Choiceland Cooperative Childcare Centre

Policy & Procedure Manual

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Administration

Access to the Board

Date Effective: August 2026

Policy Number: A-01

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Caregivers
Board Members
Volunteers
Community Members

POLICY:

Complaints or problems that cannot be resolved with the director will be directed to the Board.

PROCEDURE:

1. Any complaints or concerns should be first discussed directly with the staff member involved.
2. If the resolution from that discussion is not satisfactory, they should bring the concern to the Assistant Director and/or Director.
3. If an understanding still cannot be reached, then the concern should be brought, in writing, to the Board for discussion.

Board of Directors E-Mail: board@choicelandchildcare.com

Building Repairs

Date Effective: August 2026

Policy Number: A-02

Date Revised:

Page: 1 of 1

This policy applies to:
Board Members
Staff Members

POLICY:

Building repairs shall be performed as required and as finances permit.

PROCEDURE:

1. Identify the repairs or maintenance needed.
2. Obtain a minimum of 2 quotes from contractors for a fix.
3. Submit the quotes to the Board for discussion and approval.
4. All maintenance or repairs will be conducted when children are not at the centre, except for the necessary cleaning services performed by staff members.

Operations Overview

Date Effective: August 2026

Policy Number: A-03

Date Revised:

Page: 1 of 3

This policy applies to:
Staff Members
Caregivers
Board Members
Volunteers

PURPOSE:

This policy establishes a general overview of the functioning of the Choiceland Cooperative Childcare Centre (CCCC). The CCCC recognizes the importance of transparency of operations, as well as clear operation frameworks that support effective, efficient, and successful operations.

POLICY:

1. *Organizational Framework*

Ministry of Education, Early Childhood Branch:
Within the Ministry of Education, this branch governs the operations of all licensed childcare centres in Saskatchewan under the *Child Care Act, 2014*, the *Child Care Regulations, 2015*, as well as the *Child Care Licensee Manual, 2015* and Ministry Directives.
Board of Directors:
The board is the governing body that is appointed to oversee activities and strategic direction of the CCCC. The board of directors must consist of a minimum of 3 and a maximum of 8 directors. The primary responsibilities of the board include approving the mission, vision, values, and policies of the CCCC, hiring and evaluation of the Executive Director, maintaining financial sustainability, representing stakeholders, and providing strategic guidance and support.
Executive Director:
The position of the Executive Director covers the overall management and operations of the CCCC. Duties include overseeing staff, financial accounts, development and implementation of learning programs, marketing, risk management, ensuring compliance with ministry regulations, and handling caregiver interactions/registrations.

Director: The role of Director assists the Executive Director in daily operations, staff management, caregiver communications, marketing, risk management, and financial tasks.
Early Childhood Educators (ECE)/Childcare Providers: ECE's are the staff responsible for planning and implementing age-appropriate activities and programs for children, familiarising themselves with individual children's requirements, completing paperwork as required, maintaining communication with caregivers, staff, and management team, and all other duties as outlined in the job description. ● Early Childhood Educators: Level 1, 2, or 3 of the ECE program ● Childcare Provider: employees with no completed early childhood education.
Cooks: Employees hired to follow "Canada's Food Guide" and "Public Health" guidelines while planning, securing, preparing, serving, and cleaning up after all snacks and meals. This may include opening the site, providing childcare as required, and all other duties outlined in the job description.
Contractors: Person(s) responsible for the duties and responsibilities outlined in their contracts or quotes they have been hired to complete. Examples include bookkeepers, consultants, general contractors, plumbers, etc.
Parents/Guardians: Members of the CCCC are encouraged to be familiar with all policies and procedures pertaining to their responsibilities. Any concerns and needs are to be discussed with the Director and/or brought to the attention of the Board of Directors.

See Appendix A for an organizational framework.

2. *Hours of Operation*

   2.1. The CCCC operates within the hours of 7:00a.m and 6:00p.m, Monday through Friday.

   2.2. The CCCC is closed weekends and statutory holidays, which include: New Years Day, Family Day, Good Friday, Victoria Day, Canada Day, Saskatchewan Day, Labour Day, Thanksgiving Day, Remembrance Day, Christmas Day, and Boxing Day.

   2.3. Extended hours may be available upon request and approval of the CCCC Board of Directors, specifically within seeding and harvest times.

3. *Services*

   3.1. The CCCC provides full-time, part-time, and casual childcare services for infants (6 weeks to 18 months), toddlers (18 months to 36 months),

preschoolers (36 months to 6 years), and school-aged children (6 years to 12 years).

3.2. Childcare supervision requirements for children follow the Child Care License Manual, Section 52, Supervision at Centres. The current staff to child ratios include: 1:3 for infants, 1:5 for toddlers, 1:10 for preschoolers, and 1:15 for school-aged children. Multiple age categories of children follow a ratio of 1:15 at all times, where an infant is equivalent to 5, a toddler is equivalent to 3, a preschooler is equivalent to 1.5, and school-aged children are equivalent to 1.

3.3. Staff ratios may adjust to lesser numbers per staff to accommodate children with diverse needs. Staff hired for one-on-one support for diverse needs will not be taken into account of ratios.

3.4. Staff-to-child ratios adjust during nap times. One staff member remains present in the room for toddlers and preschoolers. Infants can be monitored via a monitoring system.

4. Locations

4.1. The CCCC has one primary location at 102 5th Street East, Choiceland, SK.

4.2. Services for school-aged children through the before-and-after school program is held at William Mason School.

Documents Related to this Policy:

Child Care Act, 2014

Child Care Regulations, 2015

Child Care Licensee Manual, 2015

Operations Overview: Submitting Concerns & Feedback

Date Effective: August 2026

Policy Number: A-03-1

Date Revised:

This policy applies to:
Staff Members
Board Members
Parents/Guardians
Volunteers

POLICY:

Any parent/guardian, staff, or volunteer in connection with the Choiceland Cooperative Childcare Centre is encouraged to bring forward any concerns, feedback or issues related to operations, safety, or child welfare and management.

PURPOSE:

The primary purpose for the policy at hand is to provide staff, parents, and volunteers with a clear, formal process for reporting concerns, feedback, or issues related to the above listed items.

The CCCC is driven by upholding a centre and childcare services that fit the needs of the families, staff, and community. Maintained satisfaction with the centre and its operations are hinged on the basis that concerns are understood, assessed, and solved.

PROCEDURE:

1. **Identify the Concern or Feedback:**
   1.1. Identifying concerns should include relevant details including date, time, involved parties, and specific incident details, if applicable. All details should be clear, concise, and provide as much evidence and description as possible.
2. **Document the Concern or Feedback:**
   2.1. All concerns must be documented in writing. This can be done by either completion of the online form or by filling out a paper copy (ask at the centre).
3. **Submission of Concerns:**

3.1. Online: All online form submissions are automatically emailed to the Board of Directors, Director and Administrator.

3.2. Paper Copy: any written paper copies can be submitted to the Director, Administrator or by email to choicelandchildcare@gmail.com

4. Additional Reporting Channels:

4.1. Additional methods of relaying concerns may only follow after a written concern or feedback has been submitted.

4.2. Additional Reporting may come in the form of scheduled meetings with the Director, Administrator, or Board of Directors.

***NOTE**: The Board of Directors should only be directly contacted if all other avenues have been sought out first.

5. Acknowledgement of Concern:

5.1. The Director, Administrator, or Board of Directors will acknowledge the submission of a concern within 5 business days of its submission. This acknowledgement should include an estimated timeframe for reviewing and addressing the issue.

6. Review and Investigation:

6.1. Each submission will be reviewed and an investigation may be initiated, if necessary. This may include: speaking with parties, individual interviews, consulting relevant policies, procedures, and governing regulations. If an investigation is required, it will be completed within 2 weeks of the submission, except in extenuating circumstances.

7. Resolution and Response:

7.1. After thorough review, the Director, Administrator, or Board of Directors will take appropriate action to resolve the issue, if required. Those who submit concerns will be notified of the actionable steps taken and resolution of their concern. Follow-up of resolutions effectiveness may be requested.

7.2. All concerns and feedback will be handled with confidentiality to protect the privacy of all parties involved.

7.3. The CCCC strictly prohibits any acts of retaliation against staff or parents who submit concerns or feedback in good faith. Any instances of retaliation should be reported immediately.

8. Documentation and Record-Keeping:

8.1. All electronic and paper copies will be kept by the Director and Administrator.

8.2. The Director, Administrator, and Board of Directors will review feedback, concerns, and issues to identify patterns and areas of improvement.

Confidentiality

Date Effective: August 2026

Policy Number: A-04

Date Revised:

This policy applies to:
Staff Members
Caregivers
Volunteers
Board Members

PURPOSE:

This policy is created to ensure the strict compliance to the confidentiality requirements as defined by the Ministry of Education for all operating licensed childcare centres. Confidentiality ensures all persons and their personal information are protected.

POLICY:

Practices regarding the collection, use, and disclosure of confidential information, along with expectations for team members, is outlined here:

1. **Confidential Information:**
   - 1.1. Included in confidential information is: personal information about **children** (medical records, ABC Reports, allergies, injury, and behavioural/referral assessments), **families** (contact information, financial information, and family dynamics) **staff** (employment records and performance evaluations) and the **centre** (financials, managerial tasks and investigations).
   - 1.2. Check with the Director, Administrator, or Board of Directors for clarification for what constitutes confidential information.
   - 1.3. **Important**: In the case of concern for immediate safety and health of a child is at risk (i.e., suspected case of abuse) then confidentiality does not apply. In these cases, there is a legal obligation to contact Child Protection Services.
   - 1.4. **Important**: A licensee may disclose the following information to a collection agency for the purpose of collecting fees owing for child care services:
     - 1.4.1. The name and address of the child's parent
     - 1.4.2. The amount of fees owing by the parent

2. **Collection and Use of Confidential Information:**

2.1. Licensed childcare centres collect confidential information only for the purpose of providing quality care and education to the children enrolled at the centre. Confidential information is collected directly from parents, staff and volunteers with their consent and is kept up-to-date as necessary.

2.2. Confidential information is used solely for the purpose for which it is collected and not disclosed to third parties without proper authorization.

3. **Disclosure/Consent to Confidential Information:**

3.1. *Disclosure*: confidential information is only disclosed on a need-to-know basis and only to authorized individuals such as staff and relevant professionals involved in the care of the child. Any disclosure is done in accordance with applicable laws and regulations.

3.1.1. Confidential information is not disclosed to other families, visitors, volunteers, or other unauthorized individuals

3.2. *Consent*: Parents/guardians and staff are required to provide written consent for the collection and use of confidential information, including consent for sharing with relevant professionals as needed.

3.2.1. Parents/guardians, staff members, and volunteers have the right to access and request updates to their confidential information at any time.

4. **Security Measures:**

4.1. The CCCC maintains physical, electronic, and procedural safeguards to protect confidential information from authorized use and disclosure.

4.2. Staff members are trained on the importance of confidentiality. All staff and volunteers are required to adhere to this policy at all times.

4.3. All team members (parents, staff, volunteers) are required to sign an Oath of Confidentiality (see Appendix B).

4.4. Any breach of confidentiality will be promptly addressed and appropriate disciplinary action will be taken.

5. **Reporting and Documentation:**

5.1. Accurate documentation shall be maintained for confidentiality purposes. The Director and Administrator holds all of the completed Oath of Confidentiality forms.

6. **Review and Revision:**

6.1. Confidentiality policies are to be reviewed periodically to ensure they are effective and relevant to the centre and its operations. Revisions may occur to address changes in requirements and feedback from parents, guardians, and staff members.

ROLES & RESPONSIBILITIES:

1. **Team Members:**

1.1. Familiarize and adhere with requirements for their role in confidentiality within the CCCC, which includes keeping confidential information from unauthorized access, use or disclosure.

1.2. Participate in training sessions related to confidentiality requirements.

1.3. Report any concerns or breaches in confidentiality to the Director or Administrator.

2. **Director & Administrator:**

2.1. Understand, train, educate, and enforce confidentiality policies with team members.

2.2. Provide training opportunities to staff members, as needed.

2.3. Maintain proper documentation and storage of information on all personal information of families and staff, as well as confidentiality breaches or concerns.

2.4. Assist with follow-ups for any concerns surrounding confidentiality.

2.5. Participate in any review of confidentiality policies.

3. **Board of Directors:**

3.1. Review, approve, and periodically update policies to ensure compliance with regulations.

3.2. Review reports and updates from any confidentiality concerns and feedback.

3.3. Provide oversight and guidance to the Director and Administrator on policy adjustments.

Documents Related to this Policy:

Child Care Act, 2014

Child Care Regulations, 2015

Child Care Licensee Manual, 2015

Donation

Date Effective: August 2026

Policy Number: A-05

Date Revised:

Page: 1 of 5

This policy applies to:
Staff Members
Caregivers
Volunteers
Board Members

PURPOSE:

The purpose of this policy is to establish a framework for accepting and managing donations accepted by the Choiceland Cooperative Childcare Centre. This policy is to ensure clear guidelines and proper acceptance of donations.

PRINCIPLES:

1. Any donations accepted by the Choiceland Cooperative Childcare Centre should align with the goals of the centre and ensure that the donations support the centre's operations and/or facility.
2. Transparency on use of donations is a priority of the CCCC. Donors will be given notice of how their donation contributes to the CCCC and where funds are allocated.
3. All financial transactions related to donations are conducted with high standards of accountability and transparency.
4. All donations are recognized as per the donation recognition procedure (A-05-P1). All donors will receive recognition and acknowledgement. See Appendix C: Donation Acknowledgment Letter/Email.

POLICY:

It is with utmost importance that the advertising and accepting of donations for direct and indirect financial support of operations be properly handled and recognized:

1. **Types of Donations Accepted:**
    1.1. Monetary donations and in-kind contributions (goods and services) are accepted when they align with the centre's needs and goals.

1.2. All donations must comply with applicable laws and regulations

2. **Monetary Donations:**

2.1. Cash, cheque, and e-transfer are acceptable monetary donations.

2.2. Donors can specify the purpose of their monetary donation (i.e., operating, specific program, facility improvement, outdoor equipment, etc.). Otherwise, the Director, Administrator, and Board of Directors will determine best use of the monetary donation and notify the donor.

2.3. All monetary donations must be disclosed to the Board of Directors. The Director and Administrator must provide a proposal to the Board of Directors for how any funds greater than $1000 are to be allocated.

3. **In-Kind Donations (Goods):**

3.1. The CCCC accepts in-kind donations in the form of goods which includes items such as educational materials, books, toys, furniture, appliances, and other items for operations and programming.

3.2. All in-kind donations are to be of new or gently used condition and meet all safety standards.

3.3. All donors are encouraged to connect with the Director and Administrator for suitability of the donation.

3.4. The Director and Administrator will guide donors on how and when delivery or drop-off of donations should occur.

3.5. There is an Amazon Wishlist that the CCCC maintains, which can be consulted to determine what in-kind donations the centre is in need of. Please refer to policy A-05-P2 for additional information.

3.6. See Appendix D for a list of approved and unapproved goods for donation.

4. **In-Kind Donations (Services):**

4.1. All service donations should comply with applicable laws, regulations, and ethical guidelines.

4.2. The Director, Administrator, and the Board of Directors must approve all service donations to ensure appropriateness.

4.3. The Director and Administrator will work with the donor to manage and make all arrangements for service donations.

4.4. See Appendix D for a list of approved and unapproved services for donation.

5. **Restrictions on Donations:**

5.1. The CCCC has the right to decline any donations that are not in the best interest for the centre or does not align with the centre's goals.

5.2. The CCCC has limited storage capacity and thus, donations may be declined due to a lack of space.

5.3. The CCCC will not accept donations that compromise the centre's integrity or adherence to policies, procedures and legal requirements.

6. **Tax Information:**

6.1. The Choiceland Cooperative Childcare Centre is awaiting approval for charitable status as a registered non-profit. While waiting, the CCCC can provide business donors with a receipt for tax purposes under the category of "Advertising and Promotion"

6.2. The CCCC will recognize donations at the following values:

6.2.1. New in-kind donations at their retail value and gently used items at 50% of their retail value.

6.2.2. Cash donations will be recognized at their dollar amount.

6.3. A receipt for the value of the donation will be provided after ensuring quotes align with market value. See Appendix E: Charitable Receipt Guidelines

7. **Recognition and Acknowledgement:**

7.1. Donors will be acknowledged and recognized for their contribution(s) unless they notify the CCCC that they wish to remain anonymous.

7.2. Recognition of donors may include acknowledgment on the CCCC website, social media, newsletters, or as plaque (if permitted). Please refer to Appendix F: Donation Acknowledgement Form.

8. **Use of Donations:**

8.1. Donations will be used only to support programming, operations, and facility maintenance.

8.2. The Director and other staff will determine if disposal, recycling, or donation to another organization is required of current centre items.

8.3. In the case of monetary donations with a specified purpose, the centre will honor the donor's intent to the best of its ability.

8.4. As required, the Director and Administrator will provide donors with update(s) on how their contribution has or will be used.

9. **Reporting:**

9.1. The Director and Administrator will provide the Board of Directors an annual summary of all contributions donated to the CCCC and how they were utilized.

9.2. This report will be presented at the January meeting of every year.

10. **Contact Information:**

10.1. For inquiries related to donations or to discuss potential contributions, donors can contact the centre at choicelandchildcare@gmail.com.

11. **Review & Amendments**:

11.1. The donation policy is to be reviewed annually to ensure effectiveness. Otherwise, amendments are made as required.

ROLES & RESPONSIBILITIES:

1. **Director / Office Administrator:**

1.1. Communicate donation policy to all parents/guardians, staff, and potential donors while providing clarification as needed.

1.2. Oversee financial aspects of the donation policy, including the collection of, documentation of, management of, recognition of, and follow-up of donations. This includes administering donation receipts.

1.3. Provide input on any proposals for use of monetary donations as well as in-kind donations and services.

1.4. Communicate donation concerns as well as annual reports to the Board of Directors.

2. **Staff:**

2.1. Familiarize themselves with the donation policy and provide direction to any potential donor.

2.2. Ensure the Amazon Wishlist is kept up-to-date. Updates are communicated to the Director and Administrator.

2.3. Provide feedback on the policy.

3. **Board of Directors:**

3.1. Responsible for reviewing and approving the proposed plan for use of monetary funds over $1000.

3.2. The treasurer will monitor the centre's monetary donations regularly through monthly financial reports to ensure financial accountability.

3.3. Assist with the recognition of donors as needed.

Procedure: Donation Intake and Recognition

Date Effective: August 2026

Policy Number: A-05-P1

Date Revised:

Related Policy:
Donation Policy A-06
Fundraising Policy A-

This policy applies to:
Staff Members
Caregivers
Community Members
Volunteers
Board Members

PURPOSE:

The Choiceland Cooperative Childcare Centre sees the importance of recognizing all donors for their contributions in a consistent and transparent way. Acknowledging donations promptly and effectively, the CCCC maintains accountability and compliance with this policy.

PROCEDURE:

In regards to donations to the centre, staff will adhere to the following steps to recognize donors:

1. **Acceptance of Donation:**
    1.1. All donations are to be accepted by the Director or Administrator, not other staff members.
    1.2. In-Kind Goods Donations may be dropped off at the centre but the Director or Administrator must be contacted for scheduled time.
    1.3. All donors seeking recognition and receipts must complete the "*Donation Acknowledgement Chart"* (donor name, mailing address, description of items, estimated value, if receipt is needed, if recognition is requested, staff initial). For online donations, if a "*Donation Acknowledgement Chart"* cannot be filled out by the donor, staff will complete on their behalf.
    1.4. The Director and Administrator will pick up "*Donation Acknowledgement Charts"* completed each month.

2. **Documentation:**

2.1. The Director and/or Administrator will maintain a comprehensive list of donation records via spreadsheet. This will formulate the report for the Board of Directors from:

2.1.1. Completed "*Donation Acknowledgement Forms"* and direct donations made to the Director or Administrator.

2.1.2. Each entry in the report must have the information obtained from the "*Donation Acknowledgement Form".*

2.2. Refer to Appendix F for *Donation Acknowledgement Form.*

3. **Acknowledgement Email and/or Letter:**

3.1. The Director or Administrator will issue a personalized letter or email to the donor within 30 days of receiving a donation. The communication will express appreciation for the donation, describe the donation's impact on programming or the facility, and include a donation receipt if one was requested and eligible.

3.2. See Appendix C for a Sample Donor Recognition Letter/Email.

4. **Recognition Opportunities:**

4.1. Recognition will be determined by size and nature of the donation. The CCCC offers the following methods of recognition:

4.1.1. Donation Board: advertised board at centre site of all major sponsors

4.1.2. Social Media and Website: online methods of appreciation

4.1.3. Newsletter: monthly letters for CCCC families

4.2. Recognition Based on Amount

4.2.1. Diamond Sponsor ($10,000+): all methods of recognition

4.2.2. Platinum Sponsor ($5000+): all methods of recognition

4.2.3. Gold Sponsors ($2500+):

4.2.4. Silver Sponsors ($1000+):

4.2.5. Bronze Sponsors ($250+)

4.2.6. Sponsors (<$250)

5. **Compliance and Reporting:**

5.1. All donation activities, acknowledgements, and recognition processes must comply with Canada Revenue Agency (CRA) guidelines for charitable organizations, internal financial policies and procedures, and ethical standards for donor relations.

5.2. The Director and Administrator are responsible for ensuring accurate and timely reporting of donations for financial audit purposes.

6. **Review and Revision:**

6.1. The donation recognition procedure will be reviewed periodically to ensure effectiveness. Any necessary revisions will be made as necessary.

Documents Related to this Policy:

Donation A-05

Fundraising A-06

Procedure: Donation Wish List

Date Effective: August 2026

Policy Number: A-05-P2

Date Revised:

Related Policy:
Donation Policy A-05
Procedure: Donation Intake & Recognition A-05-P1
Fundraising Policy A-06

This policy applies to:
Staff Members
Community Members
Caregivers
Volunteers
Board Members

PURPOSE:

This procedure is created to establish guidelines for the management and utilization of the CCCC Amazon Wishlist. The Amazon Wishlist is a comprehensive list for anyone looking to donate to the Choiceland Cooperative Childcare Centre.

PROCEDURE:

To ensure consistency and accuracy for the Wishlist, the CCCC staff will complete the following steps:

1. **Needs Assessment:**
    1.1. All staff will continually assess the needs of the centre and determine items for the Wishlist.
        1.1.1. Wishlist Items: After opening necessities are maintained, items that are ideal to have but not required will become known as Wishlist Items (i.e., new toys and outdoor equipment, furniture, etc.).
        1.1.2. Other Items (Operational): are required for operation and current need will be assessed for whether they can be on the Wishlist or need to be purchased sooner (i.e., crib sheets, bibs, educational materials, towels, etc.).
    1.2. Wishlist items must align with the educational, developmental, and safety needs of the centre. The items must be age-appropriate and durable for use in a

childcare centre (i.e., no loose parts or accessible batteries and items are easy to sanitize).

1.3. The Director and Administrator will review all item requests to determine if an item should be added to the wishlist.

2. **Review Current Supplies:**

2.1. If an item is determined to be a need, the Director or Administrator will review the current supplies in storage prior to purchase.

2.2. Staff are encouraged to review storage areas prior to making a request to management.

3. **Additions to the Wishlist:**

3.1. The Director and Administrator are responsible for the wishlist and making additions to the list.

3.2. Items on the list should have a note added that states which room it is needed for.

3.3. The wishlist is reviewed and added to quarterly (January, April, July, October). Staff will be sent reviews via Lillio to determine if the requests are still relevant.

3.4. Requested items need to be sent to management for review. Please attach a link to the item.

4. **Promotion and Solicitation:**

4.1. The wishlist may be promoted through the following: social media, website, newsletters, and direct communications with parents/guardians.

5. **Compliance and Reporting:**

5.1. All donations received through the Amazon wishlist shall comply with relevant policies, regulations, and guidelines for charitable contributions.

6. **Review and Revision:**

6.1. The wishlist procedure will be reviewed periodically to ensure effectiveness. Revisions and updates will be made as necessary.

Documents Related to this Policy:

Donation Policy A-05

Donation: Intake and Recognition Procedure A-05-P1

Fundraising Policy A-06

Fundraising

Date Effective: August 2026

Policy Number: A-06

Date Revised:

Page: 1 of 2

This policy applies to:
Caregivers
Volunteers
Board Members
Director/Assistant Director (Staff)

PURPOSE:

This policy is to establish a framework for collaboration between the CCCC and parents/guardians. A way to promote parent/guardian involvement and support for the CCCC's programs and activities.

PRINCIPLES:

1. Fundraising dollars are used for support of the overall objectives of the centre.
2. There is a commitment on behalf of the Board of Directors and staff at the CCCC to maintain transparency on where and how fundraising dollars are allocated.

POLICY:

Fundraising efforts are important to assist the CCCC in financial areas outside of the operating budget. Yearly fundraising, along with parent/guardian support will be critical in the ongoing functioning of the centre. Fundraising efforts are as follows, but not limited to:

1. **Annual Fundraising Events and Activities:**
   - 1.1. The Fundraising Lead on the Board of Directors will review efforts and establish an annual plan for fundraising. (The goal is to raise $10,000 annually).
   - 1.2. The Board of Directors approves the fundraising plan each year.
   - 1.3. Annual Events and Activities include: ongoing sales (i.e., Mabels Labels, etc.), CCCC hosted events, or CCCC partaking in already functioning community events (i.e., museum day, sports day, etc.).

2. **Volunteer Opportunities:**

2.1. Parents/Guardians and community members have the opportunity to help with fundraising efforts. These opportunities include helping at fundraising events and activities, assisting with site improvements and maintenance (as needed), and bringing fundraising ideas to the board.

3. **Recognition and Appreciation:**

3.1. Recognition and appreciation for volunteers is important to the CCCC. Refer to the *Procedure: Membership (Member Recognition) (A-09-P1)* for more information.

4. **Review and Amendments:**

4.1. Fundraising efforts will be reviewed annually with the budget and determine on-going need of the centre.

ROLES & RESPONSIBILITIES:

1. **Director and Administrator:**

1.1. Communicate fundraising policy to all parents/guardians and provide clarification as needed.

1.2. Communicate volunteer opportunities to all parents/guardians.

1.3. Oversee financial aspects of the fundraising policy and annual efforts.

1.4. Provide recognition to volunteers as outlined in the "*Procedure: Membership (Member Recognition) (A-09-P1)"*.

2. **Parents/Guardians:**

2.1. Must familiarize themselves with the fundraising policy.

2.2. Be an active participant in volunteer opportunities.

2.3. Provide feedback on the fundraising efforts and policy.

2.4. Families need to pay $100 per child or $250 for their family — this can be done through one of the fundraiser sales or families can opt to simply pay the fundraising fee.

3. **Board of Directors:**

3.1. Review and approve fundraising plans for each year.

3.2. Monitor fundraising performance and financial accounts.

3.3. Ensure that the fundraising plans align with legal and regulatory requirements.

Licensing

Date Effective: August 2026

Policy Number: A-07

Date Revised:

Page: 1 of 3

This policy applies to:
Staff Members
Board Members

PURPOSE:

This policy is written to ensure compliance with licensing requirements for childcare centres, as established by the Ministry of Education. Licensing requirements are designed for the health, safety, and well-being of the children within the CCCC's care.

POLICY:

Licensing requirements mandated by the Ministry of Education include staff-to-child ratios, health and safety standards, staff qualifications and training, facility requirements (space, equipment, cleanliness), and record-keeping/reporting.

1. **Health and Safety Standards:**
    1.1. A safe and sanitary environment is maintained by regular inspections of the facility and equipment, implementing cleaning and sanitizing procedures, appropriate supervision and guidance of children, ensuring staff are trained in first aid and emergency procedures, and following guidelines for medication administration and health monitoring.
2. **Staff Qualifications:**
    2.1. All staff members must meet qualifications specified by licensing regulations. This includes requirements for education, training, and child development.
3. **Parent Communication:**
    3.1. Parents/Guardians of children enrolled at the CCCC are provided information regarding licensing regulations, such as: rights and responsibilities of parents/guardians, procedures for filing complaints or grievances, access to licensing reports and inspection reports (upon request) and contact information for licensing authorities (upon request).

4. **Compliance Monitoring:**

4.1. Regular self-assessments and internal evaluations are conducted to ensure ongoing compliance with licensing regulations. Any areas of improvement are dealt with promptly to be corrected.

4.2. An annual review by the Ministry of Education, Early Years Branch Consultant is conducted to ensure compliance with licensing requirements.

5. **Reporting and Documentation:**

5.1. Accurate documentation is maintained for all licensing purposes. This includes staff member personal files, child enrolment and attendance records, health and safety inspections/reports, incident reports, documentation of any injury or accidents, and other documents related to licensing requirements. See Appendix G for Disposal Schedules of information documentation.

6. **Review and Revision:**

6.1. Licensing policies are reviewed annually to ensure effectiveness. Any revisions will be made as necessary to address changing licensing requirements, health and safety updates, and feedback from parents/guardians and staff members.

ROLES & RESPONSIBILITIES:

1. **Team Members/Staff:**

1.1. Familiarize themselves with licensing requirements related to their role, as well as reports, attendance records, educational requirements, etc.

1.2. Ensure their childcare spaces and activities adhere to licensing requirements and health and safety standards.

1.3. Participate in training sessions related to licensing requirements (i.e., First Aid, CPR, child development, etc.)

1.4. Report any concerns or observations to the Director and Administrator.

2. **Director and Administrator:**

2.1. Ensure all staff are operating in compliance with licensing requirements.

2.2. Provide guidance and support to staff and parents/guardians on the licensing policy

2.3. Conduct regular reviews of compliance to licensing standards (i.e., facility inspections, staff qualifications/training, health and safety procedures, etc.).

Bring regular compliance concerns forward to the Board of Directors for solutions.

2.4. Maintain licensing records and documentation.

3. **Board of Directors:**

3.1. Review, approve, and periodically update policies and procedures to ensure compliance with licensing regulations.

3.2. Review reports and updates from the Director and Administrator regarding compliance with licensing requirements and address any concerns.

3.3. Ensure the budget has the ability to allocate funds to support licensing requirements.

3.4. Provide oversight and guidance on licensing requirements as required.

Documents Related to this Policy:

Child Care Act, 2014

Child Care Regulations, 2015

Child Care Licensee Manual, 2015

Infection Control Manual for Childcare Facilities, 2012

Respectful Workplace & Harassment

Date Effective: August 2026

Policy Number: A-08

Date Revised:

Page: 1 of 21

This policy applies to:
Staff Members
Parents/Guardians
Board Members
Volunteers

POLICY OVERVIEW:

This policy both the expectations and behaviours of a respectful workplace, as well as harassment. The Choiceland Cooperative Childcare Centre is committed to promoting a respectful and safe workplace.

DEFINITIONS:

- **Conflict:** A disagreement between Staff. It may or may not be characterized by a breakdown in communication between two or more individuals that impact their ability to work safely, productively and cooperatively in the Workplace. Constructive conflict is characteristic of a high performing team. Destructive conflict is characterized by Disrespectful/Disruptive Behavior (see below).
- **Disrespectful/Disruptive Behaviour:** Actions including, but not limited to, yelling, intimidation, social isolation and exclusion in the Workplace, ridicule and humiliation in person or in front of others, verbal threats and offensive gestures, Workplace gossip, eye rolling and/or sabotaging someone's work.
- **Respectful Workplace:** An environment characterized by behaviours consistent with CCCC values.
- **Director:** The out of scope direct supervisor.
- **Staff:** CCCC employees, contractors, vendors, students and volunteers.
- **Workplace:** Any CCCC owned, operated and leased facility, including CCCC property, building, and vehicle or mobile equipment used or likely to be used for work purposes (i.e., social media) by staff in any occupation, business travel, conferences,

and offsite activity organized by the CCCC. Workplace also includes anywhere CCCC services are provided in the community.

PURPOSE:

The purpose of this policy is to facilitate creating and sustaining a respectful workplace and support staff when experiencing perceived Disrespectful/Disruptive Behavior.

PRINCIPLES:

1. Staff have the right to work in a Workplace where Staff feel psychologically safe and are treated respectfully by colleagues.
2. All individuals have the right to be treated fairly and with respect and dignity.
3. Every individual has the right to work in a safe and respectful workplace.
4. Every individual must take personal responsibility for developing constructive and respectful work relationships.
5. Every individual will be supported to use collaborative problem solving when resolving conflict.
6. Every individual is responsible for their own behaviour.
7. Every individual has the responsibility to engage in managing conflict as outlined in the procedures portion of this policy.
8. Staff have a responsibility to create a psychologically safe Workplace and to treat colleagues respectfully.
9. Conflict is a normal part of human interaction and is expected in the workplace.

POLICY:

The Choiceland Cooperative Childcare Centre is committed to providing a respectful workplace that supports staff to understand of our diversity and respect for our commonalities as individuals.

The CCCC does not tolerate disrespectful/disruptive behaviour and appropriate action will be taken with staff and/or any individual with whom CCCC does business with and is found to have been disrespectful/disruptive in the workplace.

For Staff:

- Respectful behavior is expected from all staff.
- Staff shall refrain from causing or participating in disrespectful treatment of another Staff member.
- Staff shall co-operate and collaborate to resolve issues of perceived disrespect.
- Each CCCC staff member is accountable for their behavior and must always: be respectful, speak up and give feedback respectfully when perceived disrespect is occurring, be present, listen actively and ask questions to understand and mutually agree on a resolution, and seek the support needed and offer support to maintain a respectful workplace when unable to speak to the individual directly.

Directors who are aware of concerns, or receive a complaint with regards to perceived disrespectful/disruptive behaviour are required to:

- Treat all concerns and complaints seriously and in a confidential manner
- Support the resolution of a problem immediately and/or
- Seek the assistance of the Board

All requests for assistance with resolving conflict will be handled with respect for individual privacy, however, there is no guarantee of anonymity.

The CCCC will not disclose the identity of individuals involved in a conflict, except where disclosure is necessary for the purposes of resolving the issue(s), or taking corrective action with respect to the concern/complaint, or where such disclosure is required by law.

As a condition of employment, all potential employees must review this policy as a component of the pre-employment requirement.

ROLES AND RESPONSIBILITIES:

1. **Staff:**
    1.1. Conduct themselves in a manner which supports the creation of a psychologically safe and respectful workplace for self and others.
    1.2. Address issues in a timely manner when behavior is perceived to be disrespectful/disruptive.

1.3. Listen to others when approached to understand their perspective and adjust behaviour as necessary.

1.4. Promote and model a respectful workplace by demonstrating respect for people in everyday interactions.

1.5. Follow the procedures to resolve conflict as outlined in the procedures section of this document.

2. **Director/Administrator:**

2.1. Model respect for people in all daily activities.

2.2. Create a psychologically safe and respectful workplace.

2.3. Ensure that situations of perceived disrespectful/disruptive behaviour are supported for collaborative resolution in a timely manner.

2.4. A Director/Administrator that ignores a respectful workplace issue may become a party to the issue.

2.5. If prior knowledge is proven, and the problem is ignored, appropriate action will be taken by CCCC Board of Directors.

POLICY MANAGEMENT:

The management of this policy including policy education, monitoring, implementation and amendment is the responsibility of the Director, Administrator and the Board of Directors.

NON-COMPLIANCE/BREACH:

Non-compliance, otherwise known as a breach, with this policy may result in disciplinary action up to and including termination of employment with CCCC.

The *Occupational Health and Safety Act* can also apply a levy of fines pertaining to serious breaches of this policy.

OVERVIEW:

Conflict is an inevitable part of work life. When conflict is managed effectively, it promotes a safe environment where healthy problem solving and innovation can occur. When conflict negatively affects the ability to work safely and/or impacts client service or team morale, timely action must be taken to restore a healthy climate.

PREVENTION STRATEGIES:

The following are prevention strategies for creating and maintaining a respectful workplace to allow us to work safely and provide safe child care:

1. **All Staff:**
    - 1.1. Take responsibility for your own actions/behaviours and ensure actions and behaviors are respectful;
    - 1.2. Build open, trusting and professional relationships with others;
    - 1.3. Speak up if you feel unsafe and give feedback respectfully.
    - 1.4. Hold safe discussions to collaborate, problem-solve and resolve differences in a professional manner;
    - 1.5. Ask for help when you need it by talking to the Director/Administrator and reporting your concerns;
    - 1.6. If you receive feedback that your behaviour is unwelcome: listen to understand, ask questions and adjust your behavior as necessary;
    - 1.7. Don't make assumptions about other's behaviour and do not assume that a lack of comment about your behavior means individuals are not offended;
    - 1.8. Bystanders are expected to actively address disrespectful/disruptive behaviour when it is safe for them to do so, or to make others aware of the behaviour so that steps can be taken to address it;
    - 1.9. If you see others engaging in disrespectful/disruptive behavior, suggest they stop it. By remaining silent or doing nothing, bystanders may create the perception, intentionally or unintentionally, of tolerating or supporting disrespectful/disruptive behavior;
    - 1.10. Apologize when you recognize your own words and actions have negatively impacted someone else.

2. **Directors:**
    - 2.1. Involve team in the development of, and compliance with, team agreements around respectful behavior.
    - 2.2. Address inappropriate behavior by coaching, facilitating conversations, and/or taking corrective action in a timely manner.

2.3. Access the services of the Board to support building more respectful workplaces.

2.4. When disrespectful/disruptive behaviour is reported to the Director or Administrator, they must take the following steps

2.4.1. Assess and determine the nature of the issue and resolve, if possible,

2.4.2. If at any point the issue is deemed to be harassment, follow the section on: *Workplace Harassment*;

2.4.3. If at any point the issue is deemed to be violent, remove the parties from the workplace and initiate a disciplinary investigation: *Violence Management*;

2.4.4. Support and coach individuals in attempt to address disrespectful/disruptive behaviour themselves and/or facilitate conversation between the individuals.

STEPS TO MANAGING CONFLICT:

1. When staff have experienced a perceived harm or injury related to respect, and they are able to talk to the individual, they must do so with the intention of restoring harmony and resolving differences.
2. If the staff member is unable to address the other individual, they should speak to the Director or Administrator and ask for support.
3. When self-directed resolution is a possibility, the staff member is asked to take the following steps:

3.1. Assess their own feelings;

3.2. Approach the other individual and arrange for a time and location that would be private and confidential between the two parties;

3.3. Describe to the other individual their observable, objective behaviour (e.g. what is seen and heard);

3.4. Express the impact of the behaviour on self, team, client, family member;
Ask the other individual for their perspective;

3.5. Brainstorm options for problem solving and decide on how to move forward respectfully and collaboratively,

3.6. Give each other your word that the conversation will remain confidential;
When the working relationship is restored, celebrate your success.

4. When a self-directed resolution is either not appropriate or has not been successful, the staff member must speak with the Director/Administrator and ask for their support to resolve the concern collaboratively.
5. When the steps listed above are either not appropriate for the situation or do not result in resolution of the concerns, the Director may choose to involve other parties for problem solving or corrective action up to and including termination, if warranted.

DEFINITION OF HARASSMENT:

Harassment based on prohibited grounds (discrimination) includes any inappropriate conduct, comment, display, action or gesture by a person that:

- is made on the basis of race, creed, religion, colour, sex, sexual orientation, marital status, family status, disability, physical size or weight, age, nationality, ancestry or place of origin, and;
- constitutes a threat to the health or safety of the worker (staff).

Harassment based on prohibited grounds (discrimination) extends to sexual harassment and is prohibited in the Saskatchewan Employment Act and Saskatchewan Human Rights Code.

Corroborated cases of harassment impose a legal and ethical obligation to take sufficient action to stop the harassment and prevent its reoccurrence. The CCCC will take all reasonable corrective action without delay, respecting any staff who subjects another to harassment.

This duty extends to:

- Incidents that occur at the workplace or during work hours;
- Conduct perpetrated by staff;
- Incidents that occur outside the usual workplace or after work hours that arise out of or are connected to employment, may include business travel, carpooling, social media (i.e., information and communication technologies), attending a work-sponsored social event or conference, and/or attending a training session.

Discrimination may include:

- Mobbing, ostracizing;
- Negative comments about religious affiliation;
- Acts of prejudice with gender identity, gender expression or two-spirit identity,

- Prejudiced slang, phrases or nicknames or stereotypes;
- Disparaging remarks about skin color or other ethnic and/or cultural traits;
- Displaying or sharing hate literature (electronic, hard copy or pictorial materials) that is objectionable and offensive to a particular group or person;
- Unfair treatment of staff because of their union affiliation,
- Blocking opportunity or negatively impacting Staff employment because of a prohibited ground;
- Offensive gestures or mimicking a visible or invisible impairment;
- Offensive reference to an individual's mental or physical disability;
- Derogatory age-related comments;
- Wearing clothing that could be offensive to a particular group;
- Refusing to work with an individual or excluding him/her from work activities because of a prohibited ground.

Sexual Harassment means any conduct, comment, gesture or contact of a sexual nature that is offensive, unsolicited or unwelcome. Sexual harassment may include:

- Any implied or express threat of reprisal for refusing to comply with a sexually-oriented request;
- Unwelcome remarks, lewd jokes, innuendos, propositions or taunting about a person's body, attire, sex or sexual orientation;
- Displaying or sending pornographic or sexually explicit or offensive pictures or materials via text, hardcopy, video or other multimedia platforms;
- Unwelcome physical contact/touching,
- Unwelcome invitations or requests, direct or indirect, to engage in behavior of a sexual nature;
- Refusing to work with or have contact with an individual because of their sex, gender or sexual orientation.
- Targets of sexual harassment may be male, female, transgender or transsexual. Sexual harassment may occur between members of the same-sex.

The CCCC does not mediate bona fide complaints of sexual harassment.

Personal Harassment (bullying) includes any inappropriate conduct, comment, display, action or gesture by a person that:

- adversely affects an individual's psychological or physical well-being;
- the perpetrator knows or ought to reasonably know would cause the individual to be humiliated or intimidated, and;
- constitutes a threat to the health or safety of the worker (Staff).

To constitute personal harassment, either of the following must be established:

- repeated conduct, comments, displays, actions or gestures, or
- a single, serious comment, display, action or gesture, that has a lasting, harmful effect of the worker (staff).

Personal Harassment may include:

- Mobbing, ostracizing;
- Verbal, electronic or written abuse or threats;
- Insulting, derogatory or degrading comments, jokes or gestures;
- Personal ridicule or malicious gossip;
- Unjustifiable interference with another's work or work sabotage;
- Interference with or vandalizing personal property.

This policy includes harassment connected to any matter or circumstance arising out of the workplace including conduct perpetrated by a third-party with whom CCCC does business with or whom staff is required to meet with. This may include: clients, families, contractors (or their staff), and the public.

The jurisdiction to investigate and/or sanction conduct can be limited. The CCCC shall take reasonable and practicable action to stop or reduce the risk to its staff of being harassed by third-parties.

Harassment does not include any reasonable action taken by CCCC, or a Director, Board or Consultant engaged by CCCC, relating to the management and direction of CCCC staff.

The definition of harassment in the collective bargaining agreement continues to apply, in the event that it is more specific than the definition in the Act. For the purposes of this

Workplace Harassment policy and procedure, the foregoing definitions of harassment will be applied to CCCC harassment investigations.

The CCCC is committed to ensuring a safe and productive work environment where the inalienable human rights, dignity and worth of all staff are upheld. Harassment is a right's infringement and against the law.

