

**Excel Martial Arts Chilliwack**

School-Aged Childcare/Athletic Program

**Parent Package**

Please Keep For your Information

7174 Vedder Rd Chilliwack, BC V2R 4E3 604=846-1888

**Excel Martial Arts Chilliwack**

**Before and After School Program**

Welcome. We are committed to providing care that is fun, exciting, stimulating, creative, and safe for school-age children. All Excel Martial Arts Training Centers offer either before or after school programs or a combination of both.

Our Before and After School Program operates all year round. During the school year (Sept-June) we offer morning drop off and after school pick up. We also offer full day care for Pro-D Days and Summer. We promote and support cognitive, physical, and social development through Excel Martial Arts training. Parents appreciate the structure, the positive and fun environment and the peace of mind knowing their child is having a great time in a safe and productive environment. Our facility follows government regulations and our staff is fully certified.

At Excel we believe relationships are the foundation to building a strong martial arts family. This impact translates to the greater community. We stand behind our system which promotes mental health and physical growth by providing tools for people to excel in every area of their lives.

Our goal is to foster appreciation and promote participation, honesty, and integrity which support the solid foundation that is needed to become a productive member of society.

Our expert team of knowledgeable leaders are dedicated to developing a culture where every person will have the experience of discovering their greatness. We encourage you to take this journey with us.

**PROGRAM CURRICULUM**

September- Autumn

October- Thanksgiving& Halloween

November- Friendship& Sportsmanship

December- Christmas

January- Winter

February- Valentine’s Day & Chinese New Year

March- Spring

April- Community Awareness & Recycling / Easter

May- Plants& Mother’s Day

June- Father’s Day & Canada Day

July- Ocean Animals & BC Day

August- Pets

**Hours of Operation**

**7:00-8:00AM- Before School**

.Social Development through self-initiated free play

**8:00-9:00AM- School Drop Offs**

**2:00-3:00PM- School Pickups**

.School Pickups

.Return to Facility, have a snack and change into EMA uniform for classes

**3:00-4:15PM- Athletic Program**

.Social Development when interacting with classmates and listening to instructors

.Physical Development through EMA training which focuses on large, small, and fine motor skills

.Cognitive Development through arts and crafts, organized games, and free play

.Pick ups

**Goal:**

.Create age appropriate opportunities for Physical, Cognitive, Language and Social skills in a safe environment before and after school for school aged children

.Nurture, stimulate and challenge both group and individual needs

.Teach and encourage positive self-esteem, independence and decision making skills

**Program Closures**

**We are closed on all Statutory Holidays:**

.Labour Day (September)

.Thanksgiving (October)

.Remembrance Day (November 11th)

.Christmas Eve/ Christmas Day (December 24th, 25th)

.New Year’s Day (January 1st)

.Family Day (February)

.Good Friday (March/April)

.Victoria Day (May)

.Canada Day (July 1st)

.Civic Holiday (August)

**Additionally we may/will be closed on the following:**

.Both weeks of Winter Break

.Easter Monday

Friday before August Long Weekend

**Program Planning and Policies**

**Field Trips**

If there is a planned fieldtrip where transportation is required, parents will be notified in advance. A general transportation agreement form is included in your registration package and must be completed in order for your child to partake in a fieldtrip.

**Outdoor Play**

Please dress your child appropriately for the current weather. We try to have the children outside everyday (weather permitting) so dressing in a way that allows your child to play comfortably in all weather is very important.

**Indoor Play**

We provide a variety of age-appropriate activities for the children to engage with. It is preferred that no toys or electronics be brought from home except on special days. Our staff is not responsible for items that have been brought from home that get broken or lost while at school or at the facility. The responsibility remains with the child and their parents.

**Snack Time**

Nutrition affects every part of a child’s life. We encourage nutritious meals including fruits, vegetables, cheese, crackers, juice, water ect. We do NOT provide any food or snacks for the children. We believe that snack time is a time for social observation. Loud talk and laughter with food in children’s mouths may result in choking. We encourage quiet interaction at meals. We do not encourage sharing or trading food due to potential for allergic reactions. **We are currently NOT a nut-free facility however we will take into consideration children with allergies and provide a safe eating environment for all children.** Please inform us and fill out the allergy form in your registration package.

**Rates**

* **Monthly School Rate**: $525 = 1 Pro-D Day + EMA monthly membership fee + closed Stat Holidays
* **Summer Rate**: $750 month
* **Additional Pro-D Day/Full Day Care Rate**: $37.50 per day
* **Earthquake/Disaster Care**: Additional $5 per hour **(during school hours parents must pick up their child)**
* **Fees do NOT include**: EMA initial starter package, testing fees, extra equipment, tournament fees, or private lessons
* **Fees DO include**: childcare, transportation to and from school, EMA monthly membership/training fee

**Registration Policy**

A 1 Month Trial Period will be given. If a child does not adjust to the facility schedule or program, childcare will be terminated with 5 days notice. Forms must be completed prior to acceptance with all information up to date.

1. Registration Form and Immunization Record
2. Emergency Consent and General Consent Forms
3. Medical and General Information Forms

**Financial / Subsidy Policy**

Thank you for enrolling your child in the (Excel Martial Arts Chilliwack) program. More than 1 Pro-D Day, early dismissal, Spring and Summer Camps are not included in the fees and are separate registration. Fees are the same for each month regardless of the number of days in a month or how many days you choose to utilize.

