



BEST START DAYCARE

Parent Handbook

Unit 200 – 2 Hebert Road, St. Albert T8N 5T8

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Administrative Policies

Registration Process

Procedure:

- The process for registration at BEST START DAYCARE is as follows:
 - Contact the Director or Assistant Director
 - Schedule a tour of the program.
 - Introduction to Educators
 - Provided with a copy of the Parent Handbook

- Payment of the registration fee
- Completion of all enrollment forms

Children's Personal Files

Procedure:

- Children's files will be maintained by the Director.
- Children's files will be kept in a locked filing cabinet in the Directors office.
- Children's files will include the following documents:
 - Completed registration form that contains.
 - Child's name, date of birth, address
 - Parents names, address, contact number's
 - Health information including ongoing medication and allergies
 - Name, address, and contact numbers for emergency contacts
 - The written consent of the parent for the administration of medication if required, as outlined in the Medication Administration policy
 - Medication and administration details as outlined in the Medication Administration policy.
 - Details of any additional health care requirements provided to the child
 - Written consent of the parent will be obtained for any additional health care needs.
 - Details of allergies
 - Confirmation of immunizations
 - Details of any other health information that would be required for the center to provide quality care
 - Confirmation of Orientation
 - Parents will update the registration form to ensure the information is accurate every 6 months
 - Information of the child's preferences, eating habits, fears, hobbies, and past experiences
 - Incident reports
 - Signed permission for the following:
 - Neighborhood walks
 - Posting of identifiable information
 - Permission to take photos and videos of the children while participating in Centre activities
- Children's files will be available for inspection
 - By the Licensing Officer or representative
 - By the child's parent with reasonable notice

Maintenance of Administrative Records

Procedure

- Administrative records include:
 - Accurate documentation of children's attendance including arrival and departure times.
 - Accurate documentation of details of Educator attendance including arrival and departure times and hours in direct childcare
 - Current copies of valid First Aid Certificates and Criminal Record Checks, including a Vulnerable Sector Search, for all Educators and volunteers
 - Criminal Record Checks, including a Vulnerable Sector Search, must be updated every 3 years
- Copies of Educator Certification and First Aid Certificates will be kept on file for all current Educators and Management.
- Administrative records will be always available for inspection by the Licensing Officer or representative.
- Details of children's attendance, including arrival and departure times are available to the parent with reasonable notice.
- Administrative records will be kept on site for 2 years plus the current year.
- Administrative records will be kept for a total of 7 years and then destroyed in a secure manner.

Payment of Monthly Fees

Procedure

- Childcare fees are due on the 1st business day of the month.
- Payments can be made by cash, cheque, or set up monthly withdrawal, or E- transfer.
- There will be a \$50.00 NSF charge for any returned cheques.
- A late payment fee of \$50.00 will be charged for payments not received on the 1st business day of the month.

Subsidy

Procedure

- Provincial subsidy is approved by the subsidy program of the Province of Alberta
- Subsidies are based on household income. Information, rates, and applications can be found at the following link <https://www.alberta.ca/child-care-subsidy>
- Ensuring that the subsidy remains current is the responsibility of the parent.
- Parents will be responsible for the full fee for any months that subsidy is not approved for.

Affordability Grant

Procedure

- The Affordability Grant is given to all families whose children are registered in a licensed childcare Centre.

- There is no qualifying income and no need to apply for the grant.
- More information about the Affordability Grant can be found at the following link
<https://www.alberta.ca/affordability-grants-for-child-care-programs>

Late Pick Up

Procedure

- The Centre closes at 6:00 p.m.
- Parents are expected to arrive at the Centre in enough time to get their children ready to leave the Centre by 6:00 p.m.
- Parents arriving after 6:00 p.m. will be charged a late pick-up fee of \$1.00 per minute
- Educators will begin attempting to contact the parents when the Centre closes. If they are unable to locate them, they will contact all individuals listed on the registration form as authorized pick up and emergency contacts.
 - If the child is still not picked up by 6:30 p.m., the RCMP will be contacted by the Director and the child placed in their care

Termination of Care

Procedure

- Parents are required to provide 1 month's written notice of termination of care otherwise 1 month's fees will apply.

General Holidays

Procedure

- The Centre will be closed on the following General Holidays
 - New Years Day (in lieu)
 - Family Day
 - Good Friday
 - Easter Monday
 - Victoria Day
 - Canada Day (in lieu)
 - Heritage Day
 - Labor Day
 - Thanksgiving Day
 - National Day or Truth and Reconciliation
 - Remembrance Day (in lieu)
 - Christmas Day (in lieu)
 - Boxing Day (in lieu)
- When holidays marked (in lieu) fall on a weekend, an additional closure date will be taken on either the Friday before or the Monday after the holiday.
- The program will be closed annually the week between Christmas & New Years

Social Media

Procedure

- Social media includes Facebook, Instagram and any other website or phone app that promotes social interaction and sharing of information and pictures between individuals.
 - Parents are not permitted to post photos or videos that include any children other than their own or that have been held at the Centre.
 - If discovered, the parents will be asked to take down the photos and or videos.
 - Parents are not permitted to disclose details including, location, date and time of any field trip or community outing on social media.
 - Any instances of defamatory comments about the Centre, its employees, or volunteers posted to a social media site could result in immediate termination of care.