All staff are entitled to a workplace free of harassment. Therefore, the CCCC has zero tolerance for workplace harassment.

All staff are entitled to lodge a complaint of harassment and do so confidentially without discrimination or retaliation. It is strictly prohibited to penalize, retaliate or discriminate against any staff in any manner because of their participation with a harassment complaint or when seeking enforcement of this policy and procedure.

CCCC will not disclose the name of a complainant, respondent or the circumstances related to the complaint to any person except where disclosure is:

- Necessary for the purposes of investigating the complaint or taking corrective action with respect to the complaint; or
- Required by law

Breaches of confidentiality pertaining to an investigation are strictly prohibited.

BAD FAITH:

Bad Faith: A formal harassment complaint brought with an ulterior motive motivated by ill-will, hostility, malice and/or is discolored by a personal animosity or a lack of fairness or impartiality. It includes a reckless disregard for another's health and safety that is intentionally, knowingly and negligently untrue without reasonable and probable grounds.

RETALIATION:

All CCCC staff have a right to file a complaint of harassment without retaliation. It is strictly prohibited and a serious offense for any person involved in a CCCC investigation to

be penalized or retaliated against in any manner because of their participation in an investigation.

All staff involved in a harassment investigation will be reminded at the earliest investigative stages to avoid any real or perceived retaliation. Action will be taken to prevent retaliation against a complainant who makes a harassment complaint in good faith. All reports of retaliation will be promptly addressed and any substantiated acts of retaliation may be subject to disciplinary action.

VEXATIOUS COMPLAINTS:

The CCCC has no tolerance for vexatious complaints intentionally fashioned to harm. Investigations are disruptive and allegations made in bad faith can have serious effects on innocent individuals and can needlessly siphon costly resources. Where an investigation determines that a vexatious complaint was made, the complainant may be subject to disciplinary action.

ALLEGATIONS AGAINST MANAGEMENT:

In a circumstance where allegations implicate a CCCC Director, Administrator or Board Member, the Human Resources Consultant may independently lead an investigation and/or provide oversight to a third-party investigative firm.

PRELIMINARY MATTERS:

Any situation involving criminal behavior, violent acts of force, aggression, or where staff safety and security is under threat of violence will be dealt with immediately; the perpetrator will be removed from the workplace pending disciplinary investigation. The RCMP may become involved.

Workplace harassment left unchecked has the potential to escalate into violent behavior. Violence against staff may come from colleagues, clients, families, visitors, third-party contractors, students or volunteers. All incidents of violent force or threats of a violent nature must be reported and will be assessed and/or investigated.

WHEN TO REPORT:

A formal harassment complaint should be submitted as soon as possible after the most recent or last event of alleged harassment.

The CCCC does not normally accept a formal harassment complaint where the complaint is made more than three months after the complainant became aware of the alleged harassment.

REPORTING TIMELINE:

All formal harassment complaints will undergo a pre-assessment for grounds. When it is determined a harassment complaint is bona fide, a formal investigation will be conducted.

A harassment investigation shall normally be completed within 90 days or less, notwithstanding extenuating circumstances. All reasonable efforts will be made to adhere to the 90 day timeline; however, the interests of speed shall not trump thoroughness and due diligence.

Parties of an ongoing investigation may be updated periodically on the status of the investigation timeline.

DOCUMENTATION AND COMMUNICATION:

All harassment complaints, investigations and outcomes shall be documented. At the conclusion of a harassment investigation the Director/Administrator will complete a written investigation report of the conclusions and reasons for the decision. The complainant, respondent, Human Resources Consultant, CCCC legal counsel, will be provided opportunity to review the final report in its entirety. To protect the confidentiality of all parties, the complainant, respondent and authorized supports will be provided read-only access to the final report. Any third-party disclosure beyond read-only access will be at the sole discretion of CCCC legal counsel.

The CCCC will ensure that any corrective action taken is communicated to the individual who experienced harassment.

The degree of communication provided to the complainant about the corrective action will depend on the circumstances and privacy requirements but shall indicate the steps the CCCC is taking to prevent recurrence.

WITHDRAWAL OF COMPLAINT:

A complainant may withdraw a formal harassment complaint at any stage of the investigation by submitting a written request to the Director or Administrator.

Withdrawal of a formal harassment complaint does not prohibit the CCCC from investigating the complaint to completion if deemed necessary. Circumstances requiring continued investigation may include:

- There is evidence/suspicion the complainant(s) has been threatened or may fear retaliation.
- Failure to resolve the matter formally may endanger staff health or safety.
- The complaint's allegations involve a serious abuse of power.

The Director and Administrator has discretion with accepting a withdrawal.

COMPLAINT HANDLING:

CCCC has a legal and ethical duty to act fairly and make decisions using a fair and transparent procedure (procedural justice) when carrying out harassment investigations.

All affected staff in a harassment investigation have a right to not be deprived of the principles of fundamental justice and procedural fairness. The principles of procedural fairness apply evenly to all affected parties, including out-of-scope personnel not affiliated with a trade union. There are two types of harassment complaint options: informal and formal.

Staff may request the assistance of a Saskatchewan Occupational Health and Safety Officer to resolve a harassment complaint. A complainant has a right to file a complaint with the Saskatchewan Human Rights Commission.

Nothing in this policy or procedure is intended to discourage or prevent a complainant from exercising any other legal rights pursuant to any other law.

INFORMAL HARASSMENT COMPLAINT:

Informal complainants are complaints of alleged harassment brought to the CCCC's attention that are not written nor formally submitted. Complaints that are not submitted in writing on the CCCC Harassment Complaint Form may not result in a formal harassment investigation.

Informal harassment complaints can occur when:

- a complainant suspects they have been the target of harassment but is not sure
- is hesitant to submit a formal written complaint;
- may only want information or indirect assistance in stopping the offending • behavior from continuing, or;
- wants to determine a course of action, without a formal investigation.

The informal complaint process is in place because a lack of a formalized complaint does not mean there is no problem to address.

Using informal complaint procedures, complainants can maintain more control over the remedy.

- Informal complaint where the alleged harasser is not named sometimes a complainant may not wish to identify the alleged harasser nor ask for direct intervention. A complainant may only want information, advice or indirect assistance in stopping the offending behavior from continuing.
- When no harasser is named, the Director or Administrator uses the following strategy to respond:
    - Review the contents of this with the complainant;
    - Outline the protections, duties and obligations (e.g., retaliation, confidentiality) involved with complaint processes;
    - Provide the complainant guidance, when appropriate, to object to the alleged harasser;
    - Indirectly intervene by arranging for all staff to attend educational programming pertaining to harassment-free workplaces.
    - Re-circulate CCCC Policy
    - Monitor and measure the scenario.

- Meet with the complainant frequently to enquire if matters are improving.
- Maintain a documented audit trail of all discussions and actions taken.

At any time during the foregoing steps, the complainant is encouraged to file a formal harassment complaint when:

- the matter poses a serious threat to the health and safety of the complainant or other staff; is potentially criminal in nature,
- where circumstances lead the CCCC to suspect intervention and educational activities may not prevent the alleged harassment from recurring.

Informal Complaints where the alleged harasser is named but the complainant is reluctant to submit a formal written complaint. Similarly, on occasion complainants are willing to provide the name of the alleged harasser but do not want the alleged harasser to know their identity. These scenarios can be difficult, however, when the identity of an alleged harasser is divulged, the CCCC has a duty to intervene and protect a complainant, notwithstanding their requests for anonymity.

The Director or Administrator will intervene as follows:

- Explore the complainant's reluctance.
- Discuss the process for making a formal harassment complaint
- Review the contents of this policy;
- Outline the protections, duties and obligations (i.e., retaliation, confidentiality) involved with complaint processes and empower complainant to overcome power imbalance concerns;
- Provide the complainant guidance, when appropriate, to object to the alleged harasser;
- Maintain a documented audit trail of all discussions and actions taken.

FORMAL HARASSMENT COMPLAINT:

For a formal harassment complainant to commence it must be made in writing;
Complaints that are not submitted in writing may not result in a harassment investigation.
It is assumed at this stage the complainant is aware of and believes the matter cannot otherwise be resolved with a collaborative process or that the informal harassment complaint process will not prevent the alleged harassment from recurring.

Consideration of Interim Safety Measures:

Prior to notifying the respondent, the Director/Administrator shall consider interim safety measures.

If it is believed a complainant may be exposed to harmful behaviors or retaliation while waiting for an investigation resolution, immediate action must be taken depending on the prevailing circumstances and nature of the complaint.

Separating the respondent from the complainant is preferred and include measures such as:

- Temporary shift rearrangement;
- Reassignment of duties;
- Role relocation, or
- The respondent may be suspended pending final determination of the investigation.

Notifying the Respondent:

Upon acting on a formal written complaint of harassment, the Director and Administrator will:

- notify the respondent in writing and provide the written complaint;
- provide this policy
- advise of all rights and responsibilities, notably, to maintain confidentiality and avoid retaliation.

NOTE: Upon receiving a complaint of harassment, evidence related to an alleged activity may need to be examined and preserved before the suspected person(s) become aware of an investigation.

CREDIBILITY:

The issue of credibility is pertinent and is particularly relevant when allegations occur without witness. Assessing credibility is also important when facts are in dispute, when cognitive impairments are present, differing versions of events are offered or where corroborating oral, documentary and physical evidence is lacking.

When evidence is lacking, the assertions of one party over another will not be accepted Prima Facie simply because that party says it is so.

When evidence is lacking, inconsistencies will not only be assessed on subjective elements such as demeanor, powers of observation, recall or whether a witness carries the conviction of telling the truth, but also on the surrounding conditions and other known or reliable facts.

A credibility assessment also includes factors such as judgment, memory and ability to describe clearly what was seen and heard and whether the evidence of a witness is in harmony with what a practical and informed person would readily recognize as probable in those conditions.

Other factors include witness motives, their relationship to the parties, the internal and external consistency of their evidence, and inconsistencies and contradictions in relation to other witnesses' evidence. When forming conclusions, the investigator will consider the credibility of all parties interviewed.

SINGLE ACT AND DISCRIMINATION:

According to the *Occupational Health and Safety Act*, for harassment to be deemed discriminatory it can be a mere single act, does not need to be accompanied by a long-lasting harmful effect nor does it need to be repeated or escalated.

In addition, harassment can be deemed discriminatory even if the respondent did not specifically target the complainant (i.e., displaying an offensive poster or making discriminatory comments overheard by another individual).

With any case of harassment, and sexual harassment in particular, a single incident may be viewed to be more significant in circumstances when the relationship at work is one where the respondent has influence and/or positional status with regard to impacting workplace conditions (i.e., career advancement, performance reviews, work assignments and progressive discipline).

When there is an imbalance of power, what appears to be consensual may in actuality be unwelcome conduct. Scrupulous attention will be given if a complainant's fear is exacerbated by the status of the respondent.

CRITERIA TO ESTABLISH WHETHER HARASSMENT HAS OCCURRED:

To substantiate personal harassment, the complainant must demonstrate on a Balance of Probabilities:

- That the conduct, comment, display, action or gesture falls into the domain of inappropriate.
    - To be sufficiently serious enough to fall into this domain, inappropriate conduct is not just offensive and unwelcome but is also a marked departure of the values of the CCCC. It is motivated by ill will or by a reckless indifference to how others perceive our actions.
- That the harassment occurred on the worksite or arises out of or is connected to one's employment.
- That the conduct, comment, display, action or gesture constitutes a real threat to the health and safety of the individual.
    - Assessing whether a real threat occurred is fact-specific and includes the subjective perspective of the complainant along with the objective assessment of the investigator.
- That there is reliable evidence to support the claim. What is harassment is a question of fact and must be determined according to the objective facts of the situation.
    - The corroboration of various events verified through reliable oral, physical or documentary evidence is desired.
    - Reliable confirmation via corroboration can strengthen the probability that an event did or did not occur and make the foundation of facts more certain.
- That the respondent knows or ought reasonably to know that the inappropriate conduct, comment, display, action or gesture would cause an individual to be humiliated or intimidated.
    - The investigator will objectively consider whether the actions under investigation would be such that a reasonable respondent should have known or ought to reasonably have known they would cause humiliation or intimidation.
- That the alleged inappropriate conduct, comment, display, action or gesture adversely affected an individual's psychological or physical well-being. A health-harming adverse effect on well being must be caused by or directly associated with the harassment.

- The harassment must be repeated, or if a single serious incident it must be accompanied by a lasting harmful effect.
    - With any case of a single incident, the matter may be viewed to be more significant in circumstances when the relationship at work is one where the respondent has influence and/or positional power with regard to impacting workplace conditions, career advancement, performance reviews, work assignments and progressive discipline.
- That the complainant has met their Burden of Proof. The complainant has the sole responsibility (e.g., burden) to prove the allegations. Where it is determined at the pre assessment phase that the complainant has failed to meet their burden, CCCC will not investigate the complaint as harassment. Strictly enforcing the burden of proof can play a practical role in preventing frivolous or vexatious complaints.

During a formal investigation, in order to make a finding of personal harassment, the above elements must be present. If even one of the elements cannot be proven, the complaint will not succeed.

OTHER CRITERIA:

- Reasonability:
    - An integral part of testing whether personal harassment has occurred is assessing whether the harasser knew or ought to have reasonably known their actions could cause a staff member to be humiliated or intimidated.
    - As such, personal harassment can exist even when there is no intention to harass or offend another. The motive behind an act of personal harassment can be of little relevance to the determination of whether harassment occurred.
    - For example, a motive to harm is not needed to support a finding of personal harassment. Harmful conduct that is humiliating and intimidating may be actionable even when the harasser had the best of intentions.
    - This provision is included in the test for personal harassment because inadvertently injuring staff via personal harassment can potentially be no less damaging than an intentional act, especially when an abuse of positional power or status is involved. As such, all staff in the CCCC must always take care to ensure his or her conduct is not harmful to another.

- Both Harassment Types Present:
    - Under some circumstances, the conduct under investigation can fall under the rubric of both harassment types.
    - For instance, sexual Harassment may also have elements of personal harassment.
    - Under these circumstances, the complainant must formally allege both discrimination and personal harassment and the criteria must be met for both.

CONFIDENTIALITY:

Staff obligations during a harassment investigation; all staff entrusted with information to a harassment investigation will be reminded at the earliest investigative stages to uphold the strictest confidentiality.

Those entrusted to information shall not speak to any staff about the investigation, especially staff who may be involved in and/or impacted by an investigation. This obligation is active during an ongoing investigation, after an investigation has concluded and includes any reference to investigation reports or sanctions thereof.

Persons in a legitimate need-to-know whom staff may speak to about an investigation include legal counsel.

It is the responsibility of the affected staff member to ensure all conversations remain confidential.

No identifying information pertaining to a patient/client/resident is divulged.

All allegations of confidentiality breaches will be promptly addressed. A breach of confidentiality is a serious offence; unauthorized disclosures of information may be subject to disciplinary action.

The CCCC will not disclose the name of a complainant, respondent or the circumstances related to the complaint to any person except where disclosure is:

- Necessary for the purposes of investigating the complaint or taking corrective action with respect to the complaint; or required by law.
- Witness interviewed in a harassment investigation will be advised that their identities will not be disclosed in any investigation report or to the Complainant or Respondent except as required by law or to the extent necessary to allow a Respondent a Full Answer and Defense. For the purposes of investigation reports, Witness identities will be de-identified (i.e., Witness A, B, C, etc.).

THIRD-PARTY HARASSMENT INVESTIGATORS:

Third-party harassment investigators are visiting investigators who are retained under contract. Third-party investigators may be required:

- When a conflict of interest is declared by the organization;
- When there is a need for an increased measure of investigative independence;
- When it is anticipated that findings will be relied upon outside the organization (i.e., counter-parties, public enquiries);
- When the matter calls for the application of a very specialized skill-set.
- When there is limited availability of internal resources in relation to the predicted length and scope of a pending investigation.

OTHER OPTIONS FOR REMEDY:

Pursuant to the Regulations, a complainant has a right to file a harassment complaint with the Saskatchewan Human Rights Commission under the Saskatchewan Human Rights Code.

Pursuant to the regulations, nothing in this policy is intended to discourage or prevent a complainant from exercising any other legal rights pursuant to any other law.

Membership

Date Effective: August 2026

Policy Number: A-09

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Parents/Guardians
Board of Directors

POLICY:

Parents/Guardians of children enrolled in the CCCC are encouraged to become members of the co-operative, except in extenuating circumstances.

1. The CCCC, as per its Articles of Incorporation and Bylaws, has space for a minimum of 3 up to a maximum of 8 voting board members which is primarily parents.
    a. Board Members are voted in and serve for a term as designated within the Bylaws.
2. Outside of the Board Members, the CCCC encourages committee participation. This includes being part of meetings and fundraising initiatives.
3. Annual General Meetings will be open for the community to attend.

PROCEDURE:

Staff members cannot purchase memberships nor have the privilege to vote at the Annual General Meetings, unless they have a child enrolled in the centre.

Procedure: Membership (Recognition of Members)

Date Effective: August 2026

Policy Number: A-09-P1

Date Revised:

This policy applies to:
Board Members

PURPOSE:

This procedure is the expected process for the following situations:

- Departing board members, employees, volunteers, or other members of the CCCC community
- Early Childhood Educator Appreciation Day
- Volunteer Appreciation Week
- Holiday Gifts (Christmas only)

PROCEDURE:

1. **Volunteer Appreciation Week (April):**
   - 1.1. The Director and Administrator will track the number of volunteers throughout the year and provide a list to the Board of Directors.
   - 1.2. Recognition of volunteers will be shared in the April CCCC Newsletter and on social media. This recognition does not include any corporate sponsorships that already receive recognition through their donations to the CCCC.
   - 1.3. If budget permits a volunteer appreciation event can be created (i.e., tea with dainties, card and flower, etc.).
2. **Early Childhood Educator Day (May):**
   - 2.1. All staff will be provided a gift at a value of $25 or less with a card recognizing their contribution to the centre.
   - 2.2. Appreciation will be shared in the May CCCC Newsletter and on social media.
3. **Holiday Gifts (December):**
   - 3.1. All staff will be given a small gift as well as a card of appreciation for their contribution to the centre. This is dependent on the budget for the year.

3.2. Staff Holiday Party is to be planned by the Director and Administrator. Any expenses for the party are to be submitted to and approved by the Board of Directors.

Departure of Member:

In appreciation of the time dedicated towards the CCCC and its operations, recognition and gifts will be presented in conjunction to their years of service.

The following steps are taken in regards to a departure:

Step 1: Resignation Notification Received:

- **Employed Staff:** written notice is to be provided to the Director and Administrator.
    - The Director and Administrator will provide notice directly to the Board of Directors.
- **Contract Staff**: are not eligible to receive recognition upon completion of their contract
- **Volunteer Staff:** are not eligible to receive monetary recognition upon completion of their volunteer duties.
    - Volunteers will receive appreciation in the form of shout-outs on social media, CCCC Newsletters, and during Volunteer Appreciation Week.
- **Board of Directors Member**: will provide the Board of Director Chair written notice.

Step 2: Eligibility Review:

When the resignation is received by the Board of Directors, the member's years of service will be reviewed. Determining years of service includes:

- Does include all time off (i.e., statutory holidays)
- Does not include paid or unpaid leave of absences in excess of 6 calendar months
- The most recent date of hire will be used to calculate their years of service.

Step 3: Recognition Overview/Implementation:

Outline for recognition of members based on their years of service:

- *Less than 6 months*: Verbal recognition, thanking them for their contribution. If an employed staff, will have posting in the CCCC Newsletter
- *6 months - 1 year:* A card with verbal recognition. If an employed staff, will have posting in the CCCC Newsletter

- *1 year - 3 years:* A card, $25 gift card, verbal recognition, and posting in the CCCC Newsletter.
- *3 years - 5 years:* A card, $50 gift card, verbal recognition, and posting in the CCCC Newsletter.
- 5 years - 10 years: A card, $75 gift card, verbal recognition, and posting in the CCCC Newsletter.
- 10 years - 15 years: A card, $100 gift card, verbal recognition, and posting in the CCCC Newsletter.
- 15 or more years: A card, $150 gift card, verbal recognition, and posting in the CCCC Newsletter.

Members will be presented with their recognition within 60 days of their resignation date.

Conflict of Interest

Date Effective: August 2026

Policy Number: A-10

Date Revised:

Page: 1 of 4

This policy applies to:
Staff Members
Board of Directors
Volunteers

POLICY:

This policy is created to ensure transparency and accountability in all decisions and activities of the centre. Here, there are clear expectations for identifying and managing actual or potential conflicts of interest among the Board, the Director, the Administrator and other parties of the CCCC.

DEFINITION:

Conflict of Interest: a situation where personal, financial, or other private interests of individuals interfere or appear to interfere with one's ability to make impartial decisions in the best interests of the CCCC.

Types of Conflict:

- Actual: Direct conflict exists between duties and personal interests
- Potential: Conflict could reasonably arise in the future

Family Member: A spouse, common-law partner, parent, child, sibling, grandparent, in-law, or any individual residing in the same household.

PRINCIPLES:

1. All decisions must be made in the best interest of the centre.
2. Transparency is critical to the operations of the centre.
3. Personal interests should never influence official actions or decisions.
4. Bias must be avoided as diligently as actual conflict.

POLICY:

1. **Disclosure of Conflict**:
    1.1. Any individual in the presence of actual or potential conflict of interest(s) are to disclose such conflicts to the Board of Directors
    1.2. The disclosure should be made in writing using the Appendix H: Conflict of Interest Disclosure Form
    1.3. Disclosures will be reviewed by the Board and documented.
2. **Participation in Decision-Making**:
    2.1. Individuals who declare a personal conflict should refrain from all discussions and decisions related to the matter at hand.
    2.2. The removal of individual from discussion should be noted in meeting minutes
3. **Employment, Contracting, and Expenditures**:
    3.1. Board members shall not be employed by the CCCC
    3.2. The Director and Administrator should not hire, supervise, or make financial decisions for any relative or person whom they have close, personal relations with.
    3.3. Any proposed contract or expenditure involving potential or actual conflict should be approved and follow transparency requirements. See policy A-02 for more information.
        3.3.1. When a conflict arises in expenditure decisions, the person shall remove themselves from discussions.
4. **Gifts, Favors, and Benefits**:
    4.1. Individuals should not accept or offer gifts or benefits that could influence or appear to influence their actions or decisions with the CCCC.
    4.2. Small gifts (i.e., cards, holiday gifts, birthdays) under $100 are permitted if not intended to influence decision-making with the CCCC.
5. **Confidentiality**:
    5.1. Confidential, private and sensitive information gained through one's employment must not be used for personal or financial gain.
    5.2. Confidential information is to remain protected even after a person's time with the CCCC.

6. **Reporting Breaches**:
    6.1. Breaches, alleged or actual, will be reviewed by the Board of Directors.
    6.2. Consequences of a breach may include:
        6.2.1. For management/staff: disciplinary action up to and including termination
        6.2.2. For board members/volunteers: removal from the board or volunteer role.
7. **Documentation**:
    7.1. All disclosures and decisions are documented in meeting notes and stored confidentially by the Board of Directors.
    7.2. Written disclosure forms should be kept in a Conflict of Interest Register only accessible to the board, Director, and Administrator.
8. **Annual Reviews**:
    8.1. This policy will be reviewed annually by the Board of Directors, Director, and Administrator.

ROLES AND RESPONSIBILITIES:

1. **Staff:**
    1.1. Disclose any conflicts as soon as they arise to the Board of Directors.
    1.2. Maintain confidentiality of all personal and sensitive information.
    1.3. Act in good faith with the mission, vision, and values of the CCCC.
2. **Director/Administrator:**
    2.1. Disclose any conflicts as soon as they arise to the Board of Directors.
    2.2. Maintain confidentiality of all personal and sensitive information.
    2.3. Act in good faith with the mission, vision, and values of the CCCC.
    2.4. Avoid supervising, hiring, or evaluating relatives or close contacts.
    2.5. Understand and educate staff on this policy.
3. **Board of Directors:**
    3.1. Disclose any conflicts as soon as they arise to the Board of Directors.
    3.2. Maintain confidentiality of all personal and sensitive information.
    3.3. Act in good faith with the mission, vision, and values of the CCCC.
    3.4. Review all conflict of interest written disclosures.
    3.5. Keep documentation of discussions and decisions in meeting minutes.

3.6. Ensure timely resolutions to breaches.

3.7. maintain proper record-keeping of conflicts.

Documents Related to this Policy:

Confidentiality Policy (A-04)

Child Care Licensee Manual (2015)

Records Management

Date Effective: August 2026

Policy Number: A-11

Date Revised:

Page: 1 of 3

This policy applies to:
Staff Members
Board Members

PURPOSE:

The ability to properly obtain, retain, and disclose records related to the CCCC and its operations is vital to the maintenance of organization and standards that are expected of operational childcare centres.

This policy ensures compliance with the *Child Care Act (2014), Child Care Regulations (2015), Health and Information Protection Act (HIPA)*, and *Canada Revenue Agency (CRA).*

POLICY:

Daily operations of the CCCC include the holding of information such as staff member/volunteer/board of director records, child and family records, financial records, and administrative and program records.

DEFINITION:

Record: obtained information that is maintained in any form (physical or online, recorded or photographed) that documents the activities and operations of the CCCC.

PROCEDURE:

1. **Creation and Collection:**
    1.1. All records collected by the CCCC must be accurate, complete, up-to-date, and relevant to the CCCC operations. Staff are to follow the *Child Care Regulations (2015)* when creating and maintaining staff, child, attendance, and health records.

2. **Access and Security:**
    2.1. Records are limited to authorized staff and on a need-to-know basis.
    2.2. Electronic methods must have their own unique logins for the Lillio app.
3. **Retention and Disposal:**
    3.1. Retention of records is based on legal requirements, operational needs, and best practice.
    3.2. For Disposal Schedules, see Appendix G for the informational chart.
    3.3. When records reach their retention timeline and are set for disposal, records are to be securely disposed in accordance with established procedures (i.e., shredding, deletion).
4. **Monitoring Compliance:**
    4.1. The Director and Administrator will conduct regular reviews of record-keeping practices to ensure compliance with this policy.
    4.2. As part of licensing requirements, the Ministry of Education, Early Years Branch Consultant completes annual reviews on record-keeping standards.
    4.3. Any areas of improvement with following this policy are to be corrected quickly and efficiently.
5. **Reporting and Documentation:**
    5.1. The centre shall comply with all relevant laws, policies, and regulations around documentation and record-keeping including child protection laws, privacy regulations, and financial reporting requirements.
    5.2. Records shall be organized and accessible for audits, inspections, and legal purposes, as needed.
6. **Review and Revision:**
    6.1. This policy is reviewed annually, both in compliance at the centre and within this policy document.
    6.2. Revisions will be made as needed to address changing practices and legal requirements.

ROLES & RESPONSIBILITIES:

1. **Staff:**
    1.1. Familiarize with record-keeping requirements and ensure their compliance with this policy.

1.2. Report any concerns regarding compliance with these practices to the Director or Administrator.

2. **Director/Administrator:**

2.1. Ensure the centre is operating in compliance with this policy and follow-up with any concerns.

2.2. Provide guidance, support, and communication to team members on record-keeping.

2.3. Conduct reviews to assess compliance with record-keeping.

2.4. Maintain relations with Ministry Consultant, agencies, and consultants and address any concerns.

2.5. Retain all records in a confidential manner and follow retention timelines, as well as proper disposal methods.

3. **Board of Directors:**

3.1. Review, approve, and update policies to ensure compliance with record-keeping.

3.2. Review reports and updates from the Director/Administrator and address any concerns.

3.3. Provide insight and guidance on record-keeping practices, as required.

Documents Related to this Policy:

Child Care Act, 2014

Child Care Regulations, 2015

Child Care Licensee Manual, 2015

Board of Directors

Bylaws

Date Effective: August 2026

Policy Number: B-01

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Board Members

POLICY:

In accordance with the Cooperative Act and Bylaws of the Choiceland Cooperative Childcare Centre, all operations and decisions are made.

PROCEDURE:

1. Bylaws of the CCCC are to be adhered to and made in accordance with the Cooperatives Act.
2. The CCCC Bylaws are reviewed annually to maintain effectiveness and updates prevalent to the centre and its operations.

Care of Children

Enrolment

Date Effective: August 2026

Policy Number: C-01

Date Revised:

Page: 1 of 3

This policy applies to:
Parents/Guardians
Staff Members
Board of Directors

POLICY:

As a government licensed and subsidized child care centre, the Choiceland Cooperative Childcare Centre enrols 36 full-time child care spaces at its location for infant, toddler, and preschool spaces.

The CCCC also runs a Before-and-After School Program at William Mason School. This program is unlicensed and not subsidized by the government and has a capacity of 15 children.

As such, the management team (director, administrator and Board of Directors) operates and maintains the waitlist in the best interest of the centre itself.

PROCEDURE:

1. **Waitlist Submissions**:
    1.1. Within the CCCC website, there is a Waitlist Form. This must be completed and submitted online by parents/guardians to be placed on the waitlist.
    1.2. The provided information must be accurate and complete. Incomplete submissions are not added to the waitlist.
    1.3. Parents/guardians are responsible for keeping their waitlist information up-to-date. If any information such as contact information, requested start date, and child details change, they must notify the centre via email as soon as possible.

1.4. If unable to access the online form, parents/guardians must contact the centre Director or Administrator for assistance.

2. **Waitlist Administration and Priority**:

2.1. When a waitlist form has been submitted, it is filed on a comprehensive spreadsheet. Priority for a space is determined by the following: submissions date, age group and space availability for that group, full-time > part-time > casual space request. (> = "has priority over").

2.2. School-aged spaces are accepted through the same waitlist but priority for a space is determined only by submission date and space availability.

3. **Wait Times**:

3.1. Upon the start of a waitlist, new spaces become available when a family leaves the centre. Only once withdrawal is confirmed a space can be opened for the first child on the waitlist that meets the above criteria.

3.2. The CCCC is unable to determine an exact timeline for entry. We recommend getting onto the waitlist as soon as possible. The CCCC does not accept submissions prior to becoming pregnant.

4. **Notification of a Childcare Space**:

4.1. Parents/Guardians: please ensure contact information for the waitlist is kept up-to-date so you can be reached when a space is available.

4.2. The management team will call or email you when a space is available.

4.3. You must respond with a confirmation of acceptance within 2 business days. If we do not hear from you within this timeframe, the space will be offered to the next available candidate.

4.4. Your child remains on the waitlist until they age-out of the program, you request to be removed from the waitlist or there have been 3 unsuccessful attempts to contact you.

4.5. Parents/Guardians are given 3 business days, after the date of official confirmation of acceptance, to pay the non-refundable registration fee. If families fail to do so, their position will be revoked. Please see policy C-01 for Parent Fee Structure and more information on fees and fee structures.

5. **Updating Family Information**:

5.1. If you need to adjust your originally requested start date or contact information, please do so by contacting the centre at choicelandchildcare@gmail.com.

Child Management

Date Effective: August 2026

Policy Number: C-02

Date Revised:

Page: 1 of 1

This policy applies to:
Parents/Guardians
Staff Members
Board of Directors

POLICY:

The CCCC stands by the belief that children have the right and need consistent behavioural expectations. Children need to know what expectations are, why expectations are set, and the consequences of not complying with the expectations. These expectations are to remain consistent and upheld.

The child management at the CCCC consists of:

- A belief that children need and want limits within firm but gentle care.
- Helping children meet their own individual needs while also working towards self-control/regulation is of utmost importance.
- The safety of children, which they will sometimes need to be protected from others, themselves, and staff. Staff will step in and provide this protection.
- An ability to remain alert to problems in order to find solutions quickly.
- Staff remain calm when dealing with a child or a situation involving children and staff.

The following practices are not permitted methods of child management with respect to a child receiving care in the CCCC facility.

- Corporal punishment
- Physical, emotional, or verbal abuse
- Denial of necessities such as food, shelter, medical care,
- Isolation
- Inappropriate physical or mechanical restraint

Procedure: Child Behaviour Reporting

Date Effective: August 2026

Policy Number: C-02-P1

Date Revised:

Page: 1 of 4

This policy applies to:
Staff Members
Parents/Guardians

PURPOSE:

Behaviour reporting is critical to ensure timely and comprehensive reporting of minor injuries, biting, unusual occurrences, and behaviour-related events is followed. Procedures for reporting support compliance with the *Child Care Act, 2014*, the *Child Care Regulations, 2015*, and the *Child Care Licensee Manual*.

PROCEDURE:

1. **Who Fills Out the Report and When:**
   - 1.1. All reports must be filled out by the staff with the most information on the incident/behaviour.
   - 1.2. Forms must be filled out as soon as it is safe to do so or at minimum, prior to end of shift.
   - 1.3. Confide in the Director and Administrator for help with completing the form within the day.
2. **All Reports Must**:
   - 2.1. Be reviewed with the parent/guardian at pick-up (regardless of if they have been notified prior to pick-up or not)
   - 2.2. Be signed by: the parent (acknowledging they have been informed), staff member, Director or Administrator, and Board of Director Chair (if applicable).
   - 2.3. Have the original copy remained with the centre and an image posted to the Lillio app for a parent copy.
   - 2.4. Be reviewed and completed in its entirety.
   - 2.5. Stored by the Director or Administrator in the child's personal file.

3. **Consultation with Parents**:
    3.1. Parents/guardians will be notified as soon as possible after any reportable incident.
    3.2. Minor injuries will be reported to parents at pick-up unless the child remains unsettled.
    3.3. ABC, injury, or unusual occurrence reports will conclude with immediate discussions with parents and intervention plans made between staff and the parents.
4. **Filing & Retention**:
    4.1. All reports must be stored in a child's personal file, as per policy Records, Child - Policy A-01.
    4.2. Reports are accessible only to authorized personnel.
    4.3. The Director and Administrator periodically review files to ensure compliance with relevant regulations.
5. **Monitoring & Follow-Up**:
    5.1. Only as needed, staff members will review reports, check-in with parents, and update behaviour plans to identify patterns or recurring issues.
    5.2. The Director and Administrator provide support for additional interventions as needed.

TYPES OF REPORTS:

1. **ABC Behaviour Tracking Reports:**
    1.1. *Definition*: Antecedent-Behaviour-Consequence (ABC) documentation in relation to a child's recurring behavioural issues. This helps identify triggers (antecedents), the behaviour itself, and resulting consequences.
    1.2. *Use*: This report must be used to document recurring behaviours that need an assessment for the behaviours triggers, behaviour itself, and consequences.
        1.2.1. Repeated disruptive behaviour (i.e., tantrums, refusal to participate/follow direction)
        1.2.2. Intentional aggression (i.e., hitting, biting, spitting, fighting)
        1.2.3. Withdrawal or avoidance
        1.2.4. Sudden changes in behaviour (i.e., anxiety, self-harming tendencies, etc.)

1.3. *Documentation*: Record what happened prior to the behaviour (antecedent), the behaviour itself, and consequences (what happened after the behaviour). This information is used by staff to aid in behaviour modification strategies.

2. **Bite Incident Reports:**

2.1. *Definition*: documents a biting incident that breaks the skin. These are completed and sent to Public Health. If the biting incident breaks skin, the staff member will contact Public Health for additional guidance.

2.2. *Use*: This report is used when a child bites another individual and skin is broken as a result.

2.3. *Documentation*: The report is provided to Public Health, the parent of the child who bit and the parent of the child who was bit. If a bite was intentional or is recurring, an ABC Report will be completed.

3. **Minor Injury** *(Reference Saskatchewan.ca Appendix J):*

3.1. *Definition*: To document minor injuries that do not require professional medical attention but rather, can be managed by CCCC staff members.

3.2. *Use*: Completed when a minor injury that does not require additional medical attention has occurred. For example, minor cuts, abrasions, or bruises, bites and stings (wasps/bees/bugs), small burns (sunburns, etc.), a child is visibly upset, crying or withdrawn, or physical altercation (pushed or excluded repeatedly).

3.3. *Documentation*: Reports must include a description of the incident, response from staff, any actions taken, and the follow-up. Saskatchewan.ca.minor injury report form.

4. **Injuries / Unusual Occurrence Reports (Appendix K):**

4.1. *Definition*: A report to document any unusual or unexpected incidents, accidents, or injuries that require medical treatment or significant attention. These reports aim to have clear documented accounts of the incident to ensure proper follow-up and prevention.

4.2. *Use*: Must be completed upon an injury of occurrence that requires further attention or medical assistance.

4.2.1. To be used in the case of a broken bone, allergic reaction or deep cut, an unauthorized person picks up a child from the centre, a child becomes lost or is found in an unsafe environment, inappropriate sexual or physical play, suspected child abuse or neglect, or death of a child.

4.3. *Documentation*: Reports should be well-detailed and include observations and actions of staff.

4.3.1. Staff may be asked to complete individual reports.

4.3.2. The Board of Director Chair must be notified of every report made.

4.4. *Regulatory Compliance*: In the event of this report, the CCCC must:

4.4.1. Immediately notify the parent/guardian and/or emergency contact (if cannot get ahold of parent),

4.4.2. Within 24 hours, notify the Early Years Consultant

4.4.3. Within 7 days, Director and Administrator will complete a report supplied by the ministry and submit to ministry (if requested)

4.4.4. The Director and Administrator will consult with staff and create a plan to address incidents and prevent future occurrences.

4.4.5. Short- and long-term measures may be implemented if necessary.

5. **Other Reports:**

5.1. *Definition*: Additional documents required for specific behaviours, incidents, or situations, not otherwise addressed with one of the above reports.

5.2. *Use*: When no other report fits, this report is completed. Instances may include specific accommodations or interventions required for a child and concerns about potential abuse or neglect

5.3. *Documentation*: Reports are to include all facts and actions taken, including communication with staff, parents/guardians, or external agencies, if necessary.

See Appendix I: ABC Reporting, Appendix: J: Minor Injuries, and Appendix K: Injuries and Unusual Occurrences for reporting templates.

Supervision

Date Effective: August 2026

Policy Number: C-03

Date Revised:

Page: 1 of 5

This policy applies to:
Parents/Guardians
Staff Members
Board of Directors
Volunteers

POLICY:

The CCCC believe that well planned, age/interest-appropriate excursions complement programming as they can support the learning and development of children.

When on an excursion, the safety of the children is of prime concern, and the staff to child or adult to child supervision ratios must be met as in accordance with Section 54 of The Child Care Regulations Act, 2015.

PROCEDURE:

All excursions must be approved by the Board of Directors a week prior to the event and must be noted in the board minutes. The Director of the Daycare must inform staff of any planned outing as far in advance as possible. All Field trips must be reviewed by the Director, approved by the Board, and ensure the following.

1. To ensure that children attending CCCC are adequately supervised by a child care worker at all times.
2. To provide children with indoor and outdoor learning environments that are positively and actively supervised in order to maintain their safety, individual needs, and their curiosity to learn and explore. We believe that supervision is the most important element in the safe provision of child care.
3. Supervision of children shall be provided in compliance with The Child Care Regulations, 2015.
4. To ensure that the minimum staff to child ratio, as outlined the The Child Care Regulations, 2015, Part IV. Division 2: Supervision is maintained at all times.

5. To be in close proximity to children's play and continuously monitor, scan, and count all children in care.
6. To communicate to each other before changes in supervision occur.
7. To track enrollment and attendance on an on-going basis.
8. To indicate in the designated area all children in attendance at all times when in the classroom. Ie: whiteboard, clipboard, tablet etc.
9. To do a head count before and after all supervision transitions.
10. To ensure families sign children in and out of the program.
11. To be aware of unsafe play and stepping in to redirect play towards a safer, positive direction.
12. To know the capabilities and limits of each child in their care.
13. To use direct supervision with those children that require extra support for safety.
14. To use clear, consistent, and simple safety rules that all ages of children can understand and follow.
15. To eliminate any potential hazards and to create "off limit" zones for areas that are deemed unsafe.
16. To position oneself strategically in order to be a presence and also in close proximity to step in quickly if necessary.
17. To position oneself in a manner that allows one to be able to scan and move around the environment easily while being aware of the group as a whole and to anticipate potential trouble spots.
18. To use positive guidance methods and redirection in order to make the environment successful and inclusive for each child.
19. To arrange the environment to that one can see all areas of the environment
20. To be available to children to facilitate negotiation, problem solving, turn taking, and other conflict resolution techniques.
21. To be available to support children's learning by answering questions, modeling, positively commenting and facilitating questions back about what the children are doing.
22. To be able to assist children if they need to leave the environment to use the washroom while maintaining the staff to child ratio, as outlined in The Child Care Regulations, and the child's privacy.

23. To maintain scanning position when talking with children, families, and fellow educators.
24. To never leave children unattended at any time, even in emergency situations.
25. To plan and prepare activities and experiences at a time when children have appropriate supervision and will not be left unattended to do so.
26. To post the group's destination, time left, approximate time of return, and the number of children in attendance on the designated white board outside of the classroom or another mutually designated location.
27. To ensure that the children attending the facility are cared for in groups of children within a single age category unless the licence specifies that children attending the facility may be cared for in groups of mixed age categories

Maximum Group Size

1. The CCCC must ensure that the number of children cared for in a group while they are indoors in a centre does not exceed the maximum group size set out in subsection (2) or (3).
2. If the children in a group are all within a single age category, the maximum group size is:
    a. 6 in the case of infants
    b. 10 in the case of toddlers
    c. 20 in the case of preschool children
3. If the licence authorizes a centre to provide care to children in groups containing more than one age category during the majority of the centre's operating hours, the maximum group size is the maximum number of children that can be cared for by two child care workers, applying the staff-to-child ratio determined in accordance with subsection 5.
4. The maximum group size does not apply:
    a. Before 9:00am
    b. During the last hour of operation in a day
    c. During meal times
    d. During nap times for children who are resting; or
    e. During special activities such as parties or concerts.

cC-7.31 Reg 1 s51

Supervision at Centres

1) Subject to subsection (2), the centre must ensure that there are at least two persons present while children are in attendance, of whom one is a child care worker and one other person is at least 16 years of age, who meets the requirements of child care workers at a daycare center as set out in The Child Care Regulations 2015 section 41 and 42. (Below)
2) If there are fewer than nine children in attendance at a centre, and not more than three of those children are infants or toddlers, there may be only one child care worker present at the centre if:
    a) the staff-to-child ratio does not exceed the ratio set out in subsection (5); and
    b) the licensee has made arrangements for the provision of an additional individual in the event of an emergency.
3) The licensee of a centre must ensure that, while children are in attendance, the number of child care workers present at the centre is not less than the number required by the applicable staff-to-child ratio set out in subsection (4) or (5).

Centre director and supervisor:

41(1) A licensee of a centre must appoint:

(a) a centre director to be responsible for the day-to-day operations of the centre; and

(b) a supervisor to act in place of the centre director in the centre director's absence.

(2) A licensee of a centre must ensure that an individual who is appointed as a centre director:

(a) is at least 18 years of age; and

(b) subject to subsection (4), meets or exceeds the qualifications of an early childhood educator III.

(3) A licensee of a centre must ensure that an individual who is appointed as a supervisor:

(a) is at least 18 years of age; and

(b) meets or exceeds the qualifications of an early childhood educator I.

(4) An individual who was appointed as a centre director before July 1, 2001 is not required to meet the qualifications of an early childhood educator III,

but he or she must meet, as a minimum, the qualifications of an early childhood educator II.

(5) A licensee of a centre must ensure that each individual who is appointed as centre director or supervisor participates in at least 6 hours per year of continuing education that is acceptable to a program consultant.