Your child’s enrolment is confirmed as long as the following policies are adhered to:

1. Fees are due on the 1st of each month by post dated cheques, credit card, or direct debit. Failure to comply may result in your child being withdrawn from the program.
2. If payment in full is not received within 5 business days after a late notice has been given, services will be discontinued until all fees are paid.
3. For parents who receive subsidy, it is YOUR responsibility to ensure that your Benefit Plan and Case ID number is current and correct. Please note the date of your expiry and renew well in advance. Should you not renew, you will be responsible for the complete payment of the fee. The Child Care Provider is responsible to claim the approved subsidy portion each month and the parent is responsible for the remainder of the monthly fee if applicable.
4. Our **cancellation policy** is 30 days notice on the **1st**of the month. Penalty for failure to give 1 month notice is the Parent will be charged for the monthly fee in lieu of a 1 month notice.
5. NSF fees are $25 for any cheque or direct deposit returned as Nonsufficient Funds or Account Closed.

**Pro-D Days , Early Dismissal, and Spring Break**

One Pro-D day a month is included in your monthly fees. Any additional Pro-D Days will be an additional cost of $37.50 for full day care. We provide Full Day Care for the Spring Break at an additional $37.50 per day.

**Attendance Notice**

We require that parents/guardians give notice when their child will not be attending for any reason. That includes being dropped off and or picked up by someone else, early dismissal from illness or appointment etc. Notice can be given by phone call or email. Failure to advise of an absence will result in a charge of $25.00 for each occurrence.

**Pick up Policy**

Please inform us if you are going to be late. If you arrive late after 6:00PM a fee of $5.00 for every 15 minutes will be charged. Payment will be due upon pickup or added on to your next monthly fee. Parent/Guardian will be contacted if your child has not been picked up 15 minutes after the program end time. Staff will call alternative persons from the authorized list of persons able to pick up your child if the parent/guardian cannot be contacted. If those people are unavailable and the parent/guardian has not contacted the facility by 8:00PM we are required to notify the Ministry for Children and Family Development. If late pick up is an ongoing problem, a notice of termination of services may be given.

**Inclement Weather Policy**

Closure of the facility may be due to inclement weather including snow, ice and wind causing dangerous driving conditions as well as power outages. If schools are closed in the morning, then EMA Kids Club will be closed as well. In addition, although we try our best to be open, we may choose to close independently of the schools for the safety of the children, families, and our staff. If weather changes suddenly during Child Care hours, parents will be notified to pick up their children as soon as possible.

**Closures of Schools During School Hours**

If weather conditions change suddenly during school hours or if there is a power outage or emergency/disaster and schools choose to shut down, EMA Kids Club will NOT pick up children from school. It is the parent’s responsibility to ensure that their child is picked up.

**Power Outages Policy**

A power outage at the facility poses a health and safety risk for staff and your child. If there is a power outage during child care hours, staff will contact BC Hydro to find out the estimated time of re-connection. If it is estimated to take more than 1 hour before power comes back on, staff will start calling parents to come pick up their children. If the power comes back on and staff has already started the evacuation process, they will continue until the facility is empty. If staff arrive at opening and have no power in the facility, then Child Care will remain closed until power returns.

**BC CHILD CARE SUBSIDY**

**1.How does this program work?**

-this program is 100% government funded and in designed to help BC residences (who qualify) pay for childcare and you do not pay taxes on the amount that is paid to your childcare facility

-if you meet the Subsidy "Eligibility Criteria" + complete an application form, you and your childcare facility will be issued:

Case ID number: which is unique to your family and never changes

Benefit Plan: that specifies the monthly amount your daycare is eligible to receive and the length of time you are approved for

**2.Are you eligible?**

-go to website: http://www.mcf.gov.bc.ca/childcare/eligibiity.hlm

-click on: Child Care Eligibility Calculator (to see if you may qualify)

**3.What is the "maximum" monthly amount?**

-click on: Child Care Subsidy Rate Table (http://www.mcf.gov.bc.ca/childcare/rates.htm)

Type of childcare: G4 Group (Children of school age)

**4.How to apply for subsidy?**

-go to website: http://www.mcf.gov.bc.ca/childcare/forms.hlm

-PRINT OFF & FILL-IN:

Child Care Subsidy Application form + Child Care Subsidy Child Care Arrangement form

MUST ATTACH proof of income:

-2 most recent pay stubs

-plus the following applicable forms:

**Child Care Subsidy Medical Condition (CF2914)**

- if the application or co-applicant has a medical condition that interferes with his or her ability to care for their child(ren}

**Child Care Subsidy Special Needs (CF2951)**

-if you child has a medical condition or is Special Needs ($150 per month extra subsidy)

**Care Subsidy Self Employment (CF2568)**

 -if you are self-employed

**Work Search Record (CF2910)**

-if you are unemployed and currently searching for work

-this is a "detailed" on-going document that must be completed DAILY to justify how you job search during the hours your child is in care

**5.Need help filling-in your application?**

-contact your local Child Care Resource and Referral office for a free in-person consultation +free faxing services

-to find your nearest office, go to website: www.childcarechoices.ca

**6.How many hours do I list Childcare "needed for" on my subsidy application?**

-6am-9am (3 hours)+ 2pm--6pm (4 hours)= 7 hours (MORE THAN 4 HOURS OF DAILY CARE= Maximum of $415 per month)

**7.Incomplete applications (missing information)**

-will not be processed & will be returned to you via mail, this will delay your approval by 3-4 additional weeks

**8.How long before I get my initial approval or a renewal?**

-4-6 weeks from the date you fax in your application

**9.What if I haven't heard back in 4 weeks?**

-call the toll free phone: 1 888 338-6622 to speak directly to a Representative

**10.Who pays the childcare facility?**

-on the 1st of each month the facility will claim your approved amount and by the 15th of the month be directly paid by Subsidy

