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# Summer Program 2023 Welcome Package



Dear Families,

Welcome to Brant Street Daycare Summer Program!

We are happy to share some important information and safety protocols about our amazing summer program! Children will enjoy themselves as they participate in a wide variety of fun, creative, active, and exciting games. Sports, drama, arts, science, cooking, outdoor time, splash pads, neighbourhood walks, trips, and so much more!

This Welcome Package will hopefully answer many questions concerning your child's upcoming summer program experience. We ask that you please, partner with us so we can provide the most positive experience for your family.

### Staff:

Our experienced and nurturing staff members are certified in CPR and First Aid and all staff members that serve food have Food Handler Certificate.

Our team has 1 Director/Supervisor (Ayesha), 1 Supervisor (Emma), 1 Administrative Assistant (Sarah), 4 Registered Early Childhood Educator (Shamin, Aysha, Jinyoo, Nicole), 1 Child and Youth Worker (Matedah), 6 Early Childhood Educator Assistants (Savi, Jamie, Nana, Veronica, Hami, Elly).

### Supervision:

Children will be supervised at all times. Brant Street Daycare follows the Ministry of Education ratio staff/children; Kindergarten 1:13; School Age 1:15; Senior School Age (9+) 1:20. Each room usually has a minimum of 2 staff members. When going on outings, an extra staff member is added to the mandatory ratio for extra safety.

### Communication:

Our main way of communicating with families is through HiMama App, where we can send and receive messages, inform families about updates on the programming, and send pictures of your child/ren in the programming (if authorized). The messages from HiMama will come to your email, you can send us messages using the app.

A HiMama authorization letter for photos and videos was included in your Summer Registration Package, if not signed, photos and videos of your child/ren will not be shared on the App.

Before the Summer Program starts you will receive an email to start your HiMama profile, please, contact us if you have any questions, as it is extremely important to have this channel of communication working.

If for any reason HiMama is not accessible, an email to [brantdc@hotmail.com](mailto:brantdc@hotmail.com) or a call/voice message to 416-368-9735 are other options for communicating with the staff and management at the daycare.

### Duration of Summer Program:

Summer Program will run on a weekly basis from July 4<sup>th</sup> to August 25<sup>th</sup>. There will be no services offered on Holidays (Canada Day and Civic Holiday) and August 28<sup>th</sup> to September 4<sup>th</sup>. We do not offer a part time program, only registration on a week-by-week basis.

### Program Hours:

The center is open from 7:30am to 6pm. Structured activities will be from 9:30am to 4:30pm. Before and after, children will engage in free play, outdoor and gym time.

### Health and Safety:

Brant Street Daycare continues to work hard to ensure the safest experience for all children, families and staff at all times.

- We will continue the enhanced cleaning of furniture, rooms, materials and toys.
- Hand hygiene and sneeze/cough etiquette are still in place and reinforced by staff.
- Masks are optional but encouraged.
- Children will participate in outdoor activities as much as possible.
- We will continue to follow the health and safety guidelines of the province and local health officials.
- Self-screening before coming to daycare is mandatory for children, families and staff members.

### Registration:

All families enrolled in the daycare automatically have a spot for all weeks of Summer Program. If a full-fee family would like to opt out of Summer Program or just register for certain weeks, we require an email with your intentions for Summer Program by February 14<sup>th</sup> of each year.

If we have not heard from you regarding your intentions for summer by February 14<sup>th</sup>, we will assume that you are enrolling your child/ren for all 8 weeks of Summer Program.

Registration for Summer Program will open on February 1<sup>st</sup> of each year for families enrolled in the daycare. On February 15<sup>th</sup> of each year, registration will open for families in the community. Registration will be closed on April 30<sup>th</sup> of each year. Families can still join a wait list, as the Registration may be reopened.

Once a family registers an invoice will be generated, and payment is required to save your child's spot.

Our Registration Package consists of:

- Registration Form
- Emergency Form
- Allergy Package (if required)
- HiMama consent form
- Parent Handbook

All paperwork must be filled out, signed and sent to [brantdc@hotmail.com](mailto:brantdc@hotmail.com) by May 20<sup>th</sup> of each year.

#### Medication:

In the event that medication is needed during summer program time, a medication package must be completed prior to the child's start date. All medication must be in its original container, shows the expiration date, have a doctor's note with time and dosage, and be kept in a locked box (except epi-pens and inhalers). Refer to Appendix B for more details.

#### Epi-pen and Inhalers:

We require Epi-pens and Inhalers to be carried with the child or the designated staff at all times. BSD will not accept children in our program without their medication. Refer to Appendix C for more details.

#### Payment:

Summer invoices will be distributed once registration is complete. Payments for summer must be made no later than May 1<sup>st</sup> to guarantee your child's spot.

Please, advise the office if your email changes, as your invoice will be sent to the last updated email on file.

Payment can be done by e-transfer to [brantdc@hotmail.com](mailto:brantdc@hotmail.com).

