

Toronto Military Family Resource Centre

Child Care Family Handbook



CRFM
TORONTO
MFRC

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Welcome

Welcome to the Toronto Military Family Resource Centre (Toronto MFRC, the Centre). Thank you for choosing our team to care for your child. We know how important a high quality, nurturing, healthy and stimulating environment is to you and your family. If you are a Military or Veteran family, we also want you to know that we understand and are sensitive to the unique challenges of the military lifestyle and how these experiences may impact your family.

This Family Handbook will provide you with an overview of our Child Care Framework and Operational Procedures. The Child Care Policy and Procedure Manual, in its entirety, may be accessed by contacting the Child Care Supervisor.

We look forward to getting to know your child and your family. If at any time you have a question, concern or recommendation, please reach out to a member of our team.

Child Care Leadership Team

| | | | |
|-----------------------|-----------------|----------------------------|------------------------------|
| Child & Youth Manager | Colleen Marback | 416-633-6200, ext 6344317 | childcare@TorontoMFRC.ca |
| Executive Director | Carolyn Clark | 416-633-6200, ext 634 4212 | carolyn.clark@TorontoMFRC.ca |
| Board of Directors | | | boardinfo@TorontoMFRC.ca |

Capacity

The Child Care Programs at Toronto MFRC are currently operating 49 licensed spaces (operating capacity may fluctuate based on workforce availability and demand for placement):

- 10 Infants, 0 to 18 months
- 15 Toddlers, 18 months to 2.5 years
- 24 Preschoolers, 2.5 years to 6 years

- The Centre provides services to both military and civilian families, although admission priority is given to military families.

- Funding Subsidies may be available through the City of Toronto. Families are encouraged to visit: <https://www.toronto.ca/community-people/employment-social-support/child-family-support/child-care-support/paying-your-fees-to-the-child-care-program/> to determine eligibility.

Child Care Framework

Inclusion of Children

Policy Statement on the Inclusion of Children

Toronto MFRC welcomes all children and is committed to providing early learning experiences that are responsive to the developmental needs of children. We believe that each child is unique and work in partnership with families and other professionals involved with the child to provide the support every child needs to reach their full potential.

Inclusive Environment

Registered Early Childhood Educators at Toronto MFRC develop weekly program plans that are responsive to the developmental needs of all children. Schedules, routines and activities are flexible. We welcome the collaboration of families and other professionals in the child's circle of care to integrate individual accommodations, modifications and strategies into classroom routines and activities, in support of the child's success.

Professional Development and Support for Educators

Training and supports are provided to ensure that Educators are comfortable, confident and competent in delivering high quality, inclusive educational programming that meets the developmental needs of all children. Our team of Educators and Assistants are supported by our leadership team and are provided with continuous professional learning opportunities.

Every Child Belongs Resource Consultant

The role of the Resource Consultant is to aid Educators in developing child specific goals in the context of the early childhood education environment. Educators and the Resource Consultant work collaboratively with the family and other professionals in the child's circle of care to determine the best strategies to support the child in a group setting. This may include the development of an Individual Support Plan (ISP) which details specific resources and strategies aimed at supporting the child's full inclusion and success.

Child Care Program Statement

The Child Care Program Statement for the Toronto MFRC is consistent with the Minister of Education's policy statement on programming and pedagogy which names "How Does Learning Happen? Ontario's Pedagogy for the Early Years (2014)" as the guiding document for the development and delivery of programs and services.

Please see the following references for greater detail.

Minister's Policy Statement

<https://files.ontario.ca/edu-1/edu-minister-policy-statement-program-cceya-en-2021-03-10.pdf>

Ministry of Education

<https://www.ontario.ca/page/child-care-rules-ontario>

How Does Learning Happen?

<https://www.ontario.ca/page/how-does-learning-happen-ontarios-pedagogy-early-years>

Early Learning for Every Child Today (ELECT)

Objectives of the Child Care Programs at the Toronto MFRC

- To provide a safe, supervised environment that is conducive to play and learning and accommodates a wide range of abilities and disabilities
- To provide a warm, caring environment that is responsive to the developmental needs of children and fosters the development of your child's creative intellectual, emotional, social and physical skills
- To plan for and create positive learning environments and experiences in which each child's individual needs, interests, learning and development is supported
- To employ a team of Educators and Assistants who are experienced and well trained to provide the best care and enrichment for your child
- To ensure two way communication that ensures regular family – team contact

Family Centered Practices

Toronto MFRC acknowledges and respects the different sociocultural identities of families and the priorities each family develops for their child. Families are welcomed and encouraged to collaborate with our team to ensure that each child has an opportunity for optimal success.

To enhance communication, our team uses the TIMESAVR application to produce a daily report that captures each child's day, including health checks, eating habits, diaper and toileting routines and documentation/observations of each child's learning through play. The child's report is emailed to the at the end of each day.

Goals for Children

Children are understood to be competent, capable, curious, and rich in potential. Our Educators recognize that children are unique individuals with a wide range of abilities and disabilities who deserve encouragement and space to try new things, explore new ideas and develop their own unique creativity.

Toronto MFRC child care programs aspire to provide a learning environment where the following goals for children are successfully achieved:

- Every child has a sense of **belonging** when they are connected to others and contribute to their world.
- Every child is developing a sense of self, health, and **well-being**.
- Every child is an active and **engaged** learner who explores the world with body, mind, and senses.
- Every child is a capable communicator who **expresses** themselves in many ways.

The child care team at Toronto MFRC provides an environment that fosters curiosity, one that allows children to explore. We believe that every child deserves a safe and caring environment in which to grow and develop to their maximum potential.

Our Educators understand the importance of being responsive to the developmental needs of all children taking children's stages of development into consideration. For each child, their stage of development is individualized

and differs based on developmental factors and their unique family, community and life experiences. In each case, we aim to integrate all areas of the child's development into our program in a holistic way. All individualized plans are incorporated into the program and will be reviewed upon the child's admission and annually thereafter or whenever changes are required.

Children play to learn. Play provides the foundation for language and literacy, for mathematics, science and for the arts. The weekly program activities are linked to [How Does Learning Happen?](#) and [Early Learning for Every Child Today \(ELECT\)](#). Children's play and activities are documented on their daily reports to demonstrate to families how their children are developing and learning through play.

Program Goals

Child care programs at Toronto MFRC encourage children to be part of the learning process. Programs are created to foster enriched co-learning environments for children to thrive and reach their potential with activities to nurture the intellectual, physical, social and emotional growth. Our child care programs are based in the belief that children are unique, with individual strengths and competencies and are therefore given the choice to pursue activities of their own interest. This provides the children with opportunities to be creative and innovative as they learn. As they pursue their own interests and choices, children explore, ask and answer questions, encounter and solve problems, and interact with peers, and educators.

A. Promote the health, safety, nutrition and well-being of the children.

Child care programs at Toronto MFRC strive to deliver stimulating learning experiences in a safe environment that enhances children's social, intellectual, physical, and emotional development. Children interact safely within the Centre's programs and environment as they explore their world. Resources, tools and equipment are chosen with children's safety in mind. Our playgrounds are inspected before each outdoor activity. All team members are fully trained in Standard first Aid and CPR/AED level C.

Children are provided with a balanced diet that meets nutritional requirements and various lifestyle choices of families. We provide a nut free environment. Meals are provided by [Wholesome Kids Catering](#). The menus are aligned with Canada's Food Guide and approved by a Registered Dietician. Menus are provided to families for your awareness of the meals and snacks provided to your child.

We are committed to acting in the best interests of the children at all times. Centre leadership ensures policies are in place to protect the health and welfare of our team members and the children in our care. These are reviewed by the child care team on a regular basis. We adhere to public health direction regarding infection prevention and control in child care settings. This includes maintaining diligent hand hygiene practices by team members and children.

Child Care Educators complete a daily visual health check on every child upon entering the program and record the child's temperature any concerns on the child's daily report.