-on the 1st or 15th of each month you pay your "parent portion" (the remaining balance after the subsidy payment is deducted from your monthly fee)

**11. What if I want to dispute the Amount I'm approved for?**

-call the toll free phone: 1 888 338-6622 and ask to speak directly to an "Adjudicator"

**Provincial Regulations for Health and Illnesses**

-BC Provincial Child Care Regulations can be found online at:

http:/w/ ww.bclawsa.c/EPLibraries/bcwlas\_new/documte/lnD/freeside/12\_332\_2007#section55

-Community Care & Assisted Living Act can be found online at:

[http://www.bclaws.ca/EPLibraries/bclaws new/document/lD/freeside/00 02075 01](http://www.bclaws.ca/EPLibraries/bclaws%20new/document/lD/freeside/00%2002075%2001)

**1.STANDARDS OF CARE** section 7 Community Care and Assisted Living Act

A licensee must do all of the following:

(b)operate the community care facility in a manner that will promote

(i)the HEALTH, SAFETY and dignity of ALL persons in care

***This facility MUST ensure that ALL kids + staff are kept healthy and safe***

**2.CHILD WHO BECOMES ILL**  section 54 Child Care Licensing Regulations

54 If a child becomes ill while under the care of the licensee, a licensee must:

(a)provide in the community care facility a quiet and clean resting area for the child, and

(b)ensure that the child is under the close supervision of, (ii) a responsible adult.

**3.NOTIFICATION OF ILLNESS OR INJURY** section 55 Child Care Licensing Regulations

(1)A licensee must immediately notify a parent or emergency contact if, while under the care or supervision of the licensee, the child:

1 ) becomes ill or is injured

***This facility Must immediately call or text parent/guardian if your child becomes ill \*pick up your child within 1 hour\****

(2)A licensee must notify the medical health officer within 24 hours after;

(b) it comes to the attention of the licensee that a child enrolled in the community care facility has a reportable communicable disease as listed in Schedule A or B of the Health Act Communicable Disease Regulation

***This facility Must immediately call Child Care Licensing + parents/guardians if a child/staff in the facility has a COMMUNICABLE DISEASE – see list below***

http://www.cfpc.ca/ProjectAssets/Tempaltes/Resource.aspidx=?1609&IanTgype=4105

 .Antimicrobial Resistance .Escherichiacoli .Meningococcal

 .Anthrax .Foodbome, Waterborne and .Methicillin Resistant

 .Avian Influenza Zoonotic Infections .Staphylococcusaureus

 .Blood Safety .Giardiasis (MRSA)

 .Brucellosis .H1N1 Flu Virus .Mumps

 .Campybacteriosis .Hantavirus .Noroviruses

 .Clostridium perfringens .HIV/AIDS .Pneumococcal

 .CJD/vCJD .HumanPapillomavirus .Poliomyelitis

 .Community Acquired (HPV) .Psittacosis

 Methicillin-Resistant .Influenza (flu) .Q Fever

 Staphylococcus aureus .JapaneseEncephalitis .Rabies

 (CA-MRSA) .Leptospirosis .Rift Valley Fever

 .Cryptosporidiosis .Listeriamonocytogenes .Rocky Mountain Spotted Fever

 .Cyclosporiasis .LymphoticChoriomengitis .Roundworm

 .Respiratory Infections .Malaria .Rubella

 .Enterovirus 71 .Measles .Salmonella

 .Diphtheria .SARS .Scarlet Fever

 .Sexually Trans. Infections .Simian Foamy Virus (SFV) .Smallpox

 .Tetanus .Toxoplasmosis .Trichinellosis

 .Tuberculosis (TB) .Tularemia .Typhoid

.Varicella .West Nile virus .Yellow Fever/Foot Hand Mouth Virus

**Vaccine Policy**

**WHAT is the influenza vaccine?**

The influenza vaccine protects against viruses that cause influenza, often called the flu.

The vaccine does not protect against other viruses or bacteria that cause colds or stomach flu.

Several different influenza vaccines are available in B.C. All of the vaccines are approved by Health Canada.

**WHY Get the Influenza Vaccine?**

It's best way to protect against influenza, a serious and sometimes fatal infection.

Influenza causes Respiratory infections getting the flu vaccine reduces the risk and spread of Respiratory Infections

Help protect others as well by reducing the spread of the influenza virus

**WHO should get the vaccine?**

PEOPLE HIGH RISK of serious illness from influenza

.Residents of any age living in or attending residential care, assisted living or other group facilities

.Children 6-23 months of age

.Children and adults with certain medical conditions including:

-Heart or lung disorders that require regular medical care, such as asthma

-Weakened immune systems

PEOPLE WHO CAN TRANSMIT or SPREAD influenza to HIGH RISK PEOPLE of serious illness from influenza, including:

.Household / facility contacts of people at high risk

.Household/ facility contacts, caregivers and daycare staff of children under 24 months of age

**WHEN is the vaccine available?**

In BC the vaccine is usually available in October - you should get the influenza vaccine as soon as possible

**WHERE can I get my child a FREE flu vaccine?**

.Public Health Nurse

.Your family doctor or a Walk-in Medical Clinic

**Will it make my child ill?**

.NO, the vaccine contains dead influenza viruses that cannot cause infection

-The influenza vaccine or flu shot given by needle cannot give you influenza

.Common reactions to the influenza vaccine or flu shot include:

-soreness, redness and swelling where the vaccine was given.

