, barrettes or anything else they use for their hair.
- Teach children to *never* share hats, caps or scarves.
- Keep longer hair in barrettes, pony tails, buns or braids.
- Consider adding tea tree oil to your shampoo. This method is not proven, but some people have had success with it.
- Start a head lice patrol in your home. Regularly examine each child's head closely for signs of infestation; once a week is about right.



"Head to head makes the head lice spread"

Call the doctor if ..

- Your child is under two years old.
- You find lice or nits on your eyebrows, eyelashes or beard.
- The skin of the scalp is broken or infected.
- You are pregnant or breastfeeding. In either case, you could also contact Motherisk at 416-813-6780.
- You have allergies, especially to ragweed, chrysanthemums, natural or synthetic pyrethrins; some head lice products are chemically similar to these and may cause an allergic reaction.

Myth-busters

- Head lice can't jump or fly. They do crawl very fast.
- Head lice don't live on cats, dogs or other pets. They only live on humans.
- Head lice don't prefer clean hair. They love hair of any kind.
- Head lice can only live about 48 hours away from a human head.
- Home remedies are **not** effective for killing lice.
- Remedies for pets have even more insecticide than human head lice products; they are **NOT** safe.
- Head lice products are not safe for constant or repeated use.

References:

Pollack, R.J. *Head Lice: Information And Frequently Asked Questions*. Harvard School of Public Health, 2007 www.hsph.harvard.edu/headlice.html.

Treating Head Lice Infestation. Centers for Disease Control, 2005. http://www.cdc.gov/ncidod/dpd/parasites/lice/factsheet_headlice_treating.htm.

For more information, call the Haldimand-Norfolk Health Unit and speak to a Public Health Nurse.

HealthUnit

Haldimand-Norfolk

Simcoe

P.O. Box 247, 12 Gilbertson Drive
Simcoe, ON N3Y 4L1
519.426.6170 / 905.318.6623

Caledonia

282 Argyle Street South
Caledonia, ON N3W 1K7
905.318.5367

Email: info@hnhu.org

Web: www.hnhu.org



Scarlet Fever

What is it?

Scarlet fever is a bacterial infection caused by B-haemolytic streptococci. Symptoms include a sore throat, tonsillitis, fever and a fine, red skin rash. It is most common in children three to 15 years old. Scarletina is the mildest and most common form of scarlet fever.

What does it look like?

Scarlet fever usually begins with a red, sore throat with white patches, similar to strep throat, a high fever, a red, swollen *strawberry* tongue, nausea, and sometimes vomiting. A fine, red, pinpoint rash (that feels like sandpaper) appears within two days after the sore throat and fever. The rash most often appears on the neck, chest, under the arms, elbow, groin and on the inner surfaces of the thighs. The face is flushed, but free of rash, and the area around the mouth is pale. The rash fades when you press the skin, which peels off sometimes in large sections, especially on the palms and soles. There may also be a reddish rash on the inside of the mouth.

How do you get it?

It is spread by contact with other people's infected respiratory secretions.

What is the incubation period? The usual incubation period (time from exposure to the appearance of symptoms) is one to four days, but can sometimes be as long as seven days.

How communicable is it?

A person is considered infectious until 24 hours after beginning antibiotics. Anyone who is untreated is probably infectious for about three weeks.

What is the recommended absence?

After 24 hours of antibiotics and as soon as they have no fever and feel well, persons can return to school or daycare.



For more information, please contact a member of Haldimand-Norfolk Health Unit's Infectious Disease Team.

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Simcoe
P.O. Box 247, 12 Gilbertson Drive
Simcoe, ON N3Y 4L1
519.426.6170 / 905.318.6623

Caledonia
282 Argyle Street South
Caledonia, ON N3W 1K7
905.318.5367

Email: info@hnhu.org
Web: www.hnhu.org



Pertussis (Whooping Cough)

What is it?