Ongoing Program Evaluation

Procedure

- Ongoing program evaluation is an important component of the program to ensure that we continue to provide high quality care to families.
- The program evaluation will include:
 - Annual Parent and Educator Satisfaction Surveys
 - Survey results will be reviewed, compiled, and shared with parents and Educators.
 - Goals and action plans will be developed to address areas that require improvement.
 - Positive feedback and areas for improvement identified by parents will be shared with Educators.
 - Goals and action plans will be reviewed annually to ensure they have been completed or to update the goal if not completed.
 - Suggestion Boxes
 - Suggestion boxes for Educator and parents will be available.
- Suggestions will be reviewed monthly.
- Goals will be set to address any areas that require improvement.

Confidentiality of Information

Procedure

- All information regarding families, children, Educators, other employees, and volunteers will be kept strictly confidential.
- Children's files will be kept in a locked cabinet in the Directors office.
- Information regarding the children will not be shared without completion of a consent to share information form and signed by the parent.

Communication with Families

Procedure

- Maintaining open, and positive communication with families is very important to us.
- We will maintain ongoing positive communication with parents that include
 - Newsletters.
 - Emails
 - Daily face-to-face verbal contact
 - Phone/text messages

Suspensions of Abuse & Neglect

Procedure

- All suspicions of abuse or neglect will be forwarded to the Director.
- After reviewing the information, and if it is determined that the safety of a child could be at risk, the Director will report the suspicions to the Child Abuse Hotline.

Parent & Community Grievances

Procedure

- Complaints or concerns may develop between parents and Educators.
- Parents are encouraged to discuss any concerns with their child's Educator team.
 - If the issue cannot be resolved, the Director will schedule a meeting with the parent and Educators to discuss and come to a solution that is satisfactory to everyone.

Authorized Release of Children

Procedure

- Children will not be released to any individual that is not listed as an emergency contact or authorized pick up.
- Children will not be released to any individual under the age of 16.
- Any individual not known to the Educators will be asked to provide photo identification before the child is released into their care.

Portable Records

Procedure

- A portable record will be kept for each child with the following information:
 - Child's name, address, and birthdate.
 - Child's medical information including current medications and allergies
 - Name, address, and contact information for each parent.
 - Name, address and contact information for individuals to contact in case of an emergency and the parents cannot be reached.
 - Physician information
 - Allergy and medical conditions
- Educators will take the portable record and a first aid kit with them any time they leave the center.
- Parents will be asked to update portable records every 6 months or whenever there is a change in the information.
 - Parents are asked to inform the Director and their child's Educator team immediately when their child's information changes
 - Children's portable records will go wherever the children go and will be kept in the child's room and taken when they go outside.
 - Children's portable records will be treated confidentially and will be used only as required.

Volunteer/Student Screening

Procedure:

- All volunteers and students must provide a current criminal record check including a vulnerable sector search, dated within 6 months of their volunteer start date prior to or on the start date of the placement.
- All volunteers will need to provide a copy of their current resume.
 - Students under the age of 16 and Parents that attend summer field trips are excluded from this requirement.
 - Parents and students under the age of 16 will not be left alone with the children at any time.

- Volunteers/students will not be left alone with the children at any time ▪
Volunteers/students are not permitted to do the following:
 - Administer First Aid
 - Deal with children's inappropriate behavior (use child guidance)
 - Change children's clothing ○ Change diapers

Program Policies

Hours of Operation

Procedure

- The Centre will be open Monday to Friday from 6:00 a.m. to 6:00 p.m.

Open Door

Procedure

- The Centre will always maintain an open-door policy.
- Parents are invited and encouraged to drop into the Centre to visit with their child anytime.
- Parents are not required to call ahead if they will be arriving early to pick up their child.
 - If the child is found, the Educator will contact the Director who will in turn contact the parents to inform them that the child has been located.
 - The Educator will remain at the school with the children until the Director arrives.
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Outdoor Play

Procedure

- We recognize the importance of outdoor and gross motor play on the growth and development of children.
- All children will participate in outdoor play daily, except under the temperature restrictions below:
- The following are the temperature, wind chill, humidex, and UV level guidelines for outdoor play.
- **Temperature:**
- Children (all rooms) will not go outdoors when the temperature is higher than +30 including the humidex.
- Children that are under 12 months of age will be kept in the shade when outdoors in warm weather.
- Children under the age of 12 months will not go outdoors when the temperature is below -5C including the wind chill.
- Children between the age of 12 – 18 months will not go outdoors when the temperature is below -10C including the wind chill.
- Children 19 months – 3 years will not go outdoors when the temperature is below -15C including the wind chill.
- Children 3 years and older will not go outside when the temperature is below -18C including the wind chill.
- The children must wear helmets when riding bikes or other ride on toys, scooters, roller blades, skateboards, riding in wagons or at any time that the Educator feel it necessary
 - UV Index
 - Children 12 months of age and under will be kept out of direct sunlight whenever they are outside.
 - The children in all other rooms will not play outside when the UV rating is above 8 (Health Canada Recommendation)
 - Special Air Quality Statement
- Children will not play outdoors when a Special Air Quality Statement is issued by Environment Canada
- The children will be provided with indoor gross motor activities when the weather does not permit outdoor play.
- Educators will provide the children with additional activities over and above the existing toys and equipment for any outdoor play period that extends more than thirty (30) minutes.