#### 2023 Daily Fees:

- o \$28.53 (under 6 years old – lunch included)
- o \$60 (6 years and up - lunch included)

#### Changes and Cancellations:

Changes to your chosen weeks can be made until May 31<sup>st</sup>, requests for changes after this date will not be honored.

Cancellations on or before June 1<sup>st</sup> will be eligible for a full refund, no refunds will be offered after June 1<sup>st</sup>. These measures are taken so that we have enough time to adequately staff our Summer Program, we thank you for your understanding.

#### Subsidy:

Families who have a City of Toronto Subsidy must check with the daycare office regarding the number of eligible vacation days. If a family uses more than the allowed number of days, or if they are off more than 20 days consecutively, the full fee rate will be applied.

Note: The policies outlined in Brant Street Daycare Parent Handbook still apply during the summer months – The Daycare still requires a two-week written notice if not returning to daycare in September.

**Schedules and Absenteeism:**

If you know in advance that your child will be absent, please send a note through HiMama or an email to [brantdc@hotmail.com](mailto:brantdc@hotmail.com) prior to 10am. In cases of absenteeism, no refund will be provided.

**Drop off and Pick-up procedures:**

We ask families to please drop off their children no later than 10:30am, as we have outings and activities planned, and a late drop off will disrupt the routine.

We strongly discourage families to drop off or pick up their children at field trips outings. Please get in touch with our management in advance, if an arrangement is needed.

**Drop off procedures:**

Drop off from 7:30am and 8:59am	Drop off at gym door across from the small enclosed fenced playground. There will be a staff member at the door to walk your child/ren in.
Drop off from 9:00am and 10:30am	Drop off at main door (beside Tim Hortons). Buzz the daycare and walk up WITH YOUR CHILD/REN to their rooms and connect with a staff. <b>CHILDREN CANNOT BE LEFT UNATTENDED ON DAYCARE PREMISES.</b>
Drop off after 10:30am <b>Special occasions only as we prefer that all drop offs happen no later than 10:30am</b>	Contact the office prior to drop off, as arrangements must be made to ensure we have staff available to open the door and ensure there is a staff on premises.

Daily self-screening before attending the daycare is mandatory. Please refer to the current Toronto Public Health screening tool.

Please notify the daycare of late drop off (after 10:30am) or early pick up (before 4:30pm).

In the event that a person picking up your child is not listed in the registration package, Brant Street Daycare requires a written notice from parents and a photo ID from the person picking up your child.

**Late pick up:**

Pick up after 6pm will result in late fee charges as per our Late Fee Letter (Appendix A). At pick up, buzz the daycare, and walk up to your children’s room.

**Highlights:**

Our center will share a monthly highlight with activities and outings planned for the summer. The highlights will have important information such as the time we will depart and return to the daycare when going on an outing, what to bring for daycare for special events, special guests, etc. Make sure to keep an eye on HiMama and our website for the updated highlights.

**Snacks and Lunch:**

Brant Street Daycare provides 2 healthy snacks and 1 lunch per day included in the fees. If you pack any extra food for your child, please label all containers with your child’s name; for allergy reasons, we ask that you avoid packing anything containing or may contain:

- Peanuts
- Nuts
- Tree nuts
- Sesame
- Shellfish

Brant Street Daycare promotes healthy eating habits and follow the Canada Food Guide, and we strongly encourage parents to follow it too.

### What to Bring to Summer Program?

Neighbourhood walks, splash pads and wading pools are part of our **daily** schedule.

Please, ensure you bring the below items **daily (labelled with your child's name)**:

- Swimming gear
- Towel
- Extra clothes
- Refillable Water Bottle
- Sunscreen
- Hat
- Wear closed toe/heel shoes (open toe sandals and crocs are not appropriate for the program activities)
- Active clothes that are appropriate for outdoor play and craft activities
- Any prescription medication that might be needed in original container (i.e.: Epi-Pen, Inhaler)

### What to Leave at Home?

Summer Program is a time to make friends and have fun! To avoid distractions and lost or broken items, please leave all valuables, electronics, and toys at home. Brant Street Daycare is not responsible for any lost or broken items.

### Weather:

Our program has a mix of indoor and outdoor activities. When indoors we will have some access to rooms with air conditioning as well as fans. Air purifiers will be on for air circulation and filtration. When outdoors we will try our best to play in the shade and in the water.

In cases of inclement weather, we will adapt our outdoor activities for indoors (gym). For more details about air quality, please visit [www.airqualityontario.com/reports/summary.php](http://www.airqualityontario.com/reports/summary.php).

In the event of an emergency, the center may have to close for the health and safety of the children and the staff. For more details about emergency closures, refer to the Parent Handbook.

We hope that the information provided in this package has been helpful. We encourage you to visit our website at [www.brantdaycare.com](http://www.brantdaycare.com) for more information and email us at [brantdc@hotmail.com](mailto:brantdc@hotmail.com) if you have any questions.

We look forward to a safe and enjoyable summer!

