Parent Policies 2026-27

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Parent or Guardian Responsibilities

To support your child's success at ILM, parents and guardians are responsible for:

- *Keeping emergency contact and authorized pick-up information current;*
- *Labeling all personal belongings (clothing, bottles, bedding, et cetera);*
- *Informing ILM of any custody arrangements or changes affecting drop-off/pick-up;*
- *Remaining reachable during care hours in case of emergencies or have a reachable emergency contact;*
- *Reading and responding promptly to center communications;*
- *Ensuring timely payment of all fees and providing subsidy documentation where applicable;*
- *Updating forms and records when applicable;*
- *Adhering to scheduled drop-off and pick-up times; and*
- *Reviewing and acknowledging policy updates: All policies in this handbook will be reviewed annually, or sooner if required by changes in legislation or licensing standards. Families will be notified of revisions in writing, and the most current version will always be made available.*

Safe Release of a Child Policy 2026–2027

At ILM Child Care Centers, ensuring the safe and secure release of children from the facility is a critical responsibility of all staff members. Children will only be released to parents, legal guardians, or individuals who have been authorized in writing by the child's parent or guardian. A valid form of identification must be presented by any authorized person who is unfamiliar to staff before the child is released into their care. Staff members must verify the identity of the individual and cross-check their name against the approved pick-up list before allowing the child to leave the premises. Under no circumstances will a child be released to an unauthorized person, even if they claim to be a relative or family friend. If an individual arrives to pick up a child and is not on the authorized list or cannot provide proper identification, the child will not be released until a parent or legal guardian is contacted and provides explicit approval. In such cases, staff will document the incident, including the

name of the individual, the time of arrival, and the outcome of the situation. We understand that emergencies may arise, and in those instances, parents or legal guardians may call the center to verbally authorize a temporary pick-up person, followed by written confirmation as soon as possible. However, this will only be accepted if the parent or legal guardian can be reached directly via a phone number already on file.

Upon enrollment at ILM, parents or legal guardians are required to complete a Child Registration Form, which includes a list of individuals permitted to pick up their child. This list must include the full name, relationship to the child, and a valid phone number for each authorized person. At least one emergency contact, in addition to the parents or legal guardians, must be provided in case the primary caregivers are unavailable. Only individuals listed on this form, who are at least sixteen (16) years of age, will be allowed to take a child from our center, unless prior written and verbal consent is provided by the parent or legal guardian for an exception. We require parents or guardians to notify us in advance— in writing via email or Brightwheel, If someone not typically listed will be picking up their child, along with first and last name and identification will be required. In situations where there is a custody arrangement or legal restriction, staff must follow the court order or custody agreement on file. If an unauthorized individual attempts to pick up a child and is restricted from doing so due to a legal custody order, staff will not release the child and will immediately contact the primary custodial parent or legal guardian. If necessary, law enforcement may be contacted to ensure the child's safety. It is the responsibility of parents or guardians to keep the facility updated on any changes to custody agreements or authorized pick-up lists.

Children should only be released during our regular operating hours unless prior arrangements have been made with the center manager. Pick-up times are logged daily, with staff recording the name of the person collecting the child and the exact time of departure. Parents are expected to arrive promptly at the agreed-upon pick-up time. If a parent, legal guardian, or authorized individual is delayed, they must notify the center immediately. In the event that a child remains at ILM beyond closing time and no authorized person has arrived, staff will attempt to contact the parents and emergency contacts listed on the Child Registration Form.

If neither the parent or guardian nor any emergency contact can be reached within thirty (30) minutes after closing, and all reasonable efforts to arrange pick-up have been exhausted, staff must contact the Ministry of Children and Family Development (MCFD): MCFD Child Protection Line: 1-800-663-9122 (available twenty-four [24] hours a day, seven [7] days a week). Provide all relevant information: the child's full name, age, current location, known medical or developmental needs, language or cultural considerations, and any available information about the parent or guardian. Continue to care for and comfort

the child until MCFD arrives. A detailed report of the incident will be filed and shared with the parent or legal guardian.

If a parent, legal guardian, or authorized individual arrives and appears to be under the influence of alcohol, drugs, or in a condition that raises concerns about the safety of the child, staff will express their concerns and offer to contact another approved person for pick-up. If the individual insists on taking the child and staff believe that the child may be in danger, the incident will be documented, and law enforcement may be contacted. The facility prioritizes the safety and well-being of every child and will take necessary precautions to prevent any potential harm.

Parents are responsible for keeping their Child Registration Form up to date. Any changes—such as adding or removing an authorized person—must be submitted in writing and signed by the parent or legal guardian. Verbal requests will not be accepted for permanent changes to the list. ILM staff will review this policy with parents or legal guardians during orientation and provide a copy for their records. We encourage open communication and ask that parents and legal guardians address any questions or concerns about this policy with the center director. By working together, we can ensure that every child leaves ILM safely and happily each day. The safe release policy is also applicable if a parent or Guardian picks up their child from a field trip location.

Parent Payment Policy 2026–2027

To maintain your child's attendance in ILM child care programs, you are responsible for the payment of all fees listed below. Your signature on the registration form, verifying that you have read the policies, is required.

General Fee Payment:

ILM requires all payments to be made in advance. Families are invoiced on the twentieth (20th) day of each month for the following month's care. Payment is due by the thirtieth (30th) day of each month. Fees can be paid via e-transfer (sent to the designated email address), bank transfer through a QuickBooks link, or by cash or cheque given directly to the center Manager. For e-transfers, please include your child's name, invoice number, and center in the message section.

The monthly fee is based on your child's program and schedule and remains payable regardless of attendance, including absences, vacations, statutory holidays, and center closures. Fees remain unchanged during closures or holidays. Drop-in care must be paid in

advance, no later than 4:00 p.m. the day before the requested drop-in.

Registration Fee:

The $50 registration fee is non-refundable and applies when a child is newly enrolling in any ILM program—including drop-in care—or if a child is returning after their care was previously terminated. A one-time registration fee of $50 is required upon enrollment; however, this fee is waived for families utilizing the $10/day and $20/day drop-in care options, which are available only at select locations. If your child is already enrolled and you are simply switching programs (i.e., moving from Infant/Toddler to 3–5), or if you are skipping summer care but keeping your spot, the fee will not be charged again.

ILM offers limited **drop-in care** which is subject to availability and staffing. When space is available, drop-in care can provide additional days for students who are already enrolled part-time (two [2] to four [4] days per week). ILM does not offer drop-in-only enrollment for any age group. However, a small number of ILM locations with Infant/Toddler programs do offer limited drop-in-only access — please contact the Administrative Operations team to confirm availability at your specific center. At all other locations and age groups, drop-in care is available only as a supplement for children already enrolled on a part-time schedule (two to four days per week).

Enrollment Deposits for New Starts

Starting Within 30 Days:

To secure a child's spot when the start date is within thirty (30) days, families are required to pay the first month's fees, prorated based on the child's start date, along with a non-refundable $50 registration fee. For example, if a child begins care in October, the initial invoice will include the prorated October fee based on the number of days attended, as well as the $50 registration fee. On October 20th, the family will then receive the full invoice for November, which is billed in advance. ***If a child's start date falls within the very first week of the month, the full month's fee will apply rather than a prorated amount.***

Refunds during the first thirty (30) days of enrollment are available under limited conditions. If care is canceled before it begins, a 50% refund of fees will be issued, excluding the $50 registration fee. If the family decides to withdraw within the first two (2) weeks of gradual entry, they will receive a refund for unused days, again minus the registration fee. If withdrawal occurs later in the month, a prorated refund will be based on actual days attended. No refunds are issued after thirty (30) days of enrollment.

Refunds are processed within 7 to 10 business days.

Starting More Than 60 Days in Advance:

Suppose a child's start date is more than sixty (60) days away. In that case, families must pay a deposit equal to 50% of one (1) full month's fee, calculated after any applicable CCFRI deductions, in addition to the $50 non-refundable registration fee. This deposit secures the child's placement and guarantees their spot until the confirmed start date.

Starting Mid-Month (On or After the 15th):

Children starting care on or after the fifteenth (15th) day do not pay a deposit, but a registration fee applies. Families will receive two (2) invoices: a prorated fee for the current month and the full fee for the next month. Both are due upon receipt.

New Starts:

Children cannot begin care, including gradual entry, until the deposit and $50 registration fee are paid in full.

Gradual Entry:

You will be charged the full monthly fee, or a prorated fee if starting mid-month, even if your child attends fewer hours or days during gradual entry.

Gradual Entry Before Official Start Date:

If a child's official start month is later, but they attend gradual entry days before that month, the fee will be calculated for only those days attended, based on the monthly rate.

Example: If a child's start month is June, but they attend gradual entry from April 22 to May 2, you'll only be billed for the April and May days they attend, calculated from the monthly rate.

Gradual Entry With Longer Days:

If a child is already in gradual entry and attends longer hours (e.g., an extra 1.5 hours per day), this will not affect the billing amount.

Supply Fee:

Until September 2026, each child enrolled in ILM is required to pay a $50 supply fee every quarter, totaling $200 annually. This fee applies regardless of the child's schedule and covers materials, resources, and program-related supplies throughout the year. For children who enroll later in the year, the fee will be prorated based on the remaining quarters. Please note that drop-in participants are exempt from the quarterly supply fee.

Late Fees:

Late fees are based on the family's scheduled pick-up time, not the center's closing time. A $15 fee applies for the first ten (10) minutes late, plus $1 for each additional minute (e.g., 17 minutes late = $22). A $25 late fee also applies to any invoice not paid by the fifth (5th) day of the month.