- Parents are required to ensure that their children are dressed appropriately for the weather.
 - All children should have an extra set of clothing at the Centre.

Inclusion & Diversity

- The Centre welcomes all children, no matter their sex, socio-economic status, race, culture, religious or spiritual beliefs, physical or mental ability, gender, or gender identity.
- Children and families will be treated equally and with respect.
- Parents of children with exceptional needs will be assisted in accessing community support for their child.

Bullying

Procedure

- The Centre has zero tolerance for bullying of any kind.
- Should incidents of bullying occur, the Director will immediately schedule a meeting with the parents and all children involved.
- During the meeting, the details of the incident(s) will be discussed, and an action plan developed to prevent bullying from occurring again.
- The Centre has the right to terminate care without notice for ongoing incidents of bullying that cannot be controlled.

Use of Technology

Procedure

- The use of technology will be limited and related to the interest of the children.
- Staff will supervise children during technology play and provide alternate activities.
- Children under the age of 2 will not participate in any form of technology.

Allergies & Diet Restrictions

Procedure

- We will recognize and respect children's allergies and diet restrictions due to medical conditions, or religious or cultural beliefs.

- Food items will be substituted when necessary.
- Allergy Lists will be posted in each room.
- Substitutions will not be made based on the preferences of the family.

Child Guidance

Procedures:

- Appropriate child guidance strategies will be used when addressing children's behavior that are age and developmentally appropriate.
- Staff will be respectful of family beliefs while continuing to ensure the safety and well-being of the children.
- The child guidance policy will be reviewed with newly hired staff during their orientation and included in the Educator Handbook.
- The child guidance policy will be communicated to children where developmentally appropriate.
- The child guidance policy will be reviewed with parents during the program orientation at the time of registration and included in the Parent Handbook.
- Parents will receive a copy of the Parent Handbook at the time of registration.
- Strategies will vary based on the age and developmental level of the children and will be reasonable to the situation and/or circumstance.
 - Ages 6 – 11 months
 - No child guidance strategies will be used, Educators will focus on meeting the physical and emotional needs of infants.
 - Ages 12 – 35 months
 - Strategies will include
 - Distraction
 - Introducing additional play materials and toys is an effective technique for distracting children and reducing incidents of conflict
 - Re-Direction
 - Assist children in finding alternate toys and play materials while waiting for specific toys to become available.
 - Verbal Cues.
 - Short, simple verbal cues such as “feet on the floor please”, “gentle hands” are effective when reminding young children of rules and expectations.
 - Ages 3 – 4 years
 - Strategies will include
 - Re-Direction
 - Assist children in finding an alternate area or activity to play with
 - Verbal Reminders
 - Provide reminders of playroom rules and expectations.

- Active Listening
- Use open ended questions to assist children with talking out their feelings and emotions.
- Problem Solving
- Assist children in finding a solution to their conflict.
- Ages 4 – 5 years
 - Strategies will include
 - Re-Direction: Encourage children to find an alternate play space when they are having difficulty interacting with other children
 - Verbal Reminders: Provide reminders of playroom rules and expectations
 - Active Listening: Use open ended questions to assist children with talking out their feelings and emotions.
 - Problem Solving: Through one-on-one conversations and group discussions, assist children in figuring out a solution to a conflict or a group concern.
 - The following actions are prohibited and will result in immediate termination of the Educator.
 - Use of any form of physical punishment, physical degradation, or emotional deprivation.
 - Deprivation of meals or snacks
 - Deny or threaten to deny any basic need.
 - Any form of physical restraint, confinement, or isolation.
 - Any interaction that causes humiliation or a loss of self-esteem.
- If a child exhibits ongoing challenging behaviors
 - Staff will document situations leading up to the child exhibiting the behaviors
 - A meeting will be scheduled with the Director, parent, and the child, if developmentally appropriate for them to be present, to discuss the situation and develop strategies to stop the behavior.
 - In situations, where a child's behavior cannot be rectified and poses a safety risk to the other children and staff, or if the parent is unwilling to work with the Centre to rectify the situation
 - The Centre reserves the right to terminate care without notice

Field Trips & Off-Site Excursions

Procedures:

- Children will be taken on community field trips and off-site excursions including:
 - Any other trips will require a separate field trip permission form

- Parents will be notified in writing of the details of the field trip and activities prior to the excursion date through verbal communication, newsletters, notices and field trip permission form.
- The permission form will include :
 - Date and time of excursion
 - Destination
 - Mode of transportation
 - Number of items required
 - Number of staff and volunteers
 - Details of supervision expectations of staff & volunteers
 - Signature of the parents
- Parents must provide written consent for their children to attend the field trip.
- Educators will take the children's portable records and a first aid kit at any time they are away from the center including off-site excursions and evacuations.
- Prior to leaving the center, Educators will discuss with the children where they are going, and safety rules needed to follow.
- Additional adults as volunteers will accompany the groups on any field trips.