Pertussis, more commonly known as whooping cough, is caused by contagious bacteria called *Bordetella pertussis*. It is spread by contact with discharges from the nose or throat of an infected person or by droplets of nose and throat discharges in the air from an infected person when they sneeze or cough. The disease can be transmitted to others from several days before and up to three weeks after the onset of the cough.

What are the signs and symptoms?

Whooping cough begins as an irritating cough that gradually develops into severe coughing spells. These severe coughing spells are typically followed by a high-pitched whoop as the person inhales. These severe coughing episodes are often followed by vomiting. Fever is generally absent or only slightly above normal. If a person is infected, they will begin to show signs and symptoms from six to 20 days (average nine to 10 days) after coming into contact with someone who has the disease.

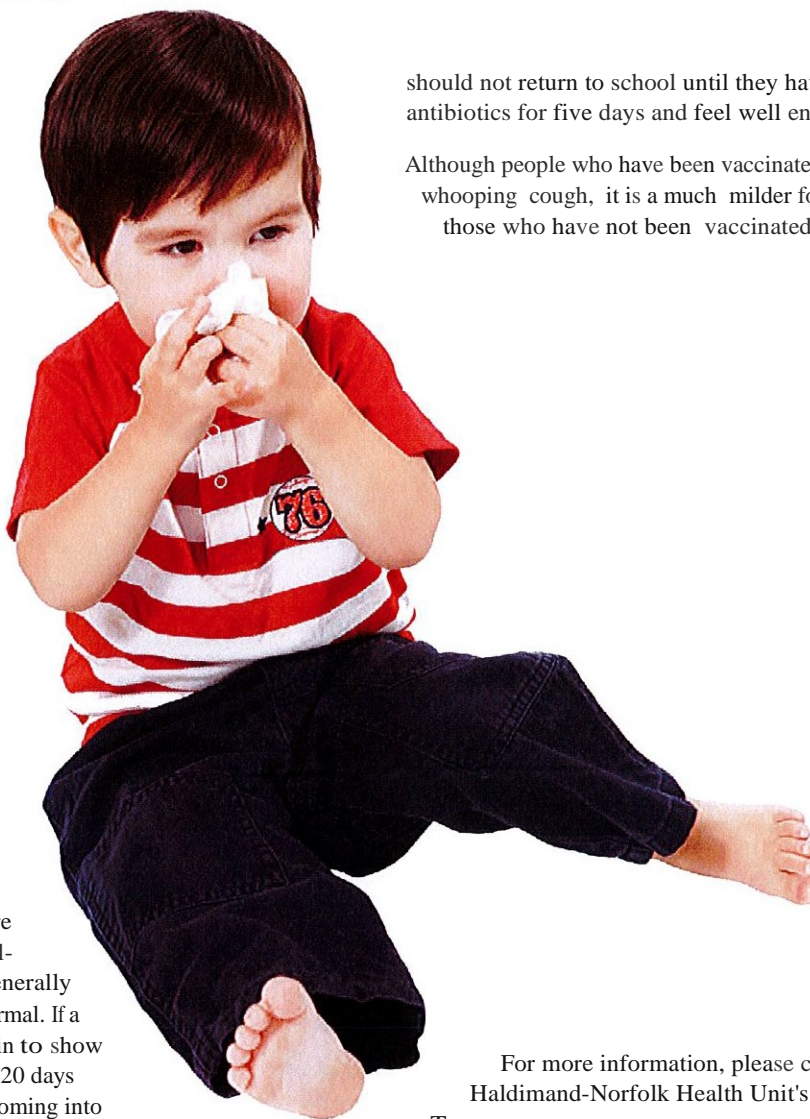
What is the treatment?

Infants and children under seven are at the highest risk of complications from this disease so it is important that children are vaccinated.

If a child is diagnosed with whooping cough they and anyone living in their home will be placed on antibiotics. An infected child

should not return to school until they have been taking specific antibiotics for five days and feel well enough to do so.

Although people who have been vaccinated may still get whooping cough, it is a much milder form of the disease than those who have not been vaccinated.