In the event that First Aid application is required, an Incident Report is completed, stating the details of the incident and the type of First Aid that was applied. In the event of a serious injury or any injury involving the face/head, the family is promptly notified. The Supervisor reviews all Incident Reports with a view for quality improvement and reduction of incident recurrence. Upon pick up, the Incident Report will be reviewed with the family who will be requested to sign the Incident Report and a copy is provided.

In the event of a serious incident, where further medical treatment is necessary, 911 will be contacted for immediate emergency assistance. The family will be notified promptly. The family will be required to pay expenses incurred due to the emergency involving the child. (e.g. ambulance)

B. Support positive and responsive interactions among the children, families, and Child Care Educators.

Child care is a shared responsibility between families and child care team at Toronto MFRC. Our team works collaboratively with families to exchange information about the child's language, culture, interests and development so that the sum of a child's experience is greater than that which the family or the child care environment alone could provide.

We value family engagement as it relates to a child's development as well as program development. We welcome family engagement and feedback at every opportunity. Our child care team ensures families are provided with a report of their child's activities each day. Our leadership team ensures that families are aware of activities and events taking place within the Centre, and are available to meet with families at any time. It is of utmost importance that we maintain continuous links with families and families, providing opportunities to describe the child's play experiences and how the child's play is linked to learning. Examples of communication mechanisms include:

- Child's Daily Report includes documentation/observation of the children learning through play, eating and sleep habits, toileting habits and rests periods
- Children's Developmental Screening Tool ([Looksee Checklists by NDDS](#))
- Centre wide messages regarding special events, opportunities, educational information
- One-on-one meetings, virtual or in person, and discussions with families

Our team is prepared to support families and their children with positive interactions and knowledgeable strategies that will benefit all who are in contact with children. Our educators build relationships with both the child and the family to ensure the family's needs are being met and should the child or family require additional supports that appropriate resources are recommended. This may include, with appropriate consent, a referral to the Resource Consultant and the [Every Child Belongs](#) program.

C. Encourage the children to interact and communicate in a positive way and support their ability to self-regulate.

Our child care team encourages each child's development, sense of self and their ability to see themselves as capable communicators able to manage their emotions and behaviour. Our educators provide a sense of belonging for the children and their families by modelling and promoting positive relationships with children, their families and their team mates. Children can communicate their needs in their own ways and are supported to develop a sense of self-regulation of their own emotions and behaviours. Educators encourage children to practice self-regulation within the program by teaching the children self-regulation strategies and providing a safe environment that includes quiet calm spaces for the children to access throughout the day.

At developmental intervals, educators complete the [Looksee Checklist](#)® a simple, easy-to-use developmental tool designed to help monitor a child's development from 1 month to 6 years of age, featuring a short list of "yes" or "no" questions about the child's observed abilities. All completed checklists are reviewed by Centre leadership to identify opportunities to enhance a child's learning and development. Results are provided to

families and our team will meet with families at their request to discuss how results will be used to support their child's learning and development.

D. Foster the children's exploration, play and inquiry.

Play is the cornerstone of our curriculum – understood to be essential to the healthy social and cognitive development of children. The curriculum takes a child initiated, adult supported approach focused on play-based learning. This allows the child to take the lead and allows the educators to focus on the child's interests through intentional observation, interactions and engaged communication. When this approach to learning takes place along with our educators' understanding of child development, each child's learning and individual development is supported and as a result the child's competence, capacity and potential are maximized. Children can explore freely without limitations and bias, and develop their cognition through exposure to program elements and their environment.

Our educators model and use language that is considerate of and responsive to the developmental needs of children. Educators label children's feelings so children learn how to label and regulate their emotions in a positive manner. Our programs provide a learning environment where children will be able to explore their learning to the fullest.

E. Provide child-initiated and adult-supported experiences.

Children flourish in all areas of development with the benefit of supportive, caring and responsive relationships with adults whose focus is on the health, safety, nutrition and well-being of all children. A supportive foundation is provided for families with children who require special attention. We rely heavily upon information provided by families regarding their child's development, preferences and needs. Educators are knowledgeable of child development and plan accordingly to meet each child's unique needs. We work co-operatively with all engaged professionals in a child's circle of care to be able to meet a child's goals and objectives that will enhance each child's individual development.

F. Plan for and create positive learning environments and experiences in which each child's learning and development will be supported and which is inclusive of all children, including children with individualized plans.

Child care programs at Toronto MFRC create rich learning environments for the children to reach their full potential. This approach to learning is in alignment with "How Does Learning Happen? Ontario's Pedagogy for the Early Years (2014)", which promotes a shared understanding of what children need and how we can help them grow and flourish. Children receive a holistic and creative program that is aligned with developmental criteria. Our team members participate in professional development activities to ensure they remain current with the latest requirements and best practices and have the tools to provide a positive learning environment that will support children's development to the fullest. Educators conduct weekly observations of the children's interests, choices, interactions, skill development and activities, and plan the learning environment for the following week based on these weekly observations.

G. Incorporate indoor and outdoor play, as well as active play, rest and quiet time, into the day, and give consideration to the individual needs of the children receiving child care.

Our daily program plans include a balance of indoor and outdoor play as well as active and quiet play. Activities are planned that involve all children, adhere to routine schedules, provide smooth transitions throughout the day and respond to the needs of the children. Educators plan each activity and respond to every interaction as a learning opportunity for children.

H. Foster the engagement of and ongoing communication with families about the program and their children.

Our child care team are true professionals who develop strong connections with children, ensure safe environments, plan and extend play, scaffold learning, reflect on successes and document the children's play, learning and developmental milestones. Weekly observations are recorded in the child's report. We value family engagement as it relates to a child's development as well as program development. We welcome family engagement and feedback at every opportunity.

I. Involve local community partners and allow those partners to support the children, their families and Educators.

Educators at Toronto MFRC are experienced in providing inclusive programming for all children. A supportive foundation is provided for families with children who require special attention. When working with children with a wide range of abilities and disabilities, we work closely with families, Resource Consultants available through the ["Every Child Belongs"](#) program and any other professionals and community partners involved in the child's circle of care. This ensures that the appropriate support and resources are in place for optimal success for the child.

J. Support for Educators, or others who interact with the children at a childcare centre in relation to continuous professional learning.

Our team members are carefully chosen and specially trained to ensure the highest quality of care. Toronto MFRC recognizes the importance of continuous professional learning for our team and provide each team member with internal and external training opportunities. Training opportunities are intended to support knowledge acquisition and practice that supports new and current trends in the field of Early Childhood Education. Early Childhood Educators in Ontario are required to be registered with the [College of Early Childhood Educators](#), a regulatory body which ensures that its' members engage in continuous professional learning. Monthly team meetings provide the opportunity for collaboration and continuous quality improvement.

K. Document and review the impact of the strategies set out in goals (a) to (j) on the children and their families.

Toronto MFRC leadership reviews the Program Statement annually and educators share the impact of the strategies within the program. Based on the outcome of the review the Program Statement may be revised.

Goals for Child Care Educators

Child care educators at Toronto MFRC are true professionals who connect with children, ensure safe environments, plan and extend play, reflect on successes, document the children's play and learning, and communicate regularly with families.

Educators construct a curriculum that reflects the interests and needs of the children by incorporating their knowledge of child development, knowledge of how children learn and a well-grounded understanding of children's play to deliver a co-learning program.

Through continual observation and attention, our team supports children in developing strategies and to regulate their emotions while recognizing the effects of their actions on others.

Educators prepare weekly programming based on the children's interests and learning goals, in a play-based environment. In addition, evidence highlighting the children's experiences are posted throughout the classroom in the form of art projects, creations and photos.

The role of the child care team is to:

- Establish a supportive social environment that supports a child's autonomy and self-esteem;
- Establish positive relationships, friendships, and conflict resolution;
- Provide responsive care to all children in the program while meeting their individual needs;
- Design a supportive physical environment that is conducive to learning;
- Provide new play possibilities through interest centres;
- Be an involved play partner and co-learning;
- Foster, observe and document significant behaviour/developmental milestones;
- Incorporate the community.