Nutrition and Meals & Snacks

Procedure

- We are committed to supporting the children's nutritional needs and promoting healthy eating habits. Morning and afternoon snacks are provided for all children daily. Lunch is provided for children not yet in school. Menus are planned based on the guidelines of the most current Canada Food Guide using quality products and ingredients to support children's healthy development. Menus are posted on the bulletin boards at the front entrance, where they are clearly visible to keep families informed of all foods served in the center.
- Due to allergy reasons, NUTS OR FOODS CONTAINING NUTS ARE NOT ALLOWED IN THE CENTRE.
- Children will be provided with 2 snacks and a hot lunch daily.
- Menus will follow the current Canada Food Guide
 - Snacks will contain a minimum of 2 food items from the Canada Food Guide
 - Lunch will contain a minimum of 1 food item from each food group
- The menus include foods from a variety of cultures.
- A cycle menu of two weeks or more is used. Repetition of food items is minimal during the cycle.
- Drinking water is always available, both indoors and outdoors.
- Snacks & mealtimes will meet the children's needs.
- Snacks will be served at 8:30 a.m.
- Lunch will be served at 11:20 a.m.
- Second snack will be served at 2:45 pm
 - Kindergarten – snack will be served as an open area and will be available at the following times

- Morning snack – will be served in the morning at 8:30
- Afternoon snack- will be serve at 2:45 p.m.
- Snacks & meals will be provided in sufficient quantities to ensure that each child's needs are met.
- When children bring their own snacks and lunch from home, Educators will supplement food items when the food from home does not meet with requirements of the Canada of Food Guide

Manner of Feeding

Procedure:

- Educators will feed children in a manner that is age and developmentally appropriate
- Children will be required to be seated whenever they are eating or drinking
- Allergy and dietary restrictions lists are posted in each playroom and all Educators are kept informed to ensure children are not served foods they are allergic to.
- Children are encouraged to try each food served but are never forced to eat.
- Educators join children at the table for meals and snacks.
- Children that require a bottle at nap time will not be given a bottle while lying down at naptime.
 - Educators will hold the child while they drink the bottle.
 - The bottle will be removed once the child is laid down on their bed

Parent Involvement

Procedure

- Parents are invited and encouraged to participate in the Centre by
 - Volunteering on field trips and community outings
 - Spending time in the program at drop off and pick up times
 - Volunteering in their child's room
 - Donating toys and art materials

Health & Safety Policies

Accidents & Incidents

Procedure

- Incidents will be dealt with only by an Educator that holds a valid First Aid in Childcare Certificate
- Minor incidents and injuries will be dealt with using First Aid
 - An incident report will be completed and signed by the Educator, parent and Director.
- In the event that an injury requires medical treatment, an Educator will call 9-1-1 and the child will be transported to the nearest Hospital.
- Parent consent for the administration of First Aid will be obtained through the registration form.
- Parents are responsible for any ambulance costs incurred.
- The Centre will allow the provision of health care to a child if
 - There is written consent of the parent or
 - The health care is in the form of First Aid
- Parents will be called immediately, informed of the situation, and given the location of the Hospital that their child has been taken to.
- An Educator will accompany the child to the Hospital and remain with them until the parents arrive.
 - Educators will take the child's file with all relevant medical information.
- All the people involved will complete an incident report.
- Incidents will be reviewed and tracked to identify trends and areas of the program that require changes.
- Parents will provide permission for the administration of First Aid in the child registration form.

Non-Emergency Medical Care

- If the Director determines that the injury or the child's condition requires medical attention, but it is not an emergency, parents will be called and asked to seek medical care for the child.
- An Educator that is First Aid certified will administer health care in first aid.

Critical Incident Reporting

Procedure

- A critical incident includes any of the following:
 - An emergency evacuation
 - unexpected program closure.
 - an intruder on the program premises.
 - Illness or injury to a child that requires emergency health care or requires that the child remain in the Hospital overnight.
 - An error in the administration of medication by a program staff or volunteer results in the child becoming seriously injured or ill, requiring first aid or emergency health care and/or requires that the child remain in the Hospital overnight.
 - The death of a child.
 - Unexpected absence of a child from the program (lost child)
 - A child removed from the program by a non-custodial parent or guardian.
 - An allegation of physical, sexual, emotional abuse and/or neglect of a child by a program staff member or volunteer
 - The commission by a child of an offence under an Act of Canada or Alberta ○ A child left on the premises outside of the program operating hours.
- All critical incidents will be reported by phone to Childcare Licensing office immediately and a Critical Incident Report will be completed and submitted to the Child Care Licensing office within 48 hours.
- Critical incidents will only be handled by an Educator holding a valid First Aid in Childcare Certificate
- Critical incidents will be reported the Director immediately.

Illness Tracking

Procedure

- If a child becomes ill during the day
 - the parent will be contacted and asked to pick up the child as soon as possible
- Information regarding children and Educator illnesses will be tracked on the AHS Illness Tracking Form and will include.
 - Name of the child or Educator
 - Observed symptoms
 - Time and date of the observed illness
 - Name of Educator that observed the symptoms.
 - Time parent was contacted.
 - Name of Educator that contacted the parent.
 - Time the child was picked up by the parent.
 - Time that the Educator went home.