22 May 2015 cC-7.31 Reg 1 s41; 1 Aug 2025 SR 60/2025 s18.

Child care workers:

42(1) A licensee of a centre must ensure that all child care workers employed in the centre are at least 16 years of age.

(2) A licensee of a centre must ensure that:

(a) any person who commenced employment in the centre as a child care worker before January 1, 2002 and who continues to be employed in the centre as a child care worker for 65 hours or more per month completed, within six months of commencing employment, an orientation course for child care workers offered through the Saskatchewan Polytechnic or an equivalent orientation or training course;

(b) all persons who commence employment in the centre on or after January 1, 2002 as child care workers for 65 hours or more per month meet or exceed the qualifications of an early childhood educator I;

(c) 30% of the persons employed in the centre as child care workers for 65 hours or more per month meet or exceed the qualifications of an early childhood educator II;

(d) in addition to the persons mentioned in clause (c), a further 20% of the persons employed in the centre as child care workers for 65 hours or more per month meet or exceed the qualifications of an early childhood educator III; and

(e) each child care worker employed in the centre participates in at least 6 hours per year of continuing education that is acceptable to a program consultant.

(3) In calculating the percentages mentioned in clauses (2)(c) and (d), the centre director and any supervisors are to be included.

22 May 2015 cC-7.31 Reg 1 s42;
6 Apr 2018 SR 21/2018 s3;
1 Aug 2025 SR 60/2025 s19.

Equipment - Furnishing and Play

Date Effective: August 2026

Policy Number: C-04

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Board Members
Parents/Guardians

POLICY:

All furnishings and equipment within the centre are either supplied by the centre or donated under best interests of the centre.

PROCEDURE:

The centre shall provide equipment and furnishings, both indoor and outdoor, that are:

- sized appropriately for independent and safe use by children
- non-toxic and washable
- are quality products that reflect developmentally appropriate capabilities of children
- within sufficient quantities for the number of child care spaces utilized

The Indoor Play Area must:

- A minimum of 3.7 meters of usable floor area for each licensed child care space;
- A sleeping area of at least 2.3 meters that is separate and apart from the usable floor area for each infant child care space.

The Outdoor Play Area must:

- The centre must provide a safe outdoor play area of at least 7 square meters per licensed child care space.

Programming

Date Effective: August 2026

Policy Number: C-05

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Parents/Guardians
Board Members

POLICY:

Programming within the Choiceland Cooperative Childcare Centre is to be developmentally appropriate and age-appropriate for each age category within the centre.
Staff are responsible for creating and implementing programming (activities, excursions, etc.) fit for the children.

PROCEDURE:

Daily/weekly program plans should be created for each room (age category) by the staff assigned to each room. These program plans shall be created on Lillio, clearly outlining plans for the day.

Daily plans should include the recommended minimum for outdoor play, engaging activities, and opportunity for free play.

Daily plans are expected to be primarily outdoor and experiential based, with alternative plans when weather is poor. The CCCC promotes and expects learning in nature to be a vital and large part of children's stay at the centre.

Programming - Outdoor Activities

Date Effective: August 2026

Policy Number: C-06

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Board Members
Parents/Guardians
Volunteers

POLICY:

Outdoor play is critically important for development and thus, children are taken outside everyday. The CCCC prioritizes outdoor and experiential learning and thus, the expectation is that children spend more time outdoors than indoors.

PROCEDURE:

Children are taken outside for a minimum of 1 hour daily, as long as the weather permits. In the case of good weather, staff should plan for additional outdoor time (i.e., increasing to 1 hour 15 minutes, an extra time slot of outdoor time, etc.). On days where the weather is nice, it is expected that time outside well exceeds the minimum one hour per day.

Weather that stretches below -20 C with the windchill and above +30 C will permit shortened outdoor time and additional precautions (i.e., reduced time outside, only time in the shade, or no outdoor time that day, etc.)

Parents/guardians are responsible for providing seasonally appropriate clothing that is labelled with the child's name.

If the child has recurring medical conditions that prevent them from participating in outdoor activities, the child(ren) will remain inside. A doctor's note outlining that medical conditions and circumstances in which a child should be kept inside must be provided.

Outings - Neighbourhood Walks

Date Effective: August 2026

Policy Number: C-07

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Board Members
Parents/Guardians
Volunteers

POLICY:

Neighbourhood walks take place in the area surrounding the child care centre. They begin and end at the daycare, with no designated destination. Distance is determined based on appropriate walking distance of the youngest age group participating. Neighbourhood walks do not include walking children to school.

PROCEDURE:

Route and contact information are to be posted at the daycare prior to departure.

Staff must take a first aid kit, a written list of names of the participating children, and an emergency contact list. At least one child care worker must be present.

The number of child care workers must meet the staff-to-child ratio while on a walk in the neighbourhood with a group of children in a **single age category:**

1:2 infants

1:3 toddlers

1:6 preschool children

1:10 school-age children

The staff-to-child ratio while on a walk in the neighbourhood with a group of children containing **more than one age category** must be 1:10, where the number of children is determined by the following:

1 infant = 5 children

1 toddler = 3 children

1 preschool child = 1.5 children

In larger groups, children should be subdivided into smaller groups with the objective of one staff to be aware of the whereabouts of those children at all times.

Outings - Excursions

Date Effective: August 2026

Policy Number: C-08

Date Revised:

Page: 1 of 2

This policy applies to:
Staff Members
Board Members
Volunteers
Parents/Guardians

POLICY:

Excursions are outings away from the CCCC centre that have a planned destination or activity. They may include, but are not limited to a community event, a park or library. They do not include neighbourhood walks.

PROCEDURE:

Prior to an excursion, a risk assessment must be conducted by the licensee. *(Refer to the Excursion Risk Assessment Form found in the Appendices)* During this assessment, it will be deemed whether the *Special Excursion Consent* form, signed by the parents, is required.
(see Appendix L - Risk Assessment Excursion)
(See Appendix M - Excursion and Transportation Consent)

The board of directors/operator/licensee approves excursions and determines if hazards are involved. (ex. Activities in or near water, crowded areas, walks involving busy streets,). The presence of hazards determines proper staff/adult-to-child ratios for the outing. (See Appendix N - Special Excursion Consent)

The Director or designate is to make arrangements for transportation at least 24 hours in advance of an excursion, a notice to parents is posted which includes: names of children involved, names of staff involved, trip location, departure and return times, method of transportation, supplies required of parents.

Route and contact information are to be posted at the daycare prior to departure.

Staff must take a first aid kit, a written list of names of the participating children, and **at least two adults MUST be present, including at least one childcare worker.**

1. The licensee of a centre must ensure that if a group of children are on an excursion away from the center at least one childcare worker and one adult, or two childcare workers are present to care for the group of children on the excursion, always keeping in mind to consider the location and activities involved in the excursion.
2. The licensee of the centre must ensure that while children are on an excursion away from the centre:
    a. The number of child care workers who are present to care for the children meets the staff to child ratio are as follows:

        1:3 in the case of infants
        1:5 in the case of toddlers
        1:10 in the case of preschool children

    b. The adult to child ratio that applies with respect to a group of children in a single age category while they are on an excursion away from the centre are as follows:
        2:3 in the case of infants
        2:5 in the case of toddlers
        2:10 in the case of preschool children

3. The staff to child ratio that applies with respect to a group of children containing more than one age category while they are on an excursion away from the centre is 1:15 where the number of children is determined in accordance with the following.
    a. one infant is equivalent to 5 children
    b. One toddler is equivalent to 3 children
    c. One preschool child is equivalent to 1.5 children
    d. One school age child is equivalent to 1 child

NOTE: The adult to child ratio that applies with respect to a group of children containing more than one age category while they are on an excursion away from the centre is 2:15, where the number of children is determined in accordance with above clauses 3a to d.

Sun Safety

Date Effective: August 2026

Policy Number: C-09

Date Revised:

Page: 1 of 2

This policy applies to:
Staff Members
Board Members
Parents/Guardians
Volunteers

POLICY:

The center will make best efforts to protect children from the adverse effects of ultraviolet radiation from the sun.

Saskatchewan child care facilities must implement sun safety policies, including restricting outdoor play during peak UV hours - typically 11:00 am to 3:00 pm. Ensuring consistent application of SPF 30+ sunscreen, providing shaded areas & requiring hats and protective clothing.

PROCEDURE:

It's essential to work closely with parents to create a safe environment to create a safe environment that minimizes exposure to harmful rays.

Incorporate Sun Safety into Daily Routines - Sun Safety should become a regular part of a daycare routine.

1. Pre-Outdoor Routine: Establish a habit before heading outside.
    a. Check the UV index daily. This is especially important on days with higher UV ratings between April and September. On days with a UV rating of 6 or greater or a temperature of 30 degrees or greater, outdoor time will not occur.
    b. Sun screen is applied on children.
        i. Ensure consistent application of SPF 30+ sunscreen;
    c. Children are dressed in protective clothing.
    d. Hats and sunglasses are put on.

2. Monitor Sun Exposure: Keep track of how long children are outside.
    a. Break up long periods of sun exposure with breaks indoors or in the shade.
3. Water and hydration: Remind staff to provide plenty of water breaks throughout the day to keep children hydrated. Dehydration can happen quickly in the heat, so it's important to stay vigilant, especially when spending time outdoors.

KEY REQUIREMENTS:

A. Sunscreen usage - Obtain written permission from parents for sunscreen use. Apply SPF 30 or higher broad spectrum sunscreen 30 minutes before going outside and reapply every 2 hours or sooner in presence of sweating or exposure to water. Apply using the quantity indicated on the product bottle and ensure expiration date has not passed.
    a. Storage of sunscreen/sunblock should be in a cool, dry and accessible location.
B. In the case of allergies, parents will be required to sign a waiver and to provide a sunscreen of their choosing.
C. Staff training will be implemented for sunscreen use.
D. For children over 6 months, written permission will be needed for sunscreen application.
E. Water must be supplied and encouraged to prevent dehydration or sun illness.
F. Ensure Center staff role model optimal sun protection behaviour by also wearing sun protection (ie., sunglasses, hat, sunscreen/sunblock application).
G. Staff should be aware of the day's hourly weather forecast (temperature and UV index) for the time that is planned to be outdoors.

See Appendix O on sun safety guidelines

Nap Time

Date Effective: August 2026

Policy Number: C-10

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Volunteers
Parents/Guardians
Board Members

POLICY:

Nap or rest time will be available for toddlers and pre-school children daily

PROCEDURE:

Children will be put down to rest between 12:30pm and 2:30pm daily.

- Upon request from the parent or guardian, the child will be woken at a designated time.
    - Some parents may request that their child be allowed to sleep for a longer amount of time. The CCCC will try to make this happen if:
        - Child/staff ratios can be maintained
        - Not more than 3 hours shall elapse between meal or snack.
- A cot or sleeping mat will be provided
- Parents will provide a blanket and pillow.
- Infant naps will be determined according to the parent's desired schedule.

Date Approved:_____

Approved By:_____

Date Reviewed:_____

Parent Responsibilities & Parent Handbook

Date Effective: August 2026

Policy Number: C-11

Date Revised:

Page: 1 of 1

This policy applies to:
Parents/Guardians
Staff Members
Board Members

POLICY:

The Choiceland Cooperative Childcare Centre will act accordingly with the Saskatchewan Cooperative Act and the Bylaws of the CCCC.

PROCEDURE:

Children must be picked up by the posted closing time of the Daycare Centre. Parents should realize that the CCCC is required to pay overtime wages when parents are late. **The daycare charges an overtime fee of $5.00 per minute, per child, past the centre's closing time.** The parents will receive a letter indicating how many late pickups have occurred. After the third late pick up the child will be removed from the daycare. If the daycare has not heard from the parents or emergency contacts within 30 minutes of the posted closing time, the Department of Resources will be contacted to come and apprehend the children.

Date Approved:_____

Approved By:_____

Date Reviewed:_____

Smoking

Date Effective: Augst 2026

Policy Number: C-12

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Board Members
Parents/Guardians
Volunteers

POLICY:

Smoking is not permitted in the CCCC building or grounds.

PROCEDURE:

Smoking is not permitted in the presence of children on the daycare premises, including outdoor play areas, or on excursions away from the premises. Smoking is prohibited within the children' s vision.

Records - Child

Date Effective: August 2026

Policy Number: C-13

Date Revised:

Page: 1 of 2

This policy applies to:
Staff Members
Board Members
Parents/Guardians

POLICY:
To establish best practices to manage, retain and dispose of records.

PROCEDURE:
The CCCC must keep records with respect to each child attending the facility. Records must be kept for a period of 2 years after the child ceases to attend the facility.

The required records must include:

1. The child's name and date of birth
2. The names, addresses and telephone numbers of:
   - 2.1. The child's parents.
   - 2.2. Any person designated by a parent as a person to be contacted in an emergency if the parent is unavailable.
   - 2.3. The child's medical practitioner. Any allergy, illness or other medical condition disclosed by the child's parent or medical practitioner.
3. The child's immunization status.
4. Any medication authorization provided by the child's parent and any record of medication administered in the section under medication (*See Appendix V: Child's Health Resume)*.
5. Any authorization provided by the child's parent for
   - 5.1. An excursion not involving transportation of the child - See Policy C-08 - Excursions
6. Any report required by the section of injuries and unusual or unexpected occurrences involving a child *(See Injuries and Unusual Occurrences Form)*
7. The agreement for services entered into by the licensee and the child's parent.

Attendance Records:

1. The CCCC must keep complete and accurate monthly child attendance records for the facility on a form supplied by the ministry *(See Monthly child attendance form)*
2. Obtain, on the records mentioned in clause (a), the signature of the parent of the parent of a child attending the facility to verify, on a monthly basis
   - 2.1. The hours and days of the child's attendance at the facility;
   - 2.2. The facility fee charged and the parent fee payable with respect to the child's attendance at the facility;
3. If requested by the ministry, the CCCC must provide the records maintained in accordance with clauses (a) and (b) within the timeframe set by the ministry.
4. INFORMATION FOR PARENTS: The CCCC must make the following records available to the parents of children attending our facility:
   - 4.1. The Child Care Act, 2014 and Child Care Regulations, 2015
   - 4.2. The Weekly Program of Activities as planned on Lillio.
   - 4.3. The licensee's fee schedule;
   - 4.4. Any other materials that the Director may require.

Transportation Services

Date Effective: August 2026

Policy Number: C-14

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Board Members
Parents/Guardians

POLICY:

1. Parents/guardians can request permission for their child(ren) to walk to WMS through a completed Liability Release Form for Children Walking to School; (Appendix P)
2. In all walking situations students should: dress appropriately for the weather, including wearing warm clothing and rain gear.
    a. Practice pedestrian safety by obeying traffic rules, sidewalk safety/pedestrian safety such as walking with a buddy or in a group whenever possible.
    b. If a child uses assistance when walking (ex. Bike, skateboard etc.) it is recommended that they adhere to all safety equipment, such as a helmet, knee pads, elbow pads, etc. During the operation of those tools the CCCC is not liable for any items that may be lost or stolen.
3. The CCCC makes the following recommendations related to walking:
    a. Favorable Weather Conditions: Students are encouraged to walk to school in favourable weather conditions. Students should dress appropriately for the weather and practice pedestrian safety;
    b. In cases of incremental weather, school or use of alternative transportation. The CCCC will respect the decision of parents/guardians in such cases.

Illness & Communicable Disease

Date Effective: August 2026

Policy Number: C-15

Date Revised:

This policy applies to:
Staff Members
Parents/Guardians
Volunteers
Board Members

PURPOSE: To outline clear guidelines for managing illness and communicable diseases at the CCCC. Our approach emphasizes prevention, early identification, and appropriate response to illness. By implementing these practices, CCCC aims to protect the health and safety of all children, staff, and families and minimize disruptions to daycare operations.

This policy is supported by two related procedures:

- Illness: Sick Child Procedure (C-15-P1)
- Communicable Disease and Pandemic Procedure (C-15-P2)

POLICY: The CCCC is committed to maintaining a safe and healthy environment through the following measures:

- **Immunizations and Vaccinations:** Encouraging all staff, parents/guardians, and children be up to date with their immunizations and vaccinations, including the yearly flu shot.
    - Flu shots are offered annually in Saskatchewan.
- **Hand Hygiene:** Promoting regular hand washing and sanitizing for both staff and children *(See Sanitation, Disinfection and Infection Control Policy (H-02).*
- **Mask-Friendly Environment:** Allowing masks for anyone symptomatic or as a preventative measure.
    - Masks will be provided to staff as part of Personal Protective Equipment (PPE) and to children ages 3 and older with written parental consent.
- **Cleaning and Sanitization:** Daily cleaning routines that focus on high-touch surfaces.

- **Monitoring Health Trends:** Staff and parents/guardians should report any illness trends or exposures (ex. Multiple children absent due to illness) to help identify potential outbreaks early.
- **Self-Monitoring and Isolation:** Staff and parent/guardians should stay home if feeling unwell and cannot reduce the exposure risk with personal protective equipment (ex. Mask, additional hand hygiene) or if exposure to a contagious disease (ex. Measles) was confirmed.
- **Stay Informed**: Stay up to date with guidance from trusted health sources such as the Public Health Agency of Canada or your local Public Health authority.
    - Public Health guidelines will always take precedence over this policy, if applicable.

All team members are expected to adhere to these practices to maintain a healthy environment.

1. Roles and Responsibilities

1.1 Staff

- Monitor children for signs of illness throughout the day.
- Follow illness response procedures, including isolation and notifying parents.
- Maintain confidentiality of health information
- Adhere to enhanced cleaning protocols
- Report illness trends to the Director

1.2 Parents/Guardians

- Conduct daily health checks of child(ren) before daycare.
- Keep children home when they exhibit symptoms of illness and meet the exclusion framework.
- Pick up child(ren) promptly if notified of illness during daycare hours.
- Provide updates on the child's health and follow public health recommendations
- Have a backup childcare plan for situations like daycare closures due to illness.

1.3 Director

- Ensure all staff are trained on illness procedures and protocols
- Communicate updates and public health recommendations to staff and families
- Make operation decisions based on illness trends and public health guidance
- Support staff and enforce policies to maintain a safe childcare environment

- Understand, train, educate, and enforce this policy to team members
- Follow-up on concerns brought forward related to this policy

1.4 Board of Directors

- Assist the Director in maintaining a safe environment
- Provide oversight and guidance on illness related issues, as required.

2. Documents that relate to this content.

- *Child Care Act, 2014*
- *Child Care Regulations, 2015*
- *Child Care Licensee Manual, 2015*

Procedure: Illness - Sick Child

Date Effective: August 2026

Policy Number: C-15-P1

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Parents/Guardians
Volunteers
Board Members

PURPOSE: This procedure outlines how to manage children who present with symptoms of illness while attending the CCCC, and provides guidance to parents/guardians on when to keep their child(ren) home.

Note: On average, babies, toddler and preschoolers may catch 8-12 illnesses each year, even with preventable measures in place.

If you are unsure whether your child's symptoms are contagious, please contact your local healthcare provider or public health for advice.

PROCEDURE:

2.1 Child Assessment

Team members will assess children in the morning and throughout the day for symptoms of illness, such as:

- Fever
- Vomiting
- Diarrhea
- Persistent Cough
- Rash

When reviewing the child's symptoms, consider their developmental level and the CCCC's ability to limit the spread of germs. The younger the child, the more difficult it is to prevent the spread of contagious germs (ex. Hand-to-face contact, mouthing of toys, uncontrolled nasal discharge, uncovered sneezing and coughing).

Important: Team members help maintain a healthy environment by focusing on observable symptoms rather than diagnoses. Exclusion decisions are made using the Exclusion Framework, while only a healthcare professional can confirm or identify a medical condition.

2.2 Exclusion Framework:

Child must stay home or will be sent home if:

- They are too ill to participate comfortably in activities.
- They require care beyond staff capacity without compromising the safety of other children.
- The illness is contagious and meets exclusion criteria.

Refer to Appendix Q: Exclusion Framework for specific conditions and timelines.

2.3 Step-by-Step Process

- **Assess the Child's Symptoms:**
    - Is the child too sick to participate?
    - Are they showing signs of a contagious illness?
- **Refer to the Exclusion Framework (Appendix Q):**
    - Use the framework to determine if the child should remain at home or be sent home.
    - This framework includes common illnesses to the CCCC, but it is not an exclusive list.
- **If Exclusion Criteria Are Met:**
    - Keep the child home (and notify CCCC), or notify the parent/guardian by phone to pick-up the child
- **If Exclusion Criteria Are Not Met:**
    - The child may attend/remain at the CCCC, provided the symptoms do not worsen, if appropriate, an update on the child's health will be sent to the parent/guardian.

2.4 Medical Management

- Staff members do not administer over-the-counter medications for symptoms.
- Prescription medications require a completed Medication Form to be administered (ex. Seasonal allergies (inhaler). All prescribed medication must be provided in original packaging.

- Chronic conditions (ex. asthma) requires medical documentation. See *Allergy and Anaphylaxis Management Policy (C-16)*
- A child with any underlying health concerns that may present as any of the symptoms listed in the Exclusion Framework (Appendix Q), will require a medical note to attend (ex. eczema).

2.5 CCCC Rights

The CCCC reserves the right to temporarily deny entry or request a child to leave if they meet the exclusion criteria. This is to ensure the safety of all children, staff, and families. Disrespectful behaviour towards staff in these cases will not be tolerated.

Whenever possible, parents/guardians are encouraged to help prevent the spread of illness by keeping sick children home until they are symptoms-free for 24 hours (unless otherwise noted in Appendix Q)

2.6 Filing and Retention

- Documentation regarding illness and exclusion (ex. Medical notes) must be securely stored in the child's personal file, as per the *Records Management Policy (C-13)*
- This documentation is confidential and accessible only to authorized personnel.

2.7 Monitoring and Follow-up

As required, staff members will monitor trends and consult the Director as needed.

Appendix Q: Exclusion Framework for Illness

Symptom(s)	Exclusion Criteria
Respiratory Infections (ex cough, nasal discharge, excessive sneezing, nasal congestion, headache, body aches, and/or sore throat)	If the child has three or more of these symptoms or appears severely ill (ex. Lethargic, labored breathing), exclude until symptomatic or 2-3 days, whichever is less
Fever (38C/100.4F or higher) (Temperature must be taken twice, with a 20 minute interval between readings, to	Must be fever-free for 24 hours without fever-reducing medication.

confirm a fever. If two fever readings are not obtained, the exclusion criteria are not met)	
Diarrhea (Diarrhea is defined as stool which is occurring more frequently and/or is less formed in consistency than usual in a child, and is not associated with changes in diet)	After 3 diarrhea stools or 2 stools that contain blood or mucus. The child can return 12 hours after symptoms stop. If the child is sent home and returns the next day, but then has diarrhea again, they will be sent home immediately. This will continue on each consecutive day the child has symptoms. If the child has a symptom free day in between, the process resets to the original exclusion criteria
Vomiting	After vomiting 2+ times in 12 hours and/or looking unwell in 12 hours. The child can return 12 hours after symptoms resolve. If the child is sent home and returns the next day but vomits again, they will be sent home immediately. This will continue on each consecutive day the child has symptoms. If the child has a symptom free day in between, the process resets to the original exclusion criteria. If the vomiting is determined to be caused by a non-communicable/non-infectious condition and the child is not in danger of dehydration then they may still be able to attend the daycare (Please contact the director to determine if it is safe for the child to attend the daycare).

Abdominal Pain	After more than 2 hours of pain or intermediate pain associated with fever or other symptoms, or if the pain is severe/debilitating in nature. The child can return 12 hours after symptoms resolve.
Mouth Sores	The child must stay home if they are drooling uncontrollably, unless the sores have been diagnosed as non-infectious, in which case they can attend daycare even while drooling. If infectious, the child can return 12 hours after the sores have closed.
Rash	If the rash is spreading quickly, or accompanied by a fever/behavioural changes, exclude until diagnosed as non-infectious.
Skin Sores	If sores are weeping fluid and are on exposed skin that cannot be covered with a waterproof dressing. The child can return after the sores have stopped weeping fluids for 12 hours or once diagnosed as non-infectious.
Illness/Disease	**Exclusion Criteria**
Chicken Pox	Exclude until all lesions have dried/crusted (usually 5 days after rash begins)and no new lesions have appeared for 24 hours.
Conjunctivitis (Pink Eye)	**Bacterial:** Exclude until 24 hours of antibiotics. **Viral:** Exclude until symptoms resolve (ex. No eye discharge).
COVID 19	Exclude as per current public health guidelines.
Croup	Exclude until the child is fever-free for 48 hours and able to participate comfortably in activities without severe coughing or respiratory distress. Please note: Severe coughing or respiratory distress includes persistent barking cough, difficulty breathing or speaking, noisy breathing (stridor), wheezing, chest

	retractions (visible pulling in around the ribs or neck), or signs of fatigue or distress when breathing.
Fifths Disease (Slapped Cheek Syndrome)	No Exclusion required. Please note: There is a severe risk to the fetus if a pregnant woman gets Fifth's disease during the first trimester.
Hand-Foot-and-Mouth Disease	Exclude until blisters are flat, no longer leaking, and the child is fever-free for 24 hours.
Head Lice	Exclude until after first treatment
Hepatitis A Virus Infection	Exclude until 1 week after onset of illness or jaundice, or as directed by your family practitioner.
Impetigo	Exclude until antibiotic treatment has been taken for 24 hours.
Measles	Exclude for 4 days after the rash begins.
Molluscum Contagiosum	No exclusion required, however bumps should be covered with tape or bandaged if not covered by clothing.
Mumps	Exclude until 5 days after onset of parotid gland swelling (9 days if still symptomatic)
Pertussis (Whooping cough)	Exclude until 5 days of appropriate antibiotic treatment (21 days from onset of illness, if untreated). Please note: Additional exclusionary requirements may be added if the child is around infants under 1 year old or women pregnant in their 3rd trimester.
Pinworms	Exclude until after first treatment.
Ringworm	Exclude until after first treatment
Roseola(Sixth Disease)	Exclude until fever is gone, as outlined in the Fever section above. Once the rash appears, the child is no longer contagious and may return.

Rubella	Exclude for 7 days after rash appears. Please note: There is a risk of severe damage to the fetus if a non-immune pregnant woman gets Rubella during the first trimester.
Scabies	Exclude until after full treatment is completed.
Shigella	Exclude until symptom free or cleared by the family practitioner.
Staphylococcal Infections (Wound or skin infections)	Exclusion not required, however infected areas must be covered.
Strep Throat	Exclude until the child has had the appropriate treatment to be deemed non-infectious (a minimum of 24 hours of appropriate antibiotic treatment)

Reference: Saskatchewan Health Authority: Communicable Disease Guidelines

Procedure: Communicable Disease and Pandemic

Date Effective: August 2026

Policy Number: C-15-P2

Date Revised:

This policy applies to:
Staff Members
Parents/Guardians
Volunteers
Board Members

PURPOSE:

This procedure provides guidance on how the CCCC responds to communicable disease events and declared pandemics to protect children, families and staff members

PROCEDURE:

General Communicable Disease Prevention
CCCC follows the Saskatchewan Health Authority's (SHA) *Communicable Disease Guidelines* and the *Communicable Disease Control Manual* for managing communicable disease risks. We also acknowledge the Public Health Act, 1994, and its regulations as the legal foundation for disease reporting and response in Saskatchewan.

Communicable diseases are categorized in two categories (1&2); category 1 diseases require immediate reporting and are those that can cause serious harm or death, while category 2 diseases are also reportable but are not considered as high a public health risk.

Primary measures include:
- Daily health checks by parents/guardians before attendance
- Staff monitoring for illness during the day
- Regular hand hygiene and respiratory etiquette
- Frequent cleaning and disinfecting of high-touch surfaces
- Encouraging vaccination/immunization for eligible staff and children
- Mask-friendly environment when symptomatic

Staff members report observed illness trends (ex. Multiple children absent for similar symptoms) to the Executive Director/Director for early intervention.

Communicable Disease Response
If a communicable disease is suspected or confirmed, the CCCC will:
- Assess if isolation/exclusion is required.
    - If yes, isolate symptomatic individuals immediately and then:
        - Notify parents/guardians and for immediate pickup
        - Follow exclusion criteria or medical clearance before returning.
        - Contact the Public Health Officer as per SHA reporting guidelines
        - Follow recommendations/instructions from the Public Health Officer

    - If not, then proceed with regular duties and cleaning as per the *Sanitation, Disinfection and Infection Control Policy (H-02)*
- Confidentiality will be maintained at all times.

The CCCC will follow SHA guidance for exclusion periods and outbreak management, unless otherwise stated by the CCCC (ex. Illness: Sick Child Procedure, Appendix A: Exclusion Framework for illnesses).

Pandemic Protocol

If a pandemic is declared by the Government of Saskatchewan or Public Health, the CCCC will:

- Follow the appropriate government-mandated health orders.
- Implement CCCC-specific pandemic guidelines as needed.
- Keep the temporary pandemic measures in effect until official cancellation of the pandemic.

Filing and Retention

- Documentation regarding illness and exclusion (ex. Medical note) must be securely stored in the individual's personal file, as per the Records Management Policy (CCCC A-11)
- Reports are accessible only to authorized personnel, ensuring confidentiality.

Procedure: Medication Storage

Date Effective: August 2026

Policy Number: C-15-P3

Date Revised:

This policy applies to:
Staff Members
Parents/Guardians
Volunteers
Board Members

POLICY:
The CCCC must maintain proper storage of all medication that is to be held within the centre.

PROCEDURE:

1. Parents must bring medication to the centre in the original container or packaging that includes name of the medication, name of patient, and dosage requirements, as well as any other valuable information required for taking the medication.
2. Parents must directly hand medication to a staff member (not just leave it in the child's backpack.)
3. When medication is administered to an attending child, a written authorization, on a form supplied by the ministry, is required from the parent before the medication is administered to the child.
    a. Staff will ensure that a written record of each dose of medication administered is documented, on a form supplied by the government.
    b. Staff may administer a non-prescription medication to a child on the oral authorization of the parent, but must obtain a written confirmation of the authorization as well.
4. Staff must then enter information into Lillio to have a record of medication drop-off as well as update any staff information boards.
5. Staff must put all medication in a location that is required based on the medication type (i.e., fridge or lockbox)
6. If not to be stored in the fridge,emergency and non-emergency medication must be stored in the designated lockboxes on the wall.
7. If stored in the fridge, medication will have its own designated lockbox for when grabbing out of the fridge.

Allergy and Anaphylaxis Management

Date Effective: August 2026

Policy Number: C-16

Date Revised:

Page: 1 of 5

This policy applies to:
Staff Members
Parents/Guardians
Volunteers
Board Members

POLICY:

To outline the steps for preventing and responding to allergic reactions and anaphylaxis children enrolled at the CCCC

1. DEFINITIONS:

a. **Allergic Reaction:** An abnormal reaction of the body to a previously encountered substance. The reaction is often manifested by itchy eyes, runny nose, wheezing, skin rash or diarrhea. Not considered a medical emergency.
b. **Anaphylaxis:** A sudden, severe and potentially fatal allergic reaction involving serious negative effects on at least two systems of the body which include the skin, heart, lungs and gastrointestinal tract. Management requires immediate medical emergency measures to be taken.
c. **Epinephrine:** Is a medication (also known as adrenaline), it is the treatment for anaphylaxis. Epinephrine works to reverse the symptoms of a severe allergic reaction by opening the airways and increasing blood pressure.

2. PROCEDURE:

2.1 Identification and Documentation

At Enrollment:

a. Parents/guardians must inform the Director and the CCCC of any allergies and the severity of each allergy at the time of enrollment on the **Child's Health Resume.**
    i. If an allergy is diagnosed after enrollment it is the parents duty to advise the CCCC immediately so the child's health resume can be updated.

b. Medical information from the child's primary health care provider must include diagnosis, treatment, and emergency instructions.

Confirmed Allergies with/without Prescribed Epinephrine

a. For children with a confirmed allergy and/or prescribed epinephrine (e.g., EpiPen):
    i. An Allergy Action Plan (Appendix R) and/or Anaphylaxis Emergency Plan (Appendix S) must be:
        1. Completed by parents/guardians and reviewed by staff members.
        2. Applicable information added to the child's Emergency Card and Lillio profile by staff members.
        3. Staff members will store the completed forms:
            a. In the child's file
            b. In a visible and accessible location for staff (with privacy considerations)
            c. Inside the child's individual Allergy or Anaphylaxis Kit (See section 2.2 Individual Emergency Kits).

Suspected or Non-Diagnosed Sensitivities

a. For children with identified sensitivities or non-diagnosed allergies, staff will:
    i. Record the information on the child's Emergency Card and Lillio profile.
    ii. Share relevant information with classroom staff to ensure awareness and/or prevention measures.

Medical Authorization

a. Parents/guardians must complete a Medication Form (Appendix T) authorizing staff to administer prescribed medications *(see Medication Administration and Storage Procedure (C-15-P3)*

Note: *For medications administered on an as needed basis, such as Epinephrine (epi pen) times do not need to be documented. Instead, indicate the dosage and instructions (ex. Administer Epi Pen as needed for signs of anaphylaxis.)*

Information Updates

a. Parents/guardians must notify CCCC of any changes to allergies, medications, or care instructions
b. The staff and Director will ensure records are reviewed and updated promptly.

2.2 Individual Emergency Kits

Individual Kits

a. The assigned staff, in collaboration with the Executive Director (as needed) is responsible for creating and maintaining each child's Allergy or Anaphylaxis Kit. once the child has a confirmed diagnosis and prescribed medication.
b. Each kit must be clearly labeled with the child's name and stored in a designated accessible location
c. Each kit must include:
    i. A copy of the child's plan
    ii. Current photo of the child
    iii. Medication(s) in original packaging (e.g., epinephrine, antihistamine)
    iv. Medication expiry date posted on the outside of the kit
    v. Written instructions for administration of medication

Group Kits - for excursions

a. Staff leading the excursion must prepare and carry a Group Anaphylaxis Kit containing:
    i. Copies of plans and photos for all at-risk children participating
    ii. One child epinephrine dose provided by the CCCC.
    iii. Clear medication administration instructions
b. Kits must be checked before departure and upon return to ensure medications are accounted for and stored properly.

Maintenance

a. The assigned staff for each child with a kit is responsible for:
    i. Verifying that the kit is complete, labeled and medications are within expiry
    ii. Ensure that coverage staff are aware of the child's allergy or anaphylaxis needs and know where to locate the kit and related documentation
    iii. Informing the Director if mediation is nearing, expiry, missing or damaged.
b. The Director will complete reviews of kits as needed to ensure compliance and follow up with families for replacement medications or updated care plans as required.

2.3 Prevention Measures

a. Parents/guardians should administer routine or seasonal allergy medication before the child arrives at the CCCC, when appropriate

b. Cooks and Staff will post food allergies clearly in the kitchen and rooms, wash hands and sanitize food prep areas between exposures, and ensure food sharing processes are enforced.
c. Staff must ensure allergy kits are accounted for during outings and upon return.
d. Use communication plans, posters, and regular staff refreshers to maintain awareness.

2.4 Symptoms of an Allergic Reaction and Anaphylaxis/ Emergency Action Plans

a. Refer to Appendix U: Symptoms of an Allergic Reaction and Anaphylaxis and Emergency Action Plan (Appendix S) for detailed symptom guidance and response steps.
b.
c. Also see (as needed):
    i. Asthma management procedure (C-17);
    ii. Medical Emergency Procedure (G-02-P1)
    iii. Automated External Defibrillator (AED) Policy (G-03);

2.5 Documentation and Reporting

a. All allergic reactions, suspected exposures, or anaphylaxis must be documented and reported to the Director
    i. Use the *Child Behaviour Reporting Procedure* (C-02-P1)
b. Incident forms and related records must be filed in the child's permanent record according to *Records Management Policy C-13)*
c. Follow up with parents/guardians and staff debriefing must occur the same day or as soon as is practicable. Appropriate follow up action shall be taken as needed.

2.6 Training and Review

a. Assigned staff members must ensure that all new, substitute, or covering staff are aware of any children with allergies and anaphylaxis and know where to access the relevant information, including the child's Allergy Action Plan and/or Anaphylaxis Emergency Plan and the location of their individual kit(s).
b. All staff, volunteers, and learners must complete allergy awareness and anaphylaxis response training before working with children.
c. Annual review of allergy management procedures and expiry dates occurs each September by the Director.

d. Emergency drills should include simulated allergy scenarios once per year.

3. References

a. **Allergy Aware, *AllergyAware.ca*, Food allergy Canada and Leap Learning Technologies, 2025 https://www.allergyaware.ca**

b. **Saskatchewan School Boards Association. *Managing Life-Threatening Conditions: Guidelines for Saskatchewan School Divisions.***

c. **Food Allergy Research & Education. *Food Allergy & Anaphylaxis Emergency Care Plan; FoodAllergy.org***

www.foodallergy.org/living-food-allergy/food-allergy-essentials/food-allergy-anaphylaxis-emergency-care-plan

APPENDIX A: Symptoms of Allergic Reactions and Anaphylaxis & Emergency Action Plan

Procedure: Asthma Management

Date Effective: August 2026

Policy Number: C-17

Date Revised:

Page: 1 of 5

This policy applies to:
Staff Members
Parents/Guardians
Volunteers
Board Members

PURPOSE:

The purpose of this procedure is to outline clear steps for preventing, recognizing, and responding to asthma symptoms and asthma emergencies in children enrolled at the CCCC

PROCEDURE:

Definitions:

a. Asthma: A chronic condition affecting the airways that causes recurring episodes of wheezing, breathlessness, chest tightness, and coughing.
b. Asthma Trigger: An external factor that can cause airway inflammation or narrowing (ex. Viral infections, allergens, exercise, cold air, strong scents).
c. Controller Medication: A preventive medication prescribed for daily use to reduce airway inflammation (not used for emergencies)
d. Reliever Medication (Blue Inhaler): A fast-acting bronchodilator (ex. Salbutamol-Ventolin) that quickly opens the airways during an asthma episode.
e. Valved Holding Chamber (ex. AeroChamber, Spacer): A device that attaches to a metered - dose inhaler to improve delivery of medication to the lungs. Throughout this document, the term "Spacer" is used to refer to a Valved Holding Chamber

2.1 Identification and Documentation

At Enrollment

a. Parents/guardians must inform the Executive Director of any asthma or breathing difficulties at the time of enrollment on the Child's Health Resume.
    i. If asthma is diagnosed after enrollment it is the parents duty to advise to advise the CCCC immediately so the child's health resume can be updated

ii. Medical information from the child's primary health care provider must include diagnosis, treatment, and emergency instructions.

b. Medical information from the child's primary health care provider must include diagnosis, treatment, and emergency instructions

Confirmed Asthma Diagnosis

a. For children with a confirmed asthma diagnosis:
    i. An Asthma Action Plan (Appendix V) must be:
        1. Completed by parents/guardians and reviewed by staff members
        2. Applicable information added to the child's Emergency Card and Lillio profile by staff members.
        3. Staff members will store the completed forms:
            a. In a child's file
            b. In a visible and accessible location for staff (with privacy considerations)
            c. Inside the child's individual Asthma Kit (see section 2.2 Individual Emergency Kits.)

Suspected or Undiagnosed Symptoms

a. For children with suspected or undiagnosed symptoms, staff will;
    i. Report any observations (ex. recurring wheezing, shortness of breath, or persistent coughing) to the Executive Director.
    ii. The Director will reach out to the parents/guardians and determine the best path forward together (seed medical assessment before the child returns.

Medication Authorization

a. Parents/Guardians must complete a Medication Form authorizing staff to administer prescribed medications (see *Medication Administration and Storage Procedure C-15-P3)*

Note: *For medications administered on an as needed basis, such as reliever medication (ex. Ventilator Inhaler), times do not need to be documented. Instead, indicate the dosage and frequency range (ex. 1-2 puffs as needed every 4 hours) and staff members will record each administration on the daily log when given.*

Information Updates

a. Parents/Guardians must notify CCCC of any changes to triggers, medications, or care instructions.

b. The staff and Executive Director will ensure records are reviewed and updated promptly.

2.2 Individual Emergency Kits

Individual Asthma Kits

a. The assigned staff, in collaboration with the Executive Director (as needed), is responsible for creating and maintaining each child's Asthma Kit once the child has a confirmed diagnosis and prescribed medication.
b. Each kit must be clearly labeled with the child's name and stored in the designated accessible location
c. Each kit must include:
    i. A copy of the child's plan
    ii. Current photo of the child
    iii. Medication(s) in original packaging (ex inhaler in original box)
        1. Ensure inhalers are primed prior to providing them to the CCCC
        2. Include a spacer appropriate for the child's age, if applicable
    iv. Medication expiry date posted on the outside of the kit
    v. Written instructions for administration of medication

Group Kits (for excursions)

a. Staff leading the excursion must prepare and carry a Group Asthma Kit containing
    i. Copies of action plans, medication(s) and photos for all at-risk children participating
    ii. Clear medication instructions
b. Kits must be checked before departure and upon return to ensure medications are accounted for and stored properly.

Maintenance

a. The assigned staff for each child with a kit is responsible for:
    i. Verifying that the kit is complete, labeled, and medications are within expiry
    ii. Ensure that coverage staff are aware of the child's asthma needs and know where to locate the kit and related documentation
    iii. Informing the Director immediately if medication is nearing expiry, missing, or damaged
b. The Director will complete reviews of kits as needed to ensure compliance and follow up with families for replacement medications or updated care plans as required.

Prevention Measures

a. Parents/Guardians should administer routine controller medication before the child arrives at CCCC, when appropriate
b. Avoid known asthma triggers (ex. Smoke, strong scents, aerosols, dust, pets)
    i. Review triggers with parents/guardians to identify preventive measures in the child's routine.
c. Ensure good ventilation (ex. Air purifiers running in each room) and minimize exposure to cold air during outdoor play when possible
d. Encourage calm breathing and provide rest breaks as needed for children with asthma
e. Staff confirm that reliever inhalers and kits are available before outdoor or high-activity programs
    i. Ensure asthma kits are accounted for during outings and upon return
f. Use communication plans, posters, and regular staff refreshers to maintain awareness

2.4 Recognizing Asthma Symptoms/Emergency Action Plans

a. See (as needed)
    i. Allergy & Anaphylaxis Procedure (CCCC policy C-16)
    ii. Medical Emergency Procedure (CCCC Policy G-02-P3)

2.5 Documentation and Reporting

a. All asthma symptoms, reactions, or attacks must be documented and reported to the Director
b. Use the *Child Behaviour Procedure (C-02-P1)*
c. Incident forms and related records must be filed in the child's permanent record according to the *Records Management Policy (A-11)*
d. Follow-up with parents/guardians and staff debriefing must occur the same day or as soon as practicable. Appropriate follow-up action shall be taken as needed.

2.6 Training and Review

a. Assigned staff members must ensure that all new, substitute, or covering staff are aware of any children with asthma and know where to access the relevant information, including the child's Asthma Action Plan and the location of their Asthma kit.
b. All staff, volunteers, and learners must complete asthma response training before working with children.

c. Annual review of asthma management procedures and expiry dates occur annually by the director

d. Emergency drills should include simulated scenarios once per year

3. References

1. Asthma Canada. *Asthma Action Plans and School Management. Asthma Canada, 2025* www. asthma.ca
2. Canadian Lung Association, *Managing Asthma in Schools and Child Care Settings.* Canadian Lung Association, 2025 www.lung.ca.
3. Appendix V - Asthma Action Plan

Termination

Date Effective: August 2026

Policy Number: C-18

Date Revised:

Page: 1 of 3

Related Policy:
Respectful Workplace Harassment Policy

This policy applies to:
Staff Members
Board Members
Parents/Guardians

POLICY:

Suspension or termination of childcare services are only considered after all reasonable efforts to rectify the concern have been explored.