Our planning process which includes determining interests and planning play opportunities in all developmental areas is available to the families through recorded observation. This approach celebrates new ideas and supports the spontaneity of the developing child. Educators expand the children's interests by adding materials, asking questions and scaffolding the children's learning by providing new challenges and ideas.

Implementation and Monitoring of the Child Care Program Statement

Child care team members are required to review the program statement at least once annually.

It is the responsibility of Centre leadership to:

- Facilitate and monitor the implementation of the elements of the program statement and identify opportunities for continuous quality improvement.
- Provide guidance and resources that support the continuous quality improvement of the programs and services offered.
- Ensure educators have the tools and materials to effectively implement the Program Statement.
- To provide team members with access to professional development opportunities.

It is the responsibility of child care team members to:

- Review the Program Statement annually (at minimum).
- Ask questions to ensure that they fully understand and can actively implement the Program Statement.
- Ensure they have and make use of all accessible tools, resources and materials to effectively implement the Program Statement.

Operational Procedures

Hours of Operation

Full Time Child Care Hours of Operation: 7:30am – 5:30pm

Child care Programs **do not operate** on the following statutory holidays:

- New Year's Day
- Family Day
- Good Friday
- Easter Monday
- Victoria Day
- Canada Day
- Civic Holiday (August)
- Labour Day
- Thanksgiving Day
- Christmas Day
- Boxing Day

Note: When Christmas Eve and/or New Year's Eve fall on a weekday, child care programs close at 12:00pm.

All programs begin scheduled activities at 9:00am. If you will be arriving later than 9:00am, please contact the Child Care Supervisor via email at childcare@TorontoMFRC.ca to ensure the least disruption for your child and the daily routines and planned activities.

Group discussions throughout the day are an essential part of learning and discovering new things within our environment. It is important to remember that during these group times, any interruptions to the program may cause a drift in the children's attention span. We ask that families dropping off or picking up a child wait until there is a break in conversation within the group before the transition of dropping off or picking up your child.

Programs

| Program | Child's Age | Child / Educator Ratio |
|----------------|----------------------|--------------------------|
| Infant Room | 0 to 18 months | 3 Children to 1 Educator |
| Toddler Room | 18 to 30 months | 5 Children to 1 Educator |
| Preschool Room | 2 ½ years to 5 years | 8 Children to 1 Educator |

Upon acceptance of a placement offering, a child is admitted to the age appropriate program/room. There is no guaranteed availability of space in subsequent programs/rooms as the child progresses in age. As the child's age progresses, continued placement in the Centre will depend upon an age appropriate vacancy being available. The timing of a child's transition between programs/rooms is based on age readiness, family

consultation, educator recommendations and Resource Consultation if appropriate. Every effort will be made to appropriately place the child and provide the family with appropriate notice and resource recommendations when a space cannot be offered.

Wait List

There is no fee to place a child on the waitlist.

Children can be placed on the full time child care waitlist by completing the online [registration](#) form. Once the online registration form is completed you will receive an automated confirmation email from the TIMESAVR online application.

Separate wait lists are maintained for military and civilian families and for each age group, infant, toddler and preschool. Military families are prioritized for placement.

Applicants are responsible for ensuring the accuracy of their application and are required to notify the Centre if any changes or updates to their application are required (i.e. an address change, change in child's age requiring placement in older age group, request to withdraw from wait list).

Families can inquire about their child's place on the wait list. The Centre will ensure that the wait list will be made available in a manner that maintains the privacy and confidentiality of the children listed on it, but that allows the position of a child on the list to be ascertained by the inquiring family. The Centre will advise inquiring families of the number of children ahead of their child on the wait list. The waitlist is continually in flux given the nature of the military lifestyle.

Should a family decline a placement when offered, the child can remain on the waitlist with the revised date on list being the date the placement was declined.

Should a child on the waitlist advance in age prior to being offered a placement, the Centre will confirm with the family if they would like to be placed on the wait list for the new age group. In this case, the date on wait list will be considered the date they request placement in the new age group.

Canada-Wide Early Learning and Child Care System

Toronto MFRC is enrolled in The Canada-Wide Early Learning and Child Care (CWELCC) program. The CWELCC program is intended to support quality, accessibility, affordability and inclusivity in early learning licensed child care serving eligible children. Key objectives include lowering child care fees for eligible children, and increasing access to quality child care programs. The current rate (2025-01) for all age groups is \$22.00 per day, averaged to \$478.50 per month. The overall goal of the CWELCC system is for child care fees to reach an average of ten dollars per day by March 2026 at a schedule determined by the province and local municipality.

Fees

Base Fees for Full Time Child Care

The base fee is the daily tuition rate of \$22.00 for all age groups. Fees are invoiced on a monthly basis. The standard monthly fee is calculated as follows.

Daily fee of \$22.00 x 261 operating days in the calendar year (including statutory holidays) / by 12 months = \$478.50 per month for all age groups

Refunds are not provided for days absent.

Non-Base Fees (Additional Fees)

Non-base fees include any fees that are applied in addition to the base fee. Toronto MFRC charges one non-base fee, in the form of late fees applied when a child is not picked up by the scheduled closing time.

Late Fee (Non-Base Fee)

Children must be picked up no later than 5:30pm. Pick-ups that do not occur by 5:30pm will incur a late charge fee of \$1.00 per child, for each minute beyond 5:30pm. Time is taken according to the digital clock outside the Child Care Supervisor's office. Families will be invoiced for late fees incurred. When there are 3 late fee charges within a 30 day period the child(ren) may be withdrawn from the program.

Fee Subsidy

- The City of Toronto provides fee subsidies for eligible families. Families are encouraged to visit <https://www.toronto.ca/community-people/employment-social-support/child-family-support/child-care-support/>
- Fees charged to subsidized families are consistent with the family's assessed fee as determined by the City of Toronto.
- Subsidized families are not charged any additional fees/surcharge above the assessed fee.
- Periodic case reviews are required to determine the subsidy fee rate.
- Families are responsible for ensuring that their case reviews are completed and up to date.

Invoices and Collection of Fees

Invoices

Invoices for full time child care are generated and emailed to the family for each month's fees. Fee payments are due within 30 days of receipt of invoice.

The following information is included on each invoice:

- Name of the child
- Name of the family
- Age group
- Daily Rate / Monthly Rate / Assessed Fee
- Monthly amount due
- Balance at the end of the month

Collection of Fees

- Full Fee rate charged is consistent with the posted Fee Memo (posted on the Family Board outside the Child Care Supervisor's office).
- Payments are processed via electronic fund transfer (EFT). The invoice and request for EFT payment are sent electronically to the paying family member, each month. Cash payments are not accepted.
- Receipts are issued electronically for each payment.
- Annual tax receipts are issued each February for the sum of fees paid in the previous calendar year.

Outstanding Fees

- Fees cannot be outstanding. Outstanding accounts will be reviewed and addressed monthly.
- If you are not able to pay your fees on time please contact the Child Care Supervisor to discuss a payment plan.

Refunds

Refunds are only offered if there is a credit on the family account at the time that the family withdrawals from the child care.

Attendance

- Fees are incurred on a monthly basis, regardless of a child's absence due to vacation or illness
 - For families receiving fee subsidy from the City of Toronto Children's Services, fees are reconciled on a monthly basis according to the child's attendance, referencing:
 - Centre attendance records recorded daily in the TIMESAVR application and daily reports
 - Weekly attendance records submitted to the City of Toronto Children's Services
 - Fee subsidy payments received from the City of Toronto
 - Centre attendance records must reconcile with attendance submissions to the City of Toronto
 - Attendance discrepancies will be identified and resolved on a monthly basis
- Attendance records are retained for 7 years

Should Centre operations be interrupted, and Toronto MFRC be closed as a result of labour disruption, workforce shortage or emergency disaster such as fire, flood, inclement weather etc., families will be responsible for making alternate arrangements. In the event of such service disruption the Centre will endeavor to provide families with as much advance notice as possible.