## **Appendix A: Late Fee Letter**

Brant Street Daycare hours of operation are from 7:30 a.m. to 6:00 p.m. Pickups will be considered late if a child continues to be in our care after 6:00 p.m. A parent/caregiver or pick up person arriving after 6:00 p.m. to pick up a child will be charged a late fee

Late fee rate, effective June 1st, 2022:

First 5 Minutes (6:00-6:05 p.m.)	Each Minute After First 5 Minutes (6:05 p.m. onward)	
	Standard Rate	After 3 late pickups*
\$5 flat fee	\$1 per minute	\$2 per minute**

\* The number of late pickups will be counted from the start of the calendar year (January 1<sup>st</sup>) **or** the date of enrollment if this happens mid-year. At the end of each calendar year (December 31<sup>st</sup>) the late fees for all families will be reset to the standard rate.

\*\*Families will also be asked to attend a meeting with the Director to discuss options for preventing late pick-ups going forward.

### Additional Details

All late fees are charged per family, not per child.

Going forward, all late fees will be applied to the next invoice issued. They will be separate from monthly daycare fees and will not be included in your annual childcare tax receipt. December's late fees will be charged in January's invoice.

Brant Street Daycare understands that emergencies and unforeseen situations may occur, and it will be at the discretion of the Director to waive late fees depending on individual circumstances.

When a parent/caregiver has not arrived an hour after the childcare has closed, and has not contacted the centre, and/or when the centre has been unsuccessful in contacting the parent(s), or the emergency contact(s), a staff member is required by The Ministry of Education to call The Children's Aid Society and follow their directions.

Ayesha Bharmal  
Director of Brant Street Daycare

## **Appendix B: Medication Administration Policy**

### **Purpose**

The purpose of this policy and the procedures outlined within is to provide clear direction for staff, students, and volunteers to follow for administering drugs or medication to children at the childcare centre and for appropriate record-keeping.

### **Glossary**

*Drug Identification Number (DIN):* An eight-digit number assigned by Health Canada to a drug product prior to being marketed in Canada. It uniquely identifies all drug products sold in a dosage form in Canada and is located on the label of prescription and over-the-counter drug products that have been evaluated and authorized for sale in Canada.

*Drug or Medication:* Any product with a drug identification number (DIN), with the exception of sunscreen, lotion, lip balm, bug spray, hand sanitizer and diaper cream that is not used for acute, symptomatic treatment. Drugs and medications fall into the following two categories, unless otherwise specified in this policy:

- Prescription, intended for acute, symptomatic treatment; and
- Over-the-counter, intended for acute, symptomatic treatment.

*Emergency Medication:* Prescription drugs or medications that are used in case of an urgent medical reaction that requires immediate treatment. Emergency medications include medications used to treat asthma (e.g. puffers) and anaphylactic allergies (e.g. epinephrine).

*Licensee:* The individual or corporation named on the licence issued by the Ministry of Education responsible for the operation and management of the childcare centre.

*Parent:* A person having lawful custody of a child or a person who has demonstrated a settled intention to treat a child as a child of his or her family (all references to parent include legal guardians, but will be referred to as "parent" in the policy).

*Person who is in Charge of All Drugs and Medications (a.k.a. the 'person in charge')*: The individual at the childcare centre who is responsible for administering medication to children. The person in charge may be one designated person per program room or age group. In the absence of the person in charge, they may temporarily delegate this responsibility to another person.

*Staff (Employee)*: Individual employed by the licensee (e.g. program room staff, cook).

### **Policy**

The ECE staff in each room will be responsible in administering medication to the children. In the event the designated ECE is away, the Supervisor or the designated supervisor may temporarily delegate this responsibility.

Where the term drugs and/or medications is used in this policy, the term refers to any product with a drug identification number (DIN), with the exception of sunscreen, lotion, lip balm, bug spray, hand sanitizer and diaper cream that is not used for acute, symptomatic treatment.

Drugs and Medications fall into the following two categories, unless otherwise specified:

- Prescription, intended for acute, symptomatic treatment; and
- Over-the-counter, intended for acute, symptomatic treatment.

The policy and procedures support children's health, safety, and well-being by setting out measures to:  
ensure children receive only those drugs or medications deemed necessary and appropriate by their parents;  
reduce the potential for errors;

ensure medications do not spoil due to improper storage;

prevent accidental ingestion;

administer emergency allergy and asthma drugs or medications quickly when needed; and

safely administer drugs and medications according to established routines.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for the administration of drugs and medication in a childcare centre.

Note: definitions for terms used throughout this policy are provided in a Glossary at the end of the document.

### **Parental Authorization to Administer Medication:**

Whenever possible, parents will be encouraged to administer drugs or medications to their children at home if this can be done without affecting the child's treatment schedule.

Prescription and over-the-counter medications for acute, symptomatic treatment will only be administered to a child where a parent of the child has given written authorization to do so by completing the child care centre's Authorization for Medication Administration (the form in Appendix A may be used). The Authorization for Medication Administration form must be accompanied by a doctor's note for over-the-counter medications.