PRINCIPLES:

1. **Enrolment**
   - 1.1. Parents/guardians must complete the Child Enrolment Package and Orientation Checklist prior to childcare services being offered to their children.
   - 1.2. After successful enrolment, start dates are decided between the Director and parents/guardians and noted on the Childcare Agreement.
2. **Reasons for Termination**
   - 2.1. **Late Payment**: if childcare fees are not paid on time and are routinely late. See policy C-18-P1.
   - 2.2. **Late Pick-Up:** continual disregard for the hours of operation where parents/guardians are routinely late and/or late without notice.
   - 2.3. **Constant Negotiations:** parents/guardians must understand that the centre's policies and procedures are established for a reason, whether it is to comply with licensing mandates, ensure financial stability, or fit the viability of the centre. The centre will not continue services after constant requests for changes to the rules or policies (i.e., non-compliance for the Sick Policy, etc.). Concerns can be made via the Concerns and Feedback form or at the Board's Annual General Meeting.
   - 2.4. **Parent/Guardian Frustration:** any threatening or abusive behaviour from parents/guardians to other parents/guardians, staff, or children. This may also

include talking in manners that affect the reputation and standing with the community.

2.5. **Concern for Others**: in cases where behaviours are extreme enough that services cannot be provided safely and consistently due to destructive, uncontrollable, violent, or threatening nature of the behaviours.

2.6. **Other**: any other areas of concern that are brought to the board and are warrant for termination.

3. All terminations due to the above reasons can be made effective immediately (with the exception of late payment — see C-18-P1). Termination comes with no reimbursement of fees and is made at the discretion of the Director/Office Administrator and Board of Directors.

ROLES & RESPONSIBILITIES:

1. **Staff Members**
   1.1. Engage the Director/Office Administrator to address concerns of termination. Use ABC, Unusual Occurrence, and Incident Reports as required.
   1.2. Monitor children receiving services for any outlier behaviour or actions that may be a concern for the safety of others
   1.3. Ensure a safe environment for all children.
   1.4. Meet with the Director/Office Administrator to address concerns or report breaches to this policy.
2. **Director/Office Administrator**
   2.1. Understand, train, and educate staff on this policy
   2.2. Offer ongoing guidance to staff regarding application of the policy
   2.3. Follow-up with all concerns related to this policy, resolve situations within your scope, and escalate to the Board of Directors if necessary
   2.4. Ensure timely communication with all staff, parents/guardians, and the Board.
3. **Board of Directors**
   3.1. Review reports provided by Director/Office Administrator on cases related to areas of concern that require escalated steps to resolve.
   3.2. Provide support to the Director/Office Administrator as needed (i.e., attend meetings, provide feedback, etc.)

Documents Related to this Policy:

Child Care Act, 2014

Child Care Regulations, 2015

Child Care Licensee Manual, 2015

Procedure: Termination

Date Effective: August 2026

Policy Number: C-18-P1

Date Revised:

This policy applies to:
Staff Members
Board Members
Parents/Guardians

PURPOSE:

Clear and consistent procedures surrounding termination of services at the centre are of utmost importance to the CCCC.

PROCEDURE:

1. **Late Payment:**
   - 1.1. All payments are due on the 1st of every month. Invoices are sent via Lillio, unless requested otherwise. Alternate payment day(s) are subject to application and written pre-approval.
   - 1.2. *7 days overdue:* reminder letters are issued
   - 1.3. *15 days overdue:* a letter to cease childcare will be sent until a payment plan is determined.
   - 1.4. If the payment plan is not adhered to within the month, childcare will cease until the balance is paid in full
   - 1.5. Payment within the month: childcare can continue
   - 1.6. Payment after one month means children return to the waitlist prior to re-attending the centre.
   - 1.7. Choices for payment are cash, e-transfer and pre-authorized withdrawal. NOTE: if paying by e-transfer, please notify in the subject line the name(s) of the child(ren).
2. **Procedure for Termination:**
   - 2.1. Verbal reminders of policy procedures are given immediately for any concern (no matter how many instances). This is documented on their Lillio file.

2.2. A written notice via Lillio is sent after continued offence. The parent/guardian may be asked to sit in a meeting with the Director/Office Administrator on how to best rectify the situation to avoid termination if possible.

2.3. Parent discussions with the Director/Office Administrator on best steps forward may be given as last effort

2.4. All above steps require signature of both parties (staff and guardian) to ensure the warning is understood and received. These will be kept in the child's files.

2.5. Letter of suspension or termination (Appendix X) delivered to parent/guardian at pick-up from the centre. All childcare services will cease.

3. **Moving Forward After Termination**

3.1. Details of the suspension or termination will be listed within the letter given to parents ceasing childcare services (i.e., length of suspension, options for re-evaluation of decision, etc.)

3.2. Parents/Guardians may request a meeting with the Board of Directors to determine eligibility to reinstate childcare services. The Board of Directors and Director make the final decision.

Child Protection

Date Effective: August 2026

Policy Number: C-19

Date Revised:

Page: 1 of 2

This policy applies to:
Staff Members
Board Members
Volunteers
Parents/Guardians

PURPOSE:

This policy establishes requirements for staff members to follow if they suspect child abuse or neglect. Compliance with *The Child and Family Services Act, The Emergency Protection of Victims of Child Sexual Abuse and Exploitation Act, The Protection from Human Trafficking Act,* and the *Saskatchewan Child Abuse Protocol, 2023* must be followed.

POLICY:

1. If a staff member suspects a child is experiencing abuse or neglect by a parent, guardian, or external party, they must report the concern directly to the appropriate child protection agency as per the *Saskatchewan Child Abuse Protocol, 2023*, connect with the Director and submit a report
2. If any suspected child abuse or neglect involves a staff member, report to the Director immediately for an internal investigation. The Director and Office Administrator must determine the appropriate course of action, including reporting to external authorities.
3. Staff are urged to seek help from the Director if they are unsure about proceeding with a report. However, all reports must be made in a timely manner, especially in urgent situations
4. The CCCC has a zero-tolerance policy for child abuse and neglect. Staff are prohibited from committing or concealing abuse or neglect. Staff found to have engaged in or concealed such acts will face immediate disciplinary actions.

ROLES & RESPONSIBILITIES:

1. **Director/Office Administrator**
    1.1. Ensure staff are trained and educated on the Child Protection Policy
    1.2. Support staff in reporting suspected abuse or neglect to the appropriate authorities.
    1.3. Collaborate and cooperate with the Ministry of Social Services, local RCMP and other authorities as required.
    1.4. Ensure that when a child protection scenario also meets the criteria of section 34 of the Child Care Regulations, 2015, then required Injury/Unusual Occurrences reporting processes are completed.
    1.5. Maintain confidentiality, store reports properly, and maintain documentation as needed.
2. **Staff Members**
    2.1. Follow the *Saskatchewan Child Abuse Protocol, 2023*
    2.2. Understand and adhere to the zero-tolerance policy on child abuse or neglect
    2.3. Observe and report any suspected child abuse or neglect. Connect with the Director and Office Administrator with any concerns about reporting.
    2.4. Maintain confidentiality and avoid discussing suspicions outside the proper authorities.
    2.5. Participate in required training and education.
3. **Board Members**
    3.1. Assist the Director and Office Administrator in maintaining a safe environment for the children.
    3.2. Provide oversight and guidance on child protection cases as required.

Documents that Relate to this Policy:

Child Care Act, 2014

Child Care Regulations, 2015

Child Care Licensee Manual, 2015

Finance

Parent Fee Structure

Date Effective: August 2026

Policy Number: D-01

Date Revised:

Page: 1 of 4

This policy applies to:
Staff Members
Parents/Guardians
Board Members

PURPOSE:

The purpose of this policy is to establish a fee structure that is clear and consistent for parents and ensures financial sustainability for the centre.

POLICY:

The following outlines are to establish a guide for determining fees for parents and guardians.

1. **Fee Determination**
   - 1.1. *Cost Analysis*: Fees are determined based on comprehensive analysis of costs associated with providing childcare, including staff salaries, facility maintenance, utilities and supplies expenses, and other relevant costs.
   - 1.2. *Inflation and Cost-Of-Living Adjustments*: Fees can be subject to review in order to account for inflation, changes to the cost of living, and any increased operational costs. Parents will be given as much advance notice as possible regarding changes to fee structures.
   - 1.3. *Accessibility and Affordability*: the CCCC strives to make childcare services accessible and affordable. The goal is to be financially stable while also working towards affordable options for parents and guardians.
   - 1.4. *Subsidies and Financial Assistance*: The CCCC stays up-to-date on subsidies available for parents and guardians as well as be cognizant of additional financial assistance that may be available to parents and guardians facing financial challenges. Information on available assistance programs will be

communicated to eligible parents and guardians. For details on subsidies and third-party funding, please refer to Appendix Z: fee structure

2. **Communication of Fees**

2.1. *Enrolment*: fee structures, including any additional charges will be communicated to parents and guardians during the enrolment registration process.

2.2. *Notification of Changes*: Any changes to the fee structure will be communicated a minimum of two weeks in advance to parents and guardians via Lillio.

2.3. *Written Fee Agreements*: During enrolment processes, parents and guardians will receive written agreements outlining the fee structure, payment schedules, and any terms and conditions associated with the fee payment. When fee structures change, parents and guardians will have new written agreements to sign and return the new fee form within five business days.

3. **Payment Procedures**

3.1. *Payment Schedules*: The CCCC has the following payments established

3.1.1. *Administration Fee:* a non-refundable $100 due within 48 hours of accepting a childcare space that holds your space.

3.1.2. *Fundraising Fee*: $100 per child or $250 per family per year

3.1.3. *Monthly Payments*: all monthly fees are due at the beginning of the month. Invoices are sent via Lillio.

3.1.3.1. Full-Time Enrolment: payments are due on the first of each month for the month prior (i.e., September payment is due on September 1st)

3.1.3.2. Part-Time/Casual Enrolment: payments are due on the 5th of each month (i.e., September payment is due October 5th after total number of childcare days are calculated)

3.1.4. *One-Time Payments*: any additional payments will be invoiced at the end of the month (i.e., additional services outside the program)

3.1.5. *Extensions*: If extensions are required, parents and guardians must write a request within three business days of invoices being sent out. Requests are sent to the CCCC email.

3.1.6. *How to Pay*: Cash, e-transfer, and pre-authorized withdrawal are the choices for payment. If paying by e-transfer, include the children's name(s) in the subject line

3.2. *Late Payments/Overdue Accounts*:

3.2.1. *7 days overdue*: reminder letters are issued

3.2.2. *15 days overdue:* a letter to cease childcare will be sent until a payment plan is determined. If the payment plan is not adhered to within the month, childcare will cease until the balance is paid in full

3.2.3. Payment within the month means childcare can continue

3.2.4. Payment after one month means children return to the waitlist prior to re-attending the centre.

3.3. *Receipts and Invoices*: These documents are to be provided promptly with details of amount due, payment date, and a breakdown of the charges. Receipts and invoices will be sent via the Lillio app.

3.4. *Withdraw and Deposit Refund Procedure*: There are no refunds if a parent or guardian withdraws their child prior to starting enrolment or prior to a month paid has come to an end.

4. **Review and Adjustments**

4.1. The fee structure is subject to annual review to ensure it is up-to-date with changing needs of operational costs, inflation and cost of living, financial sustainability, and the accessibility to families within the community.

4.2. Other periodic reviews of fee structures will be made as necessary.

ROLES & RESPONSIBILITIES:

1. **Parents and Guardians**

1.1. Parents and guardians must provide payments within the required deadlines

1.2. If alternative payment options are required, parents and guardians must contact the Office Administrator and Director for consideration.

1.3. The CCCC considers all input and feedback provided from parents and guardians and will be discussed at review processes.

2. **Director/Office Administrator**

2.1. Develop and review fee structure in collaboration with the Board of Directors

2.2. Communicate fee structure, payment schedules, and additional charges to parents and guardians upon enrolment and throughout enrolment. Providing written fee agreements, while ensuring parents and guardians acknowledge and understand terms.

2.3. Provide information on financial assistance programs available

2.4. Generate invoices and receipts promptly, using the Lillio app, ensuring accurate billing

2.5. Enforce late payment procedures and communicate with parents and guardians regarding overdue accounts.

2.6. Communicate any changes to the fee structure to parents and guardians in a timely manner, as per this policy.

2.7. Address any stakeholder inquiries or concerns in a timely manner

3. **Board of Directors**

3.1. Provide oversight and approval of the fee structure

3.2. review and approve any approve any proposed changes to the fee structure

3.3. Monitor the application of the fee structure to ensure compliance with the policy.

Documents Related to this Policy:

Child Care Act, 2014

Child Care Regulations, 2015

Child Care Licensee Manual, 2015

Budget

Date Effective: August 2026

Policy Number: D-02

Date Revised:

Page: 1 of 3

This policy applies to:
Staff Members
Board Members

PURPOSE:

The Choiceland Cooperative Childcare Centre must maintain a clear, transparent process for budgeting that ensures responsible management and the maintenance of quality childcare.

PRINCIPLES:

1. The budget must be aligned so that financial resources support the objectives of the centre.
2. Budgeting processes should be transparent and detailed in a manner that is easy to understand both revenue and expenses of the centre.
3. The budget must ensure financial stability with flexibility to account for unforeseen changes and needs.
4. For transparency, financial reports will be generated monthly and communicated to the Board of Directors for monitoring and accountability measures.

POLICY:

The CCCC ensures the effective operation of the centre through outlining this policy, which establishes developing, reviewing and approving an annual budget.

1. **Budget Development**

    1.1. The budget process will commence on December 15th and conclude on January 15th each year. The budget will then be presented to the Board of Directors in the Annual General Meeting held in January.

1.2. Relevant stakeholders, such as management team, staff, and other committee groups, will be consulted during the process. Input from stakeholders will be considered when ensuring compliance with the goals of the centre.

1.3. Anticipated changes in expenses and any new initiatives will be factored into the budget.

1.4. All potential revenue sources such as parent fees, government grants/subsidies, and fundraising efforts will be projected in the budget.

2. **Budget Review and Approval**

2.1. The Board of Directors Treasurer, centre Director, and Office Administrator will work together for creation of the budget and review the draft prior to presenting to the Board of Directors. These delegates should collect input from and/or hold a stakeholders meeting to get insight from stakeholders.

2.2. A final draft of the budget must be voted on by the Board of Directors.

3. **Budget Implementation and Monitoring**

3.1. Once approved, the budget guides all financial decisions and allocations throughout the fiscal year. The management team, Office Administrator and Director, will ensure adherence to the budget. All expenses that fall outside of the "Approved Supplies List" must be approved by the Board of Directors prior to purchase.

3.2. As mentioned above, financial reports will be provided monthly to the Board of Directors

3.3. If significant changes occur, the budget may be adjusted with approval from the Board of Directors.

4. **Review and Revision**

4.1. Effectiveness of this budgeting process will be reviewed annually and adjusted for future budgeting cycles.

ROLES & RESPONSIBILITIES:

1. **Team Members**

1.1. Provide insight into budget priorities and provide feedback on proposals.

2. **Director/Office Administrator**

2.1. Participate in developing the initial budget by providing facility and childcare needs.

2.2. Ensure the budget aligns with CCCC values and promotes financial stability.

2.3. Responsible for reviewing and providing input to the budget proposal.

2.4. Examine the budget for accuracy and alignment with the centre's needs.

2.5. Approve a draft of the budget prior to presenting to the Board of Directors.

2.6. Understand, train, educator and enforce this policy to team members

2.7. Communicate budget concerns or changes to be made to the budget to the Board of Directors

3. **Board of Directors**

3.1. Responsible for approving the final budget and ensuring financial accountability.

3.2. Treasurer to help develop budget and monitor financial performance through monthly reports

3.3. Approve any necessary budget adjustments based on recommendations from the Director and Office Administrator.

3.4. Ensure the budget aligns with legal and regulatory requirements.

Documents Related to this Policy:

Child Care Act, 2014

Child Care Regulations, 2015

Child Care Licensee Manual, 2015

Procedure: Child-Related Damages

Date Effective: August 2026

Policy Number: D-02-P1

Date Revised:

This policy applies to:
Staff Members
Parents/Guardians
Board Members
Volunteers

PURPOSE:

This procedure is to establish clear expectations regarding parent/guardian responsibility for intestinal damages caused by children while attending the CCCC. While the daycare recognized that children are still learning and developing self-regulation skills, as a non-profit organization with limited resources, the CCCC must ensure that damages can be repaired or replaced promptly. This supports CCCC's ability to provide a safe, respectful, and sustainable environment for all children, staff, and families.

PROCEDURE:

This procedure addresses intentional or significant damages to:

a. Daycare property and building (ex. Walls, doors, windows, fixtures)
b. Equipment (ex. Furniture, playground structures)
c. Toys and educational materials
d. Staff members or volunteer personal belongings (ex. Hearing aids, eyewear: glasses)

Normal wear and tear or minor accidental incidents (ex. Toys breaking during typical play, spills, minor scratches) are excluded and considered part of regular daycare operations.

This procedure promotes accountability in a fair and supportive manner, without unnecessarily penalizing children or families.

2.1 Identification of Damage

Staff will document the incident as soon as possible using the appropriate child behaviour report (see *Child Behaviour Reporting Procedure - C-02-P1).*

Documentation will include:

a. Date and time of incident
b. Description of the damage
c. How the damage occurred
d. Names of any witnesses
e. Photos (if appropriate)

Each case will be reviewed by the Director on a case by case basis to determine if it will proceed to the next step.

Procedure: Expense Reimbursements

Date Effective: August 2026

Policy Number: D-02-P2

Date Revised:

This policy applies to:
Staff Members
Board of Directors

PURPOSE:

This procedure is established for all staff members and board members to receive reimbursement in a timely and consistent manner for approved business-related expenses.

PROCEDURE:

The Director or Office Administrator should be the primary staff members who purchase items for the centre.

1. **Expenses Eligibility**
   - 1.1. Expenses must be pre-approved by the Board of Directors, or Director/ Office Administrator.
   - 1.2. Expenses must be directly related to CCCC operations (i.e., supplies, travel, etc.)
   - 1.3. Original itemized receipts are required for all expenses (credit/debit slips alone are not accepted).
   - 1.4. Mileage reimbursement requires completion and submission of the "Mileage Form"
2. **Submission and Deadlines**
   - 2.1. Expense forms must be submitted monthly using the "Expense Reimbursement Form" (Appendix AA) and "Mileage Log Form" (Appendix BB)
   - 2.2. Forms, along with receipts, must be submitted to the Office Administrator and Director for review and approval.

2.2.1. Team members, in the event they need to pay for an expense, must submit expense reimbursements to the Director and Office Administrator

2.2.2. Office Administrator and Director must submit to the Board of Directors.

3. **Approval and Processing**

3.1. The Office Administrator reviews all submissions for completeness and accuracy.

3.2. Approved expenses will be forwarded to the Office Administrator who will submit reimbursements via cheque or e-transfer within 14 days of submission approval.

4. **Mileage and Vehicle Expenses**

4.1. When staff members use their personal vehicles for day-care related business, reimbursement may be provided at the approved rate.

4.2. For 2026, the approved rate is 0.55cents/km. This rate is reviewed annually in accordance with provincial government rates.

4.3. Staff must use the most direct and practical route when claiming mileage. Detours and personal stops are not eligible for reimbursement.

5. **Record Retention**

5.1. Expense forms and receipts are retained with the centre's financial records in accordance with the Records Management Policy (A-11).

Signing Authority

Date Effective: August 2026

Policy Number: D-03

Date Revised:

Page: 1 of 2

This policy applies to:
Staff Members
Board Members

PURPOSE:

This policy establishes guidelines for the authorization and approval of financial transactions for the CCCC to ensure the effectiveness and sustainability of the centre.

POLICY:

1. **Designated Signatories**
   - 1.1. The Board of Directors appoints individuals to serve as signatories authorized to execute financial decisions on behalf of the CCCC.
   - 1.2. On the Board of Directors, the President, Vice-President, Treasurer, and Secretary shall be signatories.
   - 1.3. Staff members who shall be signatories, as given approval from the Board of Directors, would be the Office Administrator and Director.
2. **Approval Procedures**
   - 2.1. All cheques require two authorized signatures to approve a transaction. All financial transactions must be approved by authorized signatures.
   - 2.2. If someone is to benefit from a transaction or is a conflict of interest (i.e., they are being re-paid for a purchase) they must not be one of the authorizing signatures.
3. **Documentation and Recordkeeping**
   - 3.1. All transactions must be fulfilled by maintaining adequate documentation on the purchases and expenses at hand.
   - 3.2. All invoices, receipts, purchase orders, and other documents must be filed.

3.3. The Office Administrator will file and maintain recordkeeping. This includes an electronic copy of receipts for the centre and original copies for bookkeeping and accounting purposes.

4. **Changes to Signing Authority**

4.1. Any changes to who has signing authority/is an authorized signature must be approved by the Board of Directors and documented in meeting minutes.

4.2. The meeting minutes must be signed by the Board of Director President or Vice-President and the Treasurer.

4.3. The Office Administrator, or other designate, will update the bank with a copy of the signed minutes.

4.4. New signatories must provide the bank with identification and sign the required documentation.

5. **Review and Revision**

5.1. This policy is to be reviewed periodically to ensure relevance.

5.2. Revisions to the policy may be made as necessary to address changing needs, legal requirements, or best practices for financial stability management.

ROLES & RESPONSIBILITIES:

1. **Director/Office Administrator**

1.1. Approves financial transactions in accordance with budgets and relevant policies

1.2. Maintains financial records and documentation

1.3. Is one of the authorized signatures, as designated by the Board of Directors

1.4. Follow up on concerns brought forward related to this policy.

2. **Board of Directors**

2.1. Responsible for approving changes to the authorized signatures list

2.2. Designated Executives sit on the list of approved signatures.

2.3. provide oversight and guidance on financial matters related to signing authority and financial transactions

3. **Staff Members**

3.1. Be knowledgeable of this policy

3.2. Bring any concerns to the Director and Office Administrator

Management Team Expenditures

Date Effective: August 2026

Policy Number: D-04

Date Revised:

Page: 1 of 2

This policy applies to:
Board Members
Staff Members

PURPOSE:

The CCCC sets this policy to outline clear guides for Directors, Administrators, and Board of Directors surrounding spending and purchasing.

PRINCIPLES:

1. The CCCC Board of Directors has an Approved Supplies List. This list contains supplies that are needed for daily operations (i.e., toilet paper, office supplies, craft supplies).
    1.1. Anything on this list can be ordered by the Director and Administrator without approval from the Board of Directors. The Director and Administrator will work together to complete orders when needed and update the designated spreadsheet for these Approved Supplies.
    1.2. The Board of Directors have access to the spreadsheet and have the capacity to question orders made at any time (i.e., multiple orders over many instances for the same supplies, monitoring supplies and use).
2. Anything that is not recorded on the Approved Supplies List (i.e., large purchases, new toys, furniture, kitchen equipment, outdoor items, etc.) must be approved by the Board of Directors.

ROLES & RESPONSIBILITIES:

1. **Board of Directors**
    1.1. Review centre purchases on a monthly basis.
    1.2. Review and update the Approved Supplies List annually

2. **Director/Office Administrator**

2.1. Director to establish lists of needed supplies, from the Approved Supplies List, weekly and provide them to the Administrator

2.2. Office Administrator to order the needed items and update the Approved Supplies List spreadsheet as orders are purchased and received.

2.3. Director and Administrator should work together on compiling lists of larger items needed that are to be brought to the Board of Directors for approval.

3. **Staff Members**

3.1. Keep documents of materials needed around the centre. Ensure the Director is aware of what each room needs for supplies so they can be ordered.

Health Personnel

Allowances for Staff

Date Effective: August 2026

Policy Number: E-01

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Board Members

POLICY:

This policy establishes when staff may be permitted for reimbursement from the CCCC.

PROCEDURE:

1. An employee, required by the centre, to attend a conference or workshop may be reimbursed the registration fee and other expenses, such as accommodations, upon presentation of receipts, at the discretion of the Board of Directors.
2. An employee, when needing to purchase items or materials for the centre as approved by the Director and Office Administrator, will be reimbursed. Only approved expenses and transactions will be reimbursed. All materials must align with the centre's mission, values, and fits within the budget.
3. No other types of alliances are permitted.

Discipline - Staff

Date Effective: August 2026

Policy Number: E-03

Date Revised:

Page: 1 of 3

This policy applies to:
Board Members
Staff Members

POLICY:

The purpose of this policy is to establish guidelines on expectations of staff, which staff are permitted to inform employees of the guidelines, and cases in which warnings and further actions must be taken.

RESPONSIBILITIES:

1. Director:
    1.1. It is the responsibility of the Director to inform employees of expectations of the job and the CCCC
    1.2. The Director also must ensure all staff performance and conduct aligns with standards of the CCCC.
2. Board of Directors:
    2.1. It is the responsibility of the Board to guide the Director and staff when implications with employee standards requires their support.
    2.2. Be in consultation with the Director on any disciplinary actions being taken
    2.3. The Board also must revise policies as needed.
3. Staff Members:
    3.1. All employees have a right to know what aspects of their conduct and performance are deficient and how to adjust to improve.
    3.2. Employees have a responsibility to adhere to all rules and obligations set by the daycare and ministry, to perform the duties required of them, and seek guidance when in doubt or cannot carry out their responsibilities.
    3.3. Employees have a duty to report any breach of rules, regulations, or policies to the Director.

PROCEDURE:

1. Discipline
    1.1. Disciplinary actions will be applied by the Director in consultation with the Board of Directors, in situations where action must be taken to correct an employee's behaviour.
    1.2. If discipline is deemed necessary, steps of the severity of the action being disciplined, the employee's length of service, disciplinary record, and other circumstances pertaining to the circumstance.
2. Step by Step Warnings and Consequences
    2.1. *Verbal Warning* - The first step will always include a verbal warning. This warning will also include a signature requirement by both parties to ensure both understand the warning that has been given.
    2.2. *Written Warning* - The second step is a formal written warning provided to the staff member by the Director or Board of Directors. This step will also require signatures of both parties ensuring both have read and received the warning.
    2.3. *Meeting with the Director or Board* - Lastly, a sit-down meeting will be required to establish best steps forward. This is the last attempt at resolution. Following this, dismissal may occur. This meeting will also have signature requirements of completion.
    2.4. All documents are kept in the staff members file.
3. Dismissal for Just Cause
    3.1. Failure to follow the centre's regulations regarding violence, aggression, or threat of the same, either physical or verbal as directed at a child.
    3.2. Destruction to centre property that is wilful.
    3.3. Failure to report to work without notice
    3.4. Failure to follow reasonable directives of the Director or the Board
    3.5. Failure to follow terms of the Personnel Policy
    3.6. Disclosure of confidential information regarding a child, parent, staff member, or day-to-day activities at the centre

4. Appeal Procedure

4.1. Any employee terminated for just cause has the right to appeal to the Board of Directors, except they are on their initial probation

4.2. Staff should email the Board of Directors directly with a proposal for exemption.

Dress Code

Date Effective: August 2026

Policy Number: E-04

Date Revised:

Page: 1 of 2

This policy applies to:
Staff Members
Volunteers
Board Members

POLICY:

The CCCC establishes a dress code policy for all staff to upkeep professional standards within the centre. Professional standards are not just to keep clean and modest looks but also to ensure staff are in clothing that permits proper participation in and supervision of activities with the children.

PROCEDURE:

1. **General Recommendations**
   - 1.1. Clothing should be comfortable; not too tight or too loose to avoid any hazards.
   - 1.2. Clothing should not reveal any cleavage, stomach, lower back or buttocks.
   - 1.3. Clothing should be clean and in good condition
   - 1.4. Any clothing that has words or pictures that are offensive is unacceptable.
   - 1.5. Jewellery should be conservative and safe to wear around children.
2. **Summer**
   - 2.1. Clothing may include shorts that cover mid-thigh.
   - 2.2. Tank tops must have thicker straps and must not show cleavage.
   - 2.3. In the case that swimming is necessary, one piece bathing suits are preferred.
3. **Winter**
   - 3.1. Appropriate clothing must be worn to participate in outdoor play.
   - 3.2. Outerwear for winter includes winter boots, jacket, mitts, toque, and possibly ski-pants.

4. **Footwear**

4.1. *Indoor*: running shoes are preferred to be able to engage with children at all times. Shoes must be neat and in good condition.

4.2. *Outdoor*: must be suited for the season. Winter boots for the cold, rubber boots for spring/wet conditions, and runners or proper sandals for warm temperatures are acceptable.

4.3. All footwear must be appropriate for situations in which staff must participate.

Evaluations and Probation Period

Date Effective: August 2026

Policy Number: E-05

Date Revised:

Page: 1 of 2

This policy applies to:
Staff Members
Board Members

POLICY:

This policy establishes the CCCC's commitment to quality care and continual improvement for the betterment and sustainability of the centre.

PROCEDURE:

1. **Probationary Period**
   - 1.1. The entirety of probation consists of a 90-day period at which employees are still entitled to the same rights and benefits of the personnel agreement, except the appeal procedure in the event of termination.
   - 1.2. Reviews will take place just before the end of the probationary period
   - 1.3. Staff terminated prior to the 90-day period are not required to have notice or any severance pay. After the 90-day period, employees have the right to one week severance pay if immediate termination is taken.
2. **Written Evaluations**
   - 2.1. Performance reviews are used to evaluate general suitability of work being done at the centre, as well as be an open conversation of interests and needs of both the centre and employee. Evaluations are to be positive in nature, seeking to continually grow and enhance the centre and its environment.
   - 2.2. Performance reviews for probationary employees are completed just before the 90-day period of employment and at 6 months of employment.
   - 2.3. All employees will have reviews completed at their first full year of employment, and once per year every year thereafter.
   - 2.4. The Director/Board conducts all performance reviews for staff members

2.5. The Board of Directors conducts performance reviews for the Director.

2.6. All employees may have informal check-ins, in addition to formal written reviews, from the Director and/or Board of Directors.

Health of Staff - Lifting and Moving Objects

Date Effective: August 2026

Policy Number: E-06

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Volunteers
Board Members

POLICY:

For the health and safety of staff, the CCCC commits to procedures that comply with the Occupational Health and Safety Act. This policy outlines such compliance.

PROCEDURE:

1. Carry children only when necessary, in the correct way — one arm under the buttocks and one arm supporting the child's back. Hold the child facing you and avoid resting on your hip as this may cause strain in your back
2. When lifting any child or object, lift with a balanced and comfortable posture.
3. Push rather than pull an object
4. When moving equipment, organize another team member or multiple team members to help lift
5. Minimize lifting by having steps and stools for children at bathroom sinks
6. Keep up-to-date on proper lifting techniques.

Hours of Work

Date Effective: August 2026

Policy Number: E-07

Date Revised:

Page: 1 of 2

This policy applies to:
Board Members
Staff Members

POLICY:

The CCCC promotes working hours schedules that accommodate the most efficient operation of the centre.

PROCEDURE:

1. **General Statements**
   - 1.1. Daily start and stop times of all shifts are to be set by the Director
   - 1.2. Employees reporting for work shall be paid for a minimum of 3 hours at the regular rate of pay.
2. **Full-Time Employees**
   - 2.1. Shall work an 8 hour day, not including lunch breaks, Monday to Friday.
   - 2.2. These employees are entitled to a 30 minute lunch break and two 15 minute rest periods, approximately midway through their shift when possible
3. **Part-Time Employees**
   - 3.1. Shall work hours as specified by the Board of Directors and Director
   - 3.2. Employees who work 3 hours a day are not entitled to a rest period.
   - 3.3. Employees who work 4 or 5 hours a day are entitled to one 15 minute rest period when possible.
   - 3.4. Employees who work 6 hours a day are entitled to a 30 minute lunch break.
4. **Meals and Breaks**
   - 4.1. Employees are free to leave the centre during meal and rest periods, providing they return to duty on time.

5. **Exemptions for Employees**

5.1. Centres may be eligible for exemption of the required percentage of employees with ECE levels if unable to hire a staff with the qualifications (i.e., an exemption for a Director that doesn't have a full completed Level III).

Job Description and Duties

Date Effective: August 2026

Policy Number: E-08

Date Revised:

Page: 1 of 2

This policy applies to:
Staff Members
Board Members
Parents/Guardians

POLICY:

Each staff position available at the CCCC will have job descriptions and duties with most up-to-date versions that can be viewed on the centre's website.

QUALIFICATIONS:

1. All full-time staff must be 16 years of age or older. Student employees, ages 14-16 must have their Young Worker's Readiness Certificate.
2. All staff must complete a Criminal Record Check and Vulnerable Sector Check by the new fiscal year, every 3 years. Staff must complete a Renewal every year.
3. Kitchen staff must have a valid Safe Food Handling Certificate.
4. One staff member who has completed and has a valid First Aid and CPR course is required to be on the premises at all times during operational hours of the centre.
5. The staff member responsible for programming and supervision of child care services must have a minimum of
    5.1. A certificate in child care from a recognized educational facility; or
    5.2. Education/training equivalent to the certificate mentioned in 5.1

PROCEDURE:

1. The Board of Directors is responsible for preparing job descriptions and duties of the Director and Office Administrator and overseeing all other job duties to ensure their efficiency.
2. The Director is responsible for preparing job descriptions and duties of the other childcare workers.

3. The Director is responsible for ensuring staff who are on the floor with children have current and up-to-date education and training courses. If staff are requiring a recertification or check, the Director is to advise the Board of Directors and work with them to plan for recertification.

Volunteers: Description and Duties

Date Effective: August 2026

Policy Number: E-08-1

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Board Members
Parents/Guardians
Volunteers

POLICY:

Each volunteer shall act in accordance with the philosophy, mission, vision, and values of the CCCC.

QUALIFICATIONS:

1. All volunteers must be 16 years of age or older
2. All volunteers must complete a Criminal Record Check and Vulnerable Sector Check by the new fiscal year, every year.

PROCEDURE:

1. At minimum, one of the employed childcare workers must be present in the room at all times when a volunteer is in attendance.
2. Volunteers are only assigned duties that fit their background and capabilities.
3. Volunteers can be counted in Adult to Child ratios.
4. Volunteers must have an:
    a. "Approved Volunteer" Form
    b. "Emergency Contact" Form
    c. "Oath of Confidentiality" Form

Lay Off and Recall

Date Effective: August 2026

Policy Number: E-09

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Board Members

POLICY:

For handling layoffs and termination, the CCCC commits to following Saskatchewan's Employment Standards. The following policy outlines standards to be followed by both the employee and employer.

PROCEDURE:

1. **For Employees**
   - 1.1. All employees who have worked a minimum of 13 weeks with the centre must be given a minimum of 1 week of written notice of end of service. After one year of employment, employees must be given 2 weeks of notice.
   - 1.2. Should it be feasible for the centre to re-hire laid off staff, the staff member should be able to resume their seniority and wage.
2. **For Employers**
   - 2.1. As the employer, the CCCC must give written notice with a specific end date of employment.
   - 2.2. Employers need to give a minimum of 2 weeks written notice for a layoff.

Leave of Absence

Date Effective: August 2026

Policy Number: E-10

Date Revised:

Page: 1 of 2

This policy applies to:
Staff Members
Board Members

POLICY:

The Choiceland Cooperative Childcare Centre follows the Saskatchewan Employment Standards and thus, outlines the following policy for any absences of staff.

The CCCC follows the Employment Standards as listed by the Government of Saskatchewan.

PROCEDURE:

1. Such absences are "job-protected employment leaves" where the employer is not required to pay employees upon leave. Rather, the employee may be eligible for Employment Insurance.
2. The CCCC will act in accordance with Saskatchewan's Employment Standards. For specifics on eligible time per leave, refer to the Government of Saskatchewan webpage. See attached: https://www.saskatchewan.ca/business/employment-standards
3. General Procedure
    a. A current employee who has worked 13 consecutive weeks is eligible for a leave. Employees do not have to meet this criteria to be eligible for a public health emergency leave.
    b. Leaves such as maternity, paternal, or adoption leave require a minimum 4-week notice prior to start of leave. These notices must have the start date of leave and anticipated return date.
    c. If the leave involves a medical issue, the employer has a right to ask for the employee to provide a medical note or certificate from a medical professional for the reason for the leave.

d. Employees continue to accrue seniority and vacation rights while on employment leave or a combination of employment leaves to a maximum of 78 weeks.

TYPES OF LEAVES:

1. Family Leaves
    1.1. Maternity/Paternity Leave
    1.2. Bereavement Leave
    1.3. Crime-Related Child Death or Disappearance
2. Service Leaves
    2.1. Reserve Force Leave
    2.2. Nomination/Election and Candidate/Public Office Leave
    2.3. Citizenship Ceremony Leave
3. Medical Leaves
    3.1. Organ Donation
    3.2. Critically Ill Child Care
    3.3. Critically Ill Adult Care
    3.4. Compassionate Care
4. Interpersonal Violence
    4.1. Interpersonal or sexual violence and is defined by *The Victims of Interpersonal Violence Act*
5. Public Health Emergency
    5.1. Only applies in a public health emergency as declared by the World Health Organization (WHO).

See Appendix CC: Staff Leave Request

Overtime

Date Effective: August 2026

Policy Number: E-11

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Board Members

POLICY:

The Choiceland Cooperative Childcare Centre follows the Saskatchewan Employment Standards and thus, outlines the following policy for any staff overtime.

The CCCC follows the Employment Standards as listed by the Government of Saskatchewan.

PROCEDURE:

1. Overtime is paid to cover additional hours, outside of an employee's regular schedule or to cover insufficient hours of rest between beginnings of shifts (i.e., working over their regular 40 hours in a week or starting at 10am on a Monday but having to be scheduled for a 7am start the Tuesday).
2. The overtime rate is 1.5 times an employee's regular pay (i.e., regular wage is $12/hour, then overtime pay is $18/hour as calculated by $12 x 1.5 = overtime rate)
3. Staff should only be coming in early, staying late, or coming for additional shifts if requested by the Director. This is primarily needed in the event of staff shortage or illness and where casual staff are unable to come in to cover for staff-child ratios.

Payroll

Date Effective: August 2026

Policy Number: E-12

Date Revised:

Page: 1 of 1

This policy applies to:
Board Members
Staff Members

POLICY:

This policy establishes expectations for wage scales and payments to employees that ensures transparency between the Board of Directors and staff members.

PROCEDURE:

1. **Wages**
   - 1.1. Initial wages will be identified on the wage scale based on education and experience. For educators, the ECE Wage Grid is followed.
   - 1.2. Wage scales are reviewed annually by the Board of Directors.
2. **Responsibility Pay**
   - 2.1. Educators who are designated in charge (in the event of absence of both the Director and Assistant Director), will be allotted time and a half or up to a maximum of the Assistant Director's wage for the day they are supervisor.
3. **Pay Periods and Deductions**
   - 3.1. Employees are paid every two weeks. Cut off day will be on Fridays.
   - 3.2. Cheques will be issued within 4 business days.
   - 3.3. Deductions shall be made as required by Federal and Provincial laws.
   - 3.4. No other deductions shall be made without the employee's consent except otherwise provided in the employment agreement.

Sick Leave

Date Effective: August 2026

Policy Number: E-13

Date Revised:

Page: 1 of 1

This policy applies to:
Board Members
Staff Members

POLICY:

The CCCC follows the Employment Standards as listed by the Government of Saskatchewan.

PROCEDURE:

1. Employees from their start of employment to the end of their third year employed are entitled to 3 paid sick days per year. Employees employed for three or more years are entitled to 5 paid sick days per year.
2. To request a sick day, employees must submit a Time-Off Request Form (see Appendix CC) with as much notice as possible and directly contact the Director to ensure the centre can cover their shift for maintaining attendance ratios.
3. Employers may not dismiss or discipline an employee who has worked for them more than 13 consecutive weeks because of absence due to illness or injury if
   - 3.1. The absence does not exceed 12 days in a year for an illness or injury that is not serious
   - 3.2. The absence is due to serious illness or injury and does not exceed 27 weeks in a period of 52 weeks, or if the employee is receiving benefits under the *Workers' Compensation Act*
4. Medical Notes
   - 4.1. An employer cannot require an employee to provide a medical note unless the absence continues for more than two consecutive working days
   - 4.2. Medical notes must be requested in writing

Retention Incentives, Further Education, and Staff Reviews

Date Effective: August 2026

Policy Number: E-14

Date Revised:

Page: 1 of 2

This policy applies to:
Board Members
Staff Members

POLICY:

The CCCC is committed to upholding enhancements for staff to encourage continued employment and satisfaction

PROCEDURES:

1. Wage Increases
    1.1. There are wage enhancements for all staff pending their semi-annual reviews. Wage enhancements commence in the new fiscal year.
    1.2. As a retention and further education incentive, any staff who enroll for and complete each class for one of the three ECE levels, will get a pay raise. The CCCC promotes and encourages further education.
2. Semi-Annual Reviews for Staff
    2.1. 1st Review: June of each year. This review is a "check-in" to discuss any concerns, feedback, and praise. This review also advises steps forward, changes, and adjustments to seek prior to the December review.
    2.2. 2nd Review: December of each year. This review goes over what was discussed in the "check-in" and analyses what has changed. Here is where, if actions are satisfactory, employees get a pay increase in the new fiscal year.
    2.3. Reviews consist of formal discussions with the Director/Office Administrator.
3. Further Education for Staff
    3.1. Staff must either
        3.1.1. pay for their classes upon enrolment to the post-secondary institution
        3.1.2. or the CCCC can pay for enrolment but the staff will have a charge of $25.00 deducted from every paycheque to cover the cost of the class (until the class is paid off).

3.2. Once classes are completed successfully, staff can be reimbursed by the CCCC.

3.3. The Government of Saskatchewan has grants for employees completing education. Such grants allow the CCCC to reimburse employees for select classes and levels of ECE training.

ROLES & RESPONSIBILITIES:

1. **Director/Office Administrator**:
   1.1. Facilitate and plan staff reviews.
   1.2. Provide open and honest feedback in a respectful manner to staff.
   1.3. Provide clear insight into positive attributes and clear objectives for improvement.
2. **Staff Members**:
   2.1. Actively engage in working towards improvements.
   2.2. Participate in reviews, as per the requests of the Director and Office Administrator
3. **Board of Directors**:
   3.1. Be part of reviews as needed, such as with the Director and Office Administrator.
   3.2. Help guide conversations around actionable steps for improving the centre and environment for the betterment of the centre and its occupants.

Workers Compensation (WCB)

Date Effective: August 2026

Policy Number: E-15

Date Revised:

Page: 1 of 1

This policy applies to:
Board Members
Staff Members

POLICY:

Workers Compensation (WCB) shall be provided for all work-related injuries, as per the Workers Compensation Manual.

PROCEDURE:

The CCCC Board of Directors will carry the workers compensation plan and other insurance plans as required by childcare centre regulations.

Employees who are injured on the job must:

1. Shall report injuries immediately to the Director, no matter how small.
2. Accident forms must be completed
3. The employee shall be given time off to see a doctor to go to the hospital as soon as possible as reasonably possible

Annual Vacation

Date Effective: August 2026

Policy Number: E-16

Date Revised:

Page: 1 of 3

This policy applies to:
Board Members
Staff Members

POLICY:

The Choiceland Cooperative Childcare Centre follows the Saskatchewan Employment Standards and thus, outlines the following policy for vacation time.