Late Pick-Up Fee Exemptions:

The following are exempt from late-pick-up fees: returning from a center-organized field trip, delays due to severe weather conditions (e.g., heavy snow, flooding, poor road conditions), and delays caused by ILM staffing shortages or reassignments. Parents or legal guardians must notify ILM through Brightwheel if they expect to be late for pick-up.

Overdue Accounts:

If there has been no communication within five (5) calendar days of the invoice due date, a termination form will be issued, and the account will be referred to collections. If communication has occurred but no payment plan is arranged within ten (10) calendar days, the account will also be forwarded to collections. Additionally, if an established payment plan is not fully paid within sixty (60) calendar days, the account will be sent to collections. A $25 late fee will be applied to each unpaid invoice.

Payment Plans:

Once approved, the payment agreement becomes a binding written contract signed by the parent(s) or guardian(s) and an authorized ILM representative. The agreement specifies: the total outstanding balance; the monthly payment amount (minimum of $50.00 or 10% of the balance, whichever is greater); the duration of the payment period (not to exceed four [4] months, unless exceptional circumstances are approved by the Executive Director/Chief Executive Officer); the due date for each installment (e.g., the 1st of each month). All payments under the agreement are made separately from regular tuition payments and applied solely to the outstanding balance. Families must continue paying their current

tuition in full and on time during the payment period. Families may choose the frequency that best suits their financial planning, but must adhere to the selected schedule and to the payment schedule.

Certain programs or care periods may have specific payment requirements:

- Seasonal Care Programs (Spring and Summer): Eligible only for weekly payment plans. Biweekly and monthly options are not available for summer care due to its short-term nature and high demand.
- Additional exceptions may be considered on a case-by-case basis with advance approval from administration.

If the payment agreement is not honored, or if payments are missed without prior communication and an updated agreement, ILM Childcare reserves the right to suspend care services immediately.

Holding Fee:

Regardless of attendance, all fees must be paid in full to maintain your child's space. If fees are not paid, your child may be denied care, and the space may be forfeited. For extended absences, families may hold a spot by paying a deposit equal to 50% of the monthly fee. After one (1) month, the full fee is required to retain the spot. For absences shorter than thirty (30) days, the full fee still applies. If payments stop during a longer leave, the child's spot will be forfeited, and re-enrollment will require joining the waitlist.

Extended Day Care:

Families requiring care for more than ten (10) hours per day will be charged an additional fee of $200 per month, or $15 per extended day, depending on usage.

Professional Development Day Coverage:

Professional Development (Pro-D) Days are included only for children enrolled in both Before & After Care. Others incur extra charges.

NSF Cheques:

Non-sufficient funds (NSF) cheques must be replaced immediately with cash and an additional $45 NSF fee. ILM administration will contact families to arrange a replacement.

Schedule Changes, Withdrawal Notice:

Changes to your child's weekly schedule or withdrawal from the program require thirty (30) days' notice. Without notice, one (1) full month's fees are due. No schedule changes are allowed until the account is paid in full.

Extended Care After Termination:

If a family requests to extend care after providing notice, they will be charged for any additional days beyond the original end date.

For example, if care was supposed to end on October 30th, but the family wants to extend it from November 3rd to 12th, those extra days will be billed.

School Breaks:

Fees for care on school non-session days (e.g., Spring Break, Summer) are billed at the current full-day rate.

For **Summer Care**, if a family chooses to skip the summer session, 50% of the monthly fee (after applying the Child Care Fee Reduction Initiative, or CCFRI) is required to reserve a spot for the fall. September deposits are non-refundable and serve to secure a child's spot, not their attendance, meaning there will be no refunds even if cancellation is made two (2) to three (3) months in advance. The deposit amount is based on the rate for the next school year. For children transitioning into Grade One (1), new rates will apply starting with the September billing. Families with children aged three to five (3– 5) who are skipping Summer Care, but intend to join Out-of-School Care (OSC) drop-in in the fall, are required to pay a deposit. It is also important to note that all bookings, even if unpaid and unattended, must still be paid in full.

For **Spring Break and Summer Break Care**, once dates have been booked and invoiced, they are considered final. These bookings are non-refundable and cannot be changed, canceled, or transferred, regardless of whether the scheduled dates have occurred. This applies to both full-day and drop-in care during seasonal breaks. Full-day care is billed separately, while the drop-in rate applies when a child attends two (2), three (3), or four (4) days.

If families wish to make **changes or additions** to their booked care—such as switching or adding new dates—they must pay separately for the new dates. There will be no refund or credit issued for the original booking.

Regarding **Half-Day Care**, it is only permitted during the Summer Break, not during Spring

Break. Summer care fees may be prorated to accommodate half-day attendance.

For **Summer and Spring Break**, a supply fee is not charged for children who are only attending during these months, whether they are drop-in or scheduled. However, a registration fee is required for newly enrolled child(ren).

Subsidy:

Parents receiving child care subsidies are responsible for the remaining balance after third-party contributions. ILM does not manage subsidy applications but can assist with forms. It is the parents' or legal guardians' responsibility to ensure that applications and renewals are up to date. Written proof of renewal must be provided. If subsidy approval is not received, full payment (including parent and subsidy portions) is required. New applicants must pay while awaiting approval.

Rotating Schedules:

Rotating schedules are permitted with prior approval.

Transferring to Another ILM Location:

When a child transfers to another ILM location, a new Child Care Arrangement Form for the ACCB subsidy must be completed, which is available on our website. ACCB funding should be updated whenever fees change, the child's schedule changes (either more or fewer days), the child moves to a new age group, or the child transfers to a different location.

Tax Statements:

Tax statements are issued in January via QuickBooks. The first copy is free; a $20 administrative fee applies for extra copies requested within three (3) months. Please check your Spam or Junk folder to ensure you have received it.

Payment Procedures & Financial Adjustments:

ILM is committed to ensuring accessibility to high-quality care while maintaining transparency around payment expectations. Monthly tuition fees are due in full as outlined in your enrollment agreement and remain payable regardless of absences or vacations, as per ILM policy.

Unplanned Closures. If a center must close unexpectedly for reasons such as facility repairs, loss of heat or water, or pest control:

- No credit is issued for the first two operating days of a closure.

- From the third consecutive operating day, families receive a daily credit on their next invoice for each day their child was enrolled and the center was closed. The credit is based on the family's daily rate after the CCFRI fee reduction.
- If ILM Child Care offers care at another ILM Child Care center and the family uses it, no credit is issued for those days.
- If a closure lasts more than two consecutive weeks, ILM Child Care will stop charging fees unless the Ministry approves otherwise in writing.
- If the closure is caused by ILM Child Care, families receive a credit from the first day.

Credits appear on the next invoice. Refunds are processed within 7 to 10 business days, as set out in the Refund and Credit Policy.

If your family is experiencing financial hardship, we want to support you. Parents or guardians may request a review of their fees by completing a Financial Hardship Form. This form will be reviewed by our team, and adjustments—such as reduced fees or temporary waivers—may be granted on a case-by-case basis. To request the Financial Hardship Form or to discuss your circumstances confidentially, please contact accounts@ilmchildcare.com. Monthly invoices are calculated based on enrollment, not attendance. ILM does not offer refunds, credits, or make-up days for missed care due to illness, vacation, or statutory closures. All fee changes require approval by ILM leadership and are implemented only after written confirmation is provided. To ensure timely processing, any requests for financial adjustment or changes must be submitted before the twentieth (20th) day of the month before the affected billing period. We understand that family circumstances can change, and we will always do our best to work collaboratively toward solutions that help maintain continuity of care for your child.

Agreement:

By enrolling at ILM, you agree to pay all monthly and applicable fees on time. Care cannot be terminated until all outstanding fees are paid. If your government subsidy lapses, you are responsible for the full monthly fee until it is reinstated. Personal information and details of outstanding fees may be disclosed to outside agencies for debt collection activities should you default on payment(s). Please inform ILM of any updates to your contact or financial information.

Parent Payment Contract:

Upon signing up, all parents will be presented with a contract outlining their monthly payment amounts. If a child's scheduled days or program type changes, a new contract will need to be signed. It outlines all the terms above, which must be agreed upon before starting. It outlines all the terms above, which must be agreed upon before starting.

Behaviour Guidance Policy 2026–2027

At ILM Child Care Center, we are committed to providing a safe, supportive, and nurturing environment where children can develop self-discipline and emotional regulation. Guidance is approached as a teaching opportunity rather than a punitive measure, with a focus on guiding children toward appropriate behaviors through positive reinforcement, positive modeling, and clear communication. Staff members are responsible for maintaining consistent expectations, setting age-appropriate boundaries, and using effective guidance techniques that encourage self-control, problem-solving, and respect for others. Harsh discipline methods, including physical punishment, verbal humiliation, threats, or exclusion, are strictly prohibited.

Children will be supported in understanding their emotions and learning appropriate ways to express frustration, resolve conflicts, and interact with peers in a respectful manner. Staff will use proactive strategies, such as redirection, offering choices, and setting clear expectations, to prevent behavioral challenges before they arise. We use verbal praise and encouragement to reinforce good choices, such as sharing or helping a friend, and redirect children when their actions need adjustment. If a child is struggling with a particular behavior, our caregivers will calmly intervene, offering gentle reminders or suggesting alternative activities to help them refocus their energy in a constructive way.
In situations where conflicts arise, we prioritize communication and problem-solving. Caregivers will guide children through the process of expressing their feelings, listening to others, and finding a fair solution together.

For behaviors that require additional attention, such as repeated disruptions or safety concerns, we partner closely with families. Open communication with parents and legal guardians is essential in addressing behavioral concerns. Our staff members will document the behavior, communicate openly with parents or legal guardians, and collaborate on a plan to address the child's needs consistently both at home and in our care. This might include creating individualized strategies, such as a quiet space for calming down or extra one-on-one time with a caregiver, to ensure the child feels understood and supported. If necessary, referrals to behavioral specialists or early intervention programs may be recommended to provide additional support for the child.