For more information, please contact a member of Haldimand-Norfolk Health Unit's Infectious Disease Team.

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Haldimand-Norfolk

Simcoe
P.O. Box 247, 12 Gilbertson Drive
Simcoe, ON N3Y 4L1
519.426.6170 / 905.318.6623

Caledonia
282 Argyle Street South
Caledonia, ON N3W 1K7
905.318.5367

Email: info@hnhu.org
Web: www.hnhu.org



Infections and Pregnancy

Infections during pregnancy can cause severe illness in a mother and also put her unborn baby at risk.

For most women there is very little cause for concern. Women are often exposed to infections at a much younger age and therefore have immunity.

Note: It is not recommended that all pregnant women exclude themselves from a workplace where a viral outbreak is occurring. The decision to stay away from the workplace is a personal decision for a woman to make after discussion with her doctor and employer.

Following these simple guidelines can considerably prevent infections:

Practice good hand hygiene

This is important if you are exposed to small children on a regular basis, and especially important if you are directly involved in handling children (i.e. diapering or coming in contact with saliva, mucous, urine or feces). It is not necessary to stop working with small children: just practice good personal hygiene.

Wash hands with warm water and soap:

- before eating and preparing food.
- after using the toilet, changing diapers or providing personal care to others.
- anytime they become contaminated.

Note: Waterless hand sanitizing gels are an excellent addition to hand washing or in times when soap and water is not available.

Handle food safely

Meat should be cooked according to the following guidelines:

- Whole poultry - 82°C/180°F
- Food mixture that includes poultry, egg, meat, fish - 74°C/165°F

- Pork, ground meat other than poultry - 71°C/160°F.

Wash counters and other surfaces that have come in contact with raw meat and sanitize with bleach / water solution - 1.5 tablespoons of unscented household bleach to 2 gallons of water.

Wash fruits and vegetables thoroughly before cooking and/or eating.

Do not eat the following foods which may contain bacteria or viruses:

- Raw meat or fish.
- Under cooked egg or egg products.
- Raw or unpasteurized milk or cheese made from unpasteurized milk.
- Unpasteurized fruit or vegetable juices such as apple cider

Wear gloves when working in the garden.

Avoid touching your mouth while working, and thoroughly wash your hands after removing the gloves.

Avoid cleaning kitty litter boxes.

Cat feces can be a source of toxoplasmosis.

Stay away from wild or pet rodents and their droppings.

Have a pest control professional get rid of pests in or around your home. If you have a pet rodent, like a hamster or guinea pig, have someone else care for it until after your baby arrives. Some rodents might carry a harmful virus called Lymphocytic choriomeningitis virus.

Determine your immunity to:

- Rubella (German measles) and Chickenpox.

A simple blood test can determine if you are immune. If you are not immune, a vaccination may be recommended to prevent the disease.

If you have any questions or concerns, please visit the Haldimand-Norfolk Health Unit website at www.hnhu.org.



Chickenpox and Pregnancy

What is chickenpox?

- Caused by the varicella-zoster virus
- Most common in children and usually mild; however, when adults get it, they can be very sick.

What are the signs and symptoms?

- Chickenpox begins with a fever, followed in a day or two by a very itchy rash.
- The rash starts with red spots that turn into fluid-filled blisters. New blisters may form during the next few days, and after a few days, crusts form over the blisters.

How is it spread?

- Spreads easily through the air or by touching the fluid in a chickenpox blister.
- The virus usually takes 14-16 days to develop, but may take anywhere from 10-21 days after contact with an infected person.
- Chickenpox is contagious 1-2 days before the rash appears and at least 5 days after.

What you need to know if you are pregnant

- Pregnant women who have never had chickenpox can develop severe illness if they get chickenpox while pregnant.
- Chickenpox can also affect the developing baby if the mother becomes infected in the first half of pregnancy. The newborn baby can also develop severe chickenpox if the mother is infected around the time of delivery.
- If you are pregnant, have been in contact with someone who has chickenpox and think you may not have had chickenpox, consult your doctor as soon as possible.
- A blood test can determine if you have antibodies to protect you from the virus.