Other symptoms MAY include fever:

-headache, aching muscles and fatigue that may last 1 to 2 days.

-About 1 in 20 people may have cough, sore throat. hoarseness or red eyes

-Acetaminophen or Tylenol® can be given PRIOR to injection to reduce discomfort or fever or soreness.

-ASA or Aspirin® should NOT be given to anyone under 20 years of age due to the risk of Reye Syndrome

**CHILDHOOD +PUBLIC OUTBREAK vaccines are mandatory to attend this facility**

.List of BC vaccines for: ages 2 months - 65 years

http://www.vch.ca/media/public health be immunization update feb09.pdf

.Public Outbreaks are reported:

- in the media OR Fraser Heath website www.fraserhealth.ca

- this facility WILL send home a "Public Health Notice" with your child + staff will verbally explain the notice to the parent/guardian

**Provincial Health and Illness Policies for Sick Children**

1.**ALWAYS inform staff if your child is unwell BEFORE you arrive;**

 Call if you are unsure if your child is well enough to attend

2.**NEVER NEGLECT to notify staff +"HIDE" symptoms with over the counter medications**

- This puts staff/children at risk + is grounds for immediate termination from this facility

\* \*Note: It takes approximately 4 hours to disinfect the daycare after a sick child \* \*

3.**ALLDr. notes MUST BE:**

a)Stated in "writing" that the child is "cleared or not contagious" + permitted to return to daycare

b)SIGNED by a doctor

c)STAMPED with the DR.'s / CLINIC stamp

\*Dr. NOTES missing a SIGNATURE-OR- STAMP are NOT accepted + the child will NOT be re-admitted until Dr. note is made VALID

**Illnesses that TEMPORARILY EXCLUDE children/staff:**

**1.FEVER:** oral temp 37.8c/100f or ABOVE, ear temp of 37.2c/99for ABOVE

= fever indicates a contagious "infection"

\*Contact a doctor if fever lasts more than 24hours\* & is accompanied by listlessness or sluggishness

RETURN TO DAYCARE: 2 DAYS out of daycare= NO Fever & NO Tylenol\* given in the last 2DAYS for Fever control

**2.INFECTION that requires ANTIBIOTICS**

RETURN TO DAYCARE: 2 DAYS out of the daycare

DAY 1; the day AFTER child is prescribed antibiotics, DAY 2; recovery, DAY 3; return to daycare

**3.INFLUENZA**

mandatory annual FLU shot reduces the risk of contracting Influenza (resulting in respiratory infection) RETURN TO DAYCARE: 5 DAYS out of the daycare + NO symptoms

**4.COMMON COLD + WITH** listlessness + severe runny nose and or eyes.

reduce the spread of infection to staff and other children

RETURN TO DAYCARE: once the child's energy/appetite has returned to normal a slight cough and runny nose may persist.

**5.RUNNY NOSE with EXCESSIVE MUCUS UNCONTROABLY POURING OUT**

reduce the spread of infection because the child smears mucus over materials, staff+ children

RETURN TO DAYCARE: once the mucus is slowed to a slight drip

**6.COUGH - PERSISTANT + UNCONTROILABLE**

reduce the spread of infection + impeded breathing MAY result in a medical emergency

RETURN TO DAYCARE: once the cough is slight and infrequent

**7.DIFFICULTY BREATHING-WHEEZING or a PERSISTENT COUGH**

requires medical intervention and may become a medical emergency

RETURN TO DAYCARE: once the symptoms are gone

**8.SORE THROAT or trouble swallowing**

Staff cannot properly care for a child who can't eat or drink

RETURN TO DAYCARE: once the child can eat and drink healthy amounts

**9.DIARRHEA or WATERY STOOL** (may/may not be combined with; nausea, vomiting stomach cramps).contagious bacterial or viral gastrointestinal infection is passed easily from child to staff and other children via the fecal oral route. RETURN TO DAYCARE: ALL symptoms have STOPPED

 **10.VOMITING /DIARRHEA** is a gastrointestinal virus possible Norovirus or "winter vomiting virus"

RETURN TO DAYCARE: NO symptoms+ 2 additional days at home

**11.HEADACHE+ STIFF NECK** (immediately see physician)

may become a medical emergency + possibly contagious

RETURN TO DAYCARE: NO symptoms + a Dr. clearance note

**12.UNUSUAL PAIN**-any complaints of unexplained or undiagnosed pain

requires medical intervention

RETURN TO DAYCARE: once the pain is gone WITHOUT using a pain reliever

**13.INFECTED or SEVERE ITCHING** skin, scalp or eyes, or an undiagnosed rash

RETURN TO DAYCARE: NO symptoms + a Dr. clearance note

**14.ALLERGY SYMPTOMS**- runny/stuffy nose and watery eyes & coughing (hay fever or asthma)

RETURNTO DAYCARE: a Dr. note to confirm the condition and indicate it's NOT contagious

**15.LICE/ SCABIES**

RETURN TO DAYCARE: 5 DAYS out of the facility; NO symptoms (lice, eggs or nits)

+ a Dr. note to confirm the condition is NO LONGER contagious

**16.FOOT, HAND and MOUTH VIRUS or CHICKEN POX**

RETURN TO DAYCARE: 7 DAYS out of the facility (not including the weekend)

ALL symptoms MUST be completely gone (viruses CANNOT be treated with antibiotics)

**17.ANY COMMUNICABLE DISEASE**

RETURN TODAYCARE: call for number of days the child(ren) is temporarily excluded

+ a Dr. note to confirm the condition and indicate it's NOT contagious

**IMMEDIATE & COMPLETE DISCLOSURE**

Within 24 hours of diagnosis or exposure to serious illness or communicable disease/virus Failure to do so putts staff & children at risk this WILL result in immediate termination

The facility is legally required to notify Licensing Officer of all Reportable Communicable Diseases

- If your child develops any of the symptoms listed while in this facility: you or your alternate will be required to pick up your child immediately.