Fundamentally, our Guidance Policy reflects ILM's commitment to helping each child develop a strong sense of self, respect for others, and the skills to succeed in a community setting. We strive to maintain an environment where every child feels valued, heard, and capable of reaching their full potential, with the guidance of our dedicated team and the partnership of their families.

Regardless of whether a care plan is in place, any child who intentionally harms another child or a staff member will be asked to leave for the remainder of the day. Repeated incidents of abusive behavior will initiate a Behaviour Intervention Process. If abusive behavior continues after a care plan is in place and safe, supportive programming cannot be maintained, the child's enrollment may be terminated. In accordance with the Code of Ethics governing early childhood educators, ILM staff are mandated reporters. Any suspicion of neglect or abuse of a child must be reported to the Ministry of Children and Family Development (MCFD) without delay, in accordance with Section 14 of the Child, Family and Community Service Act.

Send Home/No Tolerance for Abuse Policy:

ILM has a **ZERO** abuse tolerance policy. This policy applies to all staff and children in the center.

ILM educators will use behavioral assessment skills and tools to determine if a child's behavior towards center staff, or other children is deemed abusive and inappropriate. If your child is found to be intentionally harming another child or educator they will be sent home for the day.

Our educators understand that children can act out in ways that may appear aggressive but it is the intent behind the behavior that matters. Our educators will take into account the age, developmental abilities, of your child when determining if their actions are intentional and harmful.

Example 1: A child under 18 months, in a moment of frustration, slaps an educator's arm. This is treated as a learning opportunity. The child is not sent home.

OR

Example 2: A child is seemingly unprovoked and walks up to an educator or another child and scratches them in the face. The child would be sent home following this incident.

Guidance for Infants and Toddlers:

Guidance techniques for older infants and toddlers are similar to techniques used with older children. However, it is important to note that infant behavior does not need to be modified. Infants normally cry and fuss as a means of communicating wants, needs, and emotions. The caregiver should learn to read the child's cues to determine the reason for the crying and adjust the caregiver's behavior to accommodate the emotional need of the infant.

Children need consistent routines and reasonable limits to provide a learning environment where they can learn to guide their own behavior. Facilitated by:

1. Guiding children, by setting clear, consistent, fair limits for classroom behavior. Verbally reflecting observations about children's behavior and stating expected behavior.
2. Valuing mistakes as learning opportunities.
3. Redirecting children to more acceptable behavior or activities.
4. Observing emotions and verbally reflecting feelings when children act out their feelings and frustrations.
5. Intervening to prevent children from harming one another.

6. Guiding children to resolve conflict and modeling skills that help children to solve their own problems.
7. Patiently reminding children of the rules and why these rules are needed using age appropriate language.

Very young children need to be provided with many opportunities to develop social skills. They also require good adult models for behaviors such as cooperation, helping, negotiating, and talking with the person involved to solve interpersonal problems.

Children must never experience cruel, harsh, unusual, or targeted treatment. The following types of discipline and guidance are prohibited:

1. Corporal punishment or threats of corporal punishment.
2. Punishment associated with food, naps, or toilet training.
3. Pinching, shaking, or biting a child.
4. Hitting a child with a hand or instrument.
5. Putting anything in or on a child's mouth.
6. Humiliating, ridiculing, rejecting, or yelling at a child.
7. Subjecting a child to harsh, abusive, or profane language.
8. Requiring a child to remain in silence or inactive for inappropriately long periods of time for the child's age.
9. Using restraint on a child whether physical, environmental, or medical, outside of the confines of an approved care plan or immediate and severe risk to safety.

Regardless of whether a care plan is in place, any child who intentionally harms another child or a staff member will be asked to leave for the remainder of the day. Repeated incidents of abusive behavior will initiate a Behaviour Intervention Process. If abusive behavior continues after a care plan is in place and safe, supportive programming cannot be maintained, the child's enrollment may be terminated.

Food and Drink Policy 2026–2027

At ILM, all staff play a vital role in creating a safe, healthy, and inclusive environment that supports the nutritional needs and overall well-being of every child in our care. This Food and Drink Policy outlines the expectations and responsibilities of staff members regarding the handling, supervision, and facilitation of all food-related practices within the center. Staff are expected to consistently model and promote positive food habits, adhere to all health and safety standards, and respect individual dietary needs and family preferences.

Canada's Food Guide serves as a resource for a healthy and balanced diet. Though we know and understand that some food groups must be eliminated at times due to allergens. A

variety of differing foods should be offered at all meal times. Though ultimately it is up to the individual child to decide what is in fact consumed.

Children may either bring food from home or receive food through our program, depending on the center's schedule and facilities. Parents/Legal Guardians must provide ice packs for food that requires refridgeration. This practice prepares children for Kindergarten. Please note that some locations do not have fridges for refrigeration and/or microwaves for reheating food.

Staff are responsible for ensuring that all meals and snacks—whether center-provided or brought from home—meet our standards for safety. All food containers sent from home must be clearly labeled with the child's full name and returned home daily. Staff must verify that perishable items are packed with ice packs or otherwise stored safely and should assist with refrigeration or reheating. Foods requiring complex preparation should be sent fully prepared by parents.

Bottles, sippy cups, and pacifiers provided by parents must be labeled with the child's name and stored in a designated area. Staff may rinse and sanitize these items after use unless parents request they be sent home daily. Drinking water is available to children throughout the day via clean, regularly sanitized fountains or individual cups.

Food sharing between children is strictly prohibited. This is a critical safety measure to prevent allergic reactions, uphold dietary restrictions, and reduce the spread of germs. Upon enrollment, families provide detailed allergy and dietary information for each child, which must be kept up to date and posted in staff-accessible food prep and eating areas. Staff are required to know the specific needs of the children in their care and are responsible for following any emergency allergy action plans provided by families and healthcare professionals. All staff must be trained to recognize symptoms of allergic reactions and be prepared to respond calmly and effectively in an emergency.

To protect children from foodborne illness, staff members must ensure that proper food safety practices are followed at all times, including frequent handwashing, and keeping hot and cold foods at appropriate temperatures. Children are to be guided in washing their hands before and after meals, and eating areas must be cleaned and disinfected before and after every use. Leftover or unserved food must be sent home in the child's lunch container, which helps parents monitor food intake.

During mealtimes, staff members are expected to supervise and engage with children at the table. This is a time to model healthy eating behaviors, encourage conversation, and support the development of social and self-help skills. Staff should encourage children to try a variety of foods but should never pressure, bribe, or force them to eat. Each child's autonomy and

pace should be respected, and any repeated refusal to eat, unusual behaviors around food, or concerns about intake should be documented and communicated to families.

Water must be available to all children at all times. Staff should encourage frequent hydration, especially during physical activity or outdoor play. Sippy cups and water bottles provided by families should be labeled and sent home daily to be sanitized. Sugary drinks such as soda are discouraged and may be sent home as they conflict with ILM's nutrition philosophy.

Celebrations and birthdays are welcomed but must be approached with care. Any food brought in for special events must be pre-approved by the Center Manager, sealed and families must inform us of the ingredient list for allergy checks. Homemade treats may only be shared if confirmed safe by center staff, with all dietary and allergy considerations reviewed beforehand. Staff-led food activities, such as cooking or baking with children, must also comply with food safety protocols and be inclusive of all children's dietary needs.

Staff are responsible for reinforcing a clean and organized eating environment. Children should be encouraged to clean up after themselves, and meals should be a calm, structured time with clear expectations. Uneaten food from home must be returned in lunch containers so families can observe their child's eating habits and identify any preferences or issues.

Active Play and Screen Time Policy 2026–2027

At ILM Child Care Center, we are committed to fostering the healthy growth and development of every child in our care through a balanced approach to active play and screen time. Our Active Play and Screen Time Policy reflects our dedication to creating an environment that prioritizes physical activity, social interaction, and imaginative play while carefully limiting the use of digital media to ensure it complements, rather than replaces, hands-on learning and movement. We recognize that active play is essential for building strong bodies, enhancing motor skills, and supporting emotional and cognitive well-being, while excessive screen time can detract from these critical developmental opportunities. This policy outlines our expectations, guidelines, and procedures for staff, children, and families to promote a nurturing and active atmosphere at ILM.

Active play is the cornerstone of our daily program at ILM. All children — from infants to school-age — engage in a minimum of sixty (60) minutes of unstructured, age-appropriate physical activity each day, in keeping with early childhood health guidelines and BC Child Care Licensing Regulation requirements. This includes indoor or outside play and outdoor playtime, weather permitting, with activities such as running, climbing, dancing, and

imaginative games that encourage creativity and cooperation. If weather conditions do not permit outdoor play, indoor alternatives such as stretching, yoga, obstacle courses, or interactive movement-based games will be provided. Outdoor play is prioritized whenever possible, utilizing our safe, well-equipped playground or nearby green spaces to allow children to explore nature and develop gross motor skills. For infants, tummy time, reaching, and gentle movement activities are incorporated into their schedules. Our staff members are trained to facilitate and participate in these activities, modeling enthusiasm and ensuring that every child feels supported and included, regardless of ability. We also adapt activities to accommodate individual needs, such as providing sensory-friendly options or modified equipment for children with physical limitations, ensuring equitable access to the benefits of active play.