Registration and Admission

Admission Priority

The order of priority in which children are offered placement is as follows:

1. Children whose family is a military member(s), Veteran or a civilian employee of the Defence Team
2. Siblings of children currently receiving child care services at Toronto Military Family Resource Centre
3. Children from civilian families

Offering of Placement

When a placement is offered an email will be sent to the family detailing the the offering and timelines for acceptance and start.

Upon receipt of a placement offering, a family may request a tour of the Centre and our child care programs.

Confirmation of Placement

Once you have confirmed your acceptance of the placement offered, you will be sent a welcome containing required documentation, forms, and details regarding what to expect and how to prepare your child for admission.

Immunization Records

The [Child Care and Early Years Act](#) (CCEYA), Section 35 (1) of O. Reg. 137/2015 (General) requires child care centre operators to [collect registrant's immunization information](#) or a valid exemption before admission to the centre. Children attending a child care centre should receive vaccines according to their age under [Ontario's routine immunization schedule](#).

When a child starts at the Centre, the family must provide the Child Care Supervisor with either:

- a record of the child's most recent immunization record, or
- written documentation of a valid exemption. For details about what constitutes a valid exemption, visit <https://www.toronto.ca/community-people/community-partners/early-learning-child-care-partners/infection-prevention-control-for-child-care-centre-operators/immunizations/>

As the child receives new immunizations the family is requested to provide updated records to the Child Care Supervisor.

Emergency Contacts

Families are required to provide the names, addresses, and telephone numbers of two individuals who may be contacted in the case of an emergency. Contact persons must be aware that they will be expected to pick up the child in the event of an emergency or illness. Emergency contacts must be available during hours of operation, when the child is in care.

Any change to the Emergency Contacts must be reported to the Child Care Supervisor immediately.

Custody Agreements

In the interest of child safety, copies of legal child custody and access documentation, if applicable, must be provided to the Child Care Supervisor.

Suggested Admission Process

| | |
|---------------------------------|---|
| Day 1: 9:00am to 10:00am | Child and family visit the program for the morning (observing, interacting, asking questions) |
| Day 2: 9:00am to 11:00am | Family leaves child for a small amount of time (family should remain in the building) |
| Day 3: 9:00am to 12:00pm | Child visits without the family |
| Day 4: 9:00am to 2:30pm | Child visits for morning program, lunch and rest period |
| Day 5: Full Day | Child visits full day (try to introduce the routine/schedule that will be maintained daily) |

Every child reacts differently to a new environment. Separation anxiety in children is a normal reaction when children start a new routine apart from their family. We understand the stress caused by separation and during this transition period, we will remain in very close contact with you. To create a smooth transition always say good bye to your child(ren), make your good bye quick and let your child know you will be back. If feelings of concern arise, please make an appointment with the Child Care Supervisor to discuss strategies for an easier transition. An observation area, overlooking the child care programs is available for families to discreetly observe their child's progress and interactions.

Supervision of Children

Educators Supervision of Children

- Child care team members are expected to maintain direct supervision of children at all times.
- Team members position themselves in the environment in such a way as to maximize their view and level of supervision.
- Headcounts are taken frequently throughout the day and at each transition (when entering or exiting a space).
- Students and volunteers are not permitted unsupervised access to children. Students and volunteers must be supervised at all times by an identified employee who has been approved to fulfill supervision duties.
- Accurate documentation of attendance is critical to ensuring appropriate levels of supervision. To ensure accurate documentation of attendance, families are asked to ensure that a child care team member acknowledges both you and your child(ren) at the time of drop off, and receives your child into the classroom, as well as at pick up. When child care team members are not clearly informed that a child has been dropped off or picked up, we are unable to ensure appropriate levels of supervision.

Prohibited Practices

No educator/student/volunteer shall engage in any of the following Prohibited Practices:

- corporal punishment of a child;
- physical restraint of a child, such as confining the child to a high chair, car seat, stroller or other device for the purposes of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing a child from hurting themselves or someone else, and is used only as a last resort and only until the risk of injury is no longer imminent;
- locking the exits of the child care centre for confinement of a child, or confining the child in an area or room without adult supervision, unless such confinement occurs during an emergency and is required as part of the licensee's emergency management policies and procedures;
- use of harsh or degrading measures or threats or use of derogatory language directed at or used in the presence of a child that would humiliate, shame or frighten the child or undermine their self-respect, dignity or self-worth;
- depriving a child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding;
- infliction of any type of bodily harm on children, including making children eat or drink against their will;
- use of food as a punishment or a reward.

At no time may a child be:

- Punished corporally;
- Spoken to and or treated in a harsh threatening or humiliating manner;
- Deprived of food, clothing, shelter, bedding;
- Locked or permitted to be locked in a room unsupervised;
- Left unsupervised.

Toronto MFRC has zero tolerance for:

- Threats, perceived threats, acts of violence, bullying or intimidation.
- Verbal abuse, swearing, name calling or degrading responses or behaviours.
- Any form of discrimination or harassment from or towards any person.
- Any behaviour that impacts or affect the a team member's ability to successfully do their job.
- A family's disciplining of children other than their own.

Safe Arrival and Dismissal

- It is the responsibility of the family to report the absence of an expected child to the Centre via email to childcare@torontomfrc.ca, by 9:00am each day.
- Where a child does not arrive in care as expected or is not picked up as expected, team members will follow the safe arrival and dismissal procedures set out below.
- TMFRC will ensure that any child receiving licensed child care at the child care centre is only released to the child's family or an individual for whom the family has provided written authorization to the child care centre for their child to be released to that individual.
- The centre will not release children from care without supervision.

Child absence – Family responsibility

It is the responsibility of the family to report the absence of an expected child to the Child Care Supervisor via email to childcare@torontomfrc.ca **by 9:00am**. If the centre has not received an email from the expected child's family, the Child Care Supervisor/Designate will email the family to determine the reason for the child's

absence. If the child's absence is due to illness, the Supervisor/Designate will provide guidance regarding the child's exclusion/return based on Public Health guidance for child care centres.

Safe Arrival - Accepting a child into care

Upon arrival to the Centre, children must be escorted by a family member to their classroom and received by a team member. It is the responsibility of the family member to ensure a formal handover of responsibility from the family member to the child care team member. Only then will the team member record your child as present on the attendance form and assume responsibility of your child.

When accepting a child into care at the time of drop-off, a team member in the class room will:

- Greet the family member and child.
- Ask the family member how the child's evening/morning has been and if there are any changes to the child's pick-up procedure (i.e., someone other than the regular family member picking up). Where the family has indicated that someone other than the child's regular family member will be picking the child up, a team member must confirm that the person is listed as approved for pick up on the TIMESAVR application. If the person is not identified on the TIMESAVR application, the family must email the centre at childcare@torontomfrc.ca to provide written consent for the individual to pick up the child.
- Document the change in pick-up person/time in the daily report.
- Sign the child in on the classroom attendance record.

Where a child has not arrived to care as expected

Where a child does not arrive at the child care centre and the family has not communicated a change in drop-off the Child Care Supervisor or Designate must:

- Review the attendance on the TIMESAVR application and confirm with the program team members that the child has not arrived.
- 11:00 email family to determine the reason for the child's absence.

Once the child's absence has been confirmed, Child Care Supervisor/Designate will document the child's absence on the TIMESAVR Application attendance record and any additional information about the child's absence in the daily written record.

Safe Dismissal - Releasing a child from care

At the end of the day it is the responsibility of the family to engage the child care team member and ensure they are aware that the family is resuming responsibility of the child. The child will then be recorded by the team member as having exited the Centre. It is recommended that anyone being authorized to pick up the child be, at minimum, 18 years of age.