\*\*lf you are not sure your child is well enough to attend childcare please call BEFORE you drop your child off and discuss it with staff\*\*

**Very Strict Sick Policy**

\*\*Don’t mask a child’s symptoms with over the counter medications OR neglect to inform staff of an illness or sickness

BringinganILL childtothis facilityisNOTpermittedandcanbecauseforimmediatetermination

Sickor ill childrenmustbekepthome;ourstaffisNOTexpectedorequippedtocareforanill or distressedchild

It's inconsideratetoall familiesinvolved:one sickchildcancompromisethehealthof the entire daycare

Asickor illchildMUSTrecuperatefullyat homeafteranillnesssothat theotherchildrenandthe providerdo not riskunnecessaryexposure.

\* \* \* This does not mean bring the child back the next day!

- If staff gets sick - the daycare will close for afew days – then no one will have daycare!

If a child has been dropped off for care too ill to participate:

THE PARENT OR CONTACT WILL BE CALLED TO PICK-UP THE CHILD WITHIN 1 HOUR

-The child will also be required to stay at home the following day.

-If you are unable to stay home with your sick child you will need to make arrangements at your own expense.

-If your child is out ill regular fees still apply.

-If the child is not picked up within 1 hour of my call then a $5.00 fee for every 15 minutes or portion thereof charge may be assessed and added to your invoice

**\* \* \* Ultimately a sick child is the parent(s) responsibility! NOT the facility\*\*\***

**A CHILD MUST BE KEPT HOME**

**(or be picked up within 1 hour) WHEN THE CHILD:**

1. **Is not well enough to take part in the regular program of the facility.**
2. **Child must be symptom free for 24 hours or 24 hours on antibiotics**
3. **Is suffering from one or more of the BELOW symptoms, or**

COMMON COLD + WITH listlessness + runny nose and eyes.

Once the child’s well being and energy have returned to normal, the child may no longer be contagious, and may be able to return to the child care facility even though coughing and runny nose may persist. A cold can spread it to others from one day before symptoms appear, and about five days after the cold symptoms (above) begin.

RUNNY NOSE with EXCESSIVE MUCUS Keep your child at home OR administer over the counter medication to dry up the mucus. It’s inconsiderate to allow your child to spread mucus (infection) all over the daycare equipment, other children and staff.

\*\*\*Note: It takes approximately 4 hours to disinfect the daycare\*\*\*

ALLERGY SYMPTOMS runny/stuffy nose and watery eyes & coughing

(e.g.: hay fever, asthma) – A doctor’s note is required to confirm this condition.

Children with known or suspected Communicable Diseases

PAIN – any complaints of unexplained or undiagnosed pain

DIFFICULTY BREATHING – wheezing or a PERSISTENT COUGH

FEVER oral temp 37.8c/100f or ear temp 37.2c/99f \*Contact a doctor if fever lasts more than 24 hours\* & is accompanied by general symptoms such as listlessness or sluggishness this may be an early sign of an illness.\*\* To return to daycare the child must NOT have ANY Influenza symptoms, NO Fever within last 48 hours & NO Tylenol\* in the last 48 hours to control a Fever or symptoms.

CHILLS periods of shaking due to cold feeling followed by FEVER

SORE THROAT or trouble swallowing

INFECTED skin or eyes, or an undiagnosed rash

HEADACHE + STIFF NECK (immediately see physician)

**DIARRHOEA or WATERY STOOL** (may/may not be combined with; nausea, vomiting stomach cramps).contagious bacterial or viral gastrointestinal infection is passed easily from child to staff and other children via the fecal oral route. RETURN TO DAYCARE: ALL symptoms have STOPPED

**INFECTED or SEVERE ITCHING** skin, scalp or eyes, or an undiagnosed rash RETURN TO DAYCARE: NO symptoms + a Dr. clearance note

**BEHAVIORAL GUIDANCE POLICY & PROCEDURES Section 51 (1)(2) of CCLR**

**PROTECTION**

A licensee must ensure that a child is not, while under the care or supervision of the licensee, subjected to emotional abuse, physical abuse, sexual abuse or neglect as those terms are defined in Section H of CCLR.

**DISCIPLINE POLICY**

DEFINITION: the teaching/learning process by which children develop socially accepatable& appropriate behaviour as they grow to maturity.

INTENTION: is to help children become self-disciplined as they learn appropriate and acceptable behaviour patterns.

PROCESS: is continuous guiding of behaviour & is offered while acceptable behaviour is occurring as well as before, during and after unacceptable behaviour may be displayed

GOAL: of discipline is to assist children developing self-control, self-confidence, and sensitivity in their interactions with others.

PROHIBITED: NO corporal or punitive punishment is ever used or tolerated in this facility under any circumstances.