The CCCC follows the Employment Standards as listed by the Government of Saskatchewan.

PROCEDURE:

1. **Vacation Entitlement:**
   - 1.1. Within an employee's 1st year of employment, vacation hours will accrue. Time within the 1st year of employment is unpaid time.
   - 1.2. After year one of employment, employees are entitled to 3 weeks of vacation.
   - 1.3. Employees with 10 or more years of service are entitled to 4 weeks of paid vacation.
   - 1.4. The Director/Office Administrator will give staff up-to-date balances of their vacation time on a quarterly basis or upon request.
2. **Requesting Vacation**:
   - 2.1. Employees requesting the use of their vacation pay must do so by completing a Time-Off Request Form (see Appendix CC) and submitting it to the Director a minimum of two weeks prior to requested time away.
   - 2.2. As much notice as possible for vacation or time away should be given to allow for schedule adjustments.
   - 2.3. The Director can deny a request that is submitted with too little notice to find replacement staff.

2.4. The Director/Office Administrator will submit personal vacation requests directly to the Board of Directors.

2.5. The Director or Board of Directors must respond to vacation requests within 5 business days.

3. **Vacation Payout**:

3.1. If not taken by the end of year, vacation pay is to be paid out to the employee

4. **Termination, Retirement or End of Employment**

4.1. If an employee is terminated, has retired or ends employment with the CCCC, their vacation pay for the year is to be paid out.

5. **Calculating Vacation Pay**: total annual salary x 3/52 (under 10 years of service) or total annual salary x 4/52 (10+ years of service).

6. **Vacation Changes or Cancellations**:

6.1. Staff seeking to cancel approved vacation days must submit a change to their original Vacation Request Form. This ensures accurate tracking of what vacation hours have been used versus not are upheld.

6.2. If a vacationer request is denied, employees will be given a written explanation for the denial.

ROLES & RESPONSIBILITIES:

1. **Staff Members**

1.1. Plan and submit vacation and time-off requests in a timely fashion, providing as much notice as possible.

1.2. Submit any carryover requests using the appropriate forms by the annual deadline.

1.3. Maintain a monitor and tracking of your personal vacation balances,

1.4. Communicate any questions, discrepancies, or concerns regarding vacation to the Director or Board (if necessary).

2. **Director/Office Administrator**

2.1. Ensure fair and consistent application of this policy is maintained

2.2. Review and approve all vacation requests

2.3. Maintain accurate records of vacation and carryover requests

2.4. Provide staff with up-to-date records of their vacation balances.

2.5. Report any policy breaches to the Board of Directors

2.6. Submit personal vacation and time-off requests to the Board of Directors.

3. **Board of Directors**

3.1. Designated member to review any vacation, carryover or payout requests submitted by the Director and Office Administrator.

3.2. Review, approve, and update this policy as necessary

3.3. Review reports and updates from the Director on concerns and discrepancies identified and submitted by staff. be part of finding a solution as needed.

Documents Related to this Policy:

Government of Saskatchewan Employment Standards

Workplace Communication

Date Effective: August 2026

Policy Number: E-17

Date Revised:

Page: 1 of 3

This policy applies to:
Board Members
Staff Members

PURPOSE:

This policy outlines requirements of communication to uphold the CCCC as professional, organized, and fair.

PRINCIPLES:

The CCCC is committed to being consistent and transparent to supporting the mission, vision, and values of the centre.

The Director, Office Administrator and Board of Directors are main points of contact for all communication efforts.

All team members are expected to treat other staff, parents/guardians, children, and management with respect and fairness in all communication efforts.

POLICY:

1. **Communicating on Behalf of the CCCC**
    1.1. Staff members, whether speaking on behalf of CCCC or not, are prohibited from disclosing any business information, personal and health information, or any other CCCC matters outside of the centre.
    1.2. The CCCC logo, email address, and other professional templates can only be used when speaking in official capacity for the CCCC,
2. **Online and Social Media Relations**
    2.1. The Board of Directors, Director and Office Administrator manage all CCCC communication platforms (website and Facebook).

2.2. All media requests for interviews, statements, or comments must be directed to the Office Administrator and Director.

2.3. Staff may be held responsible for any online communication or content that connects them to the CCCC in a way that is not consistent with the mission, vision or values.

2.4. Staff are prohibited from publishing photos, videos, or artwork of the children, online or otherwise without permission from the Director. Photos of their own children can be shared to parents/guardians through Lillio. Respect and privacy of the children, staff and families based on their choice for use of photos (media consent).

2.5. The posting of confidential and identifying information on social media is strictly prohibited.

3. **Advertising, Promotion and Sponsorship**

3.1. The Office Administrator, Director, and Board of Directors are responsible for approving all communication in regards to advertising, promotion, and recognizing sponsors.

4. **Posters and Displays Within Centre**

4.1. Posters and displays within the CCCC itself must be approved by the Director and Office Administrator.

4.2. The Director may remove any posters or displays at any time if deemed inappropriate by the CCCC based on discretion or if they are expired.

5. **Technology Use**

5.1. Personal devices should not be used during working hours, unless deemed necessary.

5.2. Approved CCCC devices may only be used for CCCC use, including attendance, communicating with parents, pictures and videos of daily activities, etc. Personal use on CCCC devices is strictly prohibited.

ROLES & RESPONSIBILITIES:

1. **Staff Members**

1.1. Engage the Director or Office Administrator in regards to any issues or breaches that arise regarding the brand of the CCCC

1.2. Maintain standards of communication that align with the CCCC mission, vision, and values.

1.3. Maintain work standards in regards to technology use.

2. **Director/Office Administrator**

2.1. Understand and enforce the policy by leading staff

2.2. Offer guidance to staff members regarding application of this policy

2.3. Follow up on all concerns regarding this policy

2.4. Ensure timely communication to all staff, parents/guardians, sponsors, and community at large.

3. **Board Members**

3.1. Engage in communication with sponsors and the community

3.2. Advise the Director and Office Administrator in regards to any issues that present themselves.

3.3. Review and update policy as needed

Employee as Parent

Date Effective: August 2026

Policy Number: E-18

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Board Members
Parents/Guardians

POLICY:

An employee shall have the right to have his or her child(ren) attend the centre. However, when possible, the employee must not work in the same room or level as his or her child(ren).

PROCEDURE:

1. Employees' children will be admitted the same as all other registrants. However, employees may get moved up the waitlist as needed to ensure they have childcare for their employment.
2. Employees as parents have the same rights and obligations as other parents.
3. Parents are to be in a different room than their child(ren), when possible.

Substance Use and the Workplace

Date Effective: August 2026

Policy Number: E-19

Date Revised:

This policy applies to:
Staff Members
Board Members
Parents/Guardians
Volunteers

PURPOSE:

This policy establishes the responsibilities and expectations of the Choiceland Cooperative Childcare Centre (CCCC) with regards to substance use when ensuring a safe environment for children and staff.

PRINCIPLES:

1. Staff must be fit for duty when working with children and remain so during shifts at the centre.
2. The confidentiality and staff members personal health information will be respected and protected in accordance with the *Health Information Protection Act (HIPA)*.
3. All parties will comply with the occupational health and safety obligations as outlined in the *Saskatchewan Employment Act* and the *Occupational Health and Safety Regulations, 2020*.
4. The CCCC will comply with the *Saskatchewan Human Rights Code* when handling staff and children.

DEFINITIONS:

Substance: a physical matter including alcohol, cannabis, illegal/illicit substances, prescription and over-the-counter medications.

- **Alcohol**: means the intoxicating agent in alcohol and includes but is not limited to beer, wine, and distilled spirits.
- **Recreational Substance**: means a legally obtained substance taken for enjoyment or leisure purposes rather than for medical reasons.

- **Illegal/Illicit Substance**: means any drug or substance that is not legally obtainable or whose use, sale, possession, purchase, or transfer is restricted or prohibited by law (i.e., “street drugs” such as cocaine, crystal methamphetamine, usage of other medications, etc.)
- **Medication**: means a drug obtained legally, either over the counter or through a licensed healthcare practitioner in form of prescription or authorization (i.e., authorized medical cannabis - marijuana), and taken as prescribed (i.e., correct dosage, time, etc.)

Drug: means a chemical substance that acts within the body and is taken to produce various effects such as diagnosis, cure, mitigation, treatment, prevention of disease, or recreational purposes. Drugs may be legal or illegal.

Fit For Duty: the state in which a staff member, volunteer, or board member can safely and effectively perform their job and required duties (i.e., performance on duty is not altered or affected by the use of a substance).

Workplace: All CCCC premises and locations where staff and volunteers perform work-related duties (i.e., centre facility, outdoor play space, off-site activity areas, community facilities while on duty, WMS building and grounds, etc.)

Substance Use Disorder/Addiction:

POLICY:

There is a responsibility of the board, staff, and volunteers to ensure the safety and well-being of the children in their care. All staff are required to work in a safe, efficient, and effective manner. The CCCC is responsible for promoting a healthy workplace and ensuring the health, safety, and welfare of staff, children and their families as far as reasonably possible.

1. **Fit For Duty**
    1.1. Staff and volunteers must report to work fit for duty and remain so through the entirety of their shift
    1.2. Staff and volunteers are expected to perform their duties in a manner that ensures their health and safety, and the health and safety of others who may be affected

1.3. Staff and volunteers are to notify the Director if they suspect performance may be affected by substance use or there is a risk to health, safety or property due to their condition.

1.3.1. If the Director is suspected of substance abuse, the concerns are to be directed to the Board of Directors.

1.4. The Concerns and Feedback Form must be completed if another member's performance is possibly affected by substance use.

2. **Medical Use of Substances**

2.1. Staff and volunteers using prescribed substances must ensure they do not impair their ability to perform their duties.

2.2. If unsure if a prescribed medication or substance could alter their performance, the person must seek clarity from a licensed healthcare provider.

2.3. Upon request, staff or volunteers will provide confirmation from their licensed healthcare provider that they are either fit for duty or require medical restrictions.

2.4. If a substance has the ability to impair duties, the staff or volunteer must notify the Director (or Board of Directors when it comes to the Director's abilities).

3. **Accomodation Requests**

3.1. Staff and volunteers seeking accommodation for a substance use disorder/addiction must notify the Director who will address the request in compliance with relevant laws and policies.

4. **Unscheduled Duty**

4.1. Staff or volunteers who are asked to report for duty at an unscheduled time and are unfit for duty due to substance use or any other reason must decline the request

4.2. Members must respond in a timely manner whether or not they are able to accept or decline the requested shift.

4.3. Declining an unscheduled shift due to substance use will not result in any repercussions; however, failure to respond to the request may be subject to follow-up to ensure open communication and accountability.

5. **Prohibited Activities**

5.1. Possession, distribution, or use of recreational substances, including alcohol and cannabis, is prohibited on CCCC property, during work hours (on or off CCCC property), or during any period in which the member is carrying out duties.

5.2. Any devices or paraphernalia used for the consumption of prohibited or prescribed substances, such as cannabis, vape pens, pipes, or other similar items, are strictly prohibited on CCCC premises

5.3. If a daycare-sponsored event is serving alcohol, members may consume alcohol if they are not on duty or representing the CCCC. If there is uncertainty whether alcohol consumption is appropriate, the Director must be conversed with for answers.

ROLES & RESPONSIBILITIES:

1. **Staff Members:**

1.1. Understand and comply with this policy.

1.2. Notify the Director if they are unfit for duty or if they suspect another member to be unfit for duty

1.3. Report any concerns to the Director or Board of Directors

2. **Director/Office Administrator:**

2.1. Monitor staff and volunteer compliance to ensure the safety of the environment

2.2. Address accommodation requests promptly

2.3. Notify the Board if they are unfit for duty

2.4. Ensure privacy and appropriate documentation is maintained at the centre

2.5. Assist in follow-up concerns regarding this policy

3. **Board Members:**

3.1. Review, approve, and periodically update policies and procedures to ensure compliance with *The Saskatchewan Employment Act*, *The Occupational Health and Safety Regulations, 2020,* and the *Saskatchewan Human Rights Code* as suggested by the Director

3.2. Take appropriate action if the Director reports they are unfit for duty or if they are suspected of being unfit for duty.

3.3. Provide oversight and guidance for concerns related to this policy.

Documents Related to this Policy:

Child Care Act, 2014

Child Care Regulations, 2015

Child Care Licensee Manual, 2015

The Saskatchewan Employment Act

The Occupational Health and Safety Regulations, 2020

The Saskatchewan Human Rights Code

Criminal Record Check and Vulnerable Sector Check

Date Effective: August 2026

Policy Number: E-20

Date Revised:

This policy applies to:
Staff Members
Volunteers
Parents/Guardians
Board Members

PURPOSE:

In accordance with the *Child Care Regulations, 2015* and and *Child Care Act, 2014*, the CCCC requires a Criminal Record Check (CRC) and Vulnerable Sector Check (VSC) from all staff, volunteers, and relevant individuals.

POLICY:

1. **Initial Checks**
   - 1.1. All new board members, staff members and volunteers, must submit a CRC and VSC prior to commencement of work or volunteer duties.
   - 1.2. CRC's and VSC's are acceptable if completed within the past 6 months and original copies are provided (not photocopies).
   - 1.3. Employees under the age of 18 must submit a CRC but a VSC is not required. These staff members are always supervised when in the presence of children.
2. **Renewal of Checks**
   - 2.1. CRCs and VSCs must be updated every 3 years for all staff members and every year for volunteers.
   - 2.2. Staff will be required to complete an Employment Renewal Form, which will ask for any changes or possible inquiries related to criminal cases or charges each year.
   - 2.3. If at any time a CRC or VSC changes, it is the responsibility of the staff or volunteer to notify the Director and Office Administrator. Severity of offence will determine whether an investigation is required. Upon completion of an

investigation, the staff or volunteer will either be reinstated or terminated for cause at the discretion of the Board of Directors.

3. **Obtaining Checks**

   3.1. Board members, staff and volunteers are responsible for obtaining CRCs and VSCs from the local RCMP detachment. Any fees are not reimbursed for employees or volunteers.

4. **Review and Decision Making**

   4.1. CRCs and VSCs are reviewed by the Director and Office Administrator to determine applicant suitability. Office Administrator and Director CRCs and VSCs are reviewed by the Board of Directors.

   4.2. Any convictions or charges are assessed on a case-by-case basis, taking into consideration the nature of the offence and its relevance to the role.

5. **Non-Compliance**

   5.1. Failure to provide a CRC and VSC as required will mean the board member, staff or volunteer is not permitted to work with the CCCC.

   5.2. Any falsification related to CRCs and VSCs will result in immediate dismissal or disqualification.

6. **Appeals and Exceptions**

   6.1. A written review or appeal is permitted if an employment or volunteer opportunity is denied based on CRC or VSC basis. Requests are to be submitted to the Board of Directors within 7 days of the denial.

ROLES & RESPONSIBILITIES:

1. **Staff and Volunteers**

   1.1. Obtain and submits CRCs and VSCs as required

   1.2. Notify the Director and Office Administrator of any changes to the status of their CRC and/or VSC.

   1.3. Report any concerns regarding compliance with the policy to the Director and Office Administrator.

2. **Director/Office Administrator**

   2.1. Obtain and submits CRCs and VSCs as required

   2.2. Notify the Director and Office Administrator of any changes to the status of their CRC and/or VSC

2.3. Ensure compliance with the policy from other staff and volunteers

2.4. Keep up-to-date records of CRCs and VSCs of staff and volunteers, requesting new documents every year.

2.5. Address non-compliance issues and manage appeals.

3. **Board of Directors**

3.1. Ensure all board members are in compliance with this policy.

3.2. Review and approve CRCs and VSCs of the Director and Office Administrator

3.3. Assist the Director and Office Administrator in reviewing CRCs and VSCs as needed.

3.4. Address non-compliance issues and manage appeals.

3.5. Provide oversight and guidance on this policy.

Documents Related to this Policy:

Child Care Act, 2014

Child Care Regulations, 2015

Child Care Licensee Manual, 2015

Nutrition

Food Purchasing, Preparation and Distribution

Date Effective: August 2026

Policy Number: F-01

Date Revised:

Page: 1 of 2

This policy applies to:
Staff Members
Parents/Guardians
Board Members

POLICY:

This policy establishes procedures for obtaining, preparing and distributing food for the Choiceland Cooperative Childcare Centre.

PROCEDURE:

1. **Purchasing**
   - 1.1. The Kitchen Cook shall prepare a 6-week meal plan (Appendix EE), which will be used to prepare a grocery list. All plans should work to fit within the allocated food budget for the year.
   - 1.2. The CCCC obtains a partnership with the Lake Country CO-OP in Choiceland for weekly and/or bi-weekly orders.
   - 1.3. The Kitchen Cook should create grocery lists and pick up all orders. The Office Administrator will confirm and place orders.
   - 1.4. If there are items on the grocery list that Choiceland CO-OP cannot supply, the Kitchen Cook, Director and Office Administrator must confer to determine a method forward.
2. **Preparation**
   - 2.1. All Kitchen Cooks and persons who are preparing food must have their "Safe Food Handling Course" that is up-to-date.
   - 2.2. All staff must adhere to practices in the "Safe Food Handling Course".

3. **Distribution**

3.1. All staff must follow sanitation codes and guidelines for distribution of food in the centre.

3.2. Tables must be wiped before and after meals and snacks.

3.3. Dishes must go through proper cleaning and sanitation processes.

3.4. Staff must also abide by guidelines for eating with or around children.

Nutrition Plan

Date Effective: August 2026

Policy Number: F-02

Date Revised:

Page: 1 of 2

This policy applies to:
Staff Members
Board Members
Volunteers
Parents/Guardians

POLICY:

The CCCC provides children with two snacks and one hot lunch. The CCCC shall follow the below procedures and guidelines when it comes to meal plans for the centre.

PROCEDURE:

1. The centre ensures that meal plans are chosen and prepared as per Canada's Food Guide
2. Menus, also known as Meal Plans, are determined in advance. The upcoming weeks menu shall be posted on Lillio the Friday prior so parents can plan in advance if they need to supply any supplemental items.
3. No more than 3 hours should elapse between the provision of food to children in the centre
4. Food is served to school-age children when they are in the centre over the lunch period or where there is more than one hour in the centre's care after school.
5. Where a child requires a special diet, the child's food shall be prepared by the centre or the parent, at the discretion of the centre. The CCCC will try their utmost to accommodate all diets, however, the centre will have conversations with parents as to the best way forward for safety and efficiency.
6. Children cannot be forced to eat any specific foods. Children are encouraged to try foods but staff are not permitted to force children to eat specific foods over others nor be denied attending activities because of issues eating.

7. Parents are allowed to bring a snack or treat (i.e., cake, cookies, etc.) for all children on days such as holidays, etc. However, it must comply with guidelines (i.e., nut-free, non-allergenic) and the Director must be notified a minimum of 2 days in advance. The Kitchen Cook can then plan around special snack times.

Documents Related to this Policy:

Canada's Food Guide

Special Diet

Date Effective:August 2026

Policy Number: F-03

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Parents/Guardians
Volunteers
Board Members

POLICY:

The CCCC is committed to establishing meals and snacks that are non-allergenic as much as possible.

PROCEDURE:

1. Meal Plans
    1.1. Weekly Meal Plans are planned in advance for both the CCCC and parents to see.
    1.2. The Kitchen Cook will post the following week's meal plan by the Friday of each week.
2. Other Circumstances
    2.1. In circumstances of major allergies, parents will be required to help accommodate portions of the meal plans. Parents will be required to supply additives (i.e., milk, butter, etc.) and in some circumstances, snacks, to help accommodate their child’s needs and ensure their safety.
    2.2. The CCCC is committed to working with families on how to best plan and prepare meals for each child. Upon registration of a child with severe allergies, the Director and parents/guardians will have specific discussions around nutrition.

Safety and Security

Accident Prevention

Date Effective: August 2026

Policy Number: G-01

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Board Members

POLICY:

The CCCC is diligent when it comes to ensuring safety in the environment of the centre at all times.

PROCEDURE:

The following procedures must be taken to remove as many potentials for accidents as possible:

1. Wipe up liquid spills on floors and surfaces
2. Use a detergent solution to clean up any grease
3. Keep items for children to play with at child height. All other items and materials should be put away when not in use.
4. High shelves (above child height) must be fastened to the wall to avoid collapse.
5. All small pieces that may be choking hazards must be picked up
6. Use a ladder or step stool when reaching for overhead objects
7. Do not leave sharp objects in soapy water. Store sharp hazards in their designated spaces (high up and away).
8. Report broken electrical switches or worn out electrical insulations that may cause possible shocks or burns.
9. Ensure safety guards are in safety positions when operating mechanical equipment. Report any broken or malfunctioning safety guards or casing. Do not operate equipment until repaired.
10. Disconnect electrical supply before washing any electrically operated equipment

Emergency Preparedness

Date Effective: August 2026

Policy Number: G-02

Date Revised:

Page: 1 of 3

This policy applies to:
Staff Members
Board Members
Volunteers
Parents/Guardians

PURPOSE:

This policy is established to ensure effective response to emergencies at the CCCC. The policy outlines practices to be followed in the event of an emergency.

POLICY:

1. **Type of Emergency**
   - 1.1. Fire, natural disasters (i.e., storms, tornadoes, floods), medical emergencies, disruption of services (i.e., utility failures, extended closures), and issued threats (i.e., bomb threats, active shooter, etc.)
   - 1.2. For additional information on responses and procedures to the following emergencies, see below the respective procedures.
2. **Emergency Responses**
   - 2.1. Evacuation: a response to be used when the internal environment poses a risk, such as in emergencies like fire, disruption of services, and in some cases, issued threats.
   - 2.2. Shelter-In-Place: a response to be used in emergencies when the internal environment is safe but the potential for danger lies in the external environment. These instances are natural disasters and issued threats.
   - 2.3. Lockdown: a response for when a threat is within or in relation to the CCCC vicinity. These are primarily used for issued threats.
   - 2.4. Hold and Secure: a response for when a confirmed threat or emergency situation has the potential to compromise safety. This can include issued threats.

3. **Compliance Monitoring**

3.1. Regular practices and routine check-ins are completed to ensure compliance and knowledge of the policy.

3.2. Any areas of improvement that may be identified will be promptly addressed and corrected.

4. **Reporting and Documentation**

4.1. Accurate documentation is to be maintained for all emergencies. Emergency Incident Form (Appendix GG) must be complete and include records, personal accounts, feedback, and any other documentation.

5. **Review and Revision**

5.1. This policy is reviewed periodically to ensure effectiveness and relevance. Adjustments to the policy are made as necessary to address changing practices and preparedness for emergencies.

ROLES & RESPONSIBILITIES:

1. **Staff Members/Volunteers**

1.1. Ensure familiarity with the procedures for emergencies

1.2. Participate in any training or updates as required

1.3. Take immediate action in case of an emergency

1.4. Complete the Emergency Incident Form (Appendix GG) after an incident and submit it to the Director.

2. **Director/Office Administrator**

2.1. Maintain accurate documentation of employment records.

2.2. Understand, train, educate, and enforce this policy.

2.3. Schedule and oversee regular emergency drills.

2.4. Coordinate communication, when needed, to staff, volunteers and emergency services.

2.5. Communicate any updates, changes, training, and revisions to this policy to all staff members, volunteers, and as needed, board members.

3. **Board of Directors**

3.1. Review, approve, and periodically update policies and procedures to ensure compliance with emergency preparedness and safety regulations.

3.2. Review reports and updates from the Director/Office Administrator regarding risk assessment and mitigation, requests for resources, and compliance with the policy.

3.3. Provide oversight and guidance on emergency procedures.

Documents Related to this Policy:

Procedure: Fire Evacuation

Date Effective: August 2026

Policy Number: G-02-P1

Date Revised:

This policy applies to:
Staff Members
Board Members
Volunteers
Parents/Guardians

PURPOSE:

This policy ensures the safe and orderly procedure for an evacuation of the CCCC. The procedure is designed to reduce panic and ensure all occupants exit the building safely and quickly.

PROCEDURE:

1. **Immediate Actions**
   - 1.1. *Fire Alarm Activation*: The fire alarm should sound automatically when a fire is detected. However, if you see fire or smoke and the alarms have not sounded, manually activate the nearest fire alarm system or notify all staff and volunteers.
   - 1.2. *Emergency Announcement*: The Director or most senior staff member on-site at the time of a fire must make the announcement to leave the building and take note of attendance and ensure all leave the building. If available at the time, call 9-1-1 with the centre's name, address and other relevant details (see below).
2. **Evacuation Process**
   - 2.1. *Calmly Direct Children*: Staff members and volunteers on-site should remain composed and instruct children in an orderly manner. For infants, they are to be placed in the evacuation crib and rolled out of the centre to the muster point.
     - 2.1.1. All children must wear indoor shoes all day to be ready for immediate evacuation if needed.

2.2. *Grab Emergency Supplies*: If possible, one staff member will grab the attendance sheets (iPad) and the emergency backpack, which will contain a first aid kit, emergency contact information, and other essential items.

2.3. *Room Counts*: Once children are lined up or in evacuation cribs, a quick headcount must be completed to ensure all children, staff and volunteers are accounted for.

2.4. *Use of Designated Exits*: Lead children to the nearest exit. Avoid an exit that does not appear to be safe from fire or smoke.

2.5. *Assist Special Needs*: Ensure children with mobility issues or additional needs are assisted by their designated staff member.

2.6. *Close Doors and Windows Behind You*: As each room is exited, close the door to help contain the fire. If possible, ensure all windows are closed and window hangings are open.

2.7. *Proceed to Muster Point*: Guide children to the designated muster point. The muster point is predetermined and identified on the emergency exit plans tag each point of exit in the CCCC building.

2.7.1. Muster Point 1 (main):

2.7.2. Muster Point 2 (alternate):

2.7.3. The alternative should only be used when all children are in the outside play area.

2.8. *Room Counts (at Muster Point)*: Once at the muster point, staff must immediately conduct a headcount to ensure everyone is accounted for. Use the attendance sheets (iPad) for this task.

2.9. *Report Missing Persons*: If anyone is missing, report this immediately to the Director or Office Administrator and the emergency service team. Do not re-enter the building to search for missing persons.

2.10. *Contact Emergency Services*: Call 9-1-1, if it has not been done yet. Provide the centre's name, address, and any relevant details about the fire and number of people evacuated.

2.11. *Parent Notification*: Inform parents and guardians of the emergency situation via the Lillio app with any relevant details regarding attendance and safety of building occupants.

2.12. *Await Further Instructions*: Remain at the muster point until emergency services arrive and give further instructions. Do not return to the building until it has been declared safe by fire team officials.

3. **Post-Evacuation Actions**

3.1. *Re-Entry*: No one shall re-enter the building until it is cleared by the fire team.

3.1.1. If the building is deemed safe, re-enter and notify parents and guardians.

3.1.2. If the building is deemed unsafe, contact parents and guardians for pick-up of the children.

3.2. *Incident Report (Form)*: The most senior staff member on-site will complete the Emergency Incident Form (Appendix GG) and submit to the Director/Office Administrator.

3.3. *Review and Debrief*: The Director/Office Administrator shall conduct a debriefing session with staff members and volunteers to discuss the incident, review the process of what went well and what did not, and converse of future changes.

3.4. *Parent Communication*: The Director will follow up with parents/guardians and provide a full account of the intent and the measures taken to ensure the children's safety.

4. **Training and Drills**

4.1. *Regular Drills*: Drills will be conducted monthly to ensure all staff and children are familiar with an evacuation procedure. Each drill is to be recorded using the Record of Fire Drill Evacuations (Appendix HH).

4.1.1. For drills conducted in winter months, coats can be grabbed beforehand for staff and children.

4.1.2. Drills will be scheduled and made aware to parents and guardians.

4.2. *Staff Training*: The Director will provide information on fire safety, the use of fire extinguishers, and updates on the evacuation procedure annually to staff at scheduled staff meetings.

4.3. *Child Education*: Staff members are expected to teach children about fire safety in age-appropriate manners and include what to do in a fire evacuation.

5. **Fire Equipment Maintenance**

5.1. *Annual Inspection*: The Director is to schedule annual inspections of all fire equipment with the local fire chief to ensure compliance with licensing. The Director will also annually employ a certified fire extinguisher technician to inspect all portable fire extinguishers.

5.2. *Maintenance*: The Director will be notified by staff members if and when any additional maintenance is required on the fire equipment. Staff members are to conduct visual inspections monthly on all equipment.

See Appendix II for muster points

Procedure: Natural Disasters

Date Effective: August 2026

Policy Number: G-02-P2

Date Revised:

Page: 1 of 9

This policy applies to:
Staff Members
Board Members
Volunteers
Parents/Guardians

PURPOSE:

This policy ensures the safe and orderly procedure for a shelter-in-place within the CCCC. The procedure is designed to reduce panic and ensure all occupants exit the building safely and quickly.

PROCEDURE:

1. **Types of Disasters & Procedures**
   - 1.1. **Wildfires**: when dry conditions, lightning strikes, or human activity lead to fires, particularly in forested areas.
     - 1.1.1. If a wildfire threatens the area, the facilities will be evacuated immediately following the *Evacuation* Process. Parents will be notified of the evacuation and to pick up children.
     - 1.1.2. If a wildfire is nearby, but not an immediate threat, the *Shelter-In-Place* process will be followed to avoid smoke inhalation.
   - 1.2. **Flood**: when heavy rainfall, snow melt or ice jams causing flooding of water in the community.
     - 1.2.1. If substantial amounts of water is to present itself in the building, parents will be notified immediately of an *Evacuation* process and asked to pick up their children.
     - 1.2.2. If flooding is occurring in the CCCC yard, children will *Shelter-In-Place* to maintain safety. Water in the yard has to be substantial, not merely puddles!

1.3. **Severe Storms (Summer/Winter)**: storms that lead to power outages, property damage, dangerous driving conditions, extreme temperatures, etc.

1.3.1. In severe storms, staff and children will maintain the *Shelter-In-Place* process.

1.3.2. In extreme cases, the *Evacuation* process may be taken if there is a loss of services, damage, or concerns for safe transportation. Parents will be notified if evacuation is necessary.

1.4. **Tornados**: Saskatchewan can be prone to tornadoes during the summer months and cause significant damage to property or pose a risk to lives.

1.4.1. In most cases, staff will use the *Shelter-In-Place* process as they can, otherwise, *Hold and Secure* may be necessary, where children and staff remain in one, safe location within the building.

2. **Shelter-In-Place Process**

2.1. The Shelter-In-Place process will be initiated by the Director or most senior staff (as designated). The message is "Attention: Shelter-In-Place in Process" which will be communicated verbally within the centre and on Lillio to parents, if able to do so in the moment. Otherwise, information to parents via Lillio will be added once children are safely secured.

2.2. Once alerted the following process starts:

2.2.1. If outside, all staff and children re-enter. Exterior doors and all windows are shut and locked. Necessary interior doors are also locked.

2.2.2. Direct children to the safe location (see appendix JJ).

2.2.3. Conduct a headcount to ensure all children and adults are accounted for.

2.2.4. If anyone is missing, report immediately.

2.2.5. The Shelter-In-Place will remain in effect until the threat is removed. The CCCC should look for guidance from authorities for this manner.

3. **Evacuation Process**

3.1. In most cases, evacuation in these cases means immediate contact to parents and guardians for pick-up as soon as possible. Otherwise, the standard evacuation procedure will be followed.

3.2. Parents will be notified via Lillio of a natural disaster threat that requires immediate pick-up.

3.3. Staff will leave once the children are all picked-up.

4. **Post-Emergency Actions**

4.1. *Parent Communications*: The Director will follow-up with all parents via the Lillio app following the conduct of an emergency procedure. For Shelter-In-Place, the message will be "Attention: Shelter-In-Place Done" with further explanation as needed.

4.2. *Follow-Up Care*: Ensure children and adults receive appropriate follow-up or debrief as needed. The Director and Office Administrator shall work together on this aspect of actions.

4.3. *Incident Report*: The most senior staff, most often the Director, will complete the Emergency Incident Form (Appendix GG) and submit to the Director, Office Administrator and Board of Directors.

4.4. *Review and Debrief:* The Director and Office Administrator will conduct a debriefing session with staff to review procedures and process, what went well, and identifying areas of improvement.

5. **Training and Drills**

5.1. *Regular Drills*: The Director and Office Administrator will plan, notify, and conduct quarterly Shelter-In-Place drills. These will be documented by the Director and Office Administrator.

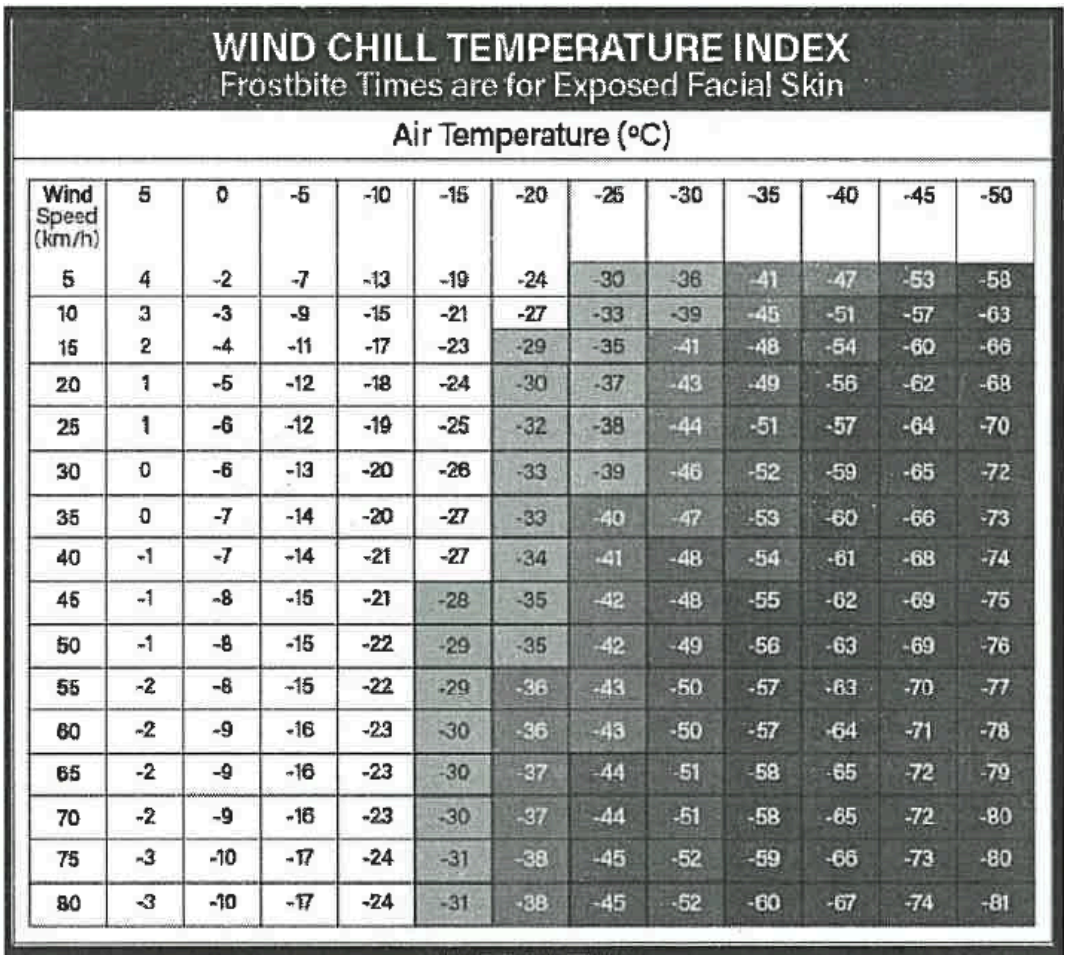
5.2. *Staff Training*: The Director and Office Administrator will provide annual training sessions or renewals of information regarding all emergency procedures.

5.3. *Child Education*: Staff are expected to teach children about natural disasters in an age-appropriate manner, as well as educate on what to do in an emergency procedure.

Incremental Weather

The decision to walk or play outside will be based on the following factors: temperature, precipitation, wind conditions and air quality. The Weather Network or other trusted Weather service will be used for guidance. The guidelines below outline when parents/guardians must arrange transportation and children will be kept indoors. (ex. the temperature and windchill is deemed unsafe)

- **Temperature**
    - Anything -27C with or without windchill or colder and anything +34C with a humidex less than 20 or warmer (A higher humidex will change this parameter). If the UV Index is greater than 8 this will also be taken into consideration.
    - Any changes outside of this range will be communicated to parents/guardians via Lillio.



WIND CHILL TEMPERATURE INDEX
Frostbite Times are for Exposed Facial Skin

Air Temperature (°C)

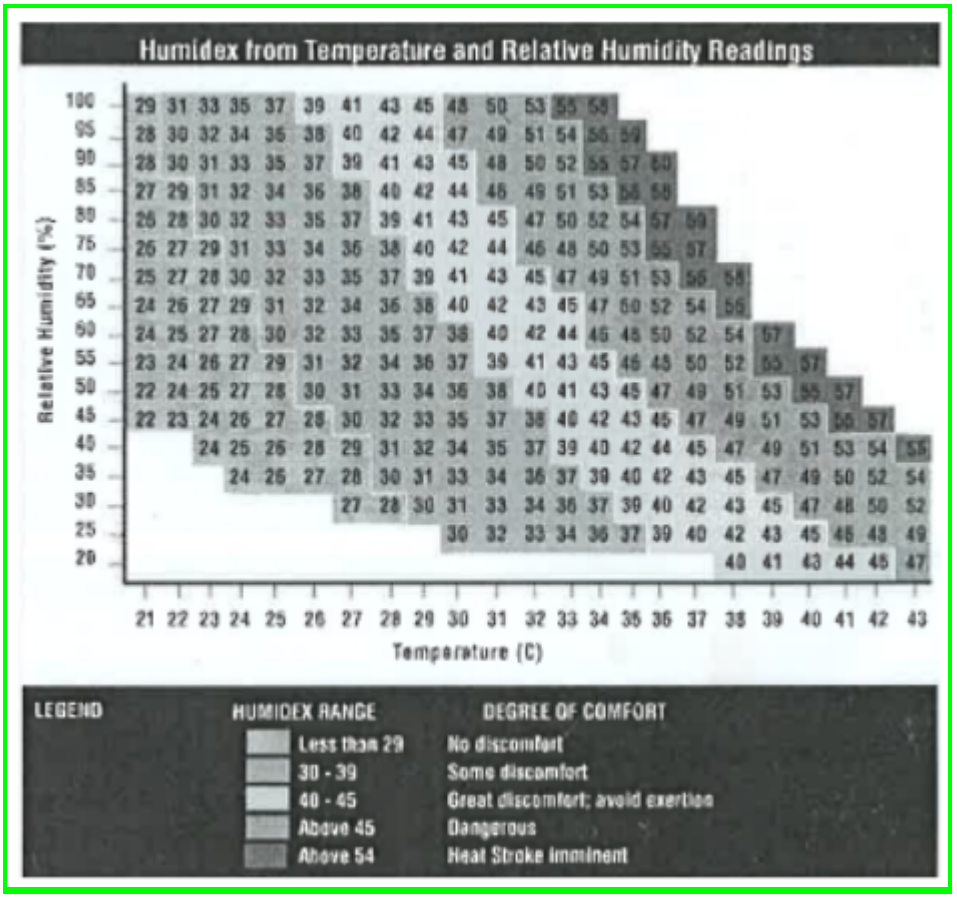
Wind Speed (km/h)	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45	-50
5	4	-2	-7	-13	-19	-24	-30	-36	-41	-47	-53	-58
10	3	-3	-9	-15	-21	-27	-33	-39	-45	-51	-57	-63
15	2	-4	-11	-17	-23	-29	-35	-41	-48	-54	-60	-66
20	1	-5	-12	-18	-24	-30	-37	-43	-49	-56	-62	-68
25	1	-6	-12	-19	-25	-32	-38	-44	-51	-57	-64	-70
30	0	-6	-13	-20	-26	-33	-39	-46	-52	-59	-65	-72
35	0	-7	-14	-20	-27	-33	-40	-47	-53	-60	-66	-73
40	-1	-7	-14	-21	-27	-34	-41	-48	-54	-61	-68	-74
45	-1	-8	-15	-21	-28	-35	-42	-48	-55	-62	-69	-75
50	-1	-8	-15	-22	-29	-35	-42	-49	-56	-63	-69	-76
55	-2	-8	-15	-22	-29	-36	-43	-50	-57	-63	-70	-77
60	-2	-9	-16	-23	-30	-36	-43	-50	-57	-64	-71	-78
65	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79
70	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-80
75	-3	-10	-17	-24	-31	-38	-45	-52	-59	-66	-73	-80
80	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81

UV INDEX

The UV Index forecasts the intensity of ultraviolet (UV) light for a given day. The index helps people know what precautions to take to avoid sunburn or other skin damage from being in the sun too long.

The UV index is listed on local weather reports. Sun protection measures, such as wearing sunscreen, should always be taken when the UV index is 5 or above. The UV index is measured on a scale of 0 to 11+.

- 0 to 2: low exposure to UV rays is expected for that day. Wear UV-blocking sunglasses on bright days, and cover up your skin if it burns easily. Snow and water can reflect the sun's rays and increase the UV strength. Skiers and swimmers should take special care: they should wear sunglasses or goggles and apply broad-spectrum sunscreen with an SPF of at least 30.
- 3 to 5. Moderate exposure is expected for that day. If you will be outside, wear protective clothing, a wide-brimmed hat, and UV-blocking sunglasses, staying in the shade between 11am and 3pm. If you will be in the sun, apply on any bare skin a broad-spectrum sunscreen with an SPF of at least 30.
- 6 to 7: High exposure is expected for that day. Protective measures include covering up by wearing a wide-brimmed hat and UV-blocking sunglasses, staying in the shade between 11am and 3pm, and using on any bare skin a broad spectrum sunscreen with an SPF of at least 30.
- 8 to 10: Very high exposure is expected for that day. Limit the time you spend outdoors between 11am and 3pm. Wear protective clothing, a wide-brimmed hat, and UV blocking sunglasses. Other protective measures include staying in the shade and using on any bare skin a broad-spectrum sunscreen with an SPF of at least 30.
- 11+: Extreme exposure is expected for that day. Avoid sun exposure between 11am and 3pm. Unprotected skin can burn in minutes. Everyone should cover up and wear a hat and UV-blocking sunglasses. White sand and other bright surfaces reflect UV and will increase UV exposure. Stay in the shade as much as possible, and use on any bare skin a broad spectrum sunscreen with an SPF of at least 30.