Screen time at ILM is intentionally limited and purposeful, reflecting our belief that digital media should never replace the rich, personal experiences of active play and face-to-face interaction. For children under two (2) years of age, no screen time is permitted, in line with recommendations from pediatric experts who emphasize the importance of direct engagement during these formative years. For children ages two to five (2–5), screen time is restricted to no more than thirty (30) minutes per day and is only allowed for educational purposes or special circumstances, such as virtual storytime with a guest reader or a brief, interactive lesson tied to our curriculum (e.g., a science video about animals). All digital content must be pre-approved by the Center Manager to ensure it is age-appropriate, non-violent, and free of commercial advertising. Screens are never used as a default activity, reward, or behavior management tool. Instead, we prioritize hands-on learning, such as building with blocks, painting, or group storytelling, to stimulate creativity and problem-solving. During screen time, staff actively engage with the children, asking questions and facilitating discussions to enhance the experience and keep it interactive rather than passive.

Parents will be informed of the active play and screen time policy, and any concerns or special requests regarding their child's participation will be discussed on an individual basis. The facility is committed to promoting healthy habits and reducing excessive screen exposure while fostering an environment where children can develop physical skills, engage in meaningful interactions, and build a lifelong appreciation for movement and play. This policy is reviewed regularly to ensure alignment with the latest child development recommendations and health guidelines.

Special considerations are built into this policy to address unique circumstances. For example, OSC programs may save their screen time to watch a full movie with the approval of management as well as the executive director, and with permission from parents ahead of time. In cases where a child’s medical or therapeutic plan recommends specific screen-based tools—such as communication devices for non-verbal children—we

collaborate with families and professionals to integrate these exceptions thoughtfully, ensuring they align with the child's overall well-being. Additionally, we recognize the importance of rest and downtime, particularly for younger children or those with longer days at ILM. Quiet activities like reading, puzzles, or stretching are offered as alternatives to screen-based relaxation, preserving our focus on active, screen-free development.

Staff cell phone usage is limited during the day unless a staff member is on a break. However, ILM uses electronic communication platforms to communicate with parents and legal guardians. There may be times at the center that a staff member may be on their phone messaging a family, or sending an update via the mobile communication app. ILM does not promote personal use of cell phones by staff members. Our top priority is to ensure the health, safety and well being of all children.

Ultimately, the ILM Active Play and Screen Time Policy is a living document, designed to evolve with the needs of our community and the latest research on child development. We aim to create a joyful, dynamic environment where children thrive through movement, imagination, and meaningful connections. By keeping active play at the heart of our program and using screens sparingly and intentionally, we empower our children to grow into healthy, confident, and curious individuals. Families and staff are partners in this mission, and together, we uphold a standard of care that honors the whole child—body, mind, and spirit

Activities and Curriculum:

Curriculum and learning activities are planned with a child directed focus. Learning activities are designed to meet the developmental needs and interests of each child. Curriculum based lessons are safe, developmentally appropriate, and fun. Please note that each child's participation is mandatory. If a child is not actively participating on a regular basis, the child's schedule may be changed or care may be terminated. We are an interactive center and do not have additional staff to watch children that are sleeping outside of scheduled nap hours or refusing to participate.

Outdoor play is an important part of a child's development and has a meaningful role in ILM's curriculum design. Toddlers and preschoolers: a minimum of 60 minutes of unstructured active play daily, with 120 minutes (2 hours) of outdoor time each day where possible. School-age children: structured and unstructured physical activity integrated throughout the day.Information about daily activities can be found posted on each ILM center's bulletin board. Parents and legal guardians are required to ensure that their children are properly dressed for seasonal weather. Please make certain your child attends child care with clothes that can get dirty. Learning can become messy and your child will be encouraged to participate in all activities. Children are allowed to play in puddles and may

dig in the sand and the mud. Field trips and walks occur regularly and are carefully supervised. Frequently, walks within a center's neighborhood will take place without prior planning. Parents and guardians shall be notified before any field trip that travels beyond the immediate neighborhood.

Unless essential for a specific lesson, ILM's educational policy limits children's access to screen time.

Outdoor Play Schedule:

ILM acknowledges that children in care for four (4+) or more hours each day require a minimum of one (1) hour of outdoor play as per licensing regulations. **The outdoor play schedule for all children will be as follows:**

Preschool: 20 minutes of outdoor play

Refer to the Director of Licensing Standard of Practice (DOLSOPs) for Active Play.

Parent Partnership and Communication Policy 2026–2027

We believe that child safety is a shared responsibility. Parents and legal guardians are encouraged to discuss any concerns with our staff and are required to follow drop-off and pick-up procedures to maintain security. We provide regular updates on safety practices and welcome feedback to improve our policies. Any incidents, no matter how minor, are documented and communicated to parents and legal guardians promptly, ensuring transparency and trust.

By adhering to these standards, ILM Child Care Center strives to create a safe haven where children can explore, play, and develop with confidence. Our commitment to safety is unwavering, and we continuously review and update our practices to reflect the latest guidelines and best practices in child care.

At ILM Child Care, we believe that families are a child's first and most important teachers. We are committed to building strong, collaborative partnerships with parents and legal guardians to support the holistic development of each child. In accordance with Section 56 of the BC Child Care Licensing Regulation, ILM Child Care prioritizes respectful, responsive, and timely communication between staff members and families. We recognize that open

dialogue, mutual respect, and shared decision-making are essential in promoting a safe, inclusive, and nurturing child care environment.

Daily Communication:

Daily communication is essential to maintaining a clear understanding of each child's well-being, development, and experiences. Staff members share updates with families during drop-off and pick-up times, providing information about the child's day, including meals, naps, play activities, moods, and any concerns that may have arisen. For younger children or those with specific support needs, staff may use a communication log or app to record key details that are shared with families at the end of each day.

Educators strive to be approachable and available to answer questions and listen to parental input. Brief conversations are welcomed during transitions, but staff may arrange additional time to speak privately with families if a longer or more sensitive discussion is needed.

Ongoing Engagement and Parent Involvement:

ILM Child Care is dedicated to maintaining ongoing communication as well as active parent and legal guardian involvement in the child's care and learning. Parents and legal guardians are invited to attend regular meetings and conferences to discuss their child's development, progress, and any concerns. Throughout the year, families are also encouraged to participate in classroom activities, cultural celebrations, and family events that help build community and support inclusion.

We value input from families and encourage them to share their knowledge, preferences, and observations regarding their child. This input is especially important when developing individualized support plans, adapting programming, or responding to a child's evolving needs.

Conflict Resolution and Feedback:

We understand that questions or concerns may arise from time to time, and we are committed to resolving them in a respectful and constructive manner. If a parent has a concern about their child's care or experience, they are encouraged to speak directly with their child's educator or the Center Manager. All concerns are taken seriously and responded to promptly, following a collaborative and solutions-focused approach.

ILM Child Care welcomes both formal and informal feedback from families and uses this input to guide program improvements, staff training, and policy review. Families may also be invited to participate in surveys, feedback sessions, or advisory groups as part of our commitment to continuous improvement.

Confidentiality and Professionalism:

All communication between staff and families is handled with professionalism and confidentiality. Personal or sensitive information about children and families is shared only with staff members who are directly involved in the child's care or with professionals as required for health, safety, or developmental support—always in accordance with ILM Child Care's privacy policy. Staff members are trained to maintain respectful and culturally sensitive communication in all interactions.

Emergency and Critical Communication:

In the event of an emergency, accident, illness, or critical incident involving a child, ILM Child Care will contact the child's parent or legal guardian immediately using the emergency contact information provided. In more serious cases, written reports and follow-up meetings may be arranged to ensure the family is informed and supported. Emergency communication procedures are reviewed regularly to ensure accuracy and preparedness.

Medical Disclosure & Declaration Policy 2026–2027

This policy ensures that all relevant medical information is disclosed and maintained for the safety, well-being, and proper care of all children enrolled in ILM Child Care programs. The policy supports compliance with licensing regulations, promotes accurate health recordkeeping, and enables staff to respond appropriately to children's health needs. This policy applies to all families enrolling children in ILM Child Care, all ILM staff responsible for receiving, reviewing, and managing health and medical information, and all children enrolled in ILM programs, including Infant-Toddler, 3–5 Years, and Out-of-School Care (OSC).

Families are required to fully disclose all medical, health, and developmental information relevant to their child's care prior to and throughout enrollment. This includes, but is not limited to: allergies (food, environmental, medication), chronic medical conditions (e.g., asthma, diabetes, epilepsy), diagnosed developmental or physical disabilities, infectious or communicable diseases, immunization status and updates, medications taken at home or on-site, any recent surgeries, injuries, or hospitalizations, and any known emotional, behavioral, or sensory needs.

Medical disclosure requirements include, but are not limited to, a range of common allergies such as food, environmental, medication, and insect or animal allergies. It is important to note that an allergy is a medical condition in which the body's immune system reacts to a specific substance (e.g., food, medication, environmental triggers). Allergic reactions can

range from mild to life-threatening and often require medical documentation, medications, or an emergency care plan. Dietary preferences or restrictions—such as vegetarian diets, cultural or religious food choices, or personal dislikes—are not considered allergies and should not be listed in the allergy section. These preferences do not require a medical care plan for attendance. To ensure that a child's needs are clearly understood and safely supported, all allergies must be listed in the Medical Allergy section, and non-medical dietary needs must be listed in the Dietary Restrictions or Preferences section.

Brightwheel Usage Policy 2026–2027

This policy outlines how ILM Child Care collects, uses, stores, and manages personal information in compliance with the Personal Information Protection and Electronic Documents Act (PIPEDA) and the BC Child Care Licensing Regulations. ILM Child Care uses Brightwheel as our primary platform for daily communication between ILM Center Staff and families including check-ins, and center updates. Brightwheel is a secure and convenient way to stay informed and connected with your child's care team. Once your child is officially enrolled, you will receive an invitation to join Brightwheel. Please accept the invite and complete your child's profile as soon as possible, including uploading a recent photo and reviewing your contact details. It is your responsibility to keep your contact information up to date (phone numbers and email). If you need to make a change, contact your center or administrative team. Brightwheel is used to send important announcements, reminders, and general center updates.