The authorization must include a schedule that sets out the times the drug or medication is to be given and the amounts to be administered.

Where a drug or medication is to be administered to a child on an "as needed" basis (i.e. there is no specific schedule or time of the day for administration), the drug or medication must be accompanied with a doctor's note outlining signs and symptoms for administering the drug or medication and the appropriate dosage. In addition, the Authorization for Medication Administration Form must clearly indicate the situations under which the medication is to be given as outlined in the doctor's note, including observable symptoms.

Examples may include:

- 'when the child has a fever of 39.5 degrees Celsius';
- 'when the child has a persistent cough and/or difficulty breathing'; and
- 'when red hives appear on the skin', etc.

Prescription/over-the-counter skin products (with a DIN) that need to be administered for acute or symptomatic treatment will only be administered to a child where a parent of the child has given written authorization to do so by completing the child care centre's Authorization for Medication Administration.

Authorization for Medical Administration Forms will be reviewed with parents yearly at the beginning of school year or when there is a change to ensure the dosage continues to be accurate (e.g. based on the child's age or weight).

A long as sunscreen, lotion, lip balm, bug spray, hand sanitizer and diaper cream are non-prescription and/or are not for acute (symptomatic) treatment, and due to their longer-term daily usage, these products:

must have a blanket authorization from a parent on the enrolment form;

can be administered without an Authorization for Medication Administration form; and

do not require record-keeping

### **Drug and Medication Requirements**

All drugs and medications to be administered to children must meet the following requirements:

All drugs and medications must be stored in their original containers as supplied by a pharmacist, or their original packages.

Medications that have been removed from their original package or transferred into a different container will not be accepted or administered to children.

All drug or medication containers must be clearly labelled with:

The child's full name;

The name of the drug or medication;

The dosage of the drug or medication;

Instructions for storage;

Instructions for administration;

The date of purchase of the medication for prescription medications; and

The expiry date of the medication, if applicable.

The information provided on the written parental authorization must match with all the requirements listed above.



Where information is missing on a drug or medication label and/or the written parental authorization does not match the label on the labelled container, the child care centre will not accept or administer the medication until the label and/or written parental authorization accurately contains all the required information.

Over-the-counter epinephrine purchased for a specific child can be administered to a child with an individualized plan and emergency procedures for an anaphylactic allergy as long as it is accompanied by a doctor's note and is clearly labeled with the child's name, the name of the drug or medication, the dosage, the date of expiration and the instructions for storage and administration.

Drugs or medications purchased by staff, students or volunteers for their own use will be kept inaccessible (e.g. stored in locker versus left in a purse in the classroom) to children and will not be administered to children at any time, except where written parental authorization to administer has been obtained (e.g. hand sanitizer).

#### **Drug and Medication Handling and Storage:**

All drugs or medications will be kept inaccessible to children at all times in a locked container or area (e.g. in a refrigerator, cabinet, cupboard, or drawer). There are exceptions for emergency medications as outlined below:

Emergency medications will never be locked up and will be made easily accessible to all staff while being kept out of the reach of children, including during outdoor play periods and off-premises activities.

Where a child has written permission to carry their emergency allergy or asthma medication, precautions will be taken to ensure that these medications are not accessible to other children (e.g., in cubbies or backpacks that are unattended).

In case of an emergency, all staff, students, and volunteers will be made aware of the location of children's emergency medications at all times.

Emergency medications will be brought on all field trips, evacuations, and off-site activities.

Any topical products or drugs/medication in the first aid kit will not be used on children to clean or treat wounds. Children's cuts and wounds will be disinfected in accordance with local public health recommendations.

All drugs and medications for children will be stored in accordance with the instructions for storage on the label. Medication requiring refrigeration will be stored in the refrigerator in a locked container.

Where drugs or medications are past their expiry date, they will be returned to the parent of the child, where possible, and this will be documented on the Authorization for Medication Administration Form.

Any drugs or medications remaining after the treatment period will be returned to a parent of the child, where possible, and this will be documented on the Authorization for Medication Administration Form.

Where attempts have been made to return a drug or medication to a parent and the parent has not taken the medication home, the person in charge of drugs and medications will ensure that the efforts made to return the drug or medication have been documented in the appropriate staff communication book (e.g. daily written record), and the drug or medication may be returned to a pharmacist for proper disposal.

#### **Drug and Medication Administration:**

- Drugs or medications will be administered according to the instructions on the label and only with written parental authorization.
- Designated person(s) in charge of medications will deal with all drugs and medications to reduce the potential for errors, whether on or off the premises. Where the person(s) is absent, they will delegate this responsibility to another individual. The name of the individual who has been delegated and the duration of the delegation will be documented in the appropriate staff communication book (e.g. daily written record).
- A drug or medication will only be administered from its original container as supplied by a pharmacist or its original package, and where the container is clearly labelled as outlined under the Drug and Medication Requirements section of this policy.
- A drug or medication will only be administered using the appropriate dispenser (e.g. syringe, measuring spoon/cup, etc.).
- To support the prompt administration of emergency medication:
- Emergency medications may be administered to a child by any person trained on the child's individualized plan at the childcare centre; and
- Children will be allowed to carry their own asthma or emergency medication in accordance with this policy, the drug and medication administration procedures, and the child's individualized plan, where applicable.
- Drugs or medications that are expired (including epinephrine) will not be administered at any time.