- Date the child/Educator returned to the Centre.
- Should the tracking of illnesses show a pattern of more than two children or Educators exhibiting the same symptoms, 8-1-1 will be contacted for further direction
 - All directions from AHS will be strictly followed:
- Any confirmed cases of diseases listed as “reportable” in the Health and Disease Chart will be reported to AHS immediately by calling 8-1-1
- If a health emergency is announced, the program will follow all directions and guideline as set out by the Alberta Medical Officer of Health and the Childcare Licensing office.

Sick Children

Procedure

- If an Educator knows or suspects a child is exhibiting symptoms of a disease or illness, the child should not be accepted into the playroom and the parent asked to have the child seen by a physician.
- Common symptoms are:
 - Vomiting
 - Fever
 - Diarrhea
 - New or unexplained rash or cough
 - Needs a higher level of care than can be provided without taking away care from the other children.
- The above may not apply if the parent provides a physician’s letter stating that the child does not pose a health risk to other children and adults.
- If the parent is unable to pick up the child, it is the parent’s responsibility to find an alternate person to pick up the child.
- **The child may not, under any circumstances, remain at the program when ill**
- If a child is sent home with symptoms or disease or illness, they may not return to the center until the required length of absence as outlined in the Health & Disease Chart has been met, the symptoms are no longer present or are significantly better and the child is able to participate in all activities, including outdoor play.
- Parents will be provided with a copy of all policies and procedures for sick children in the Parent Handbook at the time of registration.
- Sick children will be removed from the playroom immediately and isolated in an area away from the other children until picked up by the parent.
- The child will be provided with a space to lie down in the Director’s office.
- If the Director’s office is not available

- the child will be isolated in an area within the playroom that is away from the other children
 - Once the child has been picked up, the area that the child was isolated in will be thoroughly disinfected.
- The child will be under the supervision of a primary staff until the parent arrives.
- Children that become ill at school are not permitted to return to the program as an alternative to being picked up by the parent.
- If a parent fails to pick up or arrange for another individual to pick up their child
 - The Director will contact all individuals listed as authorized pickups or emergency contacts and request that they pick up the child immediately
 - Ongoing instances of parents not picking up their sick child from the Centre may result in termination of care.
- Parents will be informed of incidents of contagious diseases through notices posted in the playrooms, emails and verbally by staff.
 - the identity of the child with the contagious disease will not be disclosed to parents other than their own.
 - Parents will be informed of all policies pertaining to the management of illness and sick children through the Parent Handbook
 - Copies of the Parent Handbook will be given to parents at the time of registration and anytime an update is made to the policies and procedures within the Handbook
 -

Health & Disease Chart

Procedure

- The Health and Disease Policy will address common childhood diseases and conditions, their symptoms and the length of absence from the Centre
- Effective September 1, 2011, amendments to the *Childcare Licensing Regulation and Family Day Home Standards Manual for Alberta* will be implemented related to the identification, response and management of children who are ill.
 - If a child arrives at the center and the staff observes that he or she is vomiting, has a fever, diarrhea or a new unexplained rash or cough; requires greater attention than can be provided without compromising the care of other children in the program; or displays any other illness or symptom the staff member knows or believes may indicate that a child poses a health risk to other children, caregivers, or staff; the staff will ensure that a parent arranges for the ill child to be immediately removed from the program.
 - A child can return to the program if the child's parent provides a written notice from a physician indicating that the child does not pose a health risk or if the license holder/provider is satisfied that the child no longer poses a health risk to other children, caregivers or staff.
- The Health and Disease Chart outlines common childhood diseases, incubation periods, symptoms and general guidelines
- This chart is intended to help minimize the spread of disease

Health and Disease Chart

Disease Name	Incubation Period	Symptoms	General Guidelines
Bed Bugs		Red itchy welts that appear on areas of exposed skin during sleep, typically will appear around ankles.	Where there is a confirmed case of bed bugs in the child's home, the parent will provide enough complete changes of clothing to last 5 days to the Provider. The Provider will wash the clothing in hot water and dry on the hottest setting. When the child arrives at the Providers home, they will immediately be changed into one of the changes of clothing given to the Provider, the parent will take the clothing that the child arrived in with them. At the end of the day, the child will be changed into a set of clothing brought by the parent. The set of clothes that the child wore during their time in the Day home will be left with the Provider to be laundered.

Chicken Pox	13 - 17 days	~low grade fever for 1 or 2 days before the rash appears ~ achiness, cranky and feeling unwell for 1-2 days before rash appears ~ rash usually appears on the head, neck and body ~ new spots will continue to appear over the next 5 days ~ flat red spots become raised then within a few hours change to clear or cloudy fluid filled blisters ~	Child can return once they are well enough to participate in all activities and all blisters have scabbed over
Colds		~stuffy or runny nose ~ watery eyes ~ sneezing ~ coughing ~ fever may be present ~	Child must remain at home if feeling unwell ~ Child must be able to participate in all daily activities
COVID-19		~fever, cough, sore throat, body aches, stuffy nose	Child must remain at home until symptoms have significantly improved and the child is able to participate in all activities.
Croup		~begins like a cold ~ child then develops a fever, "barking cough" and hoarse voice ~ child will breathe more quickly and will have trouble breathing ~ any activity makes the condition worse ~ when child is asleep or quiet, noise is minimal ~	Child must remain at home if feeling unwell ~ Child must be able to participate in all daily activities
Diarrhea		~uncontrolled bowel movements that are more watery than normal~	Parents should be contacted if more than 2 watery bowel movements in an hour or less. Child can return once symptom. free, without the aid of medications, for 24 hours