The team member who is supervising the child at the time of pick-up shall only release the child to the child's family or individual for whom the family has provided written authorization for pick up. Where the team member does not know the individual picking up the child (i.e., unknown family or other authorized individual), they must:

- Confirm with another team member that the individual picking up is authorized to do so.
- Where the above is not possible, the individual will be asked to provide identification so that their identity can be verified against the family's written authorization.

Where a child has not been picked up as expected (before centre closes)

Where a child has not been picked up by 5:30pm, the Child Care Supervisor/Designate will:

- Initiate contact with the child's family via phone to determine the anticipated time of their arrival to pick up their child.

Where a child has not been picked up as expected and the centre is closed

Where an authorized individual who was supposed to pick up a child from care and has not arrived a team member will remain with the child, reassure the child and provide the child with a snack and activity, while they await their pick-up.

The Supervisor/Designate will call the family to advise that the child is still in care and determine the anticipated pick up time. In the case where the person picking up the child is another authorized individual, the Supervisor/Designate will contact the authorized individual.

If the Supervisor/Designate is unable to reach the family or authorized individual who was responsible for picking up the child, the Supervisor/Designate will:

- Initiate contact with any/all other emergency contacts listed on the child's file
- Notify centre leadership (Child and Youth Manager or Executive Director)

Where the family, other authorized individual and emergency contacts listed on the child's file cannot be reached by 6:30pm, the Supervisor/Designate will advise the local child welfare authority/Children's Aid Society (CAS) of the absence of family contact and failure to pick up the child.

Toronto Children's Aid Society Reporting Line: 416-924-4646 or the relevant child welfare society/agency, if the centre is aware of family involvement with a particular agency.

Supervisor/Designate will follow the direction of the child welfare authority with respect to next steps.

Dismissing a child from care without supervision procedures

Children will only be released from care to the supervision of a family member or other authorized individual. Under no circumstances will children be released from care alone.

Health Policy

In developing our health policy, the following factors have been taken into consideration:

- The ability/inability of a child to fully participate in the daily program;
- The responsibility and commitment of families to attend work;
- The need of families for a guideline to assist them in deciding whether to bring a child who is "not well" to child care; and
- The need for child care team members to have a guideline to assist them in deciding whether to notify a family when a child develops symptoms of illness during the day.

Illness

Toronto MFRC adheres to guidance provided by Toronto Public Health with respect to exclusion due to illness. Children experiencing the following symptoms should not attend care.

- a temperature of 100.4°F or 38°C or over
- extensive and unexplained rash/hives
- lethargy/pain
- symptoms of Gastrointestinal Illness including vomiting, diarrhea, abdominal cramps and fever
 - A case of gastrointestinal illness can be defined as:
 - Two or more episodes of diarrhea within a 24 hour period
 - Two or more episodes of vomiting with a 24 hour period
 - One or more episodes of diarrhea AND one or more episodes of vomiting within a 24-hour period
- communicable disease – as defined in Appendix 1

If a child presents any of the above symptoms while under the care of the Toronto MFRC, the child will be isolated from their peers and will remain under the direct care of a team member. The family will be contacted and requested to pick up the child as soon as possible.

Return to Child Care Following an Illness

Some signs and symptoms, such as the ones noted above, are obvious and indicate that a child is ill. However, there are times when it is difficult for a family to determine if their child should attend care: a slight cold or the end of an illness, are two examples. In such instances, a general guide for determining whether your child should attend the program is by asking the question, is your child able to **fully participate** in the program, (including the required 2-hour outdoor activity time). If your child is not ready to fully participate, they should stay at home until ready to do so.

The following exclusion requirements are directed by Toronto Public Health for child care settings.

- **Fever:** If a child has been sent home or has been away due to a fever, they are only able to return to child care once they have been symptom free for **24** hours without the aid of medication. Fever is determined to be a temperature of 100.4°F or 38°C or over.
- **Vomiting, Diarrhea:** If a child has been sent home or has been away due to vomiting or diarrhea, they are only able to return to child care once they have been symptom free for **48** hours without the aid of medication.

Medication

At a family's request, the child care team will administer any medication prescribed by your child's doctor. The family is required to complete a new medication form each time a new series of medication is to be administered and if there are any changes to the required dose or administration.

All medication must be in its original container and clearly indicate all of the following information:

- the child's first and last name
- name of medication
- date prescribed
- dosage

- Doctor's name

Family must deliver the medication to the Child Care Supervisor/Designate for safe keeping. All medication requiring refrigeration is stored in the child care kitchen in a locked medication box out of children's reach. All other medication is stored in the program room in a locked medication box out of children's reach.

*Medication is **NOT** to be left in the children's bins/bags.

Unused medication will be returned to the family upon completion of the required course of administration. Family will be requested to provide signature confirming medication return and receipt.

Nutrition

Good nutrition is essential for healthy growth and development. Children are provided with a hot nutritious lunch and two substantial snacks daily. Our child care programs are considered a nut free environment. The 4-week menu for infants (aged 12 months +) and toddler/preschool are posted on the menu board outside the kitchen as well as in the window of the Child Care Supervisor's office. Menus are developed by the provider, Wholesome Kids Catering and are compliant with the Canada Food Guide and approved by a Registered Dietician. Mealtime is used as a time for encouraging self-help skills, reviewing the day's activities and a social experience for the children.

Families with infants under 12 months of age will be asked to provide bottles and food approved for their infant and will be required to complete a feeding chart indicating the amount of food given and approximate time for feeding. All bottles and containers must be clearly labeled with the child's name, and the contents of the bottle. It is the family's responsibility to ensure that changes to the feeding schedule and approved foods are documented by filling out a new Day In The Life form. Food provided for infants under 12 months is the only outside food permitted in the Centre and it must be nut free.

Families with infants who receive Expressed Breast Milk must provide a bottle for each scheduled feeding. These bottles must be clearly labeled with the child's name and the mother's name and date that the milk was expressed on each bottle. Please see Child Care Supervisor for our Expressed Breast Milk Policy.

If your child has any food restriction, allergy, religious observance, intolerance to any food item, or special care, please inform the Child Care Supervisor at the time of registration.

In our programs, food is never used as a punishment or reward for children.

Food Allergies

Anaphylaxis or Anaphylactic means a severe systemic allergic reaction resulting in circulatory collapse or shock and can be fatal. It is the responsibility of the family of a child with Anaphylaxis to inform the Child Care Supervisor of their child's allergy and the procedure to deal with an anaphylactic reaction (i.e. Epi-pen). All team members are briefed by the Child Care Supervisor/Designate with regard to any child/ren who are susceptible to this condition and the treatment plan. A photograph and description of child's allergy is posted in all program rooms and the kitchen. Due to allergies, we have a strict "No Outside Food" policy in the Centre.

Outdoor Activities

In accordance to the Child Care and Early Years Act (2014), programs operating for more than 6 hours, will provide all children with a minimum of two hours of outdoor activities per day. Times may vary depending on the weather.

Spring/Summer

| Age Group | Temperature/Humidex | Time Outside |
|-------------------------|-------------------------|----------------------------|
| Infant - twice daily | Combined to +25°C | Min. 1 hour twice daily |
| Infant - twice daily | Combined +25°C to +30°C | Max 30 minutes twice daily |
| Toddler - twice daily | Combined to +25°C | Min. 1 hour twice daily |
| Toddler - twice daily | Combined +25°C to +30°C | Max 45 minutes twice daily |
| Preschool - twice daily | Combined to +25°C | Min. 1 hour twice daily |
| Preschool - twice daily | Combined +25°C to +30°C | Max 1 hour twice daily |

Please remember to check the weather in the morning to ensure that your child will have the appropriate clothing for that day. This would include, for example jacket for spring weather; sun hat for summer; toque, mittens and snowsuit in winter.

As the shift to warmer weather happens, children will spend more time outside, at least 2 hours per day. The children will not be outside between 12:00 and 2:30, which is typically the hottest part of the day. During outdoor play we will use water play and natural shade to stay hydrated and cool.