#### **Record-Keeping:**

Records of medication administration will be completed using the Records of Medication Administration (the form in Appendix B may be used) every time drugs or medications are administered. Completed records will be kept in the child's file.

Where a child's medication administration form includes a schedule setting out specific times to administer the medication and the child is absent on a day medication would have been administered, the child's absence will be documented on the medication administration record to account for all days during the treatment period (excluding weekends, holidays and planned closures).

If a dose is missed or given late, reasons will be documented on the record of medication administration and a parent will be notified as soon as possible as it may impact the treatment schedule or the child's health.

Where a drug or medication is administered 'as needed' to treat specific symptoms outlined in a child's medication administration form or individualized plan and emergency procedures for an anaphylactic allergy (e.g. asthma, fever, allergic reaction), the administration and the reason for administering will be documented in the appropriate staff communication book (e.g. daily written record) and in the child's symptoms of illness record. A parent of the child will be notified.

#### **Confidentiality**

Information about a child's medical needs will be treated confidentially and every effort will be made to protect the privacy of the child, except when information must be disclosed for the purpose of implementing the procedures in this policy and for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children's Aid Society).

#### **Additional Policy Statements**



Consider including additional policy statements as applicable, e.g. how to deal with children with anaphylactic allergies who do not have epinephrine on site, how to deal with children who arrive to the child care centre without their medication, process for administering medication to children during school hours while they are not receiving child care, where medication boxes and keys are stored, how to return medication to discharged children, policy for holistic and homeopathic medications and/or natural products, how often staff will verify expired medication,, etc.

**Drug and Medication Administration Procedures**

Scenarios	Roles and Responsibilities
<p>A. A parent requests that a drug or medication (prescription or over-the-counter) be administered to their child and provides the drug or medication.</p>	<p>1. Staff must:</p> <ul style="list-style-type: none"> <li>i. provide the parent with the appropriate form to complete to obtain written authorization to administer the medication from Appendix A as applicable;</li> <li>ii. verify that drug or medication: <ul style="list-style-type: none"> <li>• is accompanied by a doctor’s note (for over-the-counter medications);</li> <li>• is in its original container as prescribed by the pharmacist or in the case of over-the counter medications is in its original package; and</li> <li>• is not expired.</li> </ul> </li> <li>iii. obtain the appropriate dispenser, where applicable;</li> <li>iv. review the medication administration form and (and doctor’s note, where applicable), and the label to verify that all sections are complete and accurate, and that the information in the authorization matches the medication label. <ul style="list-style-type: none"> <li>• Where errors are found on the form or the label is incomplete, the form/medication must be returned to the parent to make and initial corrections;</li> </ul> </li> <li>v. sign the form once it is complete and accurate;</li> <li>vi. take the drug or medication and dispenser and store it in the designated locked storage space in accordance with the instructions for storage on the label; and</li> <li>vii. log the receipt of the authorization form and the drug or medication for the child in the appropriate staff communication book (e.g. daily written record).</li> </ul>
<p>B. A child is authorized to carry their own emergency allergy medication.</p>	<p>1. Staff must:</p> <ul style="list-style-type: none"> <li>i. ensure that written parental authorization is obtained to allow the child to carry their own emergency medication;</li> <li>ii. ensure that the medication remains on the child (e.g., fanny pack, holster) and is not kept or left unattended anywhere at the childcare center (e.g. in the child’s cubby or backpack);</li> <li>iii. ensure that appropriate supervision is maintained of the child while they are carrying their medication and children in their proximity so that other children do not have access to the medication; and</li> </ul> <p>2. Where there are safety concerns relating to the child carrying his/her own medication (e.g. exposure to other children), notify the center supervisor/designate and the child’s parent of these concerns and discuss and implement mitigating strategies. Document the concerns and resulting actions in the appropriate staff communication book (e.g. daily written record).</p>
<p>C. A prescription or over-the-counter drug or medication must be administered to a child.</p>	<p>3. <b>Where a non-emergency medication must be administered</b>, the person in charge must:</p> <ul style="list-style-type: none"> <li>i. prepare the medication dosage in a well-lit area in the appropriate measuring device, where applicable (e.g. do not use a household spoon for liquid medications);</li> <li>ii. where possible, remove the child from the activity area to a quiet area with the least possible interruption;</li> <li>iii. administer the medication to the child in accordance with the instructions on the label and the written parental authorization;</li> <li>iv. document the administration of the drug or medication and any comments/observations on the medication administration record after it has been administered (see Appendix B);</li> <li>v. store the medication in the designated storage space in accordance with the instructions on the label and the parental authorization received on the medication administration form; and</li> <li>vi. where applicable, document any symptoms of ill health in the child’s records.</li> <li>vii. Where a medication is administered on an “as needed” basis, notify a parent of the child.</li> <li>viii. Where a child is absent, document the absence on the Record of Drug/Medication Administration (Appendix B).</li> </ul> <p>4. <b>Where an emergency allergy medication must be administered due to a severe allergic reaction</b>, the staff who becomes aware of the emergency situation must immediately:</p>