Messaging on Brightwheel:

Please note that direct messages sent to the admin inbox on Brightwheel are not actively monitored. For schedule changes, or important updates, email: inquiringlittleminds@gmail.com.

You are welcome to use Brightwheel to communicate with your child's classroom staff for routine check-ins or daily updates. Always use respectful and appropriate language in all messages.

Emergencies:

If ILM Child Care sends out an emergency closure or urgent update through Brightwheel, and we do not receive a response from you within **thirty (30) minutes**, a staff member will follow up by phone to confirm you've received the information. Brightwheel is not used for billing or financial communication. All financial matters, including invoices or subsidy

questions, must be handled through the administrative operations team via email. At ILM, we are committed to protecting the privacy and confidentiality of all children and families in our care.

Collection and Use of Information:

Upon enrollment, ILM Child Care collects a range of personal information required to provide safe, responsive, and developmentally appropriate care. This includes, but is not limited to, your child's full name, date of birth, medical details, emergency contacts, custody arrangements, and any additional information necessary to meet their individual needs. This information is used solely for the purposes of program delivery, communication, emergency response, and compliance with licensing and legal obligations. ILM Child Care will never collect or use your family's information for purposes unrelated to child care services.

Family Responsibilities:

Families are expected to: (a) Provide complete, accurate, and current information during the registration process; (b) Notify the Administrative Operations team in writing of any updates to personal details, including phone numbers, email addresses, emergency contacts, medical needs, or custody information; and (c) Submit written consent if a request for the release of your child's personal records is made (unless release is legally required). Failure to provide accurate or updated documentation may impact your child's ability to attend care and may result in delays in enrollment, funding, or access to services.

Record Storage and Protection:

All personal information is stored securely in accordance with legal and organizational standards. Physical records are kept in locked, access-controlled areas. Digital records are stored in password-protected, encrypted systems. Only authorized personnel may access your child's records for legitimate purposes. Records are never removed from the premises without approval from senior management. ILM Child Care maintains robust data protection protocols, including regular reviews and monitoring of our record-keeping systems.

Retention and Disposal:

Your child's records are retained for the length of time required by law and are securely destroyed once that period has passed. ILM Child Care follows strict procedures to ensure that all personal and sensitive information is disposed of in accordance with privacy regulations.

- General child records – kept for a minimum of two (2) years after your child leaves the program.
- Financial records related to your child – kept for seven (7) years after withdrawal.
- Medical and incident reports – retained for seven (7) years, or longer if required by provincial law.
- Signed consent forms (e.g., for emergency care, photo release) – retained for a minimum of five (5) years.

After the required retention period, records are securely shredded (for paper files) or permanently deleted (for digital files). All confidentiality agreements remain in effect even after records are destroyed.

Release of Records:

Children's records may only be released with written consent from a parent or legal guardian, except in circumstances where disclosure is required by law (e.g., child protection matters or regulatory audits). Any external request for records is documented and managed by ILM administration in accordance with our privacy procedures.

Oversight and Compliance:

ILM Child Care conducts regular internal audits to ensure that documentation is accurate, up to date, and securely maintained. Our administrative and leadership staff receive annual training on privacy laws, data handling practices, and secure recordkeeping. If you have any questions or concerns about how your information is used, stored, or shared, please contact your Center Manager or the Administrative Operations team.

Administrative Communication Policy 2026–2027

Effective communication between families and the administrative team is essential to ensure the smooth operation of ILM Child Care programs. This policy outlines how and when families should contact the Administrative Operations team for matters related to enrollment, scheduling, records, and billing, and sets clear expectations for communication timelines and responsibilities.

When to Contact Administration:

Parents/guardians must contact the Administrative Operations team directly for the following:

- Enrollment: Submitting forms, confirming program transitions, or withdrawing from care;
- Schedule Changes: Requests to add, remove, or temporarily adjust care days;
- Fee-Related Questions: Inquiries regarding billing, invoices, deposits, or subsidies; and
- Documentation Updates: Changes to emergency contacts, medical records, custody documentation, or other required forms.

Communication Channels:

To ensure accuracy, privacy, and prompt response, all administrative communications must be submitted through email or, when applicable, an official form (available on the ILM website). Families may also call the center office for time-sensitive matters. Brightwheel messages are not monitored by administrative staff for scheduling, enrollment, billing, or documentation purposes and must not be used for those requests. Any Brightwheel messages related to administrative matters will be redirected to the appropriate email address.

Response Times:

Administrative Operations staff aim to respond to all inquiries within twenty-four (24) to forty-eight (48) business hours. Complex issues may require additional time, in which case staff will provide an estimated timeline for resolution. Messages received after hours, on weekends, or on holidays will be addressed during the next business day.

Family Responsibilities:

Parents/guardians are expected to: (a) Use the correct communication channels for administrative requests; (b) Respond promptly to emails or notices from the Cascia Administrative Operations team; (c) Monitor email regularly for updates related to care, scheduling, and documentation; and (d) Submit forms and confirmations by the deadlines provided in official communications. Failure to respond to critical administrative requests (e.g., re-enrollment confirmation, required documentation, or space offers) within the stated deadline may result in forfeiture of your child’s spot or a delay in processing your request.

Termination Policy 2026–2027

The Termination Policy outlines the expectations and procedures for the withdrawal or termination of a child's enrollment at ILM Child Care. This policy ensures a clear, fair, and structured process for families and staff while maintaining compliance with licensing and operational requirements. The policy applies to all families enrolled in ILM Child Care who wish to withdraw their child, as well as to Administrative Operations staff, Regional Administrators, and Center Managers who are responsible for processing and approving terminations in accordance with ILM protocols and regulatory standards.

Parents and legal guardians are responsible for providing written notice of withdrawal at least thirty (30) days in advance. A Child Care Termination Form—available on the ILM website—must be completed and submitted to the administrative team via email. The final thirty (30) days of care must be paid in full, regardless of whether or not the child attends. Families must settle all outstanding balances before their written notice will be accepted. If payment is not received within thirty (30) days, the account will be referred to collections. Termination forms are considered final once submitted.

Exceptions for aging out of a program include the following:

- A termination form is not required if a child is moving to the next ILM age group (e.g., toddler to preschool).
- Children graduating from the 3–5 program and entering Kindergarten do not need to submit a termination form unless they will not attend a serviced school.
- If a child requires summer care but will not need care in September, a termination form must be submitted at least thirty (30) days before their last day of attendance to avoid additional fees.

ILM Child Care reserves the right to terminate a child's enrollment under specific circumstances. In most cases, a warning and/or probation period will be provided before termination. Termination may occur under the following conditions:

Failure to Pay:

Repeated missed payments without resolution. Non-payment after multiple collection attempts. Two (2+) or more consecutive unpaid invoices (care will be paused until payment is received or a payment plan is set up). If non-payment is related to pending Affordable Child Care Benefit (ACCB) or third-party support (e.g., social worker-managed), ILM may allow up to three (3) unpaid invoices only if: (a) The family communicates regularly about the status; and (b) there is visible progress toward resolving the balance. If there is no communication or progress, care may be terminated. All outstanding balances must be paid

before a child can be re-enrolled.

Repeated Late Pickups:

Frequent failure to pick up the child on time without prior arrangement.

Lack of Parental Cooperation:

Failure to communicate respectfully with staff. Refusal to collaborate in support of the child's well-being.

Non-Compliance with ILM Policies:

Repeated violations of the drop-off/pick-up schedule. Disregard for policies outlined in the Parent Handbook.

Failure to Submit Required Documentation:

Missing or outdated registration, medical, or emergency contact forms. Incomplete documentation required for continued enrollment.

Behavioral or Safety Concerns:

Ongoing unsafe or disruptive behavior that persists despite reasonable interventions. Child's inability to adjust to care within a reasonable timeframe. ILM's determination that it cannot meet the child's needs, even with accommodations

Medical Ineligibility:

A serious illness or medical condition that prevents the child from continuing safely in care.

Abusive or Discriminatory Behavior:

Verbal or physical abuse directed toward staff, children, or property. Discrimination toward ILM staff or families, including (but not limited to) gender identity, ethnicity, religion, or sexual orientation.

Negative or Inflammatory Communication:

Making defamatory or inflammatory comments about ILM Child Care, its centers, or staff members. Posting negative or misleading information on social media or in public forums.

Cease of Trust:

A breakdown in trust between ILM and the parent or caregiver that results in an unworkable relationship. Repeated challenges to policies, withholding of known medical or behavioral concerns, or an ongoing refusal to work collaboratively.

Chronic Absenteeism:

Repeated unreported absences (ten [10] consecutive days) without valid reason.

All terminations, whether initiated by the family or ILM, must be clearly documented. The child's file must include a completed termination form (or, in the case of ILM-initiated terminations, a written letter), along with final attendance records and a summary of the financial account. Files must be closed in full and stored securely in accordance with Cascia's Privacy & Record-Keeping Policy.

This policy is guided by the BC Child Care Licensing Regulations, ILM's Parent Handbook, the Cascia's Operations Manual, and the ILM's Employee Handbook section on enrollment and withdrawal. It will be reviewed annually or as needed to ensure alignment with best practices and evolving regulations. Any revisions to this policy must be approved by the designated Cascia authority before implementation.

Daycare Video Surveillance Policy 2026–2027

This policy defines the use and management of the video surveillance system at ILM child care centers. The system is designed to enhance the security and safety of our children, staff, and facilities by deterring actions that are not in keeping with the safety and well-being of the child care community.