- If the blood test shows no antibodies, you may be advised to receive an injection of varicella-zoster immune globulin (VZIG) to help prevent severe infection.

What about the chickenpox vaccine?

- The varicella vaccine is available to prevent chickenpox.
- It should NOT be used in pregnancy.
- Women who receive the vaccine should wait three months to become pregnant.
- A reliable form of birth control must be used during this time.
- Women who have not had chickenpox as determined by a blood test, and are considering a future pregnancy should receive the vaccine.

For further information visit the Haldimand Norfolk Health Unit's website at www.hnhu.org



Fifth Disease (Parvovirus B19) and Pregnancy

What is Fifth Disease?

- Fifth Disease is caused by a virus called Parvovirus B19.
- It is a mild rash illness that occurs most commonly in children.
- It can be a concern for pregnant women, people with blood disorders, and people who have problems with their immune system.
- If a pregnant woman becomes infected in the first 20 weeks of her pregnancy, there is a small chance that she could infect the developing baby and cause the baby to develop anemia.
- This occurs in less than 5% of all pregnant women who are infected and occurs more often in the first half of the pregnancy.
- There is no evidence that Fifth Disease causes physical or mental birth defects.
- If you're in the first half of your pregnancy and think you have Fifth Disease see your family doctor.
- Women in the first half of pregnancy should also see their family Doctor if they have been in contact with someone diagnosed with Fifth Disease.

What are the signs and symptoms ?

- Begins with a slight fever. but most children do not feel sick.
- A bright red rash appears on the cheeks, followed 1-4 days later by a lace-like rash on the arms, body and legs.
- Rash can last 1-3 weeks and may worsen if exposed to heat and sunlight.
- At least 50% of adults have had Fifth Disease in childhood and will not get it again if exposed to a child with the infection.
- Those adults who catch Fifth Disease may not get a rash but may have mild joint pain for about two weeks.

How is it spread?

- Usually spreads through the air in the same way as a cold virus, when an infected person sneezes, coughs or talks.
- Can be spread by hands or objects touched by an infected person.

How common is Fifth Disease?

- Fifth Disease commonly occurs in children, especially in the winter and spring.
- 50-80% of adults have been infected with the disease and will not get it again if exposed.

Recommended Absence

- Exclusion of children with Fifth Disease from school or day-care is not recommended
- The reason for no exclusion is that the child is most contagious before the rash appears

Can I prevent Fifth Disease ?

- There is no treatment for Fifth Disease and no vaccine is available.
- Practice good personal hygiene and good hand washing.
- Cover nose and mouth while coughing and sneezing and carefully dispose of used facial tissues.

For further information contact the Haldimand-Norfolk Health Unit at www.hnhu.org



Rubella (German Measles) and Pregnancy

Who is most at risk?

- The Rubella virus causes a mild illness in pregnant mothers but could cause severe problems for a developing baby known as Congenital Rubella Syndrome (CRS).
- An unborn child is most at risk of developing CRS if the mother is infected with Rubella in the first four months of pregnancy.
- After the 20th week of conception complications from Rubella are rare.

What is Congenital Rubella Syndrome (CRS)

- A series of physical problems that can happen to an unborn child if the mother is infected with Rubella.
- Infants with CRS may be born deaf or blind, may have damage to their hearts or mental disabilities.

How often are babies born with Congenital Rubella Syndrome (CRS)?