	<p>i.administer the emergency medication to the child in accordance with the emergency procedures on the child’s individualized plan;  ii.administer first aid to the child, where appropriate;  iii.contact, or have another person contact emergency services, where appropriate; and  iv.contact, or have the supervisor/designate contact a parent of the child.</p> <p><b>After the emergency situation has ended:</b></p> <p>i.document the administration of the drug or medication on the medication administration record (see Appendix B);  ii.document the incident in the appropriate staff communication book (e.g. daily written record).; and  iii.document any symptoms of ill health in the child’s records, where applicable.</p> <p>5. <b>Where a child is authorized to self-administer their own drug or medication</b>, the person in charge must:</p> <p>i.supervise and observe the child self-administer the drug or medication to ensure that the proper dosage and procedure for administration is being followed;  ii.where the child asks for help, assist the child in accordance with the parent’s written authorization;  iii.document the administration of the drug or medication and any comments/observations on the medication administration record after it has been administered (see Appendix B);  iv.store the medication in the designated storage space in accordance with the instructions on the label and the parental authorization received on the medication administration form, unless the child is authorized to carry his/her own emergency allergy medication (in such cases, follow the steps outlined in Scenario C [a child is authorized to carry their own emergency allergy medication]);  v.where applicable, document any symptoms of ill health in the child’s records; and  vi.where there are safety concerns relating to the child’s self-administration of drugs or medications, notify the centre supervisor/designate and the child’s parent of these concerns, and discuss and implement mitigating strategies. Document the concerns and resulting actions in the appropriate staff communication book (e.g. daily written record).</p>
<p>D. A child has a reaction to an administered drug or medication.</p>	<p>1. Where adverse symptoms appear upon medication administration, the person in charge must immediately:</p> <p>i.administer first aid to the child, where appropriate;  ii.contact emergency services, where appropriate and send the drug/medication and administration information with the child if they are leaving the premises to seek medical attention;  iii.notify a parent of the child;  iv.notify the supervisor/designate;  v.document the incident in the appropriate staff communication book (e.g. daily written record); and  vi.document any symptoms of ill health in the child’s records, where applicable.</p> <p><b>Where the reaction results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.</b></p>
<p>E. A drug or medication is administered incorrectly (e.g. at the wrong time, wrong dosage given).</p>	<p>1. The person in charge must immediately:</p> <p>i.where applicable, follow the steps outlined in Scenario D (a child has a reaction to administered medication); and  ii.contact the parent of the child to report the error;  iii.report the error to the supervisor/designate;  iv.document the actual administration of the drug or medication on the medication administration record (see Appendix B); and  v.document the incident in the appropriate staff communication book (e.g. daily written record).</p> <p><b>Where any reaction to a drug or medication results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.</b></p>
<p>F. A drug or medication is administered to the wrong child.</p>	<p>1. The person in charge must immediately:</p> <p>i.where applicable, follow the steps outlined in Scenario D (a child has a reaction to administered medication); and  ii.contact the parents of the children affected to report the error;  iii.report the error to the supervisor/designate;  iv.document the incident in the appropriate staff communication book (e.g. daily written record); and</p>

	v.administer the medication to the correct child per Scenario B (a drug or medication must be administered to a child).  <b>Where any reaction to a drug or medication results in a life-threatening situation for the child, call emergency services and follow the serious occurrence policy and procedures.</b>
G. Surplus or expired medication is on site.	1. Where possible, the surplus or expired medication must be returned to a parent of the child. 2. Where attempts have been made to return a drug or medication to a parent and the parent has not taken the medication home, the person in charge of drugs and medications will attempt to return unused drugs or medications to a local pharmacist for proper disposal. <b>Do not flush any drugs or medications down the toilet or sink or throw them in the garbage.</b>

#### Policy and Procedures Review

This policy and procedures will be reviewed and signed off by all employees annually, and at any time changes are made.

#### Appendix C: Anaphylactic Policy

##### Purpose

Anaphylaxis is a serious allergic reaction that can be life-threatening. It requires avoidance strategies and immediate response in the event of an emergency. These policies and procedures are intended to help meet the needs and save the lives of children with severe allergies and provide relevant and important information on anaphylaxis to parents, staff, students, volunteers, and visitors at the childcare centre.

This policy is intended to fulfill the obligations set out under Ontario Regulation 137/15 for an anaphylactic policy for childcare centres. The requirements set out in this policy align with [Sabrina's Law, 2005](#).