This policy applies to all video surveillance equipment owned and operated by Inquiring Little Minds at all of our child care locations. Surveillance cameras are positioned in a way to monitor areas of interest while respecting the privacy of individuals. The cameras do not record audio.

System Operation:

- The video surveillance system will operate continuously, twenty-four (24) hours per day, seven (7) days per week.
- Surveillance cameras are installed in public areas where there is no expectation of privacy. Cameras will not be installed in private areas such as bathrooms, changing areas, or staff lounges.
- Only authorized personnel as defined by ILM management will have access to the surveillance system and footage.
- Video recordings will be stored securely for a period consistent with our retention policy, but not exceeding one (1) year, after which they will be overwritten unless retained as part of an investigation or required by law.

Access to Footage:

- Access to recorded footage is restricted to authorized ILM personnel only.
- No footage will be released to external parties, except as required by law.

Data Security:

- Adequate internet security measures are in place to protect against unauthorized access, including changing passwords regularly, tracking filtering measures, and immediate corrective action if any breaches occur.
- Any unauthorized access to the system will be reported immediately, and appropriate measures will be taken, including notifying affected individuals if applicable.

Responsibilities:

- ILM management is responsible for the implementation, annual review, and updating of this policy.
- Staff members are responsible for adhering to this policy and cooperating with all surveillance-related procedures.

Compliance:

- All surveillance practices will be in accordance with the guidelines set out by the Office of the Privacy Commissioner of Canada and the Canadian Charter of Rights and Freedoms.
- This policy will be communicated to all staff via the Employee Manual. The Parent Handbook provides this information for parents and legal guardians.
- Consent will be obtained by staff in the Policy and Procedure Declaration. Consent will be obtained by parents and legal guardians on each child's Registration Form.

Documentation:

Any release or disclosure of recordings will be documented, including the date, the person releasing the footage, and the person receiving the footage, along with the reason for disclosure.

Signage:

Clear and conspicuous signs will be posted at all entrances and in areas where surveillance cameras are in operation to notify individuals that video surveillance is taking place.

Inquiries:

Any inquiries or concerns regarding the video surveillance system should be directed to the ILM administration via email to inquiringlittleminds@gmail.com.

Child Abandonment Policy 2026–2027

ILM Child Care is committed to the safety, well-being, and protection of all children in our care. In accordance with the BC Child Care Licensing Regulation and the Child, Family and Community Service Act, we recognize that child abandonment is a serious issue that requires immediate and appropriate response. Abandonment includes any situation in which a parent or guardian fails to collect their child at the end of the care period, leaves a child unattended, or fails to ensure safe supervision or transfer of responsibility. This policy outlines our approach to identifying, responding to, documenting, and reporting suspected or actual cases of child abandonment to ensure every child's physical and emotional safety.

While we strive to ensure that children are picked up on time by their parents or legal guardians, there may be rare instances where a child is inadvertently left behind at the center. In such cases, it is essential that our staff members follow a clear and structured procedure to ensure the child's safety, well-being, and that all legal requirements are met.

In the event that a child is left behind and the parents or legal guardians cannot be reached, the first priority is to provide immediate and appropriate care for the child. Staff will remain calm and focused, ensuring the child is comforted, secure, and attended to until further action can be taken. This may involve providing snacks, water, or engaging the child in activities to help them feel safe while awaiting resolution.

Staff members will make multiple attempts to contact the parents or legal guardians of the child. If the parents or guardians cannot be reached, Staff members must then proceed to contact the child's listed emergency contacts. These individuals will be asked to come to the center as soon as possible to assume care of the child. Staff members will remain with the child during this process to ensure their comfort and safety. It can also be at the parents' or legal guardians' discretion to call the RCMP and the community resources that they provide to pick up a child who refuses to go home with the parent.

In the event that a child has not been collected and the care period has ended, staff members will follow the steps below in sequence: Ensure the child is safe, comfortable, and supervised at all times. Staff will remain calm and provide reassurance, comfort, snacks, water, and engaging activities as appropriate. Attempt to contact the parent or legal guardian by all available means (phone, text, email). If the parent or legal guardian cannot be reached, contact all emergency contacts listed in the child's file and request they come to the center as soon as possible. Staff will immediately notify the Center Manager of the situation. The next step is to contact the Ministry of Children and Family Development (MCFD) for support. The MCFD can provide assistance in situations where a child is abandoned, and they are legally required to take action to ensure the child's safety and well-being. Staff members will immediately call **MCFD at 1-800-663-9122**, which is the appropriate emergency contact number for child protection services. Staff will be required to provide all relevant details about the situation to MCFD, including the child's name, age, current location, and any information we have about the parents or guardians.

While awaiting the arrival of MCFD, ILM staff will continue to care for the child, providing support, comfort, and reassurance to ensure they feel safe. Staff members will also keep a close eye on the child's physical and emotional needs and address any concerns that arise during this time.

Once MCFD arrives, our staff will verify the credentials of the worker or representative who is taking over the care of the child. This step ensures that the child is transferred to a legitimate and qualified professional who can continue to provide the necessary care and oversight. The identity of the MCFD worker will be confirmed before any transfer of responsibility occurs, as part of our commitment to ensuring the child's safety.

In line with British Columbia's legal requirements, ILM is obligated to report instances of child abandonment to MCFD. This ensures that the child receives proper care and that the child's needs are met while they await further steps for reunification with their family. The information shared with MCFD will include the child's full name, age, and current location, along with details about the parents or legal guardians (if known), any pertinent medical or developmental needs, and any important information about the child's language, cultural background, or special requirements (such as disabilities or specific care needs). This

information allows MCFD to respond appropriately and provide the necessary support services.

Our goal is always to prioritize the child's safety and well-being, and our staff is trained to follow these steps with professionalism and care. By maintaining clear and consistent communication with both parents and MCFD, we ensure that every action taken is in the best interest of the child. In any instance of abandonment, ILM is committed to handling the situation with the utmost sensitivity and care, ensuring that the child is protected and that legal requirements are fully adhered to.

Training:

All staff receive training on this policy during orientation and as part of ongoing professional development. The Child Abandonment Policy will be reviewed annually and revised as needed to remain in compliance with licensing regulations and best practices for child protection.

Illness Policy 2026–2027

At ILM, the health and well-being of our children, families, and staff members are our top priorities. To maintain a safe and nurturing environment, we have built a comprehensive illness policy that outlines procedures for managing illnesses, preventing the spread of communicable diseases, and ensuring a smooth process for all involved. Children may not attend the center if they exhibit symptoms of illness that could pose a risk to others or hinder their ability to participate fully in daily activities. Symptoms that require exclusion include, but are not limited to, a fever of 38°C (100.4°F) or higher, after adding 0.5°C to any temperature taken under the armpit, vomiting (two [2+] or more times in a forty-eight [48] hour period), diarrhea (three [3] or more loose stools in a forty-eight (48) hour period or stools that cannot be contained by a diaper or clothing), persistent coughing that disrupts normal activity, difficulty breathing, unexplained rash with fever or behavior changes, or any signs of contagious conditions such as conjunctivitis (pink eye), strep throat, head lice, or chickenpox. Parents or legal guardians are required to notify the center immediately if their child is diagnosed with a communicable disease so that we may inform other families and take appropriate precautions as recommended by local health authorities. Confidentiality will be maintained, and the names of affected individuals will not be disclosed.

If a child becomes ill while at ILM, staff will promptly isolate the child in a designated area, away from other children, while ensuring they are comfortable and supervised. Parents, legal guardians, or an authorized emergency contact will be notified immediately and must pick up the child within one (1) hour of notification. However, communication is expected

within thirty (30) minutes or next steps will be taken to reach the family. Emergency contacts will be phoned when a child has not been picked up within one (1) hour. Parents and legal guardians are required to keep their contact information and that of any authorized pick up persons updated to ensure prompt and effective communication between the center and the families. We understand that illnesses can be unpredictable, and our goal is to minimize disruption while prioritizing health. Children may return to the center only after they have been symptom-free for at least forty-eight (48) hours without the use of fever-reducing medications (such as acetaminophen or ibuprofen), unless a doctor's note specifies otherwise.

If a child is teething, medication may be given by the parent or legal guardian prior to arrival, but this must be disclosed to staff members at drop-off so that we are aware and can monitor the child appropriately throughout the day.

Please note: Teething symptoms do not override illness-related exclusion policies. If a child is exhibiting symptoms such as fever, vomiting, diarrhea, significant irritability, or lethargy (even if teething is suspected) they will not be permitted to attend care, and may result in the child being sent home. This is to ensure the health and safety of all children and staff.

Additionally, staff members are not permitted to administer any medication unless:

- The medication is prescribed by a healthcare provider, and
- A Permission to Administer Medication form has been fully completed and submitted in advance.

For certain contagious conditions, such as strep throat or conjunctivitis, a medical professional's clearance stating the child is no longer contagious may be required before attendance can continue. This forty-eight (48) hours symptom-free period applies to fever, vomiting, diarrhea, and other acute symptoms, ensuring that children are fully recovered and not at risk of spreading illness to others.

To prevent the spread of illness, ILM enforces strict hygiene practices, including frequent handwashing for staff and children, regular disinfection of toys, surfaces, and high-touch areas, and proper disposal of tissues and other potentially contaminated items. Staff members are trained to recognize early signs of illness and will monitor children throughout the day for any changes in behavior or physical condition. We also encourage families to support these efforts by keeping sick children at home and reinforcing good hygiene habits, such as covering coughs and sneezes. In the event of an outbreak of a serious illness (e.g., measles, whooping cough, or a pandemic-level disease), ILM follows guidance from the local Health Authority and, if applicable, the BC Centre for Disease Control and the Centers for Disease Control and Prevention (CDC). This may include enhanced cleaning, temporary exclusion of affected individuals, modified drop-off and pick-up procedures, or temporary

closure. Parents are notified promptly of any such measures via email, phone, or Brightwheel.