**TYPES OF BEHAVIOUR NOT TOLERATED IN THE FACILITY section 52 of CCLR**

VERBAL OR PHYSICAL – threatening of any form – every child deserves to feel safe at daycare

SHOVING, HITTING OR SHAKING by employee or another child, or confinement or physical restraint by another child

CONFINEMENT or PHYSICAL RESTRAINT – by an employee, except as authorized in a child’s care plan if the care plan includes instructions respecting behavioural guidance,

HARSH; BELITTLING OR DEGRADING treatment by an employee or another child, whether verbal, emotional, physical, that could humiliate the child or undermine the child’s self-respect

SPANKING or any form of CORPORAL punishment

SEPARATION without supervision by a responsible adult, from other children;

DEPRIVATION as a form of punishment, NO deprivation of meals, snacks, rest or necessary use of the toilet

**TERMINATION OF CHILDCARE (as a result of Guidance Issues)**

If a behavioural care plan (after a Non-Reportable Incident Form has been issued) that has been established cooperatively by staff and the family is applied and the child still CONTINUES to harm or threaten other children or staff, written notice of termination will be given to the parent or guardian. We will NOT tolerate any child that physically or verbally threatens or harms other children or staff,

**FACILITY STRATEGIES & TECHNIQUES TO GUIDE CHILDREN’S BEHAVIOURS**

* Prevention
* Establish clear, consistent & simple limits (limits are explained to children, in a positive way)
* The focus is on the behaviour rather than the child
* Expectations will be stated (not posed as questions) & choices will be offered
* Children will be given time to respond
* Appropriate behaviour will be acknowledged
* Minor incidents will be ignored
* Children can ask an adult for help & an adult will be alert and close by
* Intervention
* Child’s attention gained in a respectful way
* Proximity and touch will be used
* Reminders of expectations
* Feelings will be acknowledged before setting limits
* Redirecting or diverting will be used
* Adults will model problem-solving skills
* Appropriate choices will be offered
* Natural and logical consequences will be used
* Limiting the use of equipment will be used
* Opportunities for children to make amends will be provided
* Severe Challenging Behaviour Interventions
* Redirection
* Time away – when a child loses self control, a quiet place within the room will be selected by the child (if possible), when the child has regained control they may choose to return to the group. A guideline of one minute per child will be used to check if the child wants to rejoin the group.

**PROHIBITED DISCIPLINE section 52 of CCLR**

Children will never be subjected to, including as a form of punishment:

* Shoving, hitting, shaking, spanking, or any form of corporal punishment
* Harsh, belittling or degrading treatment, whether verbal, emotional or physical that would humiliate the child or undermine the child’s self respect
* Confined, physically restrained, without adult supervision, apart from other children
* Deprived of meals, snacks, rest or necessary use of toilet

**STAFF PROCEDURES FOR THE FOLLOWING SITUATIONS**

1. Lead and support roles in discipline situations
2. Staff takes the lead role in discipline situations. Subs, students or volunteers may provide guidance to the children. When deemed ready by the supervising staff, a sub or student may be allowed to participate in discipline situations, in consultation with the staff.
3. At Pick-up Parents will be immediately informed if: Time away/out or Holding (only in the severest cases) is used – when, where and how will be reviewed with the parent. If a child’s behaviour escalates, or poses a threat to him/herself or other children in care; then child will require a Non-Reportable Incident Report & may require an Individual Behaviour Management Plan. The Behaviour Management Plan will be developed collaboratively with parents/community professionals, signed by parents & licensee (the consulting professional)

IF STAFF OBSERVES THE FOLLOWING THEY MUST:

Inappropriate Behaviour:

1. State the behaviour that is inappropriate and what is the appropriate behaviour
2. Use redirection
3. Be a role model
4. Initiate problem solution

Escalating Behaviour:

1. Stay a safe distance to deal with the behaviour
2. Move other children to a safe distance
3. Talk softly and calmly to the child, focusing on the behaviour
4. Provide space for the child to calm down
5. Initiate problem solving when the child is ready
6. Integrate the child back into the group when ready
7. Document the incident and complete a Non-Reportable Incident Form (located in the facility binder)
8. Keep original copy in the registration binder (in the child’s confidential file)
9. Verbally inform the parents at pick up time
10. Have a parent sign the original copy; file original copy in the child’s file (in the facility binder)
11. Photocopy the original document for the parent
12. Document the parent’s response on the back of the original copy – after the parent(s) leave

**NON-REPORTABLE INCIDENTS section 55 and schedule H of the CCLR**

Non-Reportable Incident Form (staff procedure)

Incident Form is filled out if written parental notification is necessary & filed in the child’s personal file.

An entry into the Log Book must be dated & signed (EVERY entry must be dated & signed)

Staff documentation, filing and follow up

Document escalating behaviour and any time away (out)

Record the level of intervention used and what was unusual for that child

Observations must be recorded using factual, professional language, identify any Reportable Incidents such as “aggressive/unusual behaviour”

Any behaviour management plans developed will have a set review date, usually 3-6 months and will be filed in the child’s file.

Community Resources for challenging behaviours, such as Supported Child Care will be utilized

**NOTIFICATION OF ILLNESS OR INJURY section 55 of CCLR**

**NOTIFICATION** schedule H of CCLR

Parent or Emergency Contact must be immediately notified if, while under the care or supervision of the licensee, the child becomes seriously ill or is injured or is involved in a reportable incident.

Staff Procedure

1. \*\*\*Provide comfort, support &reassurance to the child\*\*\*
2. Provide Emergency 1st Aid if necessary
3. Complete Reportable Incident triplicate forms – Document Information on Community Care Facilities Reportable Incident Form (located in the facility binder)
4. Licensee will review information, including facility follow-up action/corrective measures, sign it, remove & retain white copy & then forward yellow copy to the local Health Authority Licensing Office, and the pink copy to Funding Agencies (if applicable)
5. Reportable incidents must be reported to (faxed) to the Medical Health Officer within 24 hours, the original form must be submitted to the licensing office as soon as possible

**REPORTABLE INCIDENTS** section 55(1) (2) & Schedule H of CCLR (including allegations of abuse)

Refer to heading (below): Reportable Incidents CCLR Schedule 1 & H

Reportable (allegation of abuse) Incident Protocol (report to Medical Health Officer)

Reportable Incident Form (staff procedures)

Are kept in the facility binder marked as such.