##### Glossary

*Anaphylaxis*: a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock. Symptoms can vary for different people, and can be different from one reaction to the next, including:

- Skin: hives, swelling, itching, warmth, redness, rash
- Breathing (respiratory): coughing, wheezing, shortness of breath, chest pain/tightness, throat tightness/swelling, hoarse voice, nasal congestion, or hay fever-like symptoms (runny nose and watery eyes, sneezing), trouble swallowing
- Stomach (gastrointestinal): nausea, pain/cramps, vomiting, diarrhea
- Heart (cardiovascular): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- Other: anxiety, feeling of "impending doom", headache, uterine cramps, metallic taste in mouth  
(Source: <http://foodallergycanada.ca/about-allergies/anaphylaxis/>)

*Causative Agent (allergen/trigger)*: a substance that causes an allergic reaction. Common allergens include, but are not limited to:

- eggs
- milk
- mustard
- peanuts
- seafood including fish, shellfish, and crustaceans
- sesame
- soy
- chickpea
- sulphites which are food additives
- tree nuts
- wheat
- latex
- insect stings

*Epinephrine*: A drug used to treat allergic reactions, particularly anaphylaxis. This drug is often delivered through an auto-injector (e.g. EpiPen or Allerject).

*Staff (Employee)*: Individual employed by the licensee (e.g., Program Staff).

*Licensee*: The individual or corporation named on the licence issued by the Ministry of Education responsible for the operation and management of the childcare centre.

*Parent*: A person having lawful custody of a child or a person who has demonstrated a settled intention to treat a child as a child of his or her family (all references to parent include legal guardians but will be referred to as "parent" in the policy).

#### Policy and Procedures

##### Individualized Plans and Emergency Procedures for Children with Life-Threatening/Anaphylactic Allergies

- Before attending the childcare centre, the supervisor/designate will meet with the parent of a child to obtain information about any medical conditions, including whether the child is at risk of having or has anaphylaxis.
- Before a child attends the child care centre or upon discovering that a child has an anaphylactic allergy, an individualized plan and emergency procedures will be developed for each child with anaphylaxis in consultation and collaboration with the child's parent, and any regulated health professional who is involved in the child's care that the parent believes should be included in the consultation

(the form for **Individualized plan and emergency procedures for a child with an Anaphylactic Allergy Form** may be used for this purpose).

- All individualized plans and emergency procedures will include a description of symptoms of an anaphylactic reaction that are specific to the child and the procedures to be followed in the event of an allergic reaction or other medical emergency based on the severity of the child's symptoms.
- The individualized plan and emergency procedures for each child will include information for those who are in direct contact with the child on a regular basis about the type of allergy, monitoring and avoidance strategies and appropriate treatment.
- **All** individualized plans and emergency procedures will be always made readily accessible to all staff, students and volunteers at the childcare centre and will be kept in the daycare office on the wall and in the child's files.
- **All** individualized plans and emergency procedures will be reviewed with a parent of the child at the beginning of every school year to ensure the information is current and up to date.
- Every child's epinephrine auto-injector must be carried everywhere the child goes including outdoor play, lunchroom, gym, field trips, and any change of rooms.

### **Strategies to Reduce the Risk of Exposure to Anaphylactic Allergens**

The following strategies to reduce the risk of exposure to anaphylactic causative agents must be always followed by employees, students, and volunteers at the childcare centre.

- Do not serve foods where its ingredients are not known. Brant Street Daycare uses Whole Some Kids Catering and all meals and snack's ingredients are available online on their website.
- Do not serve items with 'may contain' warnings on the label in a room where there is a child who has an individualized plan and emergency procedures specifying those allergens.
- Ask the caterer or cook to provide the known ingredients for all food provided. The ingredients will be reviewed before food is served to children to verify that causative agents are not served to children with anaphylactic allergies.
- In cases where a child has food allergies and the meals and snacks provided by the childcare centre cannot meet the child's needs, ask the child's parent to supply snacks/meals for their child. All written instructions for diet provided by a parent will be implemented.
- Ensure that parents label food brought to the childcare centre with the child's full name and the date the food arrived at the childcare centre, and that parents advise of all ingredients.
- Where food is provided from home for children, ensure that appropriate supervision of children is maintained so that food is not shared or exchanged.
- Encourage parents who serve foods containing allergens at home to ensure their child has been rid of the allergens prior to attending the childcare centre (e.g. by thoroughly washing hands, brushing teeth, etc.)
- Do not use craft/sensory materials and toys that have known allergens on the labels.
- Share information about anaphylaxis, strategies to reduce the risk of exposure to known allergens and treatment with all families enrolled in the childcare centre.
- Make sure each child's individual plan and emergency procedure are kept-up-to-date and that all staff, students, and volunteers are trained on the plans.
- Refer to the allergy list and ensure that it is up to date and implemented.
- Update staff, students, and volunteers when changes to a child's allergies, signs and symptoms, and treatment occur and review all updates to individualized plans and emergency procedures.
- Update families when changes to allergies occur while maintaining the confidentiality of children.
- Update or revise and implement the strategies in this policy depending on the allergies of children enrolled at the childcare centre.