For children with chronic conditions (e.g., asthma or allergies) that may mimic infectious symptoms, we request that parents provide a written explanation from a healthcare provider detailing the condition and its typical presentation to have on file for the child's well being. This will be presented as a medical care plan, along with a permission to administer form for any medication that is required to be given while at the center. This documentation helps staff distinguish between chronic symptoms and new illnesses, reducing unnecessary exclusions. Medications, including over-the-counter options, will only be administered with a doctor's prescription, in accordance with licensing regulations. All medications must be provided in their original containers, clearly labeled with the child's name, dosage instructions, and expiration date, and stored securely by staff. ILM staff are not permitted to administer medication to mask symptoms that would otherwise require exclusion, such as fever reducers, unless part of a documented medical treatment plan.

We recognize that illnesses can impact families' schedules, and we strive to balance compassion with the need to protect our community. If a child is excluded due to illness, tuition or fees will not be refunded or prorated, as our operational costs remain consistent. However, we encourage open communication—if a family faces repeated exclusions or has concerns about this policy, we invite them to discuss their situation with our administrative team to explore possible solutions. ILM reserves the right to refuse care to any child whose symptoms or condition, in the judgment of our staff and leadership, pose a significant health risk to others, even if not explicitly listed in this policy. By adhering to these guidelines, we aim to foster a healthy, safe, and supportive environment where every child can thrive. Parents are encouraged to review this policy regularly and contact us with any questions or clarification needed.

Emergency Procedures for Common Ailments:

ILM's will always have First Aid bags that are well-stocked and in good order. All ILM staff are reachable by phone. To ensure the health and welfare of all children in our care, ILM staff members practice the following steps:

In an Emergency:

1. **Take control of the scene** and assess the situation. Ensure the area is safe before addressing the casualty.

2. **Contact the on-site ILM Manager** and instruct a staff member to call 911.

3. **Follow First-Aid and CPR protocol** and attend to the child until relieved by paramedics.

4. **Notify the child's parents or guardians** after 911 has been contacted.

5. **Send a staff member outside** to meet the arriving paramedics.

6. **Provide any relevant details/documents** to the medical team upon request (e.g. the child's emergency contact information, health care number, doctor on file).

Bite Marks:

1. Assess the child and locate the area of the bite.

2. Apply an ice pack to the injured area.

3. Contact parents of both parties involved.

4. Bite marks penetrating the skin of another child will result in a send home for the day and may require a licensing report.

Broken Bones:

1. If a broken bone is suspected, assess the area for swelling or abnormal bone structure. Do not force movement.

2. Apply an ice pack to the injured area.

3. If a broken bone is suspected, contact the child's parents or legal guardians.

4. Phone 911 and proceed to the hospital.

Contagious Diseases:

1. Parents must notify the center when a child contracts a contagious disease, including, but not limited to: chickenpox, conjunctivitis, fifth disease, impetigo, measles, ringworm, scarlet fever, et cetera. This helps us to be proactive to avoid further spread of the contagious disease.

2. If three (3+) or more children have a confirmed diagnosis of a contagious disease, ILM will alert parents and notify licensing

3. Parents will be informed with a description of the disease, the date of notification, and the alert posting. We will not release any personal information about the children who have been diagnosed due to confidentiality.

4. A judgment call may be made for potential center/program closures for disinfecting and deep cleaning. This call may come as a result of continuous spread of communicable diseases to support limiting the spread of the illness ensuring the health, safety and well being of all persons in care. This may be decided in collaboration with the Executive Director/Chief Executive Officer and possibly at the request of your licensing officer.

5. A child may return once they meet the guidelines for the specific illness, and no doctor's note is required for return unless the child is returning with symptoms.

Head Lice:

1. Confirm the presence of nits or lice with your manager and quarantine the child immediately.

2. Follow procedures for sending the child home and notify the pickup person of the required treatment before re-entry.

3. Wash all sheets, blankets, and sleep toys in the affected room.

4. Complete a head lice check in the affected room and any rooms of siblings.

5. The child may return after treatment, and once they are free of nits and must be verified by a head check upon returning to the center.

Injury With or Without Blood:

1. Apply a protective barrier (e.g., gloves) to avoid direct contact with blood, even if not visible.

2. Assess the area to determine if an ice pack, cold compress, bandage, or further action is needed.

3. If it is suspected that stitches may be required, notify your manager and the child's parents or guardians. Clean the area around the wound only.

4. Dispose of contaminated materials by sealing them in a plastic bag and placing them in the diaper waste container.

Injury With or Without Blood, Head Injury:

1. Assess the head for any abnormal bumps or bruises.

2. Apply an ice pack or cold compress to the injured area.

3. If the head injury seems severe, call 911 and notify the child's parent and watch for fixed, glossy, or dilated pupils for thirty (30) minutes.

4. Document any relevant information that may need to be passed onto the paramedics, and give the parents or guardians updates.

Pandemic:

1. ILM staff will follow procedures outlined by the Health Authority, then will advise parents and/or legal guardians accordingly.

2. If one person at the center is infected, the center will close as instructed by the Health Authority. To be clear, ILM shall adhere to the Health Authority's pandemic procedures.

Sending a Child Home:

A child will be sent home if they exhibit any of the following symptoms:

- Lethargy or excessive sleep (three [3] or more hours).
- Conjunctivitis (pink eye).
- Diarrhea:
    - Five (5) years of age and younger: three [3] or more times in one day.
    - Five-plus (5+) years: (1) one per day.

- Fever.
- **Green or Yellow Nasal Discharge (Mucus/Snot)**
    - **During cold and flu season (October to April)**, green or yellow nasal discharge must be accompanied by at least one other symptom (such as a persistent cough, chest congestion, or noticeable lethargy) in order for a send home to be considered.
    - **During allergy season (April to September)**, the same criteria apply. Nasal discharge alone is not a reason for a child to be sent home, but it must be accompanied by another symptom (e.g., consistent cough, chest congestion, lethargy).
    - **Staff will be aware of any documented seasonal allergies** in the child's file or a family history of allergies, as this may help distinguish between illness and allergy-related symptoms.
    - **Accordingly, a child with a runny nose (mucus/snot) may attend a child care program if they:**
        - Are not accompanied by any other symptoms (listed in Illness Policy);
        - Return from a cold or flu not accompanied by any other symptoms (listed in Illness Policy); or
        - Have an allergy waiver on file during allergy season.
- Infestations (e.g., head lice, scabies).
- Three (3) or more symptoms of a cold, flu, or undetermined illness.
- Unexplained rash or allergic reaction.
- Vomiting.

Once it is determined a child will need to go home:

1. Educators will keep the child comfortable and isolated from other children trying to prevent the spread of illness.

2. The educator contacts the parent or legal guardians and will fill out the relevant paperwork.

3. The same educator will meet the parents or legal guardians at the door.

4. The child will be transferred to the parents or legal guardians with all information retained.

5. Emergency contacts will be phoned when a child has not been picked up within one (1) hour.

Sick Child:

1. Assess the child and inquire about their symptoms.

2. Measure the child's temperature.

3. If the temperature is 38°C (100.4°F) or higher, the child must be sent home.

4. A judgment call on behalf of ILM management will be made for symptoms not accompanied by fever.

Notes from Doctors:

1. It must be noted that educators do not have the ability to medically diagnose and therefore do not know the severity of any ailment that presents itself. ILM staff may make a judgment call for a child to be sent home if the child is excessively lethargic, unable to participate, even when not accompanied by a fever or other obvious symptoms.

2. Parents or legal guardians who disagree with a specific wellness assessment made by an ILM staff member may seek out medical advice at their own discretion

3. ILM requires a note from a doctor, or other health care professional, citing that the child can return to care if forty-eight (48) hours to return is not required.

4. In accordance with licensing regulations, medications, including over-the-counter options, will only be administered with a doctor's prescription.

5. As per licensing requirements, when a child has a diagnosis, or ongoing long-term illness, a doctor's note may be required to have on file for the health, safety, and well-being of the child.

Medication:

Receiving and Storing Medication:

1. All medication must have an "Authorization to Give Medication" form, filled out completely.

2. All medication must be in its original container. Only send the amount needed for the day.

3. Medication mixed with formula or in other containers will not be accepted.

4. Long-term prescriptions require an updated “Authorization to Give Medication” form every thirty (30) days.

5. Non-prescribed medications (e.g., Tylenol for teething, benadryl for allergies, Advil) **are strictly prohibited** and will **not be administered by ILM staff members** under any circumstances unless otherwise prescribed.

6. Prescription antibiotics must be given for at least forty-eight (48) hours before the child returns to the center.

Administering Medications:

The five “rights” must be followed when administering medication:

1. **Right Patient:** Verify the child's identity with the educator and child.

2. **Right Drug and Right Dosage:** Compare the medication bottle to the authorization form to ensure correct medication and dosage.

3. **Right Time:** Administer within thirty (30) minutes before or after the stated time.

4. **Right Route:** Administer in the correct manner (e.g., eye drops to the eye, ear drops to the ear).

Disposing of Medication:

1. The empty medication container will be returned to the parents or legal guardians for appropriate disposal.

2. Any remaining medication will be sent home with the parent or legal guardian for disposal.

Recording Information:

1. All incidents must be recorded on the correct forms, such as “Authorization to Give Medication” or an “Incident Report” on Brightwheel.