Fever		~ normal body temperature is 36.5°C to 38°C (97.5°F to 100°F) ~ temperature to be taken after child has been resting for a minimum of 15 minutes ~	Child must remain at home until temperature drops below 38°C. (100.4°F) without pain reliever for a period of 24 hours
Fifth's Disease	4 - 14 days	~in children, the disease is very mild ~ illness starts with a mild fever, headache and achiness ~ red rash starts on the face that looks like a "slapped cheek" ~ 1-4 days later a red rash appears in the arms, legs and body ~ rash comes and goes over the next 3 weeks ~ child will feel better once the rash appears ~	Child may return once the red rash appears
German Measles (Rubella)	5 days before rash appears	~slight fever ~ achiness ~ small swollen glands at the back of the neck and behind the ears ~ pink rash that starts on the face and moves down over the body and onto the arms and legs ~ rash lasts 2-5 days ~ *REPORTABLE DISEASE*	Child must remain home for 4 days after the rash appears
Hand Foot and Mouth	7 - 10 days	~mild fever ~ headache ~ sore throat ~ loss of appetite ~ lack of energy ~ sores that develop in the mouth, on the tongue, and sometimes on the gums and lips ~ approx. 2 days after the sores develop, a red rash with blisters appear on the palms of the hands and soles of the feet ~ rash may also appear in the diaper area of children who wear diapers ~	Child must remain at home if feeling unwell ~ Child must be able to participate in the daily Centre activities. A Dr's note indicating that the child can return to the program is required

Impetigo	2 - 6 weeks	~a rash of small red spots ~ rash generally appears around the mouth, nose and ears but can appear anywhere on the body ~ blisters which form over the spots and then burst, forming brownish - yellow scabs ~	Child can return after they have completed 24 hours of antibiotic treatment. <i>IF ANTIBIOTICS ARE NOT USED, CHILD CANNOT RETURN UNTIL THE RASH IS CLEAR</i>
Influenza	1 - 5 days	~high fever ~ frequent chills ~ headache ~ muscle pain ~ loss of appetite ~ cough ~ sore throat ~ extreme tiredness ~ H1N1 is a reportable condition	Child can return once all symptoms are no longer present

Lice		Small White Eggs seen on the scalp. Live lice may be seen in the hair. Scalp may show pustules and scabs due to itching	Treat with medicated shampoo. All clothing and bedding must be dry cleaned, washed in very hot water or disinfected by freezing. Stuffed animals should be sealed in a plastic bag and kept out of reach for 3 weeks. Child may return after the first treatment. It is vital that the parents check the child's hair and scalp every night and remove eggs. Eggs that are not removed will hatch and reinfect.
Measles	10 - 12 days	~cough, runny nose, high fever ~ eyes are puffy, watery and sensitive to light ~ may see small white patches in the mouth ~ red blotchy rash appearing first on the face then spreading down body, arms and legs ~ child is usually sick for 10-14 days ~	Child MUST stay home for 4 days after the rash appears
Mumps	12 - 25 days	~fever ~ swollen glands ~ difficulty swallowing ~	Child MUST stay home for 9 days after the swelling starts
Pink Eye (Conjunctivitis)	2 - 3 days	~bacterial and viral conjunctivitis can be easily spread to others ~ allergic conjunctivitis cannot be spread to others ~ white part of the eye looks red, and the eye lid may be puffy ~ eye may burn or itch, feels like there is sand in the eye ~ puss in the eye which can cause the eyelids to stick together during sleep ~	Child can return after on full day (24 hours) of treatment
Pin Worms		~may not sleep well at night ~ have trouble sitting still because of itching ~ may experience loss of appetite ~ weight loss ~ redness and swelling around the anus ~	No exclusion from the Centre is necessary ~ Proper hand washing is essential to prevent spread. Child must be seen by a physician for treatment
Respiratory Syncytial Virus (RSV)		~runny nose with thick, sticky mucous ~ cough ~ mild fever ~ sore throat ~ mild irritability and discomfort ~ wheezing ~	Child must remain at home if feeling unwell ~ Child must be able to participate in the daily Centre activities
Ringworm	4 - 14 days	~in ringworm of the scalp, begins as a small pimple that spreads in a circle ~ hair in the infected area falls out leaving a temporary bald patch ~ scalp is itchy and scaly ~ in ringworm of the body, develops as a rash in the shape of a ring with raised edges ~ as the rash spreads the Centre clears ~ area is itchy and flaky and may become moist and crusted ~ in ringworm of the foot, the skin on the feet, usually around the toes, will get itchy and flaky, which may crack between the toes~	Child may return after treatment has started ~ Sores not covered by clothing must be covered with a band aid