Families should apply sunscreen prior to their child being dropped off in the morning. Families must provide a supply of sunscreen for their child(ren) and sign the appropriate authorization form permitting educators to apply sunscreen to their child. Child care team members will apply sunscreen to children at minimum, 20 minutes prior to afternoon outdoor play time.

For the safety of all children it is required that all shoes are closed toed and have a back strap.

The children will remain indoors when there is a Smog Alert or Heat Alert during the summer months.

Winter

Children will not participate in outdoor activities if the wind chill is below minus 15°C or colder. When the temperature is between minus 10°C to minus 15°C with the windchill outdoor time will be reduced to 30 minutes.

| Age Group | Temperature with Windchill | Time Outside |
|-----------|----------------------------|--------------|
|-----------|----------------------------|--------------|

| | | |
|-------------------------|----------------------------|----------------------------|
| Infant - twice daily | Combined to 0°C to -9°C | Min. 1 hour twice daily |
| Infant - twice daily | Combined to -10°C to -15°C | Max 30 minutes twice daily |
| Toddler - twice daily | Combined to 0°C to -9°C | Min. 1 hour twice daily |
| Toddler - twice daily | Combined to -10°C to -15°C | Max 30 minutes twice daily |
| Preschool - twice daily | Combined to 0°C to -9°C | Min. 1 hour twice daily |
| Preschool - twice daily | Combined to -10°C to -15°C | Max 30 minutes twice daily |

Inclement Weather

It is the responsibility of families to provide the proper clothing for outdoor play regardless of the season. Each child has a personal bin in the classroom where extra clothing can be stored.

The health and safety of the children in our care is paramount, and therefore in the event of inclement weather, children will be kept indoors and programming will be altered to accommodate indoor activities.

Excursions

Throughout the year the Centre arranges guests who provide unique learning experiences and enhance programs for children. On occasion, trips may be arranged to places of interest. Excursions must align with program goals and the venue be researched and evaluated for appropriateness prior to the visit.

Permissions and Supervision During Excursions

- At the time of admission, families will be asked to sign a general waiver form authorizing your child to participate in outings within the community that do not require transportation. When transportation is required, families will be asked to sign an additional form specifically for that excursion.
- Information outlining the destination, date, time, method of travel and supervision for each excursion will be communicated in advance to families.
- The family will be required to provide written authorization (permission slip) permitting the child's participation in the excursion.
- Educator/child ratios are exceeded on excursions.
- Families who volunteer on the excursion will be required to complete all necessary documentation as required by the CCEYA.
- No family, student or volunteer is permitted unsupervised access to children.

When taking excursions off site:

- Children's attendance is taken on the trips.
- A copy of the children's attendance is kept at the Centre.
- A photo and or detailed description is documented on the day of the field trip for each child.
- Emergency contact information for each child and educator is taken on the trip.
- Emergency Bag including emergency medication and first aid supplies are taken with each group.
- All children have program identification highly visible on their person that includes name of program and telephone number.

- An emergency communication plan is in place in the event of late return.
- Cell phone and emergency funds are taken on all trips.

Emergency Management

In the event of an emergency situation, the primary responsibility of our entire team is the safety and security of the children in our care. There are procedures in place to respond to a range of emergency situations including medical emergencies, fire, weather related incidents, interruptions to services and infrastructure and other external threats.

Child Care Programs at Toronto MFRC, while open to both military and civilian families, are located in a building owned by the Department of National Defence (DND). As such, our day to day operations are subject to rules, regulations and directives enforced by DND. In the event of an emergency situation that requires, for the safety of its occupants, the building to be placed in a hold and secure status or a lockdown, the Executive Director of the Toronto MFRC will receive and implement directives from DND in collaboration with local civilian emergency response authorities. Should an event internal to the facility require evacuation of the facility there is an evacuation plan in place.

At the time of an emergency event, the first priority of the Leadership Team is to ensure that plans are activated for the safety of everyone involved. Once plans have been implemented, as soon as it is safely possible to do so, the Leadership Team will communicate with families via email to advise of the event, and provide instruction with regard to the current status of the event. We fully understand that families will have many questions and concerns about the safety of your child(ren) during an emergency event and the Leadership Team will endeavor to keep families informed throughout an event. It is important to note, that when responding to an event under the direction of DND, the Leadership Team may not receive specific details of the emergency. Following an emergency event, the Leadership Team will communicate with families via email regarding the status of the event and provide further instruction as appropriate.

Confidentiality

Confidentiality applies to all verbal and written information about potential, current and previously registered children and their families. All team members are trained on the requirements of confidentiality and will be expected to fulfill their obligation with respect to the protection of privacy. Written records will be stored in a secure location with access limited to the team members serving the child/family and Centre leadership as required. No information will be released about a child/family without first receiving the written permission of the family, unless required by law.

Duty to Report

Toronto MFRC is committed to acting in the best interests of all children. In the course of our professional duties, we (the public, including professionals who work with children), are required by law to promptly report any suspicions that a child is or may be in need of protection, and suspected cases of child abuse or neglect, to a children's aid society. This Duty to Report, as defined by The Child, Youth and Family Services Act, 2017, applies to any child who is or appears to be, under the age of 16 years.

The individual who suspects that a child may be in need of protection must report directly to a children's aid society and cannot rely on anyone else to report on his/her behalf. Any additional suspicion and information must be reported, even if previous reports with respect to the same child have already been reported to a children's aid society. A professional must report that a child is or may be in need of protection, even when the information is otherwise confidential or privileged. This duty overrides any other provincial statutes that would prohibit someone from making a disclosure.

If a family expresses concerns that a child is being abused or neglected, the family will be advised to report their concerns to a [children's aid society](#) directly.

Family Concerns/Complaints

Families are encouraged to take an active role in our child care programs and regularly discuss what their child(ren) is/are experiencing within our programs. Guided by our program statement, we support positive and responsive interactions among the children, families, childcare providers and educators, and foster the engagement of ongoing communication with families about the program and their children. Our educators are available to engage families in conversations and support a positive experience during every interaction.

All issues and concerns raised by families are received confidentially and given our full attention. Every effort will be made to address and resolve issues and concerns to the satisfaction of all parties and as quickly as possible.

Issues/concerns may be brought forward verbally or in writing.

Sample Process for Raising a Concern

| Nature of issue or concern | Who to speak with |
|--|---|
| Program/Room Related e.g: schedule, sleep arrangements, toilet training, indoor/outdoor program activities, feeding arrangements, etc. | Raise the issue or concern with the room educators. |
| General, Centre or Operations Related e.g: childcare fees, hours of operation, educators, wait lists, menus, etc. | Raise the issue or concern with the Child Care Supervisor. |
| Educators, Supervisor and/or Licensee Related | Raise the issue or concern with the individual directly and/or a member of the Child Care Leadership Team. Any issue or concern about the conduct of educators etc., that puts a child's health, safety and well-being at risk should be reported to a member of the Child Care Leadership Team as soon as a family becomes aware of the concern. |
| Student/Volunteer Related | Raise the issue or concern to the educators responsible for supervising the volunteer or student or the Child Care Supervisor. Any issue or concern about the conduct of students and/or volunteers that puts a child's health, safety and well-being at risk must be reported to the Supervisor as soon as a family becomes aware of the situation. |

Centre Response

- An initial response to an issue or concern will be provided to a family within two (2) business day(s).
- The person who raised the issue/concern will be kept informed throughout the resolution process.
- Investigations of issues and concerns will be fair, impartial and respectful to all parties involved.
- Responses and outcomes will be provided verbally, or in writing upon request.
- The level of detail provided will respect and maintain the confidentiality of all parties involved.

Escalation of Issues or Concerns

Where a family is not satisfied with the response or outcome of an issue or concern, they may escalate the issue or concern verbally or in writing to the Executive Director and/or the Board of Directors.

Issues/concerns related to compliance with requirements set out in the *Child Care and Early Years Act., 2014* and Ontario Regulation 137/15 should be reported to the Ministry of Education's Child Care Quality Assurance and Licensing Branch. Ministry of Education, Licensed Child Care Help Desk: 1-877-510-5333; childcare_ontario@ontario.ca.