- **Precipitation**
  - **Rain**: Light rain may be manageable, but heavy rain can lead to slippery surfaces and reduced visibility. The CCCC will use its discretion, especially if there's a risk of flash flooding.
    - Light rain is defined by a low precipitation rate, usually less than 2.5 millimeters (0.1 inches) per hour. This type of rain is often more of a drizzle, with individual raindrops being small and spaced out.
    - Heavy rain is typically defined by a precipitation rate exceeding 7.6 millimeters (.3 inches) per hour. This level of rainfall can result in rapid runoff, especially in urban areas with impervious surfaces, leading to flooding in streets and low-lying areas.
  - **Thunderstorms:** It is generally unsafe to be outside during thunderstorms. Lightning poses a significant risk, and heavy rain can lead to flash flooding. The CCCC will keep children indoors and wait for the storm to pass.
  - **Snow:** The CCCC will take visibility, temperature and day/night lighting conditions into consideration when determining if children will walk in snow. Light snow conditions will allow walking, moderate and heavy snow will need an evaluation to make a decision.
    - Light snow is defined by a low rate of snowfall accumulation, often a trace to 0.9 inches of snowfall per hour. The visibility during light

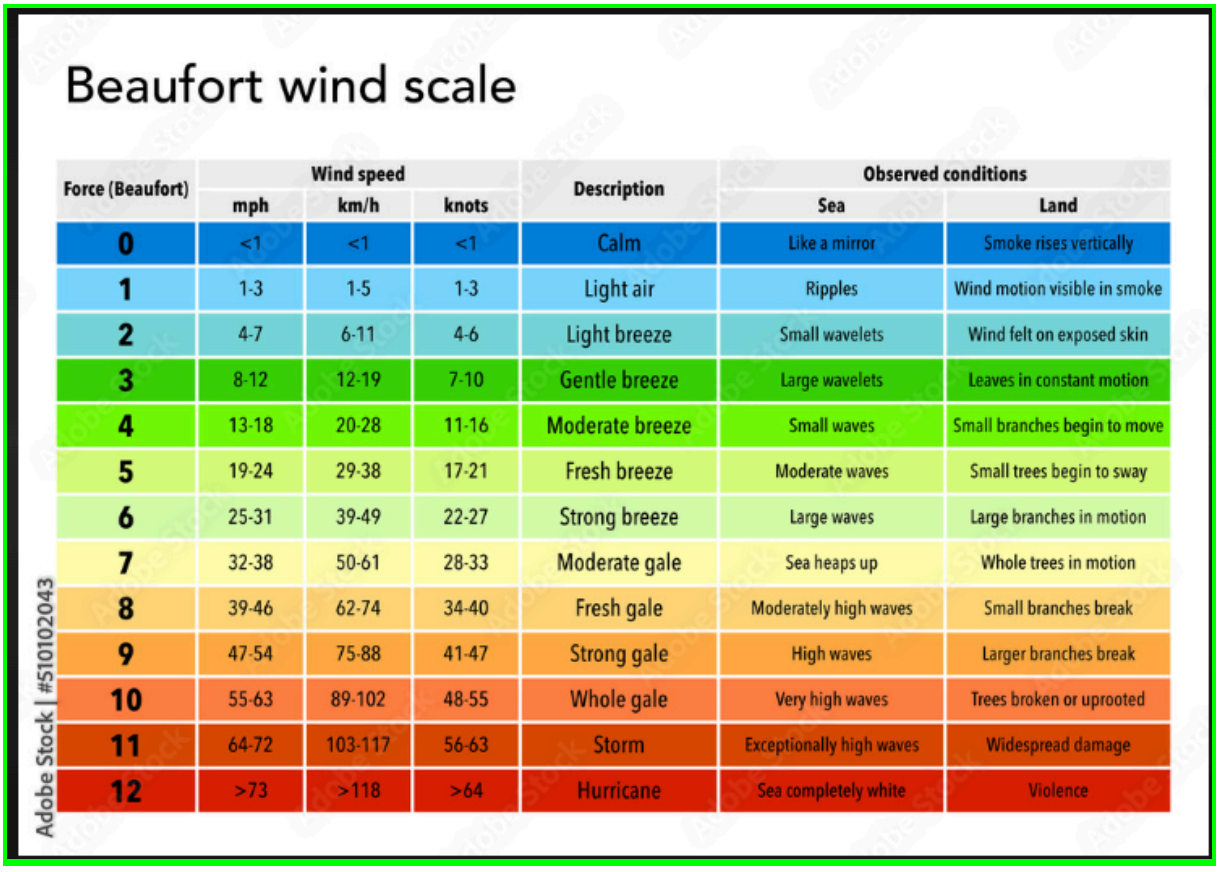
snow conditions is generally not severely affected, and the snow may not accumulate significantly on surfaces.
        - Moderate snow is defined as 1 to 2.8 inches of snowfall per hour. The visibility during moderate snow conditions is generally moderately affected, and the snow may accumulate significantly on surfaces.
        - Heavy snow is when more than 2.8 inches of snowfall per hour. This visibility during heavy snow conditions is severely affected, and the snow accumulates significantly on surfaces.
    - **Ice:** Icy conditions can be hazardous due to slipping and falling. The CCCC will evaluate if it is safe to walk the children in icy conditions. Please see the tips below for walking safely on Icy surfaces.



- **Wind Conditions:**
    - Wind conditions refer to the state of the atmosphere in terms of the movement of air. Wind is the horizontal movement of air from an area of high pressure to an area of low pressure. It is a crucial component of weather, and its strength

and direction can vary based on various factors, such as: speed, direction, gusts, local geography and weather

- If the wind speed is greater than 50km/hr then there will be no walking events (ex. Tornadoes or storms).
- If there is a Tornado warning in effect then there will be no walking events. A tornado watch means there is a good chance that a tornado will form in the affected area, whereas a tornado warning means a tornado is occurring or about to occur and those in the affected region should take cover immediately. Tornados are rare in this area but have been known to occur so all safety precautions must be learned and adhered to.

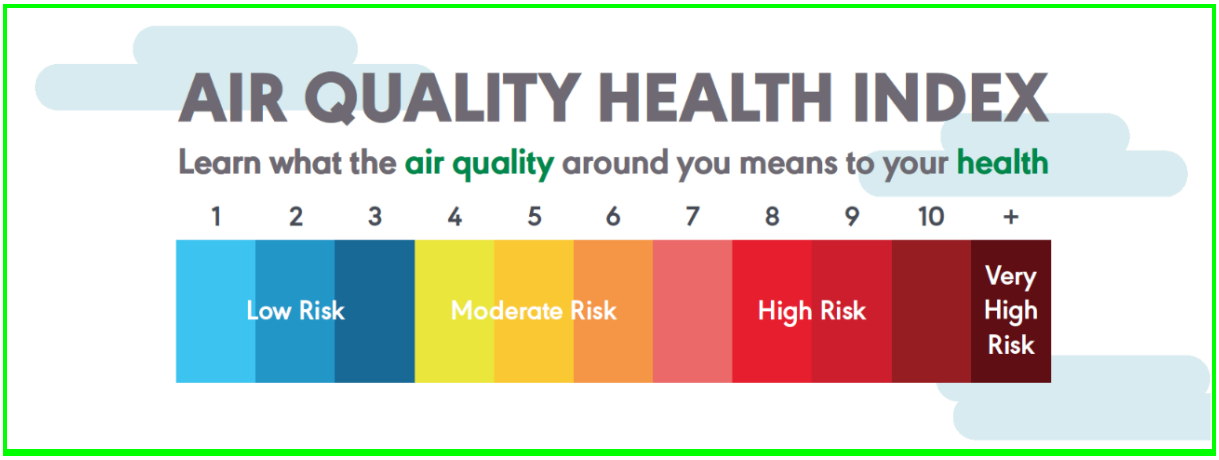


Force (Beaufort)	Wind speed			Description	Observed conditions	
	mph	km/h	knots		Sea	Land
0	<1	<1	<1	Calm	Like a mirror	Smoke rises vertically
1	1-3	1-5	1-3	Light air	Ripples	Wind motion visible in smoke
2	4-7	6-11	4-6	Light breeze	Small wavelets	Wind felt on exposed skin
3	8-12	12-19	7-10	Gentle breeze	Large wavelets	Leaves in constant motion
4	13-18	20-28	11-16	Moderate breeze	Small waves	Small branches begin to move
5	19-24	29-38	17-21	Fresh breeze	Moderate waves	Small trees begin to sway
6	25-31	39-49	22-27	Strong breeze	Large waves	Large branches in motion
7	32-38	50-61	28-33	Moderate gale	Sea heaps up	Whole trees in motion
8	39-46	62-74	34-40	Fresh gale	Moderately high waves	Small branches break
9	47-54	75-88	41-47	Strong gale	High waves	Larger branches break
10	55-63	89-102	48-55	Whole gale	Very high waves	Trees broken or uprooted
11	64-72	103-117	56-63	Storm	Exceptionally high waves	Widespread damage
12	>73	>118	>64	Hurricane	Sea completely white	Violence

- **Air Quality**
  - The Air Quality Index (AQI) is used for reporting daily air quality. It tells you the level of pollution in the air. The newer Air Quality Health Index (AQHI) takes into account the health effects and environmental concerns associated with varying concentrations of pollution. AQHI measures the impact of air quality on your health using a scale of 1-10.
  - Infants and children are very susceptible to the health effects of air pollution. Their bodies are still growing and their lungs are developing. Children also have greater exposure to air pollution because they breathe in more air per

kilogram of body weight and they spend more time being active outdoors. Children with asthma or other respiratory conditions are more likely to be affected.

- If the AQHI is greater than 7 the CCCC will consider suspending outside events. If it's greater than 10 then the CCCC will suspend outside events. Parents/guardians should make alternative arrangements for excursions if their children have any underlying health conditions and are unable to walk outside with an AQHI of 7 or less.



Understanding Air Quality Health Index messages

1-HOUR $PM_{2.5}$ (µg/m³)	PROVINCIAL AQHI	AQHI RISK CATEGORY	HEALTH MESSAGE FOR PEOPLE AT HIGHER RISK	HEALTH MESSAGE FOR GENERAL POPULATION	ACTIONS TO REDUCE WILDFIRE SMOKE EXPOSURE
0 - 10	1	LOW	**Enjoy** your usual outdoor activities.	**Ideal air quality** for outdoor activities.	**Normal air quality** in British Columbia.
11 - 20	2				
21 - 30	3				
31 - 40	4	MODERATE	**Consider reducing** or rescheduling strenuous activities outdoors if you experience symptoms.	**No need to modify** your usual outdoor activities unless you experience symptoms.	• Use a portable air cleaner or DIY box fan air cleaner to reduce smoke in your home. • Stay inside with doors and window closed, but keep cool - heat-related illness is more risky than breathing smoke for most people. • Visit places with cleaner and cooler air, such as libraries, community centres, and shopping malls. • Wear a well-fitted respirator (e.g. N95) outdoors.
41 - 50	5				
51 - 60	6				
61 - 70	7	HIGH	**Reduce or reschedule** strenuous activity outdoors.	**Consider reducing or rescheduling** strenuous activities outdoors if you experience symptoms.	
71 - 80	8				
81 - 90	9				
91 - 100	10				
101+	10+	VERY HIGH	**Avoid** strenuous activity outdoors.	**Reduce or reschedule** strenuous activity outdoors, especially if you experience symptoms.	

*People with heart or breathing problems are at greater risk. Follow your doctor's usual advice about exercising and managing your condition.

Procedure: Medical Emergency

Date Effective: August 2026

Policy Number: G-02-P3

Date Revised:

Page: 1 of 2

This policy applies to:
Staff Members
Board Members
Volunteers
Parents/Guardians

PURPOSE:

This procedure provides clear processes for responding to medical emergencies involving children or adults of the CCCC to ensure prompt and effective care, safety and communication.

PROCEDURE:

1. **Immediate Actions**
    - 1.1. *Assess the Situations*: Determine the severity of the situation
        - 1.1.1. If an allergic reaction, follow policy C-16.
        - 1.1.2. If in need of an Automated External Defibrillator (AED), follow policy G-03.
        - 1.1.3. All other emergencies, follow the below actions.
    - 1.2. *Call for Help*: Contact emergency services (9-1-1) if immediate attention is needed. Provide clear information about the location and nature of the emergency. Ask for assistance from another adult if necessary.
    - 1.3. *Administer First Aid/CPR*: Provide First Aid and CPR, if required and according to the training.
2. **Emergency Medical Services (EMS)**
    - 2.1. *Provide Information*: Provide all medical professionals with a detailed report, first aid administered, and any known medical history.
    - 2.2. *Assist as Needed*: Support medical services and professionals with any additional information or actions as required.

3. **Post-Emergency Actions**

3.1. *Parent Communication*: The Director and Office Administrator will follow-up with parents and guardians to provide full accounts of the emergency and measures taken to ensure safety and care of all in the centre. This follow-up should maintain confidentiality and care for those involved.

3.2. *Follow-Up Care*: Ensure the child or adult receives appropriate follow-up or debrief is completed as needed.

3.3. *Incident Report*: The staff members involved in the incident must complete the Emergency Incident Form and submit to the Director, Office Administrator and Board of Directors.

3.4. *Review and Debrief*: The Director and Office Administrator will conduct a debriefing session with staff to review procedures and process, what went well, and identifying areas of improvement.

3.5. *Update Records*: Ensure that any changes to medical information or emergency contact details are updated, if applicable.

4. **Training and Drills**

4.1. *First Aid & CPR Training*: The Director will ensure annually that all staff are up-to-date with procedures as well as have full training updates as required.

4.2. *Emergency Drills*: Drills may be conducted as necessary to ensure familiarity with medical procedures.

Procedure: Disruption of Services

Date Effective: August 2026

Policy Number: G-02-P4

Date Revised:

This policy applies to:
Staff Members
Board Members
Volunteers
Parents/Guardians

PURPOSE:

This procedure outlines steps to be taken in the event of a disruption of service at the CCCC facility. The goal is to minimize the impact on children, staff and families. Types of service disruptions include:

- power outages
- water supply issues
- heating or cooling system failures
- any other service problem that may affect daily operations.

PROCEDURE:

1. **Immediate Response**
    1.1. *Informing the Director*: A staff member must inform the Director immediately of the disruption.
    1.2. *Assess the Disruption*: The Director will assess the disruption's impact on health, safety, and centre operations. The following will be taken into consideration:
        1.2.1. The following will be taken into consideration: duration of disturbance, temperature control, lighting (natural and emergency light), water supply/availability, hygiene and handwashing, cleaning and disinfection, food storage and preparation, and medical needs.
        1.2.2. The Director is required to follow Public Health guidelines that childcare facilities must have adequate sanitation, safe drinking water, and handwashing stations to maintain good hygiene standards.

2. **Communication**

2.1. *Staff Communication*: the Director will notify affected staff members on the decision regarding closure and service resumption. As required, additional updates will be shared with affected staff.

2.2. *Notify Parents/Guardians*: The Director will send a message via Lillio to all affected parents/guardians with details of the disruption, steps being taken, and any pick-up instructions.

3. **Temporary Closure**

3.1. *Closure*: If services must be suspended for a short period (i.e., power outage or water issue), parents will be informed as soon as possible of the closure and of the expected timeline for re-opening.

3.1.1. If needed, contact parents/guardians to pick-up their child(ren) as soon as possible.

3.1.2. Any power outage or water issue greater than 3 hours will require facility closure. Staff members will be offered the opportunity to stay until work or additional tasks are completed (if possible) or take vacation time.

3.2. *Evacuation Process*:

4. **Restoration of Services**

4.1. *Coordination of Repairs*: The Director will arrange for the repair of services to address the issue. The Director will also keep parents/guardians informed about the status of the daycare's operations and when services are expected to resume.

5. **Post-Disruption Actions**

5.1. *Incident Report and Review*: The Director and relevant staff members will conduct a review of the disruption and file a report as needed. Evaluate responses to the disruption and areas of improvement.

5.2. *Communicate with Parents/Guardians*: Provide an update to parents/guardians of actionable steps taken and when services are restored. All updates are sent via Lillio.

6. **Training and Preparation**

6.1. *Staff Training*: The Director will provide training and/or updates annually at staff meetings on procedures for all service disruptions.

6.2. *Emergency Supplies*: The Director and Office Administrator will ensure the facility has emergency supplies such as first aid kits, a flat of bottled water, and flashlights and batteries.

Procedure: Issued Threats

Date Effective: August 2026

Policy Number: G-02-P5

Date Revised:

This policy applies to:
Staff Members
Board Members
Volunteers
Parents/Guardians

PURPOSE:

The procedure is made to outline steps to follow when an issued threat (real or perceived, verbal, written or otherwise) is made against the CCCC facility or its occupants.

PROCEDURE:

1. **Types of Threats**
   - 1.1. *Direct Threats*: statements indicating an immediate intention to cause harm (i.e., bomb threats, active shooter threat, or threat of physical violence).
   - 1.2. *Implied Threats*: non-explicit statements or actions suggesting harm may occur (i.e., suspicious behaviour, veiled threats).
   - 1.3. *Anonymous Threats*: threats made without identifying the source (i.e., anonymous calls, letters or messages).
2. **Response Protocol**
   - 2.1. *Reporting a Threat*: Any staff member or parent/guardian receiving a threat must avoid confronting the person(s) making the threat. If safe to do so, record details about the threat (i.e., nature of threat, name and description of person making the threat, time and location). Immediately notify the Director with your report or concern.
   - 2.2. *Assess the Threat*: The Director will take all information regarding a threat into consideration, assess the credibility and severity of the threat. When needed, the Director will work with the RCMP for additional guidance.

2.2.1. Low level threats require monitoring but no immediate action is required. The CCCC may be required to hold and secure as a precautionary measure (i.e., threat is vague or non-specific).

2.2.2. High level threats will require immediate response, including notifying law enforcement and activating emergency protocols. The CCCC will initiate lockdown procedures for all such threats.

2.3. *Activate Emergency Response*: The Director will be the staff member to activate and communicate the chosen emergency protocol to staff, children, and families.

2.4. *Communication*: the Director will notify staff verbally and parents/guardians via Lillio when safe to do so.

3. **Shelter-In Place Process**

3.1. The Shelter-In-Place process will be initiated by the Director or most senior staff (as designated) when a threat in the external environment (weather) commences. The message is "Attention: Active Shelter-In-Place" which will be communicated verbally within the centre and on Lillio to parents, if able to do so in the moment. Otherwise, information to parents via Lillio will be added once children are safely secured.

3.2. Once alerted the following process starts:

3.2.1. If outside, all staff and children re-enter. Exterior doors and all windows are shut and locked. Necessary interior doors are also locked.

3.2.2. Direct children to the safe location (see Appendix JJ).

3.2.3. Conduct a headcount to ensure all children and adults are accounted for.

3.2.4. If anyone is missing, report immediately.

3.2.5. The Shelter-In-Place will remain in effect until the threat is removed. The CCCC should look for guidance from authorities for this manner.

4. **Hold and Secure Process**

4.1. A Hold and Secure will be announced by the Director (or most senior staff) verbally and through Lillio with the following announcement: "Attention: Activate Hold and Secure" for when a security risk, criminal activity, or police operation is happening outside in the surrounding neighbourhood.

4.1.1. Enter the building if staff and children had been outside. Shut all windows and exterior doors. Close blinds.

4.1.2. Conduct a headcount and if anyone is missing, report immediately to the Director.

4.1.3. The Director will inform parents/guardians via Lillio along with instructions on how to gain entry to the facilities.

4.1.4. The CCCC will operate as normal on the inside. If the threat extends to the internal environment, a Lockdown will be initiated.

4.2. A Hold and Secure will remain in effect until:

4.2.1. The Director contacts RCMP to determine best action forward.

4.2.2. All staff and children must remain inside until the threat ceases.

4.2.3. The procedure will be lifted with "Attention: Hold and Secure Lifted" sent to Lillio and announced verbally

4.2.4. The Director is to provide a post-incident update to parents/guardians via Lillio.

4.2.5. The most senior staff will complete the Emergency Incident Form and submit it to the Director/Office Administrator.

5. **Lockdown Process**

5.1. A lockdown will be announced by the Director (or most senior staff) verbally and through Lillio with the following announcement: "Attention: Activate Lockdown" when a high-level threat to the internal environment is of concern.

5.2. Once the lockdown is communicated, staff members gather children to their designated room, away from hallways or entry points. If it is safe to do so, check that washrooms are clear.

5.2.1. Conduct a headcount and if anyone is missing, report immediately to the Director.

5.2.2. Lock and cover interior doors and windows. Turn off the lights.

5.2.3. Barricade doors with furniture, if you can, after assembled in the designated safe area.

5.2.4. Silence all cell phones

5.2.5. Do not permit children to leave or enter the room

5.3. After the lockdown has taken effect:

5.3.1. The Director will inform parents/guardians via Lillio

5.3.2. All staff, children and volunteers must remain in lockdown until given further direction (preferably from RCMP or other authorities)

5.3.3. The most senior staff will complete an Emergency Incident form and submit it to the Director/Office Administrator.

6. **Post-Threat Actions**

6.1. *All-Clear Announcement*: Once a threat is resolved, the Director will provide an all-clear announcement to those affected, whether on Lillio or through direct conversations with parents and staff. Normal operations will resume after safety has been assured.

6.2. *Incident Report*: The most senior staff and with help from the Director, will complete the Emergency Incident Form (Appendix GG) and submit.

6.3. *Review and Debrief*: The Director will conduct a debriefing session with staff members to review the issued threat process, discuss what went well, and identify areas of improvement.

6.4. *Parent Communication*: The Director will follow-up with parents/guardians to provide a full account of the incident and the measures taken to ensure their children's safety.

7. **Training and Drills**

7.1. *Staff Training*: The Director will provide

7.2. annual training and updates annually. New staff members also must receive training on emergency protocols.

7.3. *Child Education*: Staff members are expected to teach children about protocols in the case of a threat in an age-appropriate manner.

Automated External Defibrillator (AED)

Date Effective: August 2026

Policy Number: G-03

Date Revised:

This policy applies to:
Staff Members
Board Members
Volunteers
Parents/Guardians

PURPOSE:

This procedure establishes a process for the use and maintenance of Automated External Defibrillators (AEDs), which are machines that are programmed to safely deliver electrical shock to a person who is in sudden cardiac arrest.

Sudden cardiac arrest is a condition that occurs when electrical impulses of the human heart malfunction and causes disturbances in the heart's electrical rhythm. The AED analyzes the heart's rhythm and advises the operator if a shockable rhythm is detected, which the AED will then charge to the appropriate energy level and deliver a shock.

POLICY:

Currently, as per recommendation by CCCC Ministry Consultant, the centre is not required to have an AED present in the centre. The following procedures will be effective if an AED device becomes required on site.

1. **AED Equipment & Supplies**
    - 1.1. *Approved Models*: LIFEPAK AED or any such model that meets Saskatchewan standard
    - 1.2. *Equipment Included*: Each AED comes with
        - 1.2.1. one set of adult defibrillation pads,
        - 1.2.2. one set of pediatric (8 years or younger) defibrillation pads,
        - 1.2.3. and one resuscitation kit (scissors and latex gloves)
2. **AED Location**

2.1. The AED will be in a visible, accessible area that can easily be reached by any room. There will be clear signage where the AED is located.

3. **AED Training Requirements**

3.1. *Staff Training*: all Full-Time and Part-Time adult staff must complete a recognized CPR and First Aid course.

3.2. *Recertification*: training for staff must be renewed every three years

4. **Procedure for AED Use**

4.1. *Assess the Situation*:

4.1.1. confirm that the victim is unresponsive, not breathing normally, and has no pulse

4.2. *Activate Emergency Response*:

4.2.1. Call 9-1-1 immediately and notify nearby staff.

4.2.2. Assign someone to meet EMS responders when they arrive

4.3. *Deploy AED*:

4.3.1. Retrieve the AED, turn on, and follow the prompts.

4.3.2. Use pediatric pads for children under 8 years or under 25kg/55lbs

4.4. *Follow AED Prompts*:

4.4.1. The AED will walk through step-by-step guides for placing the pads, and administering shocks.

4.5. *Continue Care*:

4.5.1. Continue to use the AED as it prompts and/or CPR until medical professionals arrive.

5. **Post-Incident Procedure**

5.1. *Documentation*: Complete the Emergency Incident Form, noting the details of the AED use and CPR administered.

5.2. *Post-Event Review:* The Director will conduct a debriefing with involved staff to review the response and identify areas for improvement. Documentation should be filed.

6. **Maintenance and Testing**

6.1. *Daily Check*: The AED should perform daily self-diagnoses to check battery status and internal components

6.2. *Monthly Inspection*: The Director or Office Administrator will inspect the AED, ensuring pads are not expired, batteries are charged, and the device is ready for use. A log sheet will be maintained for these checks (see Appendix KK).

6.3. *After Use*: After any use of an AED, the device must be cleaned, checked, and restored to full readiness. Replace pads, batteries and any used equipment immediately.

6.4. *Annual System Review:* the Director will conduct annual reviews of training records, equipment maintenance logs, and readiness procedures to ensure compliance with provincial regulations.

7. **Reporting and Documentation**

7.1. Accurate documentation shall be maintained for all emergency records, including Emergency Incident Forms, debriefing records, personal accounts, professional feedback, and any other related documentation.

8. **Review and Revision**

8.1. This policy is to be reviewed periodically to ensure effectiveness and relevance. Revisions are made as necessary to address changes necessary for preparedness in an emergency.

ROLES & RESPONSIBILITIES:

1. **Director/Office Administrator:**

1.1. Provide and coordinate training and resources to staff

1.2. Ensure compliance with provincial AED regulations

1.3. Maintain AED equipment — completing and documenting monthly inspections and checks.

1.4. Maintain accurate documentation for all medical emergencies

1.5. Review Emergency Incident Forms and take action to make improvements.

1.6. Provide debriefing sessions to staff after incidents occur.

2. **Staff Members**:

2.1. Ensure familiarity with AEDs and locations

2.2. Participate in required training and updates.

2.3. Take immediate action in an emergency

2.4. Maintain calm during an emergency

2.5. Complete Emergency Incident Form and submit to the Director.

3. **Board Members**:

3.1. Review, update, and approve any changes necessary for this policy to maintain compliance with AED standards..

3.2. Review reports and updates from the Director/Office Administrator regarding risk mitigation, requests for resources, and training.

Documents Related to this Policy:

Saskatchewan Occupational Health and Safety Regulations

Sanitation

Cleaning Procedures

Date Effective: August 2026

Policy Number: H-01

Date Revised:

Page: 1 of 1

This policy applies to:
Staff Members
Volunteers
Board Members

POLICY:

Maintaining cleanliness within the centre is of the utmost importance and thus, cleaning schedules and procedures must be followed.

PROCEDURE:

1. *Daily*: high-touch surfaces (toys, laundry, tables, floors, toilets, sinks, garbages, mats, and ensuring all stations are stocked with necessary items)
2. *Weekly*: high-priority areas (chairs, dusting and wiping of shelving, laundry - or as needed, electronics, etc.)
3. *Monthly*: regular maintenance areas (walls, underneath shelves/desks, window sills, etc.)
4. *Seasonal*: exterior maintenance (windows, washing of equipment, deck and siding, etc.)
5. *Kitchen*: high-touch surface that must be maintained daily (dishes, floors, counters, stovetop, etc.), weekly (fridge, oven, etc.) and monthly (cupboards, pantry, etc.)
6. *Cleaning Products*: Floors: Lysol, Toilets: bleach or soapy water, Mirrors: windex, all other areas for wiping: bleach water concentration.
7. *Other Circumstances*: In the case that the dishwasher is broken, toys and dishes must be sanitized in sinks with chlorine bleach (see policy H-02 for proper concentrations).

Sanitation, Disinfection, and Infection Control

Date Effective: August 2026

Policy Number: H-02

Date Revised:

This policy applies to:
Staff Members
Volunteers
Parents/Guardians
Board Members

POLICY:

The CCCC is committed to preventing the spread of illness through proper handwashing, cleaning, sanitizing, disinfecting, and regular cleaning procedures for all surfaces, toys, and items in the centre.

PROCEDURES:

1. Hand Hygiene
    1.1. Proper Handwashing Procedure: signage will be displayed in the centre promoting proper handwashing techniques (i.e., soap, water, scrub for 30 seconds, rinse).
    1.2. Children and staff will be required to wash their hands at varying times throughout the day (i.e., eating, toileting, etc.) See Appendix LL for the full list of requirements.
    1.3. Handwashing and sanitizing will take place during the following instances: arrival at the centre, before and after eating or food preparation, before and after glove use (staff), before and after first aid treatment, after sneezing or coughing, after cleaning any messes, after the bathroom, etc.
2. Cleaning vs. Sanitizing vs. Disinfecting
    2.1. *Cleaning*: making an object free of dust, dirt, and debris by vacuuming, sweeping, or washing with soap and water.
    2.2. *Sanitization*: the reduction of many pathogens (bacteria) and is safe to use on high touch surfaces. Sanitization can take place manually (sinks/buckets) or mechanically (commercial dishwasher).

2.3. *Disinfecting*: the elimination of most or all pathogens and can be used on diaper changing surfaces. Disinfecting should be used in the presence of an illness outbreak or on surfaces that are commonly contaminated with high risk body fluids.

2.4. Regulations for Bleach vs. Water

2.4.1. Sanitizing: 5-10% chlorine bleach concentration. Prepare daily or when ready to use — mixing ¼ tsp chlorine bleach into 500ml cool, clean water.

2.4.2. Disinfecting: 5-10% concentration — mixing ½ Tbsp chlorine bleach into 500ml cool, clean water. For stronger concentrations (in case of viral outbreak) — mix 1 Tbsp chlorine bleach into 500ml cool, clean water.

3. Common Surfaces

3.1. See Appendix MM for lists of common surfaces and when they must be cleaned, sanitized, or disinfected.

4. Toys & Plastics

4.1. Daily, toys will be inspected for damage for discarded if broken.

4.2. Small toys: can be put in the dishwasher and sanitized as such

4.3. Large toys: sanitized as per above lists

4.4. Soft and plush toys are discouraged as they are hard to clean. Any such toys or dress-up clothes that can be, will be washed in the washer and dryer.

4.5. Books, cardboard and wood blocks will be sprayed and wiped to clean.

4.6. If toys are mouthed, they must be cleaned

4.7. Play Dough

4.7.1. Store bought will be disposed of as per manufacturer's recommendations

4.7.2. Homemade playdough will be disposed of within one week (or as needed)

5. Sensory Play Equipment

5.1. Sensory bins will be disinfected before new items are added

6. Water Play

6.1. Water must be exchanged daily and sanitized after every use

7. Toy Storage and Shelving

7.1. At any change of the invitations (when cleaning toys, sanitize shelves) means toys and shelving should be cleaned and as necessary.

8. Laundry
   8.1. Completed weekly for everything or as necessary
9. Glove Use
   9.1. Must be used by staff when anticipating to be in contact with contaminated equipment, mucous, broken tissue/skin, blood, body fluids, or secretions
   9.2. Gloves are only single use for single child
   9.3. Gloves must be removed immediately and discarded into a waste receptacle after each use.
   9.4. Hand hygiene must be practiced.
10. Diapering and Toileting
   10.1. There is a designated changing area and separate handwashing station within the diapering area.
   10.2. See Appendix NN for a list of what the diapering stations should have at all times and cleaning instructions.
11. Electronics
   11.1. Electronics (phones, monitors, other screens) should be cleaned and sanitized every week
12. Pest Control
   12.1. Mice and Insects - regular cleaning, minimizing clutter, proper storage of food, regular inspections of interior and exterior areas, and monitoring of pest activity must occur on regular occurrences.
      12.1.1. If pests are detected, professional pest control treatment will be needed.
   12.2. Bed Bug Bites - Staff should observe for patterned, raised red bites in groups of three on legs and arms and report to the Director, Office Administrator and parents/guardians.
   12.3. Head Lice - Children should be observed for excessive scratching of the scalp. Any presence of lice or nits should be reported immediately to the Director, Office Administrator and parent/guardian
      12.3.1. Limit head contact between children. Do not share brushes, hair clips, or combs.

12.3.2. Refer to Policy C-15 for more information.

13. Respiratory Etiquette

13.1. Staff and children should not attend the centre if sick. Refer to C-15 Illness Policy for more information.

14. Pets and Animals

14.1. Overall, pets and animals are not allowed in the centre.

RESOURCES:

Child Care Regulations, 2015

Infection Control Manual for Child Care Centres, 2012

References

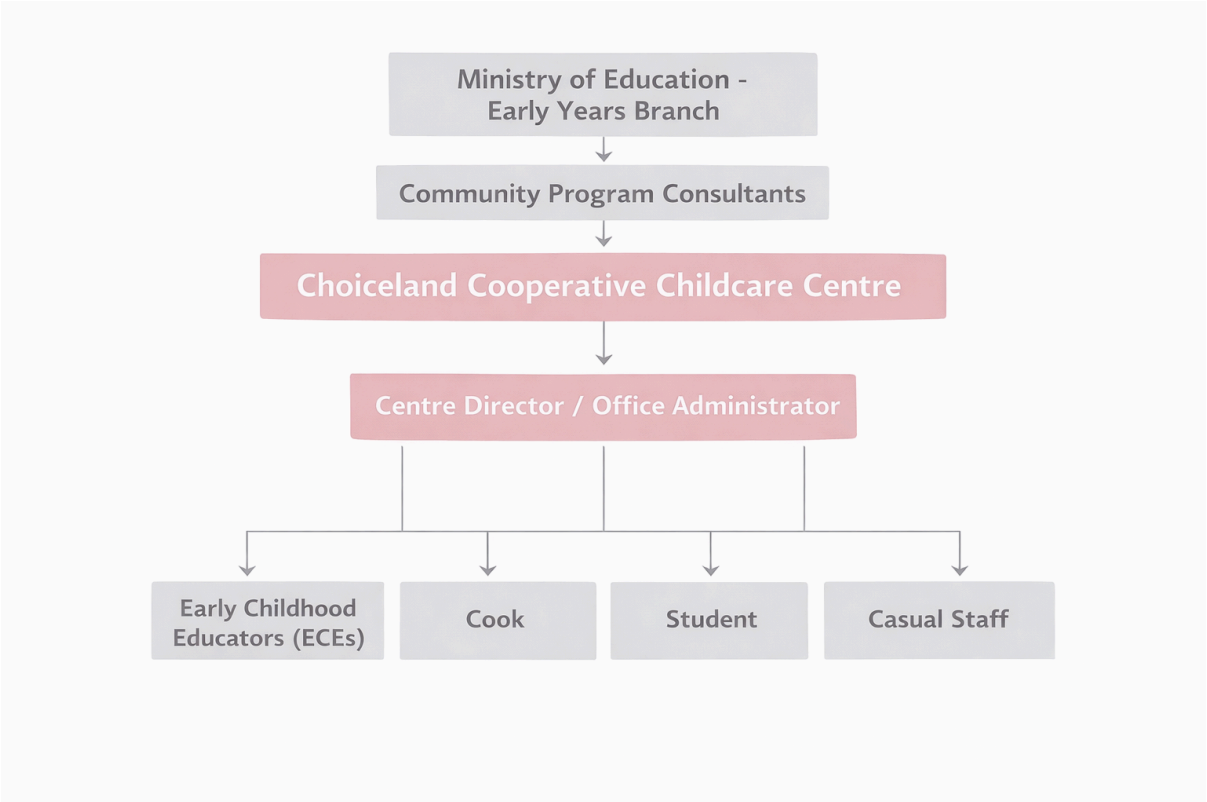
This policy manual has been created from review and reference to other parent handbooks, staff handbooks, and policy and procedure manuals of other Saskatchewan childcare centres.

Reference to and review of the following centres helped in forging this document:

Melfort Daycare Cooperative
Prince Albert Childcare Co-operative Centre
Little Achievers Preschool
Nipawin Community Daycare
Open Door Playcare Cooperative

Appendix A:

Organizational Framework



Appendix B:

Oath of Confidentiality

I, _____, acknowledge that in my role with Choiceland Cooperative Childcare Centre, I may have access to confidential, sensitive, or private information relating to children, families, staff, students, volunteers, board members, and the operations of the Centre.

I solemnly swear and affirm that I will:

- Maintain strict confidentiality of all personal, financial, and operational information
- Use confidential information only as required to fulfill my duties
- Not disclose, discuss, copy, or share confidential information with any unauthorized person, both during and after my involvement with the Centre
- Safeguard all confidential information in written, electronic, and verbal form
- Comply with all Centre policies, procedures, and applicable privacy legislation

I understand that any breach of confidentiality may result in disciplinary action, removal from my position, or other consequences deemed appropriate by Choiceland Cooperative Childcare Centre.

I make this oath freely and in good faith and understand my responsibility to uphold confidentiality at all times.

Name (print): _____

Signature: _____

Position/Role: _____

Date of Signature: _____

Staff Name & Initial: _____

Appendix C: Donation Acknowledgement Email (Letter)

[Subject Line: Thank You for Your Donation to Choiceland Cooperative Childcare Centre]

Dear [Donor Name],

On behalf of Choiceland Cooperative Childcare Centre, thank you for your generous donation received on [date].

We gratefully acknowledge your contribution of [cash amount / description of donated item(s)]. Your support helps us continue to provide a safe, nurturing, and engaging environment for the children and families we serve. Your donation of [cash amount / description of items] directly supports [programs, updated materials and facility], and your kindness has a lasting impact on our centre.

Donation Receipt
[If receipt requested:]
A donation receipt [has been issued / will be issued] for your records.

[If receipt not requested:]
As requested, no donation receipt will be issued.

Donor Recognition
[If recognition requested:]
With your permission, as per the Donation Acknowledgement Chart, we would be pleased to recognize your generosity in our communications and/or displays as:
[Preferred name or business name]

[If anonymity requested:]
We respect your request to remain anonymous, and your donation will not be publicly recognized.

Thank you again for your generosity and support of Choiceland Cooperative Childcare Centre. Should you have any questions or require further documentation, please do not hesitate to contact us.

Sincerely,

[Name]
[Title / Position]
Choiceland Cooperative Childcare Centre
[Phone Number]
choicelandchildcare@gmail.com

Appendix D:
Approved vs. Unapproved Goods and Services

Approved Goods & Services:

Goods	*Services*
New and/or gently used age-appropriate toys	Lawn maintenance and snow removal
Arts and crafts supplies	Educational workshops and professional development (PD) for staff
Hygiene and diapering supplies (i.e., kleenex, diapers, unopened wipes and diaper cream)	Visiting professionals (i.e., SLPs, Autism Services, etc.)
Educational and age-appropriate books, games, and puzzles	Photography or videography with consent
Child-safe furniture	Health and wellness programs
Outdoor play equipment	Storytelling or reading sessions
Non-perishable food items	Child safety training
Child-safe utensils and dinnerware	Music or movement classes
Clothing & outerwear	Mindfulness and yoga sessions
Other goods, as approved by Board of Directors	Other services, as approved by the Board of Directors

Unapproved Goods & Services:

Goods	*Services*
Used car seats	Unlicensed professional services
Recalled items	Invasive entertainment services (i.e., performer or magicians – must ensure they are age-appropriate)
Expired (or opened) baby formula or foods	Unregulated animal services
Chemical products	Unscreened volunteers
Stuffed animals with loose parts (i.e., loose buttons, eyes, etc.)	Unregulated food services
Electronics	Other services not approved by the Board of Directors
Perishable food items	
Inappropriate reading materials	
Opened or expired medication	
Other goods not approved by the Board of Directors	

Appendix E: Charitable Donation Receipts Guidelines

Appendix F:
Donation Acknowledgement Form

Donor Information:

Donor Name:

_____

Mailing Address:

_____

_____

_____

Donation Details:

Description of Donated Item(s):

(For in-kind donations, please describe item(s). For cash donations, indicate the amount.)

_____

_____

Estimated Value of Donated Item(s):

$ _____

Date Donation Received at Centre

_____

Donation Receipt (please check one)

☐ Yes, a donation receipt is requested

☐ No, a donation receipt is not requested

_____

Donor Recognition (please check one)

☐ Yes, donor recognition is requested

Preferred Name for Recognition (if applicable):

_____

☐ No, donor wishes to remain anonymous

Internal (Office) Use Only

Staff Initials: (sign when donation is dropped off)

Notes (optional):

The Choiceland Cooperative Childcare Centre thanks you for your generous support.

Appendix G:
Disposal Schedules

Staff Members: Personal Files	**Personal Information:** Current staff members' records are held for 5 years. Foreigner staff members' records are held for 2 years. **Note:** Modified work arrangements must be kept 5 years after they end. **Income Tax (T4's, TD1's, payroll details, timesheets, etc.):** 7 years
Children and Family: Personal Files	Maintained while the child is enrolled. Upon departure, records are retained for 2 years in accordance with *The Child Care Regulations, 2015, s.91.* ● See the *Attendance Records Procedure* for additional information on attendance records management.
Board of Directors: Documents	**Minutes:** Permanent **Reports of Boards and Committees:** 7 years **Board Member Files:** 10 years after termination of board responsibilities
Financial Documentation	**Accounts Payable/Accounts Receivable** **Bank Accounts, Cash Transactions** **Federal/ Provincial Remittance, Ledger/ Journals** **Financial Statements,** **Utility Documents and Audits/Reviews:** 7 years **Debentures/Loans:** 7 years after final payment **Grants:** 7 years after completion of project or rejection of application. **Annual Financial Statements:** Permanent **Budget:** Permanent, however, budget related reports are retained for 7 years **Audits and Compliance Reviews:** 7 years
Administrative Documents	**Agreements/ Contracts and Supporting Documentation:** ● 10 years after completion of projects involving buildings, property, or structure. ● 7 years after termination for all other agreements/ contracts not pertaining to land, building and properties. **Celebrations and Events:** 3 years after concluded **Change of Ownership Documentation:** 7 years **Insurance Policies (Liability is Permanent and Property)**:7 years **Licensing and Regulatory Compliance:** 7 years
Occupation Health and Safety	All records and supporting documents for 5 years. **Noise Exposure Measurement Records:** Permanent
Other Records	All other records will be assessed to determine their retention schedule as needed.

Appendix H:

Conflict of Interest Disclosure Form

Date Form Completed: _____

Name: _____

Position: please check one

- ☐ Board Member
- ☐ Director
- ☐ Other: _____

Date Received By Board: _____

Description of Conflict

Description of situation, decision or activity where a conflict may exist	Identify any individuals, organizations, or family members involved	Nature of the relationship or interest (i.e., personal, financial, professional, family, etc.)	Explain how this interest could influence or appear to influence your duties or decisions

Declaration By Individual

I, _____ declare that the information above is true and complete to the best of my knowledge. I understand that:

- I must avoid participating in any discussion, vote, or decision related to this matter until the conflict is resolved;
- I must follow any directions provided by the Board Chair or Board of Directors; and
- Failure to disclose or manage a conflict may result in disciplinary or governance action.

Signature: _____ **Date:** _____

Review and Determination (Board Use Only)

1. Reviewed By Board (signature of one member):

   _____

2. Date Reviewed: _____

3. Type of Conflict:
   - ☐ Actual
   - ☐ Potential
   - ☐ Perceived
4. Decision/ Resolution:
   - ☐ No Conflict Identified
   - ☐ Conflict Identified - Action Required
   - ☐ Other:

     _____
5. Required Actions or Restrictions:

   _____

   _____
6. Follow-Up Date (if applicable): _____

Signature of Reviewer: _____ **Date:** _____

Filing Instructions

1. Submit completed forms directly to the Board.
2. The disclosure and decision will be recorded in the Board meeting minutes and filed in the confidential Conflict of Interest Register on the CCCC Google Drive
3. This document will be used only for governance and compliance purposes and maintained in confidence.