Read the back of the form for the definitions of what is reportable.

1. If a reportable incident occurs a form must be completed & Licensing notified within 24 hours.
2. The staff that was most directly involved in the Incident will complete the form.
3. The Manager/Licensee will review and sign the form.
4. The white copy is kept for the facility and is placed in the child’s confidential file.
5. The yellow and pink copies are mailed to local Licensing office.
6. The Manager will phone Licensing within 24 hours of the incident.

**ABUSE REPORTING POLICY**

**Notification of illness or injury** section 55 (1) (2) and schedule H of CCLR

**Reportable (allegation of abuse) Incident Protocol** (report to Medical Health Officer within 24 hours)

The incident must be either witnessed or reported following notification of a “reportable incident”

A Licensee must immediately notify a parent or emergency contact if, while under the care or supervision of a Licensee the child:

* Becomes seriously ill or is injured, or
* Is involved in, or may have been involved in, a reportable incident as described in Schedule H

**REPORTABLE INCIDENTS AND DEFINITIONS** Schedule 1 & H of CCLR

“abuse” the Licensee shall ensure that a person in care is not, while under the care or supervision of the licensee, subjected to emotional abuse, physical abuse or sexual abuse or neglect as those terms are defined in Schedule F.”

“aggressive or unusual behaviour” means aggressive or unusual behaviour by a person in care towards other persons, including another person in care, which has not been appropriately assessed in the individuals care plan

“attempted suicide” means an attempt by a person in care to take his or her own life

“choking” means a choking incident involving a person in care that requires emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital

“death” means death of a person in care

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

“emergency restraint” means any use of a restraint that is not approved and documented in the care plan of a person in care

“emotional abuse” is defined as “any act, or lack of action, which man diminish the sense of well being of a person in care, perpetrated by a person not in care, (e.g. Verbal harassment, yelling, confinement)”

“fall” means a fall of such seriousness, experienced by a person in care, as to require emergency care by a physician or transfer to a hospital

“medication error” means an error in the administration of a medication which adversely affects a person in care or requires emergency intervention or transfer to a hospital

“missing or wandering person” means a person in care who is missing

“motor vehicle injury” means an injury to a person in care that occurs during transit by motor vehicle while the person is under the care and supervision of the Licensee

“neglect” is defined as “The failure of a child provider to meet the needs of a person in care (e.g. food, shelter, care, supervision)”

“physical abuse” is defined as “Any physical force that is excessive for, or is inappropriate to, a situation involving a person in care and perpetrated by a person not in care”

“poisoning” means the ingestion of poison or toxic substance by a person in care.”

“sexual abuse” is defined as “any sexual behaviour directed towards a person in care by an employee of the licensee, volunteer or any other person in a position of trust, power, or authority and includes:

* Any sexual exploitation whether consensual or not and
* Sexual activity between children if the difference in age or power between the children is so significant that the older or more powerful child is clearly taking sexual advantage of the younger or less powerful child, but does not include consenting behaviour between adult persons in care.”

“unexpected illness” means any unexpected illness of such that requires medical attention

**LEGAL DUTY TO REPORT**

**\*\*\*If the alleged abuse has occurred when the child is INSIDE the FACILITY\*\*\***

* The caregiver must report this immediately to the local Licensing Officer. Licensing staff will then conduct an investigation under the Community Care and Assisted Living Act and Child Care Licensing Regulations.
* If parents have any concerns about abuse at their childcare facility, they may also contact MCFD or the Licensing Officer at the local health unit.
* If you witness child abuse or a child reports abuse to you please call your local RCMP detachment non-emergency line – all children deserve to be safe!

**\*\*\*If the alleged abuse has occurred when the child is OUTSIDE the FACILITY\*\*\***

* The governing legislation for the reporting of abuse that has allegedly occurred elsewhere in a child’s life is the Child, Family and Community Services Act
* The caregiver must report this immediately to an Intake Social Worker at the Child Protection Division of Ministry of Children and Family Development
* As required by law any suspected or disclosed abuse will be reported to the Ministry of Children and Family Development
* The caregiver is not permitted to contact the parent or guardian regarding any report.
* The caregiver’s responsibility is to report any suspicions or disclosures; it is NOT to determine if abuse has occurred.
* Any caregiver or staff or parent or citizen may report suspected abuse anonymously and individually. They do not need to share their suspicions with any other person, staff or superiors.

**Process For Reporting Abuse Occurring against a Person OUTSIDE the FACILITY**

Steps 1 and 2 below will be followed & reported to an intake Social Worker at the Child Protection Division of the Ministry of Children and Family Development.

**Process and Health and Safety Plan for Allegation Against Person INSIDE the FACILITY**

Steps 1-5 below will be followed (if required) it will be reported to an intake Social Worker at the Child Protection Division of the Ministry of Children and Family Development.