Withdrawal from the Program

Family Initiated Withdrawal

Notice of Withdrawal

Written notice of a permanent withdrawal must be submitted to the Child Care Supervisor 30 days in advance. The Child Care Supervisor will confirm receipt of the written notice via email.

Subsidized Families

Families receiving a fee subsidy from the City of Toronto must ensure that their child is present on the final day prior to withdrawal (regardless if sick days are remaining) or be required to pay full fee for the days not covered by subsidy.

Temporary Withdrawal

A permanent space cannot be held or guaranteed if the family chooses to temporarily withdraw the child.

Centre Initiated Withdrawal

Child Behaviour/Safety

- When a child presents behaviour that interferes with the child's safety and/or the safe and effective operation of the program, a number of steps are taken in an effort to support the child and family.
- Our child care team will monitor the child's behaviour and implement strategies to support the child's behaviour.
- Team members will review the child's behaviour with the Child Care Supervisor. The Child Care Supervisor will observe the child and recommend strategies and supports which may include an application to the City of Toronto for Child Care Support Funds to secure appropriate resources to support the child and/or referral (with family consent) to the City of Toronto Every Child Belongs Resource Consultant who will support both the child and the child care team in developing a plan in response to the child's needs.
- If families are not in agreement with the recommended plan for support and/or the concerning behaviour continues, the Child Care Supervisor will review the case with the Executive Director who will provide guidance and a recommended course of action. With family consent, a case conference meeting may be called to align service providers and supports in the best interests of the child.
- If it is deemed in the best interests of the child and/or the safety of the other children attending the program, as a last resort, the decision may be made by the Centre to withdraw the child from child care services.

Age Limitations

- There may be instances when the Centre cannot accommodate ongoing or future needs of a currently admitted child or child currently on the waitlist. For example, there may not be a vacancy appropriate to a child's age.
- The Child Care Supervisor monitors the age of children ensuring appropriate placement/movement between programs. In the event that a child cannot be appropriately placed, the Child Care Supervisor will consult with the Executive Director to determine an appropriate course of action.

Termination of Placement/Waitlist

- The Centre reserves the right to terminate a child's placement in the program or on the waitlist if:
 - the child's placement is deemed inappropriate;

- the child/family fail to adhere to centre policies/procedures;
- fees remain outstanding.

Determination of Termination or Centre Initiated Withdrawal

- All documentation pertaining to the process of reaching a determination of termination or Centre initiated withdrawal must be documented.
- The Executive Director will review the recommended course of action with the Board of Directors.
- The Child Care Supervisor will notify the Toronto Children's Services District Consultant of the decision.
- The centre reviews the withdrawal process following an occurrence in order to inform future situations and avoid subsequent Centre initiated withdrawals.

Family Notice of Centre Initiated Withdrawal

- The Centre will make every effort to avoid a Centre initiated withdrawal or termination of placement and will work closely with the family throughout the decision making process.
- The Centre will provide family with written notice of withdrawal.
- Where possible (in consideration of safety) a family will be given up to 30 days notice of withdrawal. This period of notice may be shortened by the Executive Director, based on risk to program and child/educators safety.
- Where appropriate/possible, the Centre will assist families with referrals to other relevant/required services and will support the transfer process.
- In the case of termination of services, the unused portion of fees will be refunded.

Smoke Free Environment

Smoking tobacco/cannabis and electronic cigarettes is prohibited within 20 meters of building entrances and the playground perimeter.

Harassment and Discrimination

As a provincially licensed child care centre, Toronto MFRC has obligations under the Child Care and Early Years Act, the Child, Youth and Family Services Act, the Ontario Human Rights Code, the Occupational Health and Safety Act, the Employment Standards Act, the Accessibility for Ontarians with Disabilities Act, the Criminal Code of Canada and the Charter of Rights and Freedoms, among other laws and regulations.

Toronto MFRC is mandated to maintain an environment that is free of harassment and discrimination in all its forms. If, at any time in their interactions with the Centre, a family feels that they have experienced or witnessed acts of harassment or discrimination they are strongly encouraged to report to a member of the Leadership Team immediately. Acts of harassment and discrimination in any form, by an employee, Board member, volunteer, student, service provider or service recipient, will not be tolerated.

Agreement

All service recipients of the Toronto MFRC, including families receiving child care services, are required to comply with all policies and procedures of the Toronto Military Family Resource Centre. Failure to comply may result in the withdrawal of your child from services.

A Final Note

Thank you for choosing the Toronto Military Family Resource Centre for your child care needs. We look forward to getting to know your family and welcome your input and feedback with regard to how we may continually improve our programs and services.

Appendix 1: Communicable Diseases

If a child is suspected of having any communicable disease, they will not be able to attend the Centre. Immediate pick up (within 1 hour) will be required if symptoms become visible during the day. Please see the attached Toronto Public Health instructions for return to school/child care following symptoms of a communicable disease.

5.0 Guidelines for Common Communicable Diseases

5.1.1 Reportable Diseases

| Disease | Signs & Symptoms | Transmission | Infectious Period | Exclude? |
|--|--|---|---|---|
| CHICKENPOX Also known as Varicella Caused by: Varicella-Zoster virus | Fever may be present before an itchy rash develops. Crops of small flat pink spots turn into fluid-filled blisters that crust as they resolve. | Airborne: Spreads easily from person-to-person through the air (coughing/sneezing). Contact: Direct contact with the fluid from the blisters or respiratory secretions. | 1 to 2 days before the rash/spots appear, until all blisters have crusted over (usually 5 days after first blisters appear). Most infectious from 12-24 hours before rash appears. | No – Cases that present with mild illness can be permitted to return as soon as well enough to participate in normal activities, regardless of the state of the rash. |
| DIARRHEAL DISEASE Also known as gastroenteritis Caused by: <i>Campylobacter</i> , <i>Salmonella</i> , <i>E.coli</i> <i>O157</i> , <i>Giardia</i> , <i>Shigella</i> , Typhoid, norovirus, rotavirus and other bacterial, viral and parasitic organisms. | Abnormal, loose or frequent stools. Nausea, vomiting, abdominal pain or cramps, mucous, blood or pus in stool. Other systemic symptoms such as fever. | Contact: Direct contact with stool of infected person or animal (contaminated hand to mouth). Indirect contact with contaminated food, water or other objects or surfaces contaminated with stool. | Throughout acute infection and as long as organisms are in stool. Depends on causative organism. | Yes – At least until 24 hours symptom free. Exclusion period varies depending on the causative organism. However, where a Disease of Public Health Significance is reported to the CCC, contact TPH at 416-392-7411 for further direction & information. |
| GASTROENTERITIS OUTBREAK (see Section 2 on outbreaks) Caused by: Commonly by viruses such as norovirus and rotavirus. Can be caused by foodborne bacterial and viral organisms. | Gastroenteritis Outbreak Case Definition: Two or more cases with signs and symptoms compatible with infectious gastroenteritis in a specific CCC room within 48 hours. | Contact: Direct contact with stool of infected person or animal (contaminated hand to mouth). Indirect contact with contaminated food, water or other objects or surfaces contaminated with stool. | Throughout acute infection and as long as organisms are in stool. | Yes – Until child or staff are 48 hours symptom-free, during an outbreak. Consult Toronto Public Health if you suspect you have an outbreak. Call 416-392-7411. If it is determined not to be an outbreak, then exclude until 24 hours symptom free. |