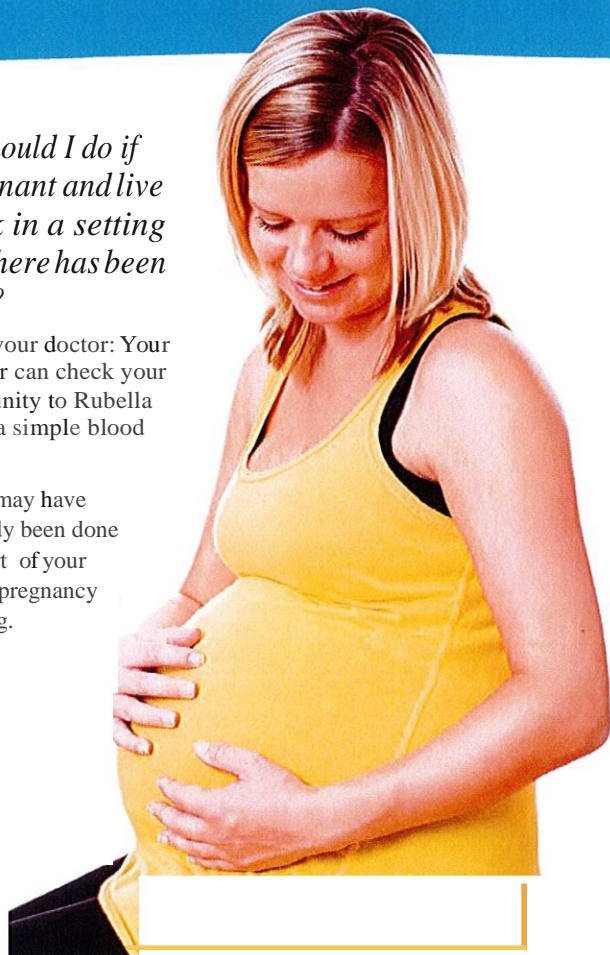
- CRS is rare in Ontario. Only 14 cases of CRS were reported to the Ministry of Health from 1990-2004, which is approximately one per year.

How safe are schools during a rubella outbreak?

- Schools are generally well protected because 95 per cent of students have been vaccinated against rubella.
- Public health units are notified when someone is diagnosed with rubella. If that person is a student, all unimmunized students at the school are immediately sent home under the authority of the Immunization of School Pupils Act.
- Once the unimmunized students are removed from school, it's rare to see the virus spread since all remaining students would be immunized.

What should I do if I'm pregnant and live or work in a setting where there has been Rubella?

- Call your doctor: Your doctor can check your immunity to Rubella with a simple blood test.
- This may have already been done as part of your early pregnancy testing.



What can I do to prevent Rubella before pregnancy?

- If you are of child-bearing age but not pregnant, have a blood test to ensure you are immune to Rubella.
- If you are not immune, get your MMR vaccine and wait at least three months before becoming pregnant.

For further information, visit the Haldimand-Norfolk website at www.hnhu.org

Adapted with permission by Brant County Health Unit.

Updated May 2010

REPORTABLE DISEASES

Updated December 4, 2013

Acquired Immunodeficiency Syndrome (AIDS)
 Acute Flaccid Paralysis
 Amebiasis
 Anthrax
 Botulism
 Brucellosis
 Campylobacter enteritis
 Chancroid
 Chickenpox (Varicella)
 Chlamydia trachomatis infections
 Cholera
 Clostridium difficile associated disease (CDAD) outbreaks in public hospitals
 Creutzfeldt-Jakob Disease, all types
 Cryptosporidiosis
 Cyclosporiasis
 Diphtheria
 Encephalitis, including,
 i. Primary, viral
 ii. Post-infectious
 iii. Vaccine-related
 iv. Subacute sclerosing panencephalitis
 v. Unspecified
 Food poisoning, all causes
 Gastroenteritis, institutional outbreaks
 Giardiasis, except asymptomatic cases
 Gonorrhoea
 Group A Streptococcal disease, invasive
 Group B Streptococcal disease, neonatal
 Haemophilus influenzae b disease, invasive
 Hantavirus pulmonary syndrome
 Hemorrhagic fevers, including,
 i. Ebola virus disease
 ii. Marburg virus disease
 iii. Other viral causes
 Hepatitis, viral,
 i. Hepatitis A
 ii. Hepatitis B
 iii. Hepatitis C
 Influenza
 Lassa Fever
 Legionellosis
 Leprosy
 Listeriosis
 Lyme Disease
 Malaria
 Measles
 Meningitis, acute,
 i. bacterial
 ii. viral
 iii. other
 Meningococcal disease, invasive
 Mumps
 Ophthalmia neonatorum
 Paralytic Shellfish Poisoning
 Paratyphoid Fever
 Pertussis (Whooping Cough)
 Plague
 Pneumococcal disease, invasive
 Poliomyelitis, acute
 Psittacosis/Ornithosis
 Q Fever
 Rabies
 Respiratory infection outbreaks in institutions
 Rubella
 Rubella, congenital syndrome
 Salmonellosis
 Severe Acute Respiratory Syndrome (SARS)
 Shigellosis
 Smallpox
 Syphilis
 Tetanus
 Trichinosis
 • Tuberculosis
 Tularemia
 Typhoid Fever
 Verotoxin-producing E.coli infection indicator conditions, including Haemolytic Uraemic Syndrome (HUS)
 West Nile Virus Illness
 Yellow Fever
 Yersiniosis