Roseola (Baby Measles)	10 days	~fever for several days ~ fever may be mild or high but otherwise child is well ~ after 3-5 days, the fever drops suddenly and a short while later the child develops a rash ~ rash is red and blotchy and first appears on the body then spreads to the limbs and face ~ usually lasts 1-2 days ~ child is not ill when the rash is present ~	Child can return once the rash appears, and fever is gone for 24 hours
Scabies		~tiny red bumps ~ small blisters ~ white, curvy lines (burrows) ~ scratch marks ~ small scales	Child MUST remain at home until treatment is finished.
Strep Throat	12 hours - 4 days	~fever ~ headache ~ stomachache ~ very sore throat ~ throat and tonsils are red and swollen and usually have whitish yellowish patches ~ swollen, tender glands in the neck ~	Child can return 24 hours after antibiotics have started and is feeling well
Scarlet Fever	12 hours	~red "sandpapery" rash appears in the body ~ red, swollen lips ~ tongue may be red and flecked like a strawberry ~ 5 days after the rash appears, skin may begin to peel at the tips of the fingers and toes, on the palms of the hands and soles of the feet ~	Child can return 24 hours after antibiotics have started and is feeling well
Whooping Cough		<i>Illness occurs in 3 stages ~</i> Stage 1: cold like symptoms ~ Stage 2: cough worsens and becomes dry and constant. Child has coughing fits which can last several minutes and occur many times per day. Child may cough so hard as to induce vomiting or turn blue in the face. A "whoop" may be heard while coughing. This stage may last 2-3 weeks ~ Stage 3: no longer has coughing fits but has a persistent, dry cough. This stage can last for 4 weeks ~	Child MUST stay home until their physician indicates that they are well enough to return ~ A physician's note will be required before returning
Vomiting	Sudden onset	May be accompanied by fever, body aches	Child can return once symptom free, without the aid of medication for a period of 48 hours.

Supervision of Children

Procedure

- Supervision procedures will meet the developmental needs of children by providing choices and opportunities for children to practice and show their independence while allowing staff to ensure that they remain safe.
- Educators will provide effective supervision to children, both indoors and outdoors
- All Educators will ensure they have knowledge of the layout and set up of the indoor and outdoor play environments to enable them to provide effective supervision.
- Positioning equipment and arrange the environment to allow Educators to actively supervise children's play, rest, and toilet areas.
- Parents will be informed of supervision policies through the Parent Handbook, to be provided at the time of registration.
 - Indoors
 - Educators will ensure that the setup of the playroom allows for effective supervision of all play areas.
 - Educators will position themselves so that all areas of the playroom can be monitored.
 - Educators will supervise children's play to observe interactions, join in children's play when appropriate and monitor behavioral incidents and intervene when necessary.
 - When engaged in play, Educators will continue to monitor the rest of the playroom.
 - Educators will not sit nor stand with their back to the children.
 - Educators will complete a head count before leaving the playroom, at each point of the transition and upon returning to the playroom to ensure that all children are accounted for
 - Outdoors
 - Educators will ensure that the setup of the outdoor play space and playgrounds meets the developmental needs of the children
 - Educators will provide effective supervision to all areas of the outdoor play space and playgrounds
 - Educators will move around the outdoor play space and playgrounds to monitor children's play, engage in play when appropriate and monitor behavioral incidents and intervene when necessary
 - While engaged in play, Educators will continue to monitor the rest of the outdoor play space and playgrounds
 - Educators will not sit nor stand with their back to the children
 - Transitions
 - Educators will ensure the safety of the children during transitions by
 - completing a headcount when leaving the playroom, when entering and leaving the outdoor play space, when entering or leaving a vehicle and when returning to the playroom to ensure that all children are accounted for.
 - When at a community playground, Educators will complete a headcount before leaving the program, when arriving at the playground, before leaving the playground and when returning to the program

Immunization of Children

Procedure

- Parents will be asked to provide a copy of their child's up to date immunization record at the time of registration.
- Parents that choose not to immunize their children must inform the Centre at the time of registration.
 - Should an outbreak of a communicable disease occur within the Centre, all unimmunized children will not be permitted to be at the Centre until the outbreak is controlled

Smoking

Procedure

- Smoking is prohibited anywhere on the property of BEST START DAYCARE
 - This includes Educators, volunteers and parents.
- Smoking is prohibited within 10 meters of any door intake vent.

Medication Policies

Medication Administration

Procedure

- Medication can only be administered by an Educator that holds a valid First Aid in Childcare Certificate
- All non-emergency prescription medications will be kept in a locked container in the refrigerator or in a locked cupboard in the playroom that is inaccessible to the children
- The medication must be prescribed by a Physician and be in the original container with a pharmacist's label indicating the following:
 - Child's name
 - Dosage
 - Number of times per day to be administered.
- The medication must be administered according to the labelled instructions

- The parent must complete a medication consent form indicating the following:
 - Giving consent for the administration of the medication
 - Name of the medication
 - Specific times for administration
- Must be a specific time – “**lunch time**” is **not acceptable**
 - Specific start and finish dates
 - Dosage
 - Any special instructions
 - Indicate daily if the medication has been administered at home.
- Educators must document and initial the following information on the medication consent form:
 - Name of the medication
 - Time of administration
 - Amount administered.
 - Initials of the person who administered the medication.
- Once the medication has been administered, an Educator must monitor the child for an allergic reaction every ten (10) minutes for a total of thirty (30) minutes
- All unused medication must be returned to the parent when the authorized period has ended.