### **Communication Plan**

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

- Parents will be encouraged not to bring foods that contain ingredients to which children may be allergic.
- Parents and families will be informed about anaphylactic allergies and all known allergens at the childcare centre through verbal/and written communications, pictures and information of the child will be posted in all daycare rooms and the daycare office.
- A list of all children's allergies including food and other causative agents will be posted in all cooking and serving areas, in each play activity room, and made available in any other area where children may be present.
- Each child with an anaphylactic allergy will have an individualized plan and emergency procedures that detail signs and symptoms specific to the child describing how to identify that they are having an allergic reaction and what to do if they experience a reaction.
- All staff will be trained before every school year for each individualized plan and emergency procedures will be signed and dated, and whenever there is a change.
- Each child's individualized plan and emergency procedures will be made available and accessible wherever the child may be present while receiving childcare.
- The caterer, cook, individuals who collect groceries on behalf of the child care centre and/or other food handling staff, where applicable, will be informed of all the allergies at the child care centre, including those of children, staff, students and volunteers. An updated list of allergies will be provided to the caterer or cook as soon as new allergies are identified. The supervisor or designate will communicate with the caterer/cook about which foods are not to be used in food prepared for the childcare centre and will work together on food substitutions to be provided.

- The childcare centre will communicate with the Ministry of Education by reporting serious occurrences where an anaphylactic reaction occurs in accordance with the established serious occurrence policy and procedures.
- This communication plan will be continually reviewed to ensure it is meeting the needs of the childcare centre and that it is effectively achieving its intended result.

**Drug and Medication Requirements**

- Where drugs or medications will need to be administered to a child in response to an anaphylactic reaction, the drug and medication administration policy will be followed including the completion of a parental authorization form to administer drugs or medications.
- Emergency allergy medication (e.g. oral allergy medications, puffers and epinephrine auto-injectors) will be allowed to remain unlocked or carried by children with parental authorization so that they can be administered quickly when needed.
- A record of medication administration will be kept in the child’s file.

**Training**

- Daycare director/supervisor will ensure that all staff, students and volunteers receive training from a parent of a child with anaphylaxis on the procedures to follow in the event of a child having an anaphylactic reaction, including how to recognize the signs and symptoms of anaphylaxis and administer emergency allergy medication.
- Where only the supervisor/designate has been trained by a parent, the supervisor/designate will ensure training is provided to all other staff, students, and volunteers at the childcare centre.
- Training will be repeated annually, and any time there are changes to any child’s individualized plan and emergency procedures.
- A written record of training for staff, students, and volunteers on procedures to be followed for each child who has an anaphylactic allergy will be kept, including the names of individuals who have not yet been trained. This will ensure that training is tracked, and follow-up is completed where an individual has missed or not received training. The form in Appendix B may be used for this purpose.

**Confidentiality**

- Information about a child’s allergies and medical needs will be treated confidentially and every effort will be made to protect the privacy of the child, except when information must be disclosed for the purpose of implementing the procedures in this policy and for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children’s Aid Society).

**Policy and Procedures Review**

This policy and procedure will be reviewed and signed off by all employees annually, and at any time where a change is made.

**Procedures to be followed in the circumstances described below:**

Circumstance	Roles and Responsibilities
<p>A. A child exhibits an anaphylactic reaction to an allergen</p>	<p>1. The person who becomes aware of the child’s anaphylactic reaction must immediately:</p> <ul style="list-style-type: none"> <li>i. implement the child’s individualized plan and emergency procedures.</li> <li>ii. contact emergency services and a parent/guardian of the child, or have another person do so where possible; and</li> <li>iii. ensure that where an epinephrine auto-injector has been used, it is properly discarded (i.e. given to emergency services, or in accordance with the drug and medication administration policy).</li> </ul> <p>2. Once the child’s condition has stabilized or the child has been taken to hospital, staff must:</p> <ul style="list-style-type: none"> <li>i. follow the childcare Centre’s Serious Occurrence policy and procedures;</li> <li>ii. document the incident in the daily written record; and</li> <li>iii. document the child’s symptoms of ill health in the child’s records.</li> </ul>
<p>B. A child is authorized to carry his/her own emergency allergy medication.</p>	<p>1. Staff must:</p> <ul style="list-style-type: none"> <li>i. ensure that written parental authorization is obtained to allow the child to carry their own emergency allergy medication;</li> <li>ii. ensure that the medication remains on the child (e.g., fanny pack, holster) and is not kept or left unattended (e.g. in the child’s cubby or backpack);</li> <li>iii. ensure that appropriate supervision is maintained of the child while carrying the medication and of children in their proximity so that other children do not have access to the medication; and</li> <li>iv. Where there are safety concerns relating to the child carrying his/her own medication (e.g. exposure to other children), notify the Centre supervisor/designate and the child’s parent of these concerns, and discuss and implement mitigating strategies. Document the concerns and resulting actions in the daily written record.</li> </ul>