Updated January 2014.

Simcoe: 519.426.6170 or 905.318.6623

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HealthUnit
 Haldimand-Norfolk

Duty to Report Responsibility to Report a Child in Need of Protection CFSA s.72(1)

If a person has reasonable grounds to suspect that a child is or may be in need of protection, the person must promptly report the suspicion and the information upon which it is based to a children's aid society.

It is not necessary for you to be certain a child is or may be in need of protection to make a report to a children's aid society. "Reasonable grounds" refers to the information that an average person, exercising normal and honest judgment, would need in order to make a decision to report. The situations that must be reported are listed in detail below.

Child and Family Services Act CFSA s.72 (1)

Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, the person shall forthwith report the suspicion and the information on which it is based to a society:

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
 - i. failure to adequately care for, provide for, supervise or protect the child, or
 - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
 - i. failure to adequately care for, provide for, supervise or protect the child, or
 - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
3. The child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.
4. There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3.
5. The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment.
6. The child has suffered emotional harm, demonstrated by serious,
 - ii. depression,
 - iii. withdrawal,
 - iv. anxiety,
 - v. self-destructive or aggressive behaviour, or
 - vi. delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

7. The child has suffered emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm.
8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.
9. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.
10. The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.
11. The child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.
12. The child is less than 12 years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment.
13. The child is less than 12 years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately.

Ongoing duty to report CFSA s.72(2)

The duty to report is an ongoing obligation. If a person has made a previous report about a child, and has additional reasonable grounds to suspect that a child is or may be in need of protection, that person must make a further report to a children's aid society.

Persons must report directly CFSA s.72(3)

The person who has the reasonable grounds to suspect that a child is or may be in need of protection must make the report directly to a children's aid society. The person must not rely on anyone else to report on his or her behalf.

What are "reasonable grounds to suspect?"

You do not need to be sure that a child is or may be in need of protection to make a report to a children's aid society. "Reasonable grounds" are what an average person, given his or her training, background and experience, exercising normal and honest judgment, would suspect.

Special responsibilities of professionals and officials, and penalty for failure to report CFSA s.72(4), (6.2)

Professional persons and officials have the same duty as any member of the public to report a suspicion that a child is in need of protection. The Act recognizes, however, that persons working closely with children have a special awareness of the signs of child abuse and neglect, and a particular responsibility to report their suspicions, and so makes it an offence to fail to report.

Any professional or official who fails to report a suspicion that a child is or may be in need of protection, where the information on which that suspicion is based was obtained in the course of his or her professional or official duties, is liable on conviction to a fine of up to \$1,000.

Professionals affected CFSA s.72(5)

Persons who perform professional or official duties with respect to children include the following:
health care professionals, including physicians, nurses, dentists, pharmacists and psychologists
teachers, and school principals
social workers and family counsellors
priests, rabbis and other members of the clergy
operators or employees of day nurseries
youth and recreation workers (not volunteers)
peace officers and coroners
solicitors
service providers and employees of service providers
any other person who performs professional or official duties with respect to a child.