Appendix I:
ABC Behaviour Reporting

Child's Name:_____

Date:_____

Start Time: _____ **End Time:** _____

start time = when a specific behaviour is first noticed/observed
end time = when that specific behaviour subsides/ concludes and child regaining control

Antecedent What happened before the behaviour? Describe the situation or trigger	
Setting (circle all that apply)	Classroom Meal/Snack Time Quiet Time Free Time Outdoor Area Transition Group Activity Other:_____
Potential Triggers (circle all that apply)	Peer Interaction ECE Request Sensory Sensitivity Waiting Time New Environment Other: _____
Behaviour Type What was the observable behaviour? (circle all that apply)	Verbal (i.e., yelling, screaming) Emotional (i.e., crying, withdrawing) Physical (i.e., hitting, throwing objects). Other: _____
Description of Behaviour	
Consequence What happened after the behaviour? (circle all that apply)	Redirected Comforted Reinforced Positive Behaviour Ignored Time Away Other: _____
Staff Response: Additional Details	
Outcome for Child (circle all that apply)	De-escalated Engaged in Replacement Behaviour

	Continued Behaviour Other: _____
Outcome for Child: Additional Details	
Additional Notes Were there any patterns or repeated behaviours noticed?	
Strategies for Prevention Used (i.e., visual schedules, timers for transitions, structured routine, teaching calm down techniques/ calm corner, awareness of specific triggers, etc.)	
Next Steps/Action Plan Follow-up action or changes to support the child (circle all that apply)	Modify Environment Increased Supervision Sensory Tools/Support Peer/ECE Intervention Family Consultation Other:_____
Next Steps/Action Plan Additional Details	
Family Consultation and Insight (i.e., strategies utilized at home, etc.)	

Acknowledgments

Staff Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

Appendix J: Minor Injury Report

Minor Injury Report

Name of Child: _____

Date of Injury: _____ Time: _____ a.m. _____ p.m.

Time parent(s)/ guardian(s) notified: _____ a.m. _____ p.m.

Name of attending caregiver: _____

Describe the injury:
(You may also use the line drawing on reverse to indicate where the injuries are located on the child's body)

_____

_____

_____

Describe how and where the injury occurred: _____

_____

_____

Was first aid administered? ☐ Yes ☐ No (If Yes, specify) _____

_____

Who administered first aid? _____

_____

Was any further action taken? (e.g. child sent to hospital, to physician) ☐ Yes ☐ No

If yes, complete and submit Injuries/Unusual Occurrence Report (Form 7796)

If the child remained at the facility, what was the child's level of participation? _____

_____

_____

Other comments: _____

_____

_____

What corrective action has been taken to prevent further injuries of this type: _____

_____

_____

Names of staff who witnessed the injury: (if applicable) _____

_____

_____

(Please use diagram on the reverse, when applicable)

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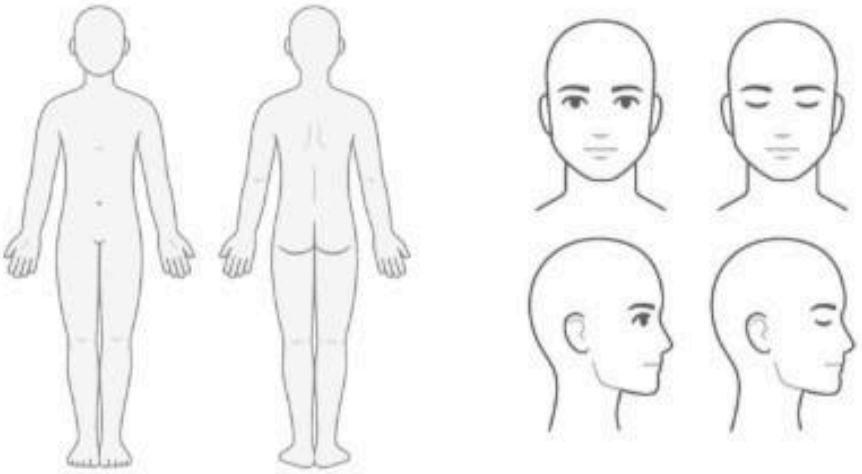

Indicate site of injury with an "x"

Note: Personal health information may be disclosed by the facility to the Ministry of Education in the course of reviewing the facility's record keeping obligations.

Signature of Centre Director or Child Care Home Provider	Date
Signature of Centre Staff	Date
Signature of Parent/Guardian	Date

Appendix K: Injuries and Unusual Occurrence Report

Injuries/Unusual Occurrence Report
(Required Form)

Child Care Regulation 34 states: If a child attending a facility sustains an injury requiring medical treatment or is involved in an unusual or unexpected occurrence, the licensee must: (a) immediately notify the parent of the child or, if the parent is not immediately available, any person designated by the parent as a person to contact in case of emergency; (b) within 24 hours after the occurrence, notify a program consultant; and
(c) within seven days after the occurrence, complete a report on a form supplied by the ministry setting out full particulars of the injury or occurrence and submit the report to the ministry.

Child Care Facility Name: _____

Address: _____

_____

Telephone: _____ Postal Code: _____

Incident Information:

Time: _____ Date: _____

Location: _____

Number of children present by age group: _____ Infant _____ Toddler _____ Preschool _____ School-Age

Number of children present: _____ Number of staff present: _____

Child Involved: (if more than one child is involved a separate form is required)

Name: _____ Birth Date: _____

Incident Description: (if additional space is required, use reverse)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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Description of immediate action taken in response to incident (including emergency services contacted):

Names of Witnesses or Individuals with Occurrence Knowledge:

Name:	Position:

Corrective measures taken to prevent further incidents of this type:

Additional Information:

_____

_____

_____

_____

_____

Parent(s) Comments: (to be completed by the parent/guardian)

Name of Parent/Guardian: _____ Daytime Phone number: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

The Ministry of Education takes Injuries/Unusual Occurrences seriously and may contact you to discuss this incident further.

Copy of this report sent to Early Years Branch: _____
Date

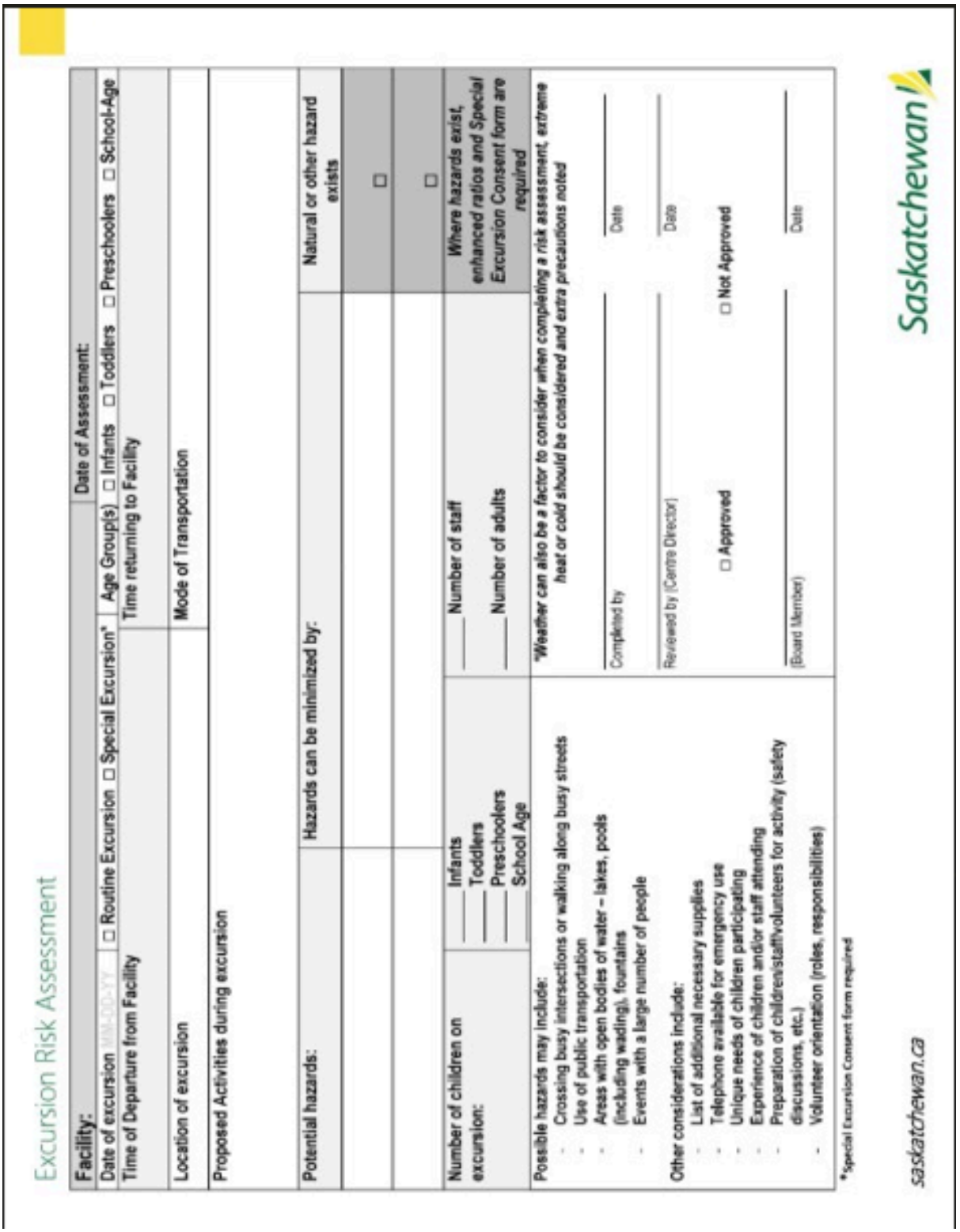
Report prepared by: _____ Date: _____
Signature

_____ Date: _____
Parent/Guardian Signature

_____ Date: _____
Board Chairperson Signature

_____ Date: _____
Director/Supervisor/Provider Signature

Appendix L: Excursion and Risk Assessment



Excursion Risk Assessment

Facility:		Date of Assessment:
Date of excursion MM-DD-YY	☐ Routine Excursion ☐ Special Excursion*	Age Group(s) ☐ Infants ☐ Toddlers ☐ Preschoolers ☐ School-Age
Time of Departure from Facility		Time returning to Facility
Location of excursion		Mode of Transportation
Proposed Activities during excursion		

Potential hazards:	Hazards can be minimized by:	Natural or other hazard exists
		☐
		☐

Number of children on excursion:	_____ Infants _____ Toddlers _____ Preschoolers _____ School Age	_____ Number of staff _____ Number of adults	*Where hazards exist, enhanced ratios and Special Excursion Consent form are required*

Possible hazards may include:
- Crossing busy intersections or walking along busy streets
- Use of public transportation
- Areas with open bodies of water – lakes, pools (including wading), fountains
- Events with a large number of people

Other considerations include:
- List of additional necessary supplies
- Telephone available for emergency use
- Unique needs of children participating
- Experience of children and/or staff attending
- Preparation of children/staff/volunteers for activity (safety discussions, etc.)
- Volunteer orientation (roles, responsibilities)

**Weather can also be a factor to consider when completing a risk assessment, extreme heat or cold should be considered and extra precautions noted*

_____ Completed by _____ Date

_____ Reviewed by (Centre Director) _____ Date

☐ Approved ☐ Not Approved

_____ (Board Member) _____ Date

*Special Excursion Consent form required

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Risk Assessment – Excursion Scenarios

These scenarios can help determine the number of staff and adults accompanying children on an excursion.

No hazard present	
Single Age Grouping	A group of ten Preschoolers is attending the nearby library for a puppet show. After completing a risk assessment it was identified there were no hazards. The library is within walking distance on a quiet street. A parent has volunteered to attend with the group. In accordance with Section 53(5) of *The Child Care Regulations, 2001* the ***required*** ratio of **Staff/Adults** : Children for this outing is 2:10. One staff member and one adult meet the requirements for this outing. 2:3 infant 2:5 toddler 2:10 preschool 2:15 school-age
	Two groups of Preschoolers (20 children) are attending the nearby library for a puppet show. After completing a risk assessment it was identified there were no hazards. The library is within walking distance on a quiet street. In accordance with Section 53(4) of *The Child Care Regulations, 2001* the ***required*** ratio of **Staff** : Children for this outing is 2:20. 2:6 infant 2:10 toddler 2:20 preschool 2:30 school-age
Mixed Age Grouping	A mixed group of toddlers and preschoolers is attending the nearby library for a puppet show. After completing a risk assessment it was identified there were no hazards. There are six preschoolers and two toddlers attending the outing. A parent has also volunteered to attend the outing. In accordance with Section 53(6) of *The Child Care Regulations, 2001* the ***required*** ratio of **Staff/Adults** : Children for this outing is 2:15 *2:15 equivalent children:* 1 infant = 5 children 1 toddler = 3 children 1 preschool child = 1.5 children 1 school-age child = 1 child 2 TD x 3 = 6 children 6 PS x 1.5 = 9 children 15 The number of equivalent children requires one staff, supplemented with one additional adult.

Risk Assessment – Excursion Scenarios

Hazards present – Enhanced ratios required	
Single Age Grouping	Two groups of preschoolers (20 children) are going to the spray park for an afternoon. After completing a risk assessment it was identified there are some potential hazards requiring enhanced ratios. There are two staff attending this outing to meet the minimum staffing requirements. In accordance with Section 53(8) of *The Child Care Regulations, 2001* enhanced ratios are required. Two additional parent volunteers are accompanying to provide the recommended enhanced ratios below. The ratio of **Staff/Adults** : Children is 4:20 *Recommended enhanced ratios* 1:2 infant 1:3 toddler **1:5 preschool** 1:10 school-age 2 staff and 2 adults with 20 preschoolers provides a staff/adult : child ratio of 1:5.
Mixed Age Grouping	A mix of toddlers and preschoolers are going to the spray park for an afternoon. There are four toddlers and 7 preschoolers in total. After completing a risk assessment it was identified that there are some possible hazards requiring enhanced ratios. There are two staff attending this outing to meet the minimum staffing requirements as well as one additional adult to ensure that enhanced ratios are in place as required in Section 53(8) of *The Child Care Regulations, 2001*. The **Staff/Adult** : *Equivalent* Child ratio is 3:41 *Recommended enhanced ratios* *1:15 (equivalent children)* 4 TD x 5 = 20 children 7 PS x 3 = 21 children 41 41/15 = 2.7 staff/adults 1 infant = 7.5 children 1 toddler = 5 children 1 preschool child = 3 children 1 school-age child = 1.5 child A minimum of two staff and one additional adult is required to meet the enhanced ratio.

Appendix M: Excursion and Transportation Consent

Excursion and Transportation Consent
(Required Form)

Child Care Regulation 36(2)(f) requires every licensee keep a record with respect to each child attending the facility that includes any authorization provided by the child's parent for i) an excursion not involving transportation and (ii) an excursion involving transportation. In accordance with subsection 54(8), a risk assessment must be conducted by the licensee before any excursion. **Excursions where natural or other hazards exist will also require completion of Special Excursion Consent Form.**

I hereby give permission to _____
(Name of child care home provider or child care centre)

for my child _____ for the following:
(Name of child)

to participate in excursions, not involving transportation or neighbourhood walks:

☐ Yes ☐ No

to participate in excursions involving public or private transportation

☐ Yes ☐ No

Comments or Exceptions:

_____

_____

_____

_____

_____

_____

_____

_____

Date: _____ Parent/Guardian Signature _____

Note: When a parent or guardian does not authorize his/her child to participate in an excursion, the facility is obligated to provide alternate care.

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Appendix N: Special Excursion Consent

Special Excursion Consent

Special excursions are those that do not occur on a regular basis and/or may require additional safety precautions. In accordance with subsection 54(8), a risk assessment must be conducted by the licensee before any excursion. These may include excursions such as a trip to a shopping mall, activities in or near water, or watching a parade.

I hereby give permission to _____
(Name of child care home provider or child care centre)

for my child _____to participate
(Name of child)
in the following excursion:

Destination: _____

Proposed activities:
_____

_____

Mode of Transportation: _____

Date(s) of Excursion: _____

Staff: Child ratio _____

Departure and Return Times: _____

Date: _____ Parent/Guardian Signature: _____

Note: When a parent or guardian does not authorize his/her child to participate in an excursion, the facility is obligated to provide alternate care.

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Appendix O:
Sunscreen Opt Out Form

Parent/Guardian Request

I am the parent/legal guardian of

_____

(please list all children).

I am requesting that the Choiceland Cooperative Childcare Centre (CCCC) not apply sunscreen to my child(ren) while they are attending the CCCC or participating in outdoor programming.

I acknowledge that:

- Exposure to ultraviolet (UV) radiation can cause sunburn, skin damage, heat-related illness, and increase the lifetime risk of skin cancer.
- Sunscreen is a recommended protective measure used by the centre to support children's health and safety during outdoor play.
- By choosing to opt out of sunscreen application, my child may have an increased risk of sun-related injury or illness.

I understand that it is my responsibility to take reasonable steps to protect my child(ren) from sun exposure, which may include:

- Applying sunscreen prior to arrival at the centre
- Providing protective clothing (e.g., lightweight long sleeves)
- Providing an extra wide-brimmed hat
- Discussing alternative sun protection strategies with the CCCC, if appropriate

I understand that the CCCC will continue to implement general sun safety practices where possible (such as encouraging shade and hydration), but staff will not apply sunscreen unless this authorization is revoked in writing.

Revoking an Opt-Out
This opt-out remains in effect until the parent/guardian submits written notice to revoke it.

A written notice to revoke this opt-out means sunscreen practices will resume as per the Sun Safety Policy (C-09).

Release and Acceptance
By signing below, I confirm that:

- I have read and understand the information outlined above.
- I voluntarily accept the risks associated with my decision to opt out of sunscreen application.
- I release the CCCC and its team members from responsibility related specifically to the non-application of sunscreen, to the extent permitted by applicable legislation and childcare regulations.

Parent/Guardian: _____ _____
(printed name) (signature)

Date: _____

Appendix P:
Daycare Sunscreen Application Form

Organization Name: Choiceland Cooperative Childcare Centre

Child's Information	
Child's Full Name:	
Child's Date of Birth:	
Parent/Guardian Name:	
Name of sunscreen:	

Purpose:
To protect your child's skin from harmful sun exposure during outdoor activities, we apply sunscreen to all children before going outside.
Please read the following information and complete the form below.

Permission:

- ☐ I give permission for the staff to apply daycare-provided sunscreen (broad-spectrum SPF 30 or higher) to my child as needed.

- ☐ I give permission for staff to apply only the sunscreen I provided for my child, clearly marked with their name on.

- ☐ I do not give permission for sunscreen to be applied to my child. I understand that my child may still participate in outdoor activities without sun protection provided by the daycare.

Allergies/Sensitivities:
Does your child have any known allergies or skin sensitivities to sunscreen ingredients:

- ☐ Yes - Please, specify:
  _____
- ☐ No

Parental Agreement:
I understand that the staff will take reasonable care during the application of sunscreen and that it will be applied to exposed skin areas (face,arms,neck,legs).
I agree to notify the daycare of any changes regarding this permission

Parent/Guardian Signature:_____Date:_____

Appendix Q:
Illness Exclusion Framework

If your child is experiencing symptoms or an illness not listed, please contact the Director.

Symptom(s):	Exclusion Criteria:
Respiratory Infections (i.e.,cough, nasal discharge, excessive sneezing, nasal congestion, headache, body aches, and/or sore throat)	If the child has three or more of these symptoms or appears severely ill (i.e., lethargic, laboured breathing), exclude until symptomatic or 2-3 days whichever is less.
Fever (38°C / 100.4°F or higher) Temperature must be taken twice, with a 20 minute interval between readings, to confirm a fever. If two fever readings are not obtained, the exclusion criteria are not met	Must be fever-free for 24 hours without fever-reducing medication.
Diarrhea Diarrhea is defined as stool which is occurring more frequently and/or is less formed in consistency than usual in a child, and is not associated with changes in diet	After 3 diarrhea stools or 2 stools that contain blood or mucus. The child can return 12 hours after symptoms stop. If the child is sent home and returns the next day, but then has diarrhea again, they will be sent home immediately. This will continue on each consecutive day the child has symptoms. If the child has a symptom free day in between, the process resets to the original exclusion criteria.
Vomiting	After vomiting 2+ times in 12 hours and/or looking unwell in 12 hours. The child can return 12 hours after symptoms resolve. If the child is sent home and returns the next day, but then vomits again, they will be sent home immediately. This will continue on each consecutive day the child has symptoms. If the child has a symptom free day in between, the process resets to the original exclusion criteria. If the vomiting is determined to be caused by a non-communicable/non-infectious condition and the child is not in danger of dehydration then they may still be able to attend the daycare (please contact the Executive Director to determine if it is safe for the child to attend daycare).
Abdominal pain	After more than 2 hours of pain or intermediate pain associated with fever or other symptoms, or if the pain is severe/ debilitating in nature. The child can return 12 hours after symptoms resolve.

Mouth sores	The child must stay home if they are drooling uncontrollably, unless the sores have been diagnosed as non-infectious, in which case they can attend daycare even while drooling. If infectious, the child can return 12 hours after the sores have closed.
Rash	If the rash is spreading quickly, or accompanied by a fever/ behavioral changes, exclude until diagnosed as non-infectious.
Skin sores	If sores are weeping fluid and are on exposed skin that cannot be covered with a waterproof dressing. The child can return after the sores have stopped weeping fluids for 12 hours or once diagnosed as non-infectious.

Illness/ Disease:	**Exclusion Criteria:**
Chickenpox	Exclude until all lesions have dried/crusted (usually 5 days after rash begins) and no new lesions have appeared for 24 hours.
Conjunctivitis (Pink Eye)	**Bacterial:** Exclude until 24 hours of antibiotics. **Viral:** Exclude until symptoms resolve (i.e. no eye discharge).
COVID-19	Exclude as per current public health guidelines.
Croup	Exclude until the child is fever-free for 48 hours and able to participate comfortably in activities without severe coughing or respiratory distress. Please note: Severe coughing or respiratory distress includes persistent barking cough, difficulty breathing or speaking, noisy breathing (stridor), wheezing, chest retractions (visible pulling in around the ribs or neck), or signs of fatigue or distress when breathing.
Fifths Disease **(Slapped Cheek Syndrome)**	No exclusion required. Please note: There is a severe risk to the fetus if a pregnant woman gets Fifths Disease during the first trimester.
Hand-Foot-and-Mouth Disease	Exclude until blisters are flat, no longer leaking, and the child is fever-free for 24 hours.
Head Lice	Exclude until after first treatment.

Hepatitis A Virus Infection	Exclude until 1 week after onset of illness or jaundice, or as directed by your family practitioner.
Impetigo	Exclude until antibiotic treatment has been taken for 24 hours.
Measles	Exclude for 4 days after the rash begins.
Molluscum Contagiosum	No exclusion required, however bumps should be covered with tape or bandaged if not covered by clothing.
Mumps	Exclude until 5 days after onset of parotid gland swelling (9 days if still symptomatic).
Pertussis (whooping cough)	Exclude until 5 days of appropriate antibiotic treatment (21 days from onset of illness, if untreated). Please note: Additional exclusionary requirements may be added if the child is around infants under 1 year old or women pregnant in their 3rd trimester.
Pinworms	Exclude until after first treatment.
Ringworm	Exclude until after first treatment.
Roseola (Sixth Disease)	Exclude until fever is gone, as outlined in the Fever section above. Once the rash appears, the child is no longer contagious and may return.
Rubella	Exclude for 7 days after rash appears. Please note: There is a risk of severe damage to the fetus if a non-immune pregnant woman gets Rubella during the first trimester.
Scabies	Exclude until after full treatment is completed.
Shigella	Exclude until symptom free or cleared by family practitioner.
Staphylococcal Infections (wound or skin infections)	Exclusion not required, however infected areas must be covered.
Strep Throat	Exclude until the child has had the appropriate treatment to be deemed non-infectious (a minimum of 24 hours of appropriate antibiotic treatment).

Appendix R:
Allergy Action Plan
(for seasonal, predictable, or continuous routine allergies)

Date Completed: _____

Child's Name: _____

Child's Date of Birth: _____

List All Known Allergies (i.e., environmental, food, animals, medications, latex, fragrances, etc.)

	Allergen #1	**Allergen #2**	**Allergen #3**
List Here:			
Reaction(s) and Severity			
Medication(s)			
Type of Medication(s) **(i.e., oral, inhaler, etc.)**			
Dosage			
Frequency			

Has the child ever had an anaphylactic allergy, where emergency treatment or hospitalization was necessary? If yes, provide some details.

_____

_____

Does the child have an epi-pen or medical alert bracelet/badge?

_____

_____

Emergency Contact Information:

	Parent/Guardian	Parent/Guardian (Next Point of Contact)	Healthcare Provider
Full Name			
Phone Number			
Alternate Phone Number			
Location (Healthcare Provider)			

Parent/Guardian comments or additional steps for staff:

_____

_____

_____

Parent/Guardian: _____ _____
(printed name) (signature)

Date: _____

Staff Action Plan:
In the event of anaphylaxis, always follow the *Allergy and Anaphylaxis Management Procedure* (C-16).

Appendix S: ANAPHYLAXIS EMERGENCY PLAN

Anaphylaxis Emergency Plan: _____ *(name)*

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

PHOTO

(Check the appropriate boxes.)

☐ Food(s): _____

_____

_____

☐ Insect stings ☐ Other: _____

Epinephrine Auto-Injector: Expiry Date: _____ / _____

Dosage:

☐ EpiPen Jr® 0.15 mg ☐ EpiPen® 0.3 mg

Location of Auto-Injector(s): _____

☐ **Previous anaphylactic reaction:** Person is at greater risk.

☐ **Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

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

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

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

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

1. **Give epinephrine auto-injector** (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction. (See attached instructions.)
2. **Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose of epinephrine** as early as 5 minutes after the first dose if there is no improvement in symptoms.
4. **Go to the nearest hospital immediately (ideally by ambulance),** even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4-6 hours).
5. **Call emergency contact person (e.g. parent, guardian).**

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

_____ Patient/Parent/Guardian Signature

_____ Date

_____ Physician Signature ☐ On file

_____ Date

Allergy Quebec

Food Allergy Canada

January 2025

Appendix T: Medication Form

Government of Saskatchewan

Medication Form

(As Required)

Child Care Regulation 27(1) requires every licensee who agrees to administer medication to a child to: (a) obtain prior written authorization to administer the medication from the child's parent; and (b) ensure written records of each dose of medication administered to a child are maintained.

Medication Authorization

*** A separate form must be completed for each type of medication administered.**

Child's Name: _____

Name of Medication: _____

Dosage: _____

Times of day to be administered: _____ , _____ , _____

Child care centre or child care home provider name: _____

I hereby authorize staff of the above named child care centre or child care home to administer the above named medication in the dosage and the times of day indicated to the above named child.

Note: Personal health information may be disclosed by the facility to the Ministry of Education in the course of reviewing the facility's record keeping obligations.

Date: _____/_____/_____ (Year / Month / Day)

_____ Signature of parent/guardian

Medication Record

To use this medication record, list the dates down the left hand column and indicate the times of day that the medication was administered. The person who administers the child's medication must place his/her initials in the appropriate box.

Date	Times Administered						
Year/Month/Day	Time	Initials	Time	Initials	Time	Initials	Comments

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(Termination record on reverse)

Date Year/Month/Day	Times Administered						Comments
	Time	Initials	Time	Initials	Time	Initials	

Medication Termination

Medication has been terminated on: _____/_____/_____
Year Month Day

_____ _____
Signature of parent/guardian Signature of child care centre supervisor/child care provider

This form must be retained on file at the child care centre or the child care home for the period of time as outlined in Section 36 of *The Child Care Regulations, 2015*.

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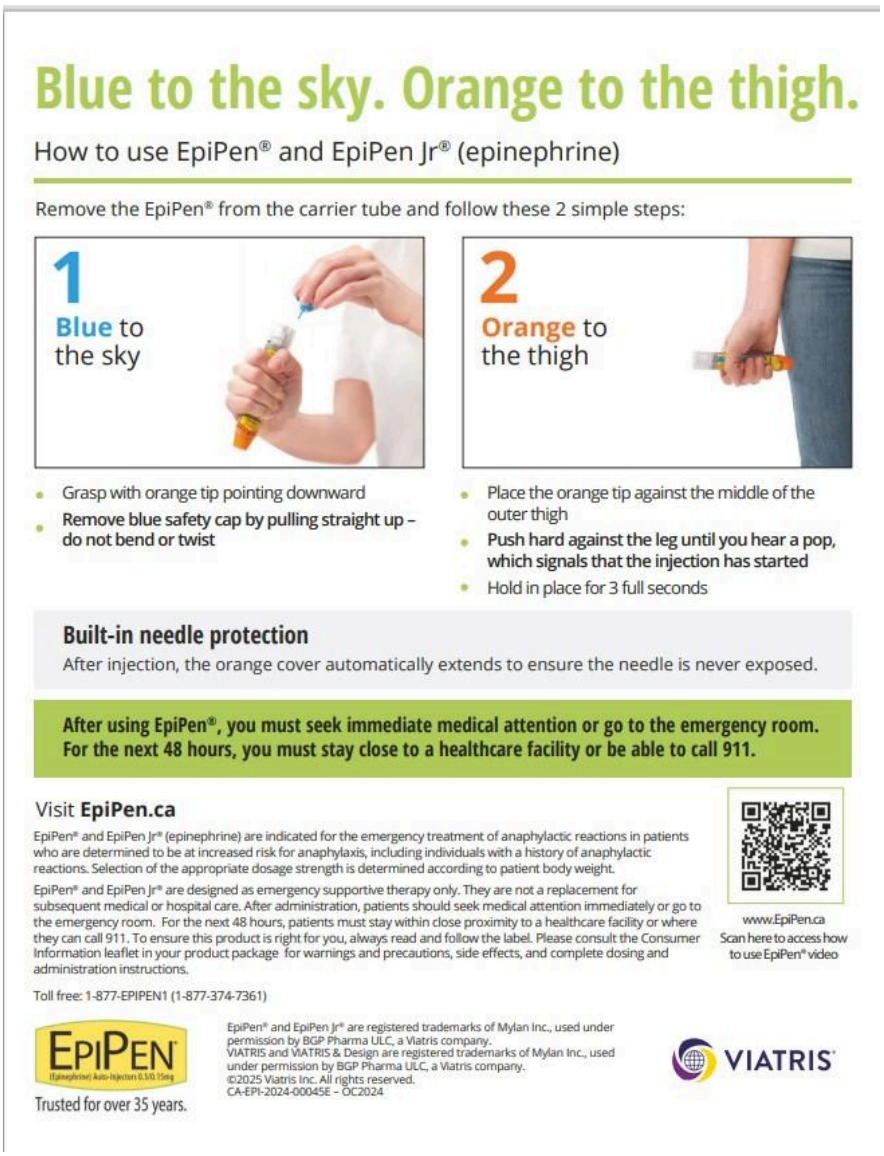
Appendix U: Symptoms of Allergic Reaction

1. DEFINITIONS:

d. **Allergic Reaction:** An abnormal reaction of the body to a previously encountered substance. The reaction is often manifested by itchy eyes, runny nose, wheezing, skin rash or diarrhea. Not considered a medical emergency.

e. **Anaphylaxis:** A sudden, severe and potentially fatal allergic reaction involving serious negative effects on at least two systems of the body which include the skin, heart, lungs and gastrointestinal tract. Management requires immediate medical emergency measures to be taken.

f. **Epinephrine:** Is a medication (also known as adrenaline), it is the treatment for anaphylaxis. Epinephrine works to reverse the symptoms of a severe allergic reaction by opening the airways and increasing blood pressure.



Appendix V: Child's Health Resume.

Child's Health Resume (Required Form)

Child Care Regulation 36 requires every licensee to keep a record with respect to each child attending the facility that includes: (a) child's name and date of birth, (b) names, addresses and telephone numbers of the child's parents, persons to contact in the case of an emergency and the child's medical practitioner, (c) any allergies, illness or other medical condition and (d) the child's immunization status.

Note: Personal health information may be disclosed by the facility to the Ministry of Education in the course of reviewing the facility's record keeping obligations.

Child's Name: _____ Starting Date: _____/_____/_____
Year Month Day

Date of Birth: _____/_____/_____
Year Month Day

Parent/Guardian Name: _____
Home Address: _____
Postal Code: _____
Home phone: _____
Place of business: _____
Business phone: _____
Cell phone: _____
Email: _____

Parent/Guardian Name: _____
Home Address: _____
Postal Code: _____
Home phone: _____
Place of business: _____
Business phone: _____
Cell phone: _____
Email: _____

Are both parents listed above authorized to remove the child from the child care facility? ☐ Yes ☐ No
Comments: _____

In case of emergency, the child care service will contact the following physician for medical treatment:

Physician's Name: _____

Address: _____

Phone: _____

Provide the names of two other persons to contact in case of emergency.

1. **Name:** _____
Relationship: _____
Home phone: _____
Business phone: _____
Cell phone: _____
Email: _____

2. **Name:** _____
Relationship: _____
Home phone: _____
Business phone: _____
Cell phone: _____
Email: _____

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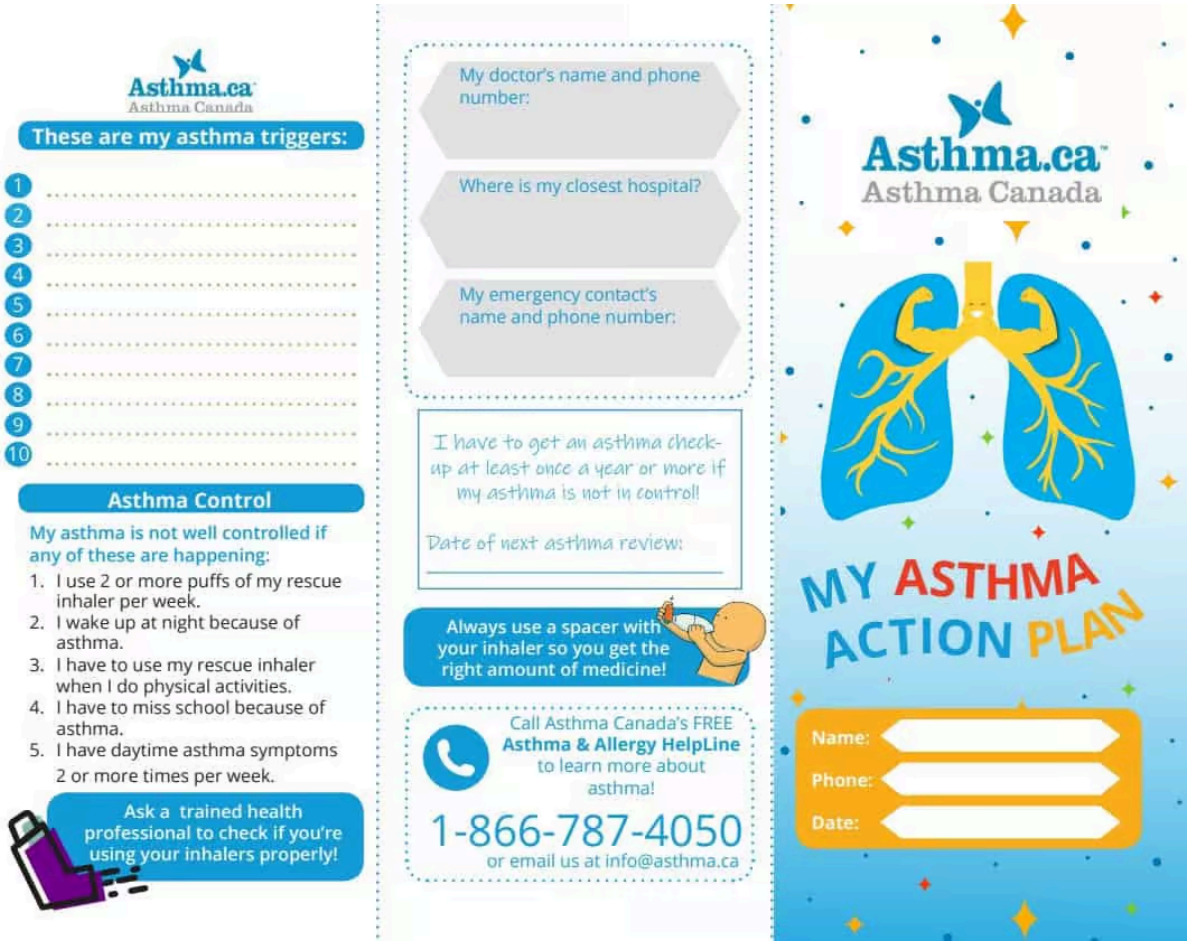
Appendix V: [Asthma Action Plan]



ASTHMA ACTION PLAN FOR CHILDREN 5-15 YEARS

HOW CAN AN *ASTHMA ACTION PLAN* HELP?

An asthma action plan is a set of instructions from your doctor or nurse practitioner. It explains how to manage asthma each day, when to change or add medications based on symptoms (cough, wheeze, chest tightness and/or shortness of breath) and when to seek emergency medical help. Research shows that following an asthma action plan can reduce flare-ups and emergency room visits.

WHY DOES AN *ASTHMA ACTION PLAN* HAVE 3 DIFFERENT COLOURS?

An action plan has 3 different colours, to show the **GREEN**, **YELLOW** and the **RED** Zones. Each zone shows the level of asthma control and what actions should be taken based on symptoms.

The **GREEN** zone means **asthma is well-controlled** because:

- I do not have asthma symptoms more than twice a week
- I do not need reliever medication more than twice a week
- I am able to run, play, and keep up with friends
- I do not have asthma symptoms at night time
- I have not missed any school or activities due to asthma



The **YELLOW** Zone means **asthma is NOT well-controlled** because **one or more** of these statements apply:

- I have asthma symptoms more than twice a week
- I need reliever medication more than twice a week
- I am not able to run, play, or keep up with friends
- I have night time symptoms more than once a week
- I have missed school or regular activities due to asthma
- I have a cold or virus



The **RED** Zone means an **asthma emergency** because **one or more** of these statements apply:

- My reliever medications only helps for 2-3 hours or less
- I am very short of breath, coughing all the time, wheezing, or have ongoing chest tightness
- I have a hard time speaking
- I have blue lips or nail beds
- I am pale, grey in colour, and sweating
- I have flared nostrils
- I have sunken skin by neck and ribs
- I feel really tired



WHAT DO I DO IF I AM USUALLY NOT IN THE GREEN ZONE?

Speak to a doctor or nurse practitioner about different **CONTROLLER** medication options if asthma is not controlled or not in the Green Zone most of the time.

WHO SHOULD HAVE COPIES OF MY ASTHMA ACTION PLAN?

It is helpful for a parent/guardian, doctor/nurse practitioner, teacher and pharmacist to have a copy of the *Asthma Action Plan* as well. Keep the action plan in a place that is easy to see!

Download a free Asthma Action Plan and other lung health resources at LungSask.ca

ASTHMA ACTION PLAN FOR CHILDREN 5-15 YEARS

Take this plan to be reviewed at each doctor's or nurse practitioner's visit.

Name:	Date:	Age:
Doctor/Nurse Practitioner:	Phone:	
Emergency Contact:	Phone:	

GREEN ZONE
My Asthma is **WELL-CONTROLLED**

I will use my **CONTROLLER** and **RELIEVER** as prescribed.

CONTROLLER: Take daily to prevent asthma symptoms

Medication / Colour	Dose	# of Puffs	# per Day

Vaccinations: Stay up to date!

Additional Notes and Instructions

RELIEVER: Take when I have asthma symptoms

Medication / Colour	Dose	# of Puffs	# per Day

YELLOW ZONE
My Asthma is **NOT WELL-CONTROLLED**

I will **CHANGE** and/or **ADD-ON** medication as prescribed.

INCREASE or ADD CONTROLLER

Medication / Colour	Dose	# of Puffs	# per Day

Additional Notes and Instructions

RELIEVER: Take 1-2 puffs every 4 – 6 hours **as needed**

Medication / Colour	Dose	# of Puffs	# per Day

If your symptoms don't improve in 2-3 days or your **RELIEVER** lasts 2-3 hours or less, **GO TO THE RED ZONE.**

RED ZONE
I am having an Asthma **EMERGENCY**

I will **GO TO THE EMERGENCY DEPARTMENT** or **CALL 911 NOW!**

TAKE RELIEVER every 10 - 20 minutes

Medication

Additional Notes and Instructions

GET HELP!

STOP. Sit down.

TAKE RELIEVER every 10-20 minutes until you get help.

LUNG SASK

LungSask.ca

This Children's Action Plan (5-15 years of age) was created with consultation from health providers, caregivers and people living with asthma.

This plan is non-commercial and publicly available for free download.

Appendix W:

Termination Procedure

Reasons for Termination

Late Payment
Late Pick-Up: continual disregard for the hours of operation where parents/guardians are routinely late and/or late without notice.

Constant Negotiations: The centre will not continue services after constant requests for changes to the rules or policies (i.e., non-compliance for the Sick Policy, etc.)

Parent/Guardian Frustration: any threatening or abusive behaviour from parents/guardians to other parents/guardians, staff, or children. This may also include talking in manners that affect the reputation and standing with the community.

Concern for Others: in cases where behaviours are extreme enough that services cannot be provided safely and consistently due to destructive, uncontrollable, violent, or threatening nature of the behaviours.

Other: any other areas of concern that are brought to the board and are warrant for termination.

Procedure for Termination

1. Verbal reminders of policy procedures are given immediately for any concern (no matter how many instances). This is documented on their Lillio file.
2. A written notice via Lillio is sent after continued offence.
3. Parent discussions with the Director or Office Administrator on best steps forward may be given as last effort
4. Letter of suspension or termination delivered to parent/guardian at pick-up from the centre. All childcare services will cease.

NOTE: All above steps require signature of both parties (staff and guardian) to ensure the warning is understood and received. These will be kept in the child's files.

Moving Forward

Details of the suspension or termination will be listed within the letter given to parents ceasing childcare services (i.e., length of suspension, options for re-evaluation of decision, etc.)

Parents/Guardians may request a meeting with the Board of Directors to determine eligibility to reinstate childcare services.

The Board of Directors and Director make the final decision.

Concerns can be made via the Concerns and Feedback form or at the Board's Annual General Meeting

Termination Procedure
Late Payments

All payments are due on the 1st of every month.
Invoices are sent via Lillio, unless requested otherwise.
Alternate payment day(s) are subject to application and written pre-approval.

Procedure for Termination

1. **7 days overdue** reminder letters are issued via Lillio
2. **15 days overdue** a letter to cease childcare will be sent until a payment plan is determined.
3. If the payment plan is not adhered to within the month, childcare will cease until the balance is paid in full
4. Payment after one month means children return to the waitlist prior to re-attending the centre.

Choices for payment are cash, e-transfer and pre-authorized withdrawal.

If paying by e-transfer, please notify in the subject line the name(s) of the child(ren).

Moving Forward

Details of the suspension or termination will be listed within the letter given to parents ceasing childcare services (i.e., length of suspension, options for re-evaluation of decision, etc.)

Parents/Guardians may request a meeting with the Board of Directors to determine eligibility to reinstate childcare services.

The Board of Directors and Director make the final decision.

NOTE: All above steps require signature of both parties (staff and guardian) to ensure the warning is understood and received. These will be kept in the child's files.

Concerns can be made via the Concerns and Feedback form or at the Board's Annual General Meeting

Appendix X: Termination Letter

Date: [Insert Date]

Subject: Notice of Termination of Childcare Services

Dear [Parent/Guardian's Name],

This letter serves as formal notice that the Choiceland Cooperative Childcare Centre will be terminating childcare services for [Child's Name(s)], effective [Termination Date].