Reportable Diseases (Diseases of Public Health Significance, continued)

| Disease | Signs & Symptoms | Transmission | Infectious Period | Exclude? |
|---|---|--|---|---|
| MEASLES Also known as Rubeola, Red Measles Caused by: Measles virus | High fever, cough, runny nose, red eyes for 3 to 7 days before rash starts. Small white spots may appear inside the mouth. | Airborne: Spread easily from person-to-person through the air (highly contagious). Contact: Direct contact with respiratory secretions of an infected person. | 4 days before onset of rash until 4 days after onset of rash. | Yes – Until 4 days after onset of rash and when the child is able to participate. |
| MUMPS Also known as infectious parotitis Caused by: Mumps virus | Swollen and tender glands at the jaw line on one or both sides of the face. May include fever, malaise, headache, swollen testes and respiratory symptoms (especially for children aged five and under). | Droplet: From coughs and sneezes of an infected person to a distance of < 2 metres. Contact: Direct contact with the saliva or respiratory secretions of an infected person. | 7 days before to 5 days after onset of swelling. | Yes - Until 5 days after gland swelling begins. |
| PERTUSSIS Also known as Whooping Cough Caused by: <i>Bordetella pertussis</i> | Usually begins with fever, runny nose and mild cough. After 1-2 weeks, the cough becomes more frequent and severe and may result in a high-pitched whoop sound. Loss of breath or vomiting after coughing bouts may occur. Coughing may last 6 -10 weeks. | Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters. | Highly infectious in the early stages of runny nose and cough to 3 weeks after onset of whooping cough, if not treated, or after 5 days of treatment. | Yes – Until 5 days of appropriate antibiotics have been completed. If untreated, until 21 days after onset of cough. |

Reportable Diseases (Diseases of Public Health Significance, continued)

| Disease | Signs & Symptoms | Transmission | Infectious Period | Exclude? |
|---|--|---|--|--|
| RUBELLA Also known as German Measles Caused by: Rubella virus | Low-grade fever, malaise, tiredness, runny nose, red eyes and swelling of the glands in the neck and behind the ears. Raised, red, pinpoint rash that starts on the face and spreads downwards. Usually uncomplicated illness in children. | Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters. Contact: Direct contact with respiratory secretions of an infected person. | 7 days before to 4 days after onset of rash. | Yes – For 4 days after onset of rash. |
| HEPATITIS A Caused by: Hepatitis A virus | Most infants and young children infected with hepatitis A have no symptoms or mild symptoms. Fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain and jaundice (yellowing of the skin and eyes), dark urine. | Contact: Direct contact with stool of infected person (contaminated hand to mouth). Indirect contact with contaminated food, water or other objects or surfaces contaminated with stool. | 2 weeks before until 2 weeks after onset of symptoms, or 1 week after the onset of jaundice. | Yes – For 2 weeks after the onset of symptoms, or 1 week after the onset of jaundice. |

5.1.2 Non-Reportable Diseases

| Diseases | Signs & Symptoms | Transmission | Infectious Period | Exclude? |
|---|---|---|---|--|
| HEAD LICE Also known as Pediculosis capitis Caused by: <i>Pediculus humanus capitis</i> | Itchy scalp nits (whitish-grey egg shells) attached to hair shafts, scratching marks or small red lesions like a rash, live lice. | Contact: Direct contact head-to-head (live lice). Indirect contact by sharing hats, hair brushes, headphones, helmets, etc. | As long as live nits or live lice are present. | No – Children with head lice should be treated and then attend school or child care as usual. 'No-nit' policies that keep children with head lice or nits after treatment away from school are not necessary. Children should avoid close head-to-head contact. |
| PINWORMS Caused by: <i>Enterobius vermicularis</i> , which is a nematode or roundworm | Itching around the anus and vagina, disturbed sleep and irritability. | Contact: Direct contact from fingers contaminated with eggs from scratching. Indirect contact from contaminated bed linens, clothing, toys, etc. | Until treatment is completed. | No – Re-infection from contaminated hands is common, therefore reinforce hand washing. |
| SCABIES Caused by: <i>Sarcoptes scabiei</i> , which is a mite | Red, very itchy rash which usually appears between fingers and toes on palms, underarms, wrists, soles, elbows, head and neck. Itchiness is usually worse at night. | Contact: Direct contact from person-to-person, prolonged, close and intimate skin-to-skin contact. Mites are almost invisible to the naked eye. | Until treated, usually after 1 or 2 courses of treatment, a week apart. | Yes - Exclude until after 24 hours of the first treatment given. |

Non-Reportable Diseases (continued)

| Diseases | Signs & Symptoms | Transmission | Infectious Period | Exclude? |
|---|---|--|--|---|
| COMMON COLD Caused by: Rhinoviruses | Runny nose, sneezing, sore throat, cough, fever, headache, decrease of appetite and lack of energy. Most colds last for 7 to 10 days. | Droplet: From cough and sneeze of an infected person to a distance of < 2 meters. Contact: Direct contact with respiratory secretions. Indirect contact with toys, other objects or surfaces contaminated with respiratory secretions. | Highest during the first 2 to 3 days of symptoms and until 7 to 10 days after onset of symptoms. | No – If child feels well enough to participate. |
| HAND, FOOT & MOUTH DISEASE Caused by: Non-polio enteroviruses | Fever, small painful blisters in the mouth, which make it difficult for the child to eat or drink. Blisters on the palms and soles of feet. Blisters may persist for 7 to 10 days and are not itchy. Headache, vomiting, diarrhea, sore throat, loss of appetite and lack of energy can also occur. | Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters. Contact: Direct contact with stool, saliva, nose and throat secretions or fluid from the blisters of an infected person. Indirect contact with contaminated toys, objects or surfaces. | For duration of illness and up to several weeks after onset of illness. | No – If child feels well enough to participate. |
| IMPETIGO Caused by: <i>Streptococcus pyogenes</i> or <i>Staphylococcus aureus</i> | Cluster of red bumps or fluid-filled blisters, which may ooze a clear fluid or become covered by an itchy honey-coloured crust. Usually appears around a child's mouth, nose or on exposed skin of the face or limbs. | Contact: Direct contact with skin lesions of an untreated person Indirect contact with contaminated bed linens, towels or clothing. | From onset of rash until 1 day after start of treatment. | Yes - Until 24 hours after treatment has been initiated with appropriate antibiotics. Lesions on exposed skin should be covered. |

Non-Reportable Diseases (continued)

| Diseases | Signs & Symptoms | Transmission | Infectious Period | Exclude? |
|--|---|---|---|---|
| FIFTH DISEASE Also known as "Slapped Cheek" syndrome, Erythema infectiosum Caused by: Parvovirus B19 | A very red rash on a child's cheeks (slapped face appearance). A red, lace-like rash develops on torso and arms, then over the rest of the body. Rash may itch occasionally. May have fever, malaise, upset stomach (nausea or diarrhea) or a mild cold before rash starts. Rash may last 1 to 3 weeks. | Contact: Direct contact with respiratory secretions. Indirect contact with contaminated objects such as toys, then putting hands in mouth. | During the week prior to the appearance of the rash. Not infectious once rash appears. | No – If child feels well enough to participate. |
| CONJUNCTIVITIS Also known as Pink Eye Caused by: Bacteria (nontypable <i>Haemophilus influenzae</i> and <i>S. pneumoniae</i>) Viruses (adenoviruses) | Purulent: Pink or red eyeballs, white or yellow discharge, matted or red eyelids and eye pain. Usually caused by a bacterial infection. Non-Purulent: Pink or red eyeballs, clear and watery discharge, mild or non-pain. May be caused by virus or non-infectious condition. | Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters. Contact: Direct contact with eye secretions. | Bacterial: Infectious until 24 hours of appropriate antibiotic treatment. Viral: Infectious as long as there is eye discharge. | Yes – Until assessed by their health care provider. For bacterial conjunctivitis exclude until 24 hours after appropriate antibiotics has started. |
| RINGWORM Also known as Tinea Corporis Caused by: various types of fungi | Itchy, flaky ring-shaped rash, on face, trunk, limbs, scalp, groin or feet. | Contact: Direct contact (skin-to-skin). Indirect contact sharing combs, unwashed clothes, shower or pool surfaces and under fingernails from scratching. Can also be acquired from pets. | As long as rash is untreated or uncovered. | Yes – Until the appropriate treatment has been started. |