This list sets out examples only. If your work involves children but is not listed above, you may still be considered to be a professional for purposes of the duty to report. If you are not sure whether you may be considered to be a professional for purposes of the duty to report, you should contact your local children's aid society, professional association or regulatory body.

Professional confidentiality CFSA s.72(7),(8)

The professional's duty to report overrides the provisions of any other provincial statute, specifically, those provisions that would otherwise prohibit disclosure by the professional or official.

That is, the professional must report that a child is or may be in need of protection even when the information is supposed to be confidential or privileged. (The only exception for "privileged" information is in the relationship between a solicitor and a client.)

Protection from liability CFSA s. 72(7)

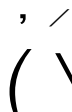
If a civil action is brought against a person who made a report, that person will be protected unless he or she acted maliciously or without reasonable grounds for his or her suspicion.

What will the children's aid society do?

Children's aid society workers have the responsibility and the authority to investigate allegations and to provide services to protect children. A children's aid society worker may, as part of the investigation and plan to protect the child, involve the police and other **community agencies**.

How to contact a children's aid society

Check the telephone directory for the office closest to you. In some communities, the children's aid society is known as "family and children's services." The emergency pages in most Ontario telephone directories have the number to call to report to a children's aid society. All the children's aid societies/family and children's services have emergency service 24 hours a day, so that you can call anytime.



Ekwaamiigenang Children's
Centre III Health Report Form

Group: Infant Toddler Junior Senior Kinderqarten
 Child's Name: _____ , Date: _____

Child's Date of Birth: _____	Time report completed: _____	Teacher reporting: _____
------------------------------	------------------------------	--------------------------

Is child on medication Yes No Administered at Daycare Yes No
 If a child has had recent immunizations they may have symptoms such as a rash and
 diarrhea several days after the injection.

Symptoms of Illness:

temperature:

Check all that apply	Notes/descn.pf10n:
vomiting	
diarrhea	
pale	
flushed (rosy cheeks)	
lethargic	
irritable	
unusual spots	
unusual rash	
bloodshot eye	
eye discharge	
appetite	
nits or lice	
wheezing	
coughing	
nasal discharge	
child slept	
Tick removal	Bag tick, label with child's name, date and where bitten on the child's body give Health Canada form to parents.
other	

Additional Comments: _____

Parent notified: _____ Time: _____ Arrived at: _____

Next day follow up	Child returned	Still sick	Nocall
Notes: _____			

Office use only

Time report received in office: _____ Staff asked to monitor health further _____

Community Health referral made: Yes No

Supervisor signature and date: _____

66

Ekwaamjigenang Children's Centre Smoke Free Guidelines

No Smoking on the Premises

Smoking of cigarettes and electronic cigarettes is prohibited in and around the Ekwaamjigenang Children's Centre.

Staff are asked not to smoke in the front of the Ekwaamjigenang Children's Centre or nearby garages or any area that is visible to the parents and children. We are promoting a healthy lifestyle to our families.

It is requested that staff who smoke do so at the side of the garage where there is seating and a vessel to extinguish your cigarette.

When entering the Children's Centre from recently smoking it is highly recommended that staff wash their hands or use a hand sanitizer immediately.

Exemption

It is prohibited to smoke in an enclosed workplace however there is an exemption for Aboriginal Peoples under the Smoke Free Ontario Act. An Aboriginal person has the right to use tobacco for traditional Aboriginal cultural or spiritual purposes.

There is located in the Office a smudging area with medicines to burn and prayer to utilize if needed.

Note

The government recognizes there are unique issues with respect to ensuring this (provincial) legislation is complied with on a First Nation Territory. The government is committed to engaging First Nations communities to reduce exposure to second hand smoke on First Nation Territories and to address the high rates of commercial tobacco use in these communities through culturally appropriate tobacco education, cessation, and prevention activities.