This decision has been made after careful consideration and is based on the following reason(s):

- Repeated failure to comply with the centre's policies and procedures.
- Ongoing concerns regarding behaviour that has affected the safety and well-being of children and/or staff.
- Failure to maintain payments or outstanding childcare fees.
- Failure to provide required documentation or information requested by the centre.
- Inability of the centre to adequately meet your child's individual needs with the resources currently available.
- Repeated late pick-ups despite prior discussions and reminders.

[please select and customize the reason(s) — remove what is not applicable.]

Despite efforts to address these concerns through written communication and discussions, we have determined that it is in the best interest of the children, staff, and the operation of the centre to discontinue childcare services.

Please make arrangements for alternative childcare before the effective termination date. Any personal belongings of your child should be collected on or before their final day of attendance. Any outstanding balances on your account are requested to be paid in full by that date.

We appreciate the opportunity to have cared for your child and wish your family success in your future childcare arrangements.

If you have any questions, concerns, or would like further discussion regarding this notice, please contact the CCCC Board of Directors at board@choicelandchildcare.com

Sincerely,

[Director's Name]
CCCC Director
director@choicelandchildcare.com

Appendix Y

Termination Report

Parent/ Guardian(s) Name: _____

Child(ren)'s Name(s): _____

Email and Mailing Address:

_____

Reason for Escalation:

- ☐ Late Payment
- ☐ Late Pick-ups
- ☐ Constant Negotiation
- ☐ Parent/Guardian Frustration
- ☐ Out of Scope — Taking Away from Other Children and Safety Concerns
- ☐ Parents/Guardians will not Provide for Child's Needs
- ☐ Other — please list: _____

Additional Details:

_____

_____

_____

Verbal/Lillio Warning:

Date of Warning:	
List Those In The Meeting:	
Summary of the Discussion and Outcome:	

One on One Meeting (if applicable):

Date of Warning:	
List Those In The Meeting:	
Summary of the Discussion and Outcome:	

Summary of Supporting Documents:

Period of Time Reports Have Been Collected: _____ to _____	
Incident Reports :	*Total*:
	Additional Details:
ABC Reports:	*Total*:
	Additional Details:
Unusual Occurrences Reports:	*Total*:
	Additional Details:
Other:	*Total*:
	Additional Details:

Summary of Next Steps and Timeline:

_____

_____

_____

_____

_____

Any Additional Communication:

_____

_____

_____

Escalation Letter:

Date sent: _____

Any Additional Information for Consideration:

_____

_____

_____

_____

_____

Date Termination Report was sent to Board of Directors:

_____

Appendix Z:

Fee Schedule Limits

Full-Time Occupancy (10 or more days per month)

Type of Space	Monthly Parent Fee	Maximum Monthly *Parent Fee Reduction Grant*	Maximum Monthly Fee Schedule
Infant	$217.50	$614.50	$832.00
Toddler	$217.50	$520.65	$738.15
Preschool	$217.50	$454.75	$672.25

Part-Time or Daily Occupancy (9 or less days per month)

Types of Space	Daily Parent Fee	Maximum Daily *Parent Fee Reduction Grant*	Maximum Daily Fee Schedule
Infant	$10.00	$48.24	$58.24
Toddler	$10.00	$41.67	$51.67
Preschool	$10.00	$37.06	$47.06

Legend
Fee Schedule: the rate per space before the Parent Fee Reduction Grant is applied ***Parent Fee Reduction Grant***: Ministry of Education grant funding provided directly to childcare centres to cover portions of the total Fee Schedule. **Parent Fee**: actual fee families pay per day or per month after the Parent Fee Reduction grant is accounted for.

Appendix AA:
Employee Expense Reimbursement Form

Date:_____

Name:_____ **Title:** _____

Expense Lists

Date of Expense	Expense Description	Vendor	Receipt Attached (please circle)	Amount
			Y or N	
			Y or N	
			Y or N	
			Y or N	
			Y or N	
			Total	**$**

Please attach all original receipts before submitting to the Director/Office Administrator or Board for approval.
Reimbursements will not be eligible without original receipts

Member Signature: _____ Date:_____

For Office Use Only

Reimbursed by (please check one):

- ☐ Cheque
- ☐ Cash
- ☐ E-transfer
- ☐ Direct Deposit

Date Reimbursed:_____

Reason Reimbursement was denied (if necessary):

_____

_____

Administrator Name: _____

Administrator Signature: _____ Date:_____

Appendix BB:

Employee Mileage Reimbursement Form

Date:_____

Name:_____ **Title:** _____

Date of Travel	**Reason for Travel**	**From** (location)	**To** (location)	**Total KMs**
			Total Kilometers	
			Rate/KM ($)	
			Total $	

Member Signature: _____ Date: _____

_____

For Office Use Only:

Reimbursed By:

- ☐ Cheque
- ☐ Cash
- ☐ E-transfer
- ☐ Direct Deposit

Date Reimbursed: _____

Reason Reimbursement was denied (if necessary):

_____

_____

Administrator Name: _____

Administrator Signature: _____ Date:_____

Appendix CC:
Leave Request Form

Staff Member Name: _____

Position (check one):

- ☐ ECE
- ☐ Cook
- ☐ Director
- ☐ Office Administrator

Date Submitted: _____

Details of the Leave Requested:

Type of Leave	☐ Vacation ☐ Earned Days of Off (EDO) ☐ Sick ☐ Other:_____

Dates: (Start to End of Request)	
Time (if applicable): (i.e., partial day, specific times,etc.)	
Total Hours Requested:	
Notes (if applicable):	
Expected Return to Work Date:	

Has coverage been confirmed by the Director or Board?

- ☐ Yes
- ☐ No

If yes, please list who is covering the shift(s)

_____

Staff Member Signature: _____ Date: _____

Management Section:

Action:	☐ Approved ☐ Declined
Date Staff Member was Informed of Action:	
Comments/Reasons (if denied):	

Director/Board Signature: _____ **Date:** _____

Provided to Office Administrator (circle one): Y or N

Date: _____

Appendix DD:
Change of Leave Request Form

Staff Member Name: _____

Position (check one):

- ☐ ECE & Cook
- ☐ Director
- ☐ Office Administrator

Date Submitted: _____

Details of the Leave Requested:

Type of Leave:	☐ Vacation ☐ Earned Days Off (EDO) ☐ Sick ☐ Other:_____

New Requested Dates — if applicable: (Start to End of Request) — *Or state if you are completely revoking your time off request.*	
Times (if applicable): (i.e., partial day, specific times,etc.)	
Total Hours Requested:	
Notes (if applicable):	
Expected Return to Work Date:	

I, _____, approve the following changes to my vacation (time-off) request.

Staff Member Signature: _____ Date: _____

Management Section:

Date Staff Member was Informed of Change:	
Comments/Reasons	

Director/Board Signature: _____ **Date:** _____

Provided to Office Administrator (circle one): Y or N

Date: _____

Appendix DD-1:
Staff Incident Report

Staff Member Name:

_____

Email and Mailing Address:

_____

_____

Reason for Escalation:

- ☐ Breach of Confidentiality
- ☐ Constant Negotiation of Duties
- ☐ Parent/Guardian or Other Staff Frustration
- ☐ Out of Scope — Safety Concerns, Harassment of Staff or Children
- ☐ Incomplete Duties on the Job
- ☐ Other — please list: _____

Additional Details:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Verbal Warning:

Date of Warning:	
List Those In The Meeting:	
Summary of the Discussion and Outcome:	

Written Warning:

Date of Warning:	
List Those In The Meeting (if applicable):	
Summary of the Discussion and Outcome:	

Meeting (with Director or Board of Directors):

Date of Warning:	
List Those In The Meeting (if applicable):	
Summary of the Discussion and Outcome:	

Summary of Next Steps and Timeline:

_____

_____

_____

_____

_____

_____

Any Additional Communication:

_____

_____

_____

_____

Escalation or Termination Letter:

Date sent to Board of Directors: _____

Any Additional Information for Consideration:

_____

_____

_____

_____

_____

_____

Appendix EE: Meal Plan Rotation

Appendix FF:

Allergies/Special Diets List - Children

Name:	Allergies:	Procedures:

Allergies/Special Diets List - Staff

Name:	Allergies:	Procedures:

Appendix GG:
Emergency Incident Form

Date of Incident:	
Time of Incident:	
Location of Incident: (within centre)	
Person(s) Involved: **Include Names and their Roles:** (i.e., child, staff, visitor, volunteer, parent/guardian)	
Type of Emergency: (please circle)	Fire Issued Threat Natural Disaster Disruption of Services Medical Emergency Other: _____

Initial Report:
How was the emergency identified?

- ☐ Alarm System
- ☐ Visual Confirmation
- ☐ Phone Call/Report
- ☐ Other: _____

Describe the nature of the emergency:

_____

_____

_____

_____

_____

Actions & Measures:

Immediate Actions Taken: (please circle)	Evacuation Shelter-In-Place Lockdown Hold and Secure First Aid/CPR Administered Contacted Parents/Guardians Other: _____
Time of Action:	

Emergency Response:

Who responded to the emergency? (check all that apply)

- ☐ Fire Department
- ☐ Police
- ☐ Ambulance/Medical Personnel
- ☐ Staff
- ☐ Parents/Guardians
- ☐ Other: _____

Response Description:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Outcome:

Was anyone injured?

- ☐ Yes
- ☐ No

If yes, describe injuries and medical care provided:

_____

_____

_____

Was the facility damaged:

- ☐ Yes
- ☐ No

If yes, describe the extent of the damage:

_____

_____

_____

Were any services disrupted:

- ☐ Yes
- ☐ No

If yes, explain which services and the expected resolution timeline:

_____

_____

_____

Was there a need for further action (e.g., counseling, temporary closure):

- ☐ Yes
- ☐ No

If yes, please describe:

_____

_____

Communication:

Parents/Guardians Notified:	Yes No
Date & Time of Notification:	
Method Of Notification:	Lillio Phone Email In-Person Other:_____
Details of Notification:	
Agencies Notified: **(if required)**	Yes No
Agencies Name(s):	
Date & Time of Notification:	
Details of Notification:	

Follow-Up and Recommendations:

Was a debrief held with staff:

- ☐ Yes
- ☐ No

Additional Details for why or why not:

_____

_____

Are there any changes needed to the emergency response procedures:

- ☐ Yes
- ☐ No

If yes, please describe:

_____

_____

Recommendations for Future Prevention/Response:

_____

_____

_____

Signature of Staff Completing Form: _____ **Date**: _____

Reviewed by Board: _____ **Date**: _____

This form will be kept on file and shared with relevant authorities

Appendix HH:

Record of Fire Drill Evacuations

Year: _____

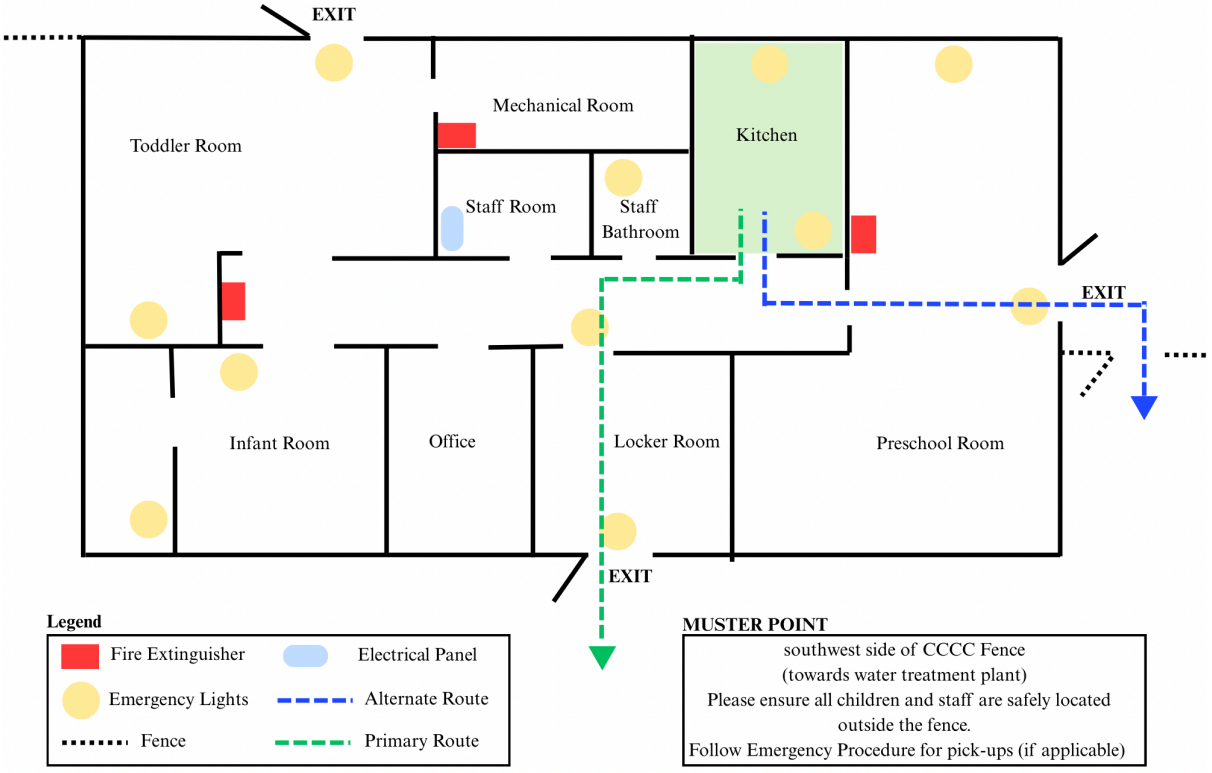
Month:	Date & Time:	Names of Children and Adults:	Comments:
January:			*Exits Used:* Front or Back (circle answer) *Attendance Reviewed:* Y or N (circle one) *Anyone Left Inside?* Y or N (circle one and if applicable, list names) *Other Notes:*
February:			*Exits Used:* Front or Back (circle answer) *Attendance Reviewed:* Y or N (circle one) *Anyone Left Inside?* Y or N (circle one and if applicable, list names) *Other Notes:*
March:			*Exits Used:* Front or Back (circle answer) *Attendance Reviewed:* Y or N (circle one) *Anyone Left Inside?* Y or N (circle one and if applicable, list names) *Other Notes:*
April:			*Exits Used:* Front or Back (circle answer) *Attendance Reviewed:* Y or N (circle one) *Anyone Left Inside?* Y or N (circle one and if applicable, list names)

			Other Notes:
May:			*Exits Used:* Front or Back (circle answer) *Attendance Reviewed:* Y or N (circle one) *Anyone Left Inside?* Y or N (circle one and if applicable, list names) *Other Notes:*
June:			*Exits Used:* Front or Back (circle answer) *Attendance Reviewed:* Y or N (circle one) *Anyone Left Inside?* Y or N (circle one and if applicable, list names) *Other Notes:*
July:			*Exits Used:* Front or Back (circle answer) *Attendance Reviewed:* Y or N (circle one) *Anyone Left Inside?* Y or N (circle one and if applicable, list names) *Other Notes:*
August:			*Exits Used:* Front or Back (circle answer) *Attendance Reviewed:* Y or N (circle one) *Anyone Left Inside?* Y or N (circle one and if applicable, list names) *Other Notes:*

September:			*Exits Used:* Front or Back (circle answer) *Attendance Reviewed:* Y or N (circle one) *Anyone Left Inside?* Y or N (circle one and if applicable, list names) *Other Notes:*
October:			*Exits Used:* Front or Back (circle answer) *Attendance Reviewed:* Y or N (circle one) *Anyone Left Inside?* Y or N (circle one and if applicable, list names) *Other Notes:*
November:			*Exits Used:* Front or Back (circle answer) *Attendance Reviewed:* Y or N (circle one) *Anyone Left Inside?* Y or N (circle one and if applicable, list names) *Other Notes:*
December:			*Exits Used:* Front or Back (circle answer) *Attendance Reviewed:* Y or N (circle one) *Anyone Left Inside?* Y or N (circle one and if applicable, list names) *Other Notes:*

Appendix II: muster points

Choiceland Cooperative Childcare Centre
Emergency Exit Map



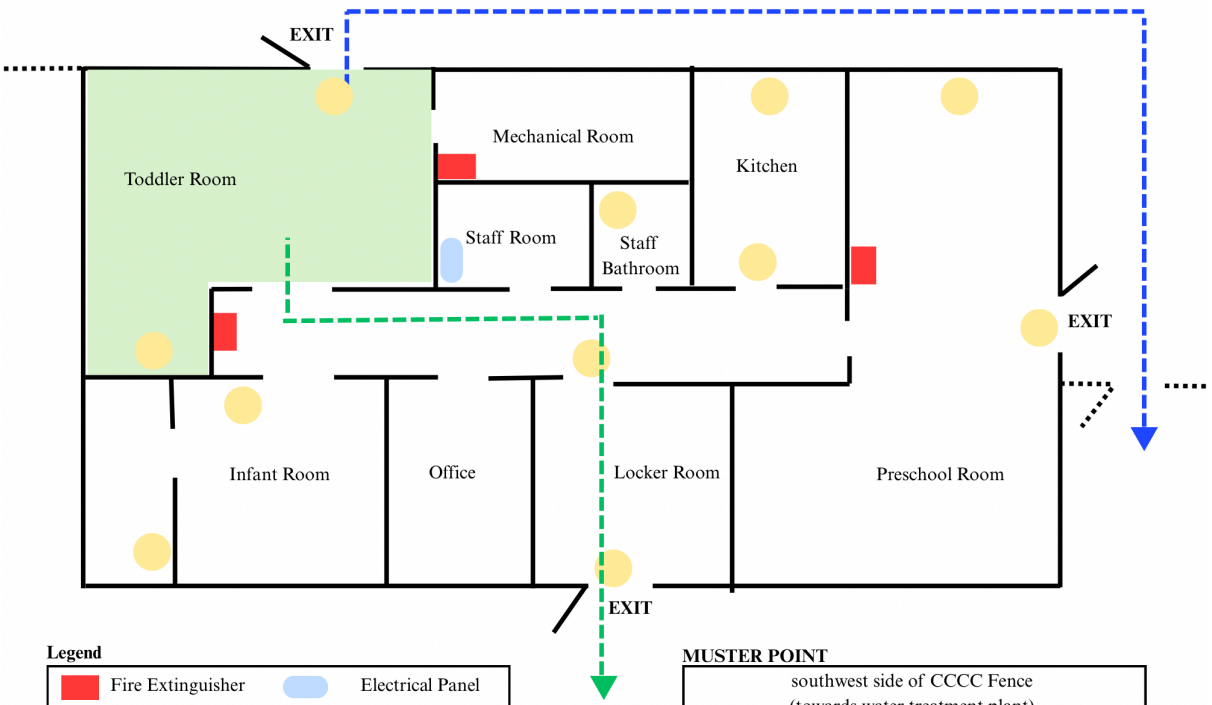
Legend

Fire Extinguisher	Electrical Panel
Emergency Lights	Alternate Route
Fence	Primary Route

MUSTER POINT

southwest side of CCCC Fence
(towards water treatment plant)
Please ensure all children and staff are safely located outside the fence.
Follow Emergency Procedure for pick-ups (if applicable)

Choiceland Cooperative Childcare Centre
Emergency Exit Map



Legend

Fire Extinguisher	Electrical Panel
Emergency Lights	Alternate Route
Fence	Primary Route

MUSTER POINT

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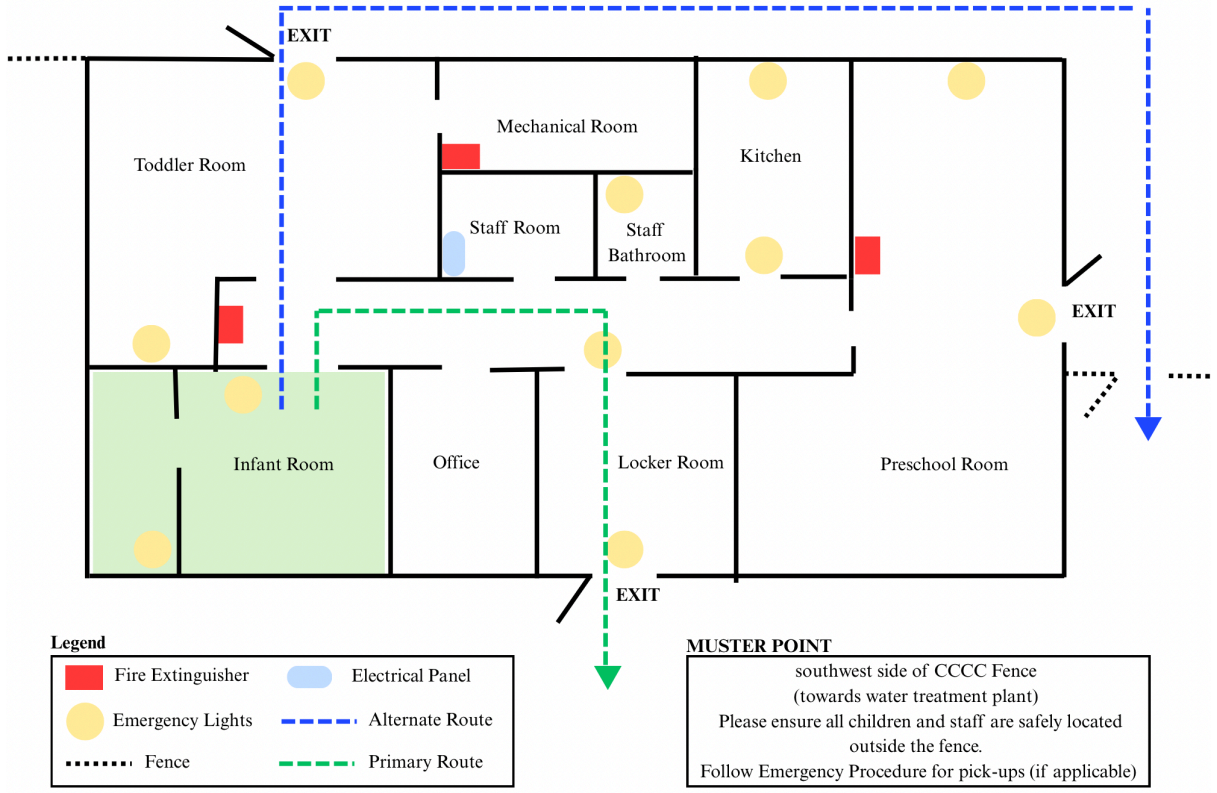
Please ensure all children and staff are safely located outside the fence.
Follow Emergency Procedure for pick-ups (if applicable)

Choiceland Cooperative Childcare Centre

Emergency Exit Map



Legend

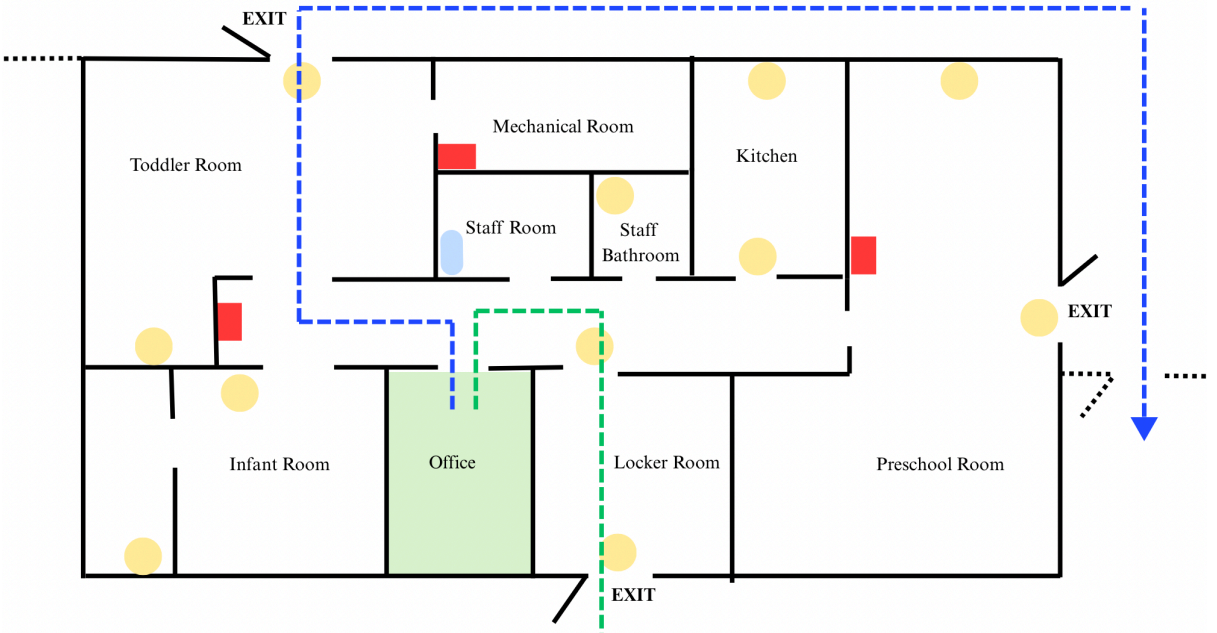
Fire Extinguisher	Electrical Panel
Emergency Lights	Alternate Route
Fence	Primary Route

MUSTER POINT

southwest side of CCCC Fence
(towards water treatment plant)
Please ensure all children and staff are safely located outside the fence.
Follow Emergency Procedure for pick-ups (if applicable)

Choiceland Cooperative Childcare Centre

Emergency Exit Map



Legend

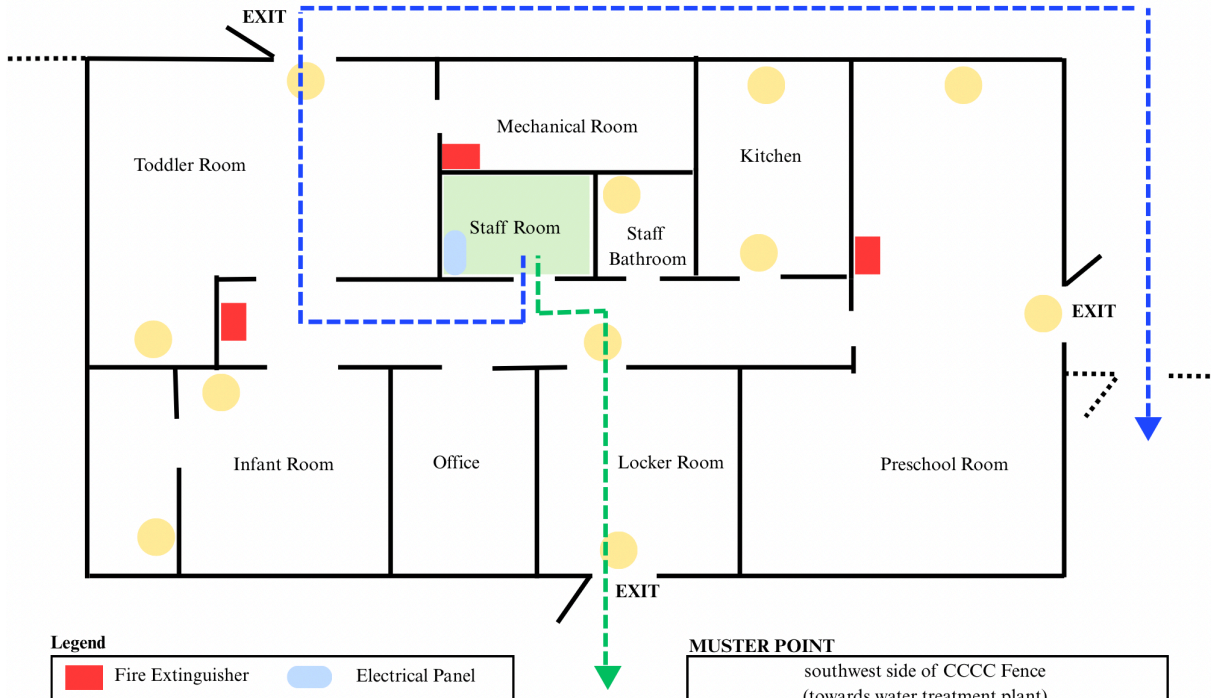
Fire Extinguisher	Electrical Panel
Emergency Lights	Alternate Route
Fence	Primary Route

MUSTER POINT

southwest side of CCCC Fence
(towards water treatment plant)
Please ensure all children and staff are safely located outside the fence.
Follow Emergency Procedure for pick-ups (if applicable)

Choiceland Cooperative Childcare Centre

Emergency Exit Map



Legend

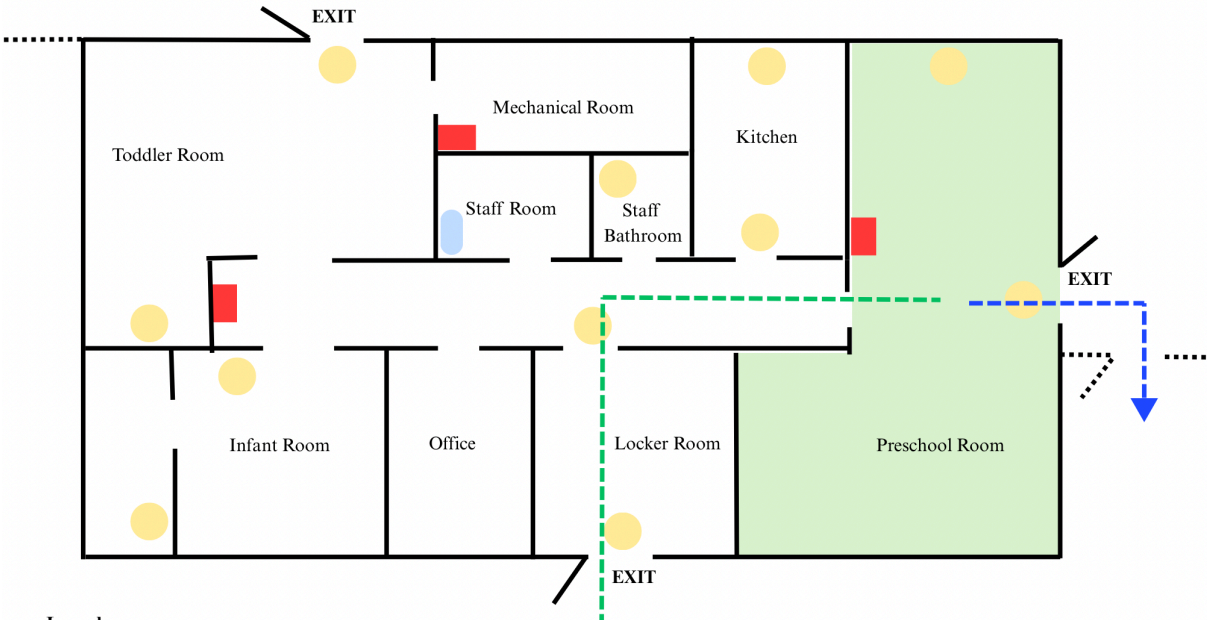
Fire Extinguisher	Electrical Panel
Emergency Lights	Alternate Route
Fence	Primary Route

MUSTER POINT

southwest side of CCCC Fence
(towards water treatment plant)
Please ensure all children and staff are safely located outside the fence.
Follow Emergency Procedure for pick-ups (if applicable)

Choiceland Cooperative Childcare Centre

Emergency Exit Map



Legend

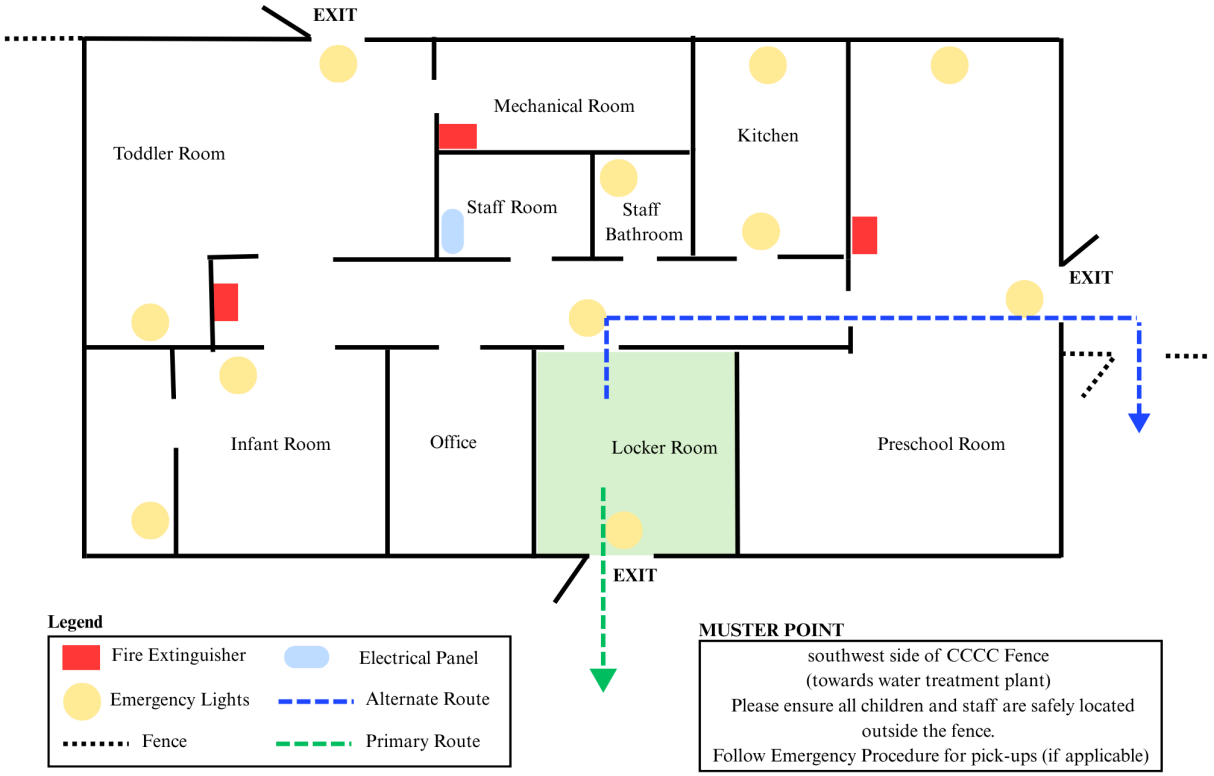
Fire Extinguisher	Electrical Panel
Emergency Lights	Alternate Route
Fence	Primary Route

MUSTER POINT

southwest side of CCCC Fence
(towards water treatment plant)
Please ensure all children and staff are safely located outside the fence.
Follow Emergency Procedure for pick-ups (if applicable)

Choiceland Cooperative Childcare Centre

Emergency Exit Map



Appendix JJ:

Emergency Procedures

Shelter In-Place	Hold & Secure	Lockdown
Used for an environmental or weather hazard outside. Indoor activities can remain in place. "**Attention: Active Shelter In-Place**" is communicated to staff and on Lillio Everyone must enter centre and headcount conducted Doors and windows are shut and locked. "All Clear" announcement commences when threat is removed.	Used when security risk, criminal activity or police operation are happening outside in the surrounding neighbourhood. "**Attention: Active Hold & Secure**" announced to staff and on Lillio Headcount conducted. All windows and doors are shut and locked. Director will inform parents on how to gain entry into building When the threat concerns internal safety, Lockdown commences	Used in the case of high-level threats that risk safety of internal environment "**Attention; Active Lockdown**" is announced to staff and on Lillio Gather to own rooms, lock doors and windows, close blinds (if applicable) Headcount everyone. Barricade doors. "All Clear" announcement will be relayed to staff and Lillio when allowed to do so (from RCMP)

Emergency Incident Forms must be completed for all threats.

Director must follow-up with all parents on Lillio with account and actions around the event.
The Director must also debrief with staff.

Appendix KK:

Record of AED Inspections

Year: _____

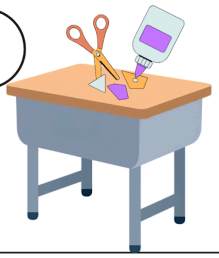
Month:	**Date & Time of Inspection:**	**Pads Expired?** Y or N	**Batteries Charged?** Y or N	**Device Ready For Use?** Y or N	**Comments:** (i.e., any areas not compliant, how issues are being addressed, etc.)	**Staff Member Initial:**
January						
February						
March						
April						
May						
June						

July						
August						
September						
October						
November						
December						

Appendix LL: Hygiene

Sanitizing Children's Tables

1



Remove all toys, dishes, art materials, etc.

2



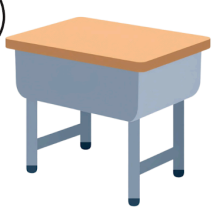
Wipe table with damp cloth to remove excess grime

3



Spray with bleach water and wipe with clean cloth

4



Let table air dry before use

CHOICELAND COOPERATIVE CHILDCARE CENTRE

Tables MUST be cleaned off and sanitized before and after eating

When Do I Wash My Hands?



Arriving at the CCCC	After Coughing, Sneezing, Wiping Nose
Preparing or Serving Food	After Cleaning Any Accidents or Messes
Before and After First Aid Treatment	After Handling Animals or Chemicals
Before and After Diapering	Before and After Washroom Assistance

CHOICELAND COOPERATIVE CHILDCARE CENTRE

Staff and Volunteers **MUST wash their hands after any interaction with chemicals, food, animals, and diapering/washroom transitions**

Hand Washing for Infants



1. Wipe child's hand with dish soap on damp towel



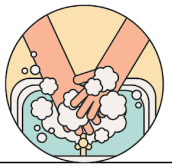
2. Rinse child's hands using fresh damp towel



3. Dry child's hands with dry towel



4. Staff to wash their own hands



CHOICELAND COOPERATIVE CHILDCARE CENTRE

***Children* MUST have their hands washed after a diaper change**

Sanitizing Dishes and Toys

1. Wash in warm soapy water

(44°C or 111°F)



2. Rinse in warm clean water

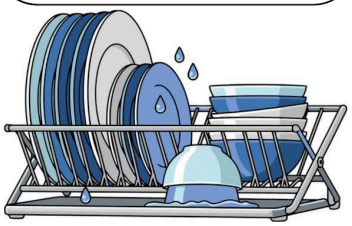


3. Sanitize in **dishwasher** or by adding **chlorine** (>100ppm) **to warm water** (82°C or 180°F)

Dishes and toys must be immersed for a minimum of 2 minutes

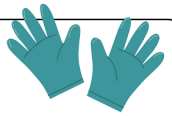
CHOICELAND COOPERATIVE CHILDCARE CENTRE

All dishes and toys MUST air dry after sanitizing



Bathroom Accident Procedure

1



Gather needed supplies and put on gloves

Need: new clothes, wipes, bag for dirty clothes

2



Take child to the bathroom area

3



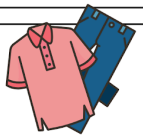
Help child clean up as much as they need assistance

4



Sanitize the area, including sink, walls, and toilet

5



Rinse soiled clothes before sending home to be washed

6



Both you and the child need to wash your hands

CHOICELAND COOPERATIVE CHILDCARE CENTRE

Children and Staff **MUST have wash their hands after using the washroom**

Sanitizing Solutions



For mouthed items and food contact surfaces

2 teaspoons of 5.25% unscented bleach
per
4 litres of water
(produces a 100 parts per million —ppm— solution)

Solution Mixes

15ml of unscented household bleach per 1 litre water

60ml of unscented household bleach per 4 litres water

¼ cup unscented household bleach per 1 gallon water

Sanitizing solution MUST be kept out of reach of children

Uses

Clearly labelled in a
- spray bottle
- small pail or bowl (to keep cloths sanitized between uses)

Must be changed regularly to maintain effectiveness
- daily if in spray bottle
- every 3-4 hours if in pail

Use test strips to ensure appropriate concentration

Sanitizing Baby Bottles



1

Wash in warm soapy water (44°C or 111°F)

Use a brush to remove any residue



2

Rinse in warm clean water



3

Sanitize in **dishwasher**

or by adding **chlorine** (>100ppm) **to warm water** (82°C or 180°F)

or by **boiling for 10 minutes**

CHOICELAND COOPERATIVE CHILDCARE CENTRE

Disposable bottles (holder with single-use bags) must have the holder and nipples washed and sanitized



How I Wash My Hands

1



Soap

2



Scrub Thoroughly

3



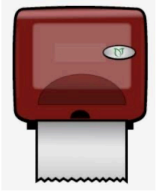
Scrub Between Fingers

4



Rinse

5



Dry

6



Towel in Garbage

CHOICELAND COOPERATIVE CHILDCARE CENTRE

Hand Hygiene is an important step towards keeping everyone healthy and clean!

When Do I Wash My Hands?



Arriving at the CCCC	After Coughing, Sneezing, Wiping Nose
After Using the Washroom or A Diaper Change	Before Eating
Before and After Shared Tactile Activities (playdoh, slime, sensory bins, sand, water, etc,)	After Handling Animals or Plants
If Hands Become Soiled During Play	Before Assisting with Food Preparation

CHOICELAND COOPERATIVE CHILDCARE CENTRE

Children MUST wash their hands
after any interaction with
food, plants, animals, and diapering/washroom transitions

Appendix MM: Cleaning Checklists

Ongoing Room Cleaning:

Please initial when a task is completed:

Time:	Task:	Staff that Completed:
After Morning Snack		
	Clean tables & enter into Lillio	
	Sweep floors	
After Lunch		
	Clean tables & enter into Lillio	
	Sweep floors	
After Afternoon Snack		
	Clean tables & enter into Lillio	
	Sweep floors	
End of Day		
	All toys are picked up	
	Sweep floors	
	Mop floors	
	Vacuum floors and carpets	

Daily Centre Cleaning:

Please initial when a task is completed

Closing Shift Tasks:	**Monday:**	**Tuesday:**	**Wednesday:**	**Thursday:**	**Friday:**
Check ALL Garbages					
Vacuum Porch					
Sweep and Mop Porch and Hallway					
Finish Dishes and Wash Water Bottles					
Clean Kitchen Floors					
Plug in all devices					
Clean ALL Bathrooms and fill ● toilet paper, ● paper towel, ● soap, ● gloves					
Clean up Yard					
Set up Invitations for Next Day					

Weekly Cleaning:

Please initial when a task is completed

General Areas

Task:	Date Completed:	Staff that Completed:
Wipe and sanitize change tables		
Wipe down lockers		
Wipe garbage cans		
Wipe bathroom walls where water drips are present		
Wipe and sanitize shelves and toys		
Wash bedding (sheets, pillows, blankets) and wipe down cots		

Kitchen:

Task:	Date Completed:	Staff that Completed:
Clean fridge and freezer (Inside and out)		
Clean cupboards (inside and out)		
Wipe down dishwasher and check/fill chemical		
Fill soap and paper towel		

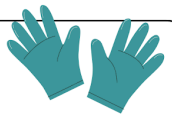
Monthly Cleaning:

Please initial when a task is completed

Task:	Jan:	Feb:	Mar:	Apr:	May:	June:	July:	Aug:	Sept:	Oct:	Nov:	Dec:
Shampoo Carpets												
Clean Windows												
Wash Walls												

Appendix NN: Diapering Station Procedure

Diapering Procedure

1. 
Gather needed supplies and put on gloves

Need: diaper, wipes, cream

2. 
Sanitize diaper station and place child on change table

3. 
Change diaper, wiping front to back to clean, and apply cream if needed

4. 
Place new diaper on child and dress them

5. 
Dispose of dirty diaper and remove gloves

6. 
Wash child's hands, place child on floor, clean/disinfect table and wash your hands

CHOICELAND COOPERATIVE CHILDCARE CENTRE

***Children* MUST have their hands washed after a diaper change**

***Children* CANNOT be left unattended on change table**