1. **Documentation**
2. If a child, or someone else, discloses abuse: Do not to interview the child(ren), listen carefully to person disclosing, do not interrupt, record account clearly.
3. Record the incident itself, including objective observations
4. Record documentations in the daycare logbook, (not loose-leaf paper) of an allegation or suspicion
5. Ensure all documentation is signed and dated
6. **Informing appropriate agencies**
7. The report is required to be made as soon as possible and preferably by the staff person who observed the incident(s).
8. The person reporting must be prepared with the child’s registration form and the description of the observation or incident(s) (before they call)
9. The report can initially be made by phone to Licensing or the Social Worker and documentation (i.e. Reportable Incident Form, log notes, etc) can be sent later
10. Staff should record (in the Log Book) who they have spoken to and any directions they are given at the time of the call.
11. **Informing Parents**
12. Parents directly involved will be informed by phone or in person, as soon as possible.
13. If all the parents in the program are to be informed, they will be informed by letter. The letter will state that Licensing is conducting an investigation into an allegation of (type of abuse) and that a Health and Safety Plan has been approved by Licensing and will remain in place until the investigation is completed. Contact information for the facility and Licensing will be included.
14. **Plan of action for a Health and Safety Plan**
15. If the alleged offender is an unpaid volunteer, student, etc: Alleged offender will not be present during childcare operating hours
16. If the alleged offender is a paid employee: Alleged offender will work alongside another staff, and will be supervised at all times children are present. Supervising the alleged offender will be the Licensee or an appropriate designated staff member. Another option would be the alleged offender will be suspended with or without pay until the investigation is concluded.
17. If the alleged offender is the Licensee or manager: the daycare will be temporarily closed until the investigation is concluded.
18. **Informing the alleged offender (if safe and appropriate to do so)**
19. The alleged offender will informed of the allegation and of the Health and Safety Plan that they will be following.

**EMERGENCY / DISASTER POLICIES**

**FOR PARENTS / GUARDIANS**

**Emergency training and equipment** (section 22 CCLR)

1. A licensee must have all of the following:
2. Emergency exists and a fire drill system approved by a local assistant within the meaning of the Fire Services Act.
3. An emergency plan that sets out procedures to prepare for, mitigate, respond to and recover from any emergency.
4. A licensee must ensure that each employee
5. Is trained in the implementation of the fire drill system and emergency plan described in subsection

Including the use of any equipment noted in the fire drill system and emergency plan

1. Practices implementing the fire drill system at least once each month and
2. Practices implementing the emergency plan at least once each year.
3. A licensee must display a copy of the fire drill system in a prominent place in the community care facility.
4. A licensee must ensure that all employees have access, in an emergency, to a reliable communications equipment.

**Earthquake Drill Procedure**

Regular earthquake drills will be practised and recorded (once a month)

1. Staff will shout “Earthquake Drill”
2. Everyone will move to inside walls and crouch low and find cover under tables.
3. Wait until staff calls “all clear”.
4. Check each child- call out to each one by name if safe, proceed and check for injuries.
5. Evacuate premises.
6. Conduct monthly check of emergency supplies to confirm everything is in place and replace expired items.

**Emergency/ Disaster/ Fire Drill Procedure**

Regular fire drills will be practised and recorded once a month.

1. Staff will shout “Emergency Drill” and sound the emergency (fire) alarm.
2. Staff will collect all children, count and take all children and exit premises
3. Check each child- call out each one by name if safe, proceed & check for injuries.
4. Comfort children
5. Review fire safety with the children

-Escape route- floor plan of the facility is posted by all exits and in every room

-Exit 2 ways out of each room

-Escape routes are marked (discuss with children & families at registration

-Young children are assisted to escape

-Meeting place is outside (Blue Mountain Park)

-Call 911 Fire Department from outside of the facility

-Caregiver will call parents and update them as to their child’s location and well being

-Out of Province contact (David Gibson 1-732-865-3217 New Jersey)

-72 hours of supplies can be accessed in disaster supplies kit.

-72 hours disaster supply kit is located in (to be determined by each location)

-Contact info of **Emergency Assistant**

-Licensee trains staff on all emergency procedures

\***Realistic drills- pretend that escape paths are blocked by smoke, fire or debris\***

**Emergency Disaster Comfort Bags (Parents Provide)**

<http://www.justincasesurvival.com/emergency-kit-kids.html>

This small bag help to ensure your child is comfortable until you are able to pick them up+ will be kept in the facility Disaster Kit supplies

(Must ALL fit in 1x "large Ziplock Freezerbag")

* 1x smallflashlight
* 1x solarblanket
* 1x mini 1st aid kit
* 2x lightsticks
* 1x small hand sanitizer (in a ziplockbag)
* 1x roll toiletpaper
* 3x pkg moist towelettes (or small re-sealable pack of diaperwipes)
* 1x Children's rainponcho
* 1x pkg pockettissue
* 1x collapsiblecup
* 1x small toy or pack orcards
* 1x photo of parent(s) /family members /pets (in a ziplockbag)
* 1 x letter of encouragement for the child to read (or staff to read to child)

**\*\*PLEASE GIVE THIS BAG TO THE CHILDCARE FACILITY ASAP\*\***

I have viewed all of the following policies on https://chilliwackmartialarts.com/after-school-program/

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have received, read, and agree with the following policies for my child(ren) while they attend (Excel Martial Arts Chilliwack).

* Rates/Registration/Cancellation Policy
* BC Child Care Subsidy Policy
* Pro-D Day/ Half Day Policy
* Attendance/Pick Up Policy
* Inclement Weather Policy
* Closures During School Policy
* Power Outage policy
* Health/Illness Policy
* Behaviour Guidance/Discipline Policy
* Injury Policy
* Reportable/Non-Reportable Incidents
* Abuse Reporting Policy
* Emergency/Disaster Policy
* Emergency/Disaster Comfort Bags

\*Please sign and return to Excel Martial Arts Chilliwack along with your registration package. Thank you\*

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensee/Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_