Emergency Medication

Procedure:

- A list of all children who use emergency medications will be posted in each playroom and distributed to all rooms and offices
- Educators are informed of which (if any) children use emergency medications, where the medications are stored, and how to administer them if necessary (e.g., Epi-pens, Inhalers)
- Parents must complete the Emergency Medication Plan prior to the medication being accepted
- The Emergency Medication Plan must be reviewed by the Director and both the Director, and the parent must sign off on it.
 - the information within the Emergency Medication Plan must be reviewed by the parent, re-signed and dated every 6 months
- **All children under the age of 3 years that use inhalers must have an air chamber for medication administration.**
- All emergency medication will be kept in a zip lock bag along with the Emergency Medication Plan in a marked location that is easily accessible to Educators but inaccessible to the children
- Educators will receive the necessary training on the use of the emergency medication by the parent or a trained professional.
- When the emergency medication is administered, the Educator will record the time and date

- If a child requires Tylenol to prevent seizures, a letter from a physician will be required that indicates the following:
 - Temperature for Tylenol to be administered.
 - Dosage
 - Follow up instructions.
- The physician's letter must be updated every 6 months

Non-Emergency Prescription Medication

Procedure:

- Non-emergency prescription medication will only be administered by an Educator holding a valid First Aid in Childcare Certificate
- All non-emergency prescription medications will be kept in a locked container in the refrigerator or in a locked cupboard in the playroom
- The medication must be
 - prescribed by a physician
 - be in the original container with a pharmacist's label indicating the child's name, the dosage, and the number of times per day the medication is to be administered.
- The parent must complete a medication consent form indicating
 - Name of the medication
 - Specific times for administration ("after lunch" is not acceptable)
 - Specific start and finish dates.
 - Dosage to be given.
 - Any special instructions (side effects, storage instructions etc.)
 - Indicate daily if the medication is administered at home.
- Educators will document the date, time, dosage and initial that the medication has been administered. Once the medication has been administered, an Educator will monitor the child for an allergic reaction every 10 minutes for a total thirty (30) minutes.
- **Educators are only permitted to administer medication 15 minutes before or 15 minutes after the time listed on the medication consent form.**
- All unused medication to the parent when the authorized period has ended

Emergency Policies

Fire & Evacuation

Procedure:

- Copies of the emergency evacuation plan will be posted in each playroom, the office, kitchen, bathroom and facing out at the front door.
 - in the event of a fire, the following procedure will be followed

- Educators will calmly gather the children
- Take the first aid kit and portable records for each child
- Educators and children will leave the playroom in a calm, orderly fashion and proceed to the nearest exit
- The Director or designated Educator will check the entire facility including washrooms and rooms to ensure no one is in the building.
- **The Director or designated Educator will call 911** and give the reason for the call and the address of the center.
- Educators and children will exit the building
- Educators and children will gather at the designated Muster Point
- The Muster Point is located at **west side of the parking lot.**
 - Attendance will be taken by an Educator for each group. If anyone is missing, the Director or designated Educator must be informed immediately.
 - Educators and children will re-enter the center only if the Emergency Response team has informed them that it is safe to do so.
 - **If the Educators and children cannot return to the Centre, they will proceed to the Real Canadian Superstore, 101 Street St. Albert Trail, St Albert, to contact parents and have children picked up**
 - The emergency evacuation will be reported to Childcare Licensing immediately, and a Critical Incident Report submitted within 48 hours.
- The emergency evacuation procedure will be reviewed with Educators at the time of hire.
- The emergency evacuation will be discussed with the children and practiced monthly in the form of Fire Drills.
- Emergency phone numbers, including fire, ambulance, EMS, Poison Control, Police, child abuse hotline and the nearest Hospital will be posted in each playroom, the office and the kitchen.
- An after hours emergency phone number will be posted so that it is visible from the outside of the premises.

Severe Weather

Procedure

- In the event of a thunderstorm
 - at the first sound of thunder, all Educators and children must go inside if playing outdoors
 - Children will be kept away from windows
 - Educators and children will not go back outside for 30 minutes after the last sound of thunder.
- In the event of a Tornado
 - Educators and children that are playing outdoors will immediately go inside the Centre
 - Educators and children will gather in a room as far away from windows as possible and remain low to the ground.

- The situation will be monitored by the Director.

Lock Down

Procedure

- A lockdown can be issued by the Director or RCMP- City of St. Albert when a situation in the community is considered to be a potential threat to the staff and children of the Centre.
- Once a lockdown has been issued:
 - All outside doors will be locked and not opened for any reason until the lockdown is over and the “all clear” has been given
 - Children will be gathered in a space that is away from windows
 - Children will be encouraged to sit quietly
 - Educators and children will remain there until the “all clear” is given by the Director or RCMP.

Natural Disasters

Procedure

- A natural disaster is any situation that has a negative effect on a large part of the community and can include:
 - Flood, chemical spill, natural fire.
- In the event that a natural disaster occurs
 - Educators and children will remain in the Centre
 - Monitor local media for further instructions
 - Take direction from emergency responders

Acknowledgment

I, _____, have reviewed the policies contained within the BEST START DAYCARE Parent Handbook, had the opportunity to ask questions for clarification and agree to abide by them.

Parent Signature

Dated

Director Signature

Dated