2. Include specific details about the injury, such as the type, location, and cause.

3. Any injury resulting in a mark will require an incident report.

Long-Term Illnesses:

1. If a child has a long-term or ongoing medical condition, **a medical care plan** must be established.

2. **If medication is required, permission to administer medication** must be provided in the form of a signed document by the child's parents or guardians.

3. For the safety of all children, ILM requires the appropriate documentation and procedures for children with long-term illnesses that may impact their care.

Guidelines: When a Child Can Return

These guidelines are inspired by the Canadian Pediatrics Society and the Canadian Public Health Association. Children may return to the center once the following conditions are met:

Conjunctivitis (Pink Eye): Forty-eight (48) hours after treatment begins.

Diarrhea: Forty-eight (48) hours symptom free of the diarrhea with the child exhibiting regular bowel movements.

Ear Infections: After forty-eight (48) hours of treatment, provided the child can participate fully.

Fever-Free: The child must be fever-free for forty-eight (48) hours.

Hand, Foot, and Mouth Disease: Once all blisters have dried and the child is fever-free for forty-eight (48) hours.

Hepatitis A: One (1) week after the onset of illness, or after immune serum globulin has been given to the appropriate individuals.

Impetigo: Forty-eight (48) hours after treatment begins.

Infestations (e.g., head lice, scabies): Forty-eight (48) hours after treatment begins.

Lethargy: Exhibiting no other symptoms the child can return to care the following day as long as the child can actively participate.

Measles: Six (6) days after the rash appears.

Mouth Sores: Must be non-infectious, as determined by a doctor.

Mumps: Nine (9) days after the swelling begins.

Rash: Unexplained/unknown rash must be completely cleared and the child must not exhibit any other symptoms (e.g. fever, lethargy) before the child can return to care.

Ringworm: Forty-eight (48) hours after treatment begins.

Rubella: Six (6) days after the rash appears.

Shingles: The child must stay home until no longer contagious or cleared by a doctor to return to care.

Strep Throat: Forty-eight (48) hours after treatment begins.

Tuberculosis: Must result in the child having a doctor's note stating they are non-infectious.

Varicella (Chicken Pox): Seven (7) days after the rash begins or when lesions are dry and crusted.

Vomit-Free: The child must be vomit-free for forty-eight (48) hours before returning to care.

Whooping Cough: After five (5) days of treatment.

Yellow/Green Mucus/Snot: The child must be forty-eight (48) hours mucus/snot free before returning to care. However, a child with a runny nose (mucus/snot) may attend a child care program if they: (a) are not accompanied by any other symptoms (listed in Illness Policy); (b) return from a cold or flu not accompanied by any other symptoms (listed in Illness Policy); or (c) have an allergy waiver on file during allergy season.

Children must be symptom free and follow the guided timelines above before returning.

Policy Review:

This policy is reviewed annually or whenever there are significant changes in licensing standards, organizational practices, or child care legislation. Any updates are shared with staff and families, and all educators are retrained on procedures as necessary to ensure consistent application and understanding.

Transportation Policy 2026–2027

At ILM Child Care Center, ensuring the safety and well-being of every child during transportation is our top priority. We may provide transportation services for things such as field trips and outings. ILM drivers are trained, licensed professionals who undergo regular background checks and maintain a clean driving record. Each vehicle is inspected daily for safety, and maintained in accordance with provincial regulations. Children are supervised at all times during transit by ratio with the driver, and we maintain a strict child-to-staff ratio to ensure proper oversight. Parents or legal guardians must provide written consent for their child to be transported. Times of field trips and when children will be absent from the centers are communicated clearly. Parents and legal guardians will be responsible for providing appropriate seating for the safety of the child (E.g. carseat, booster seats) In the event of an emergency, such as a delay or accident, parents or legal guardians will be notified immediately, and our staff will follow established safety protocols to protect the children. This policy is designed to provide reliable, secure transportation while giving families peace of mind and allowing children the opportunity to explore and learn about areas in the community.

Parental Consent and Notification:

Children are only transported with prior written consent from a parent or legal guardian. For each trip or transportation-related activity, parents receive detailed information outlining the date, destination, reason for transport, method of transportation, expected duration, and supervising staff. A signed **Transportation Consent Form** must be submitted before the child is permitted to participate.

In emergency situations where unplanned transportation is necessary for safety reasons (e.g., evacuation), families will be notified as soon as it is safe and feasible to do so. All emergency transportation is conducted in accordance with ILM Child Care’s Emergency Preparedness Policy.

Vehicle Safety and Driver Requirements:

Any vehicle used to transport children must meet all provincial safety standards and be properly insured and licensed. Vehicles must be equipped with appropriate child safety restraints, including booster seats or car seats, based on the age, height, and weight of each child, as required by B.C. law. All seats must be forward-facing and meet Transport Canada's safety guidelines.

Drivers must hold a valid driver's license for the class of vehicle being used and must have a clear driving record. Drivers employed by ILM Child Care or hired through a third-party provider must complete a criminal record check and demonstrate knowledge of emergency procedures and child care best practices. Staff drivers are never permitted to use mobile phones or other distractions while operating a vehicle.

Supervision and Attendance:

Children are supervised at all times during transportation. At least one ILM Child Care staff member (in addition to the driver, if the driver is not a staff member) is present in the vehicle to ensure safety, provide assistance, and maintain behavior management. Staff conduct a head count before boarding, during transport (as needed), and upon arrival at the destination. Attendance is recorded in writing to ensure that all children are accounted for.

Children are given clear instructions for entering and exiting the vehicle safely. Staff members assist children with buckling seat belts or safety restraints, and monitor them throughout the trip to ensure they remain seated and secure.

Loading and Unloading Procedures:

Children are loaded and unloaded only in safe, designated areas away from high-traffic zones. Staff ensure that children are never left alone in a vehicle under any circumstance, even momentarily. Upon arrival at the destination, children exit the vehicle one at a time under staff supervision. Any personal belongings are collected and checked to ensure nothing is left behind. The same protocol is followed upon returning to the child care facility.

Emergency Procedures During Transport:

ILM Child Care maintains an Emergency Kit and first aid supplies in every vehicle used for transporting children. Staff members are trained in emergency response procedures, including how to respond to medical emergencies, vehicular accidents, breakdowns, or unexpected delays. In the event of an incident, the driver or supervising staff will contact

emergency services immediately, followed by ILM Child Care administration and the child's parent or legal guardian.

If an incident occurs during transport that meets the definition of a reportable incident under Section 55 of the BC Child Care Licensing Regulation—such as an injury requiring medical attention, a vehicular accident, or a child being left behind—a **Reportable Incident Form** will be submitted to the Licensing Officer within twenty-four (24) hours.

Confidentiality and Conduct:

Staff and drivers are expected to maintain confidentiality and professionalism at all times during transport. Conversations involving personal or sensitive information are not conducted in the presence of children. All interactions with children must reflect ILM Child Care's values of respect, patience, and positive behavioral guidance.

Communicable Disease and Pandemic Prevention Policy 2026–2027

We do not recommend that children with any underlying health concerns attend child care programs during a communicable disease outbreak or pandemic.

Symptom*	May Return When
Temperature of 38°C (100.4°F) or greater (under the arm) or 37.8°C (100°F) or greater (orally).	May return to child care after forty-eight (48) hours or following provincial guidelines or when symptom free, whichever is longer.
Runny nose (green/yellow nasal discharge [snot/mucus]) during cold and flu season.	Must be accompanied by at least one other symptom (such as a persistent cough, chest congestion, or noticeable lethargy) in order for a send home to be considered. May return to child care after forty-eight (48) hours symptom free as long as snot is now clear.
Runny nose (green/yellow nasal discharge [snot/mucus]) during allergy season.	Nasal discharge alone is not a reason for a child to be sent home, but it must be accompanied by another symptom (e.g., consistent cough, chest congestion, lethargy). Furthermore, a child may have an allergy waiver on file during allergy season. May return to child care after forty-eight

	(48) hours symptom free as long as snot is now clear.
Deep cough.	May return to child care after forty-eight (48) hours or when symptom free, whichever is longer.
Sore throat.	May return to child care after forty-eight (48) hours or when symptom free, whichever is longer.
Difficulty breathing or wheezing.	May return to child care after forty-eight (48) hours or when symptom free (whichever is longer).
Unexplained fatigue, aches or cold/flu-like symptoms.	May return to child care after forty-eight (48) hours or when symptom free (whichever is longer), or a note from a doctor or other health care professional citing that the child can return to care.
Sinus congestion.	Sinus congestion alone is not a reason for a child to be sent home, but it must be accompanied by another symptom (e.g., consistent cough, chest congestion, lethargy). Furthermore, a child may have an allergy waiver on file during allergy season. May return to child care after forty-eight (48) hours symptom free as long as snot is now clear..
Children who have, or children with others living in the same home who have just returned from international travel during a pandemic.	May return after self-isolating for fourteen (14) days and being symptom free, or following provincial guidelines.
Children who have, or children with others living in the same home who have been identified as at-risk of potential communicable disease exposure.	May return after self-isolating for fourteen (14) days and being symptom free, or following provincial guidelines.

*Please Note: This is NOT an all inclusive list of symptoms or illnesses that people may come in contact with in a child care facility.

Accordingly, please note the following Communicable Disease Prevention Policy, which applies to all staff members and children within this facility.

During a Communicable Disease Outbreak or Pandemic:

On arrival, children will have their temperatures taken, together with the parent and educator, before entering the facility. If the child has a temperature, they must be taken home and remain home, as per the health policy, below. **Ear thermometers will not be used, as “Earwax or a small, curved ear canal can interfere with the accuracy of a temperature taken with a digital ear thermometer.” Reference: Mayo Clinic.

Parents will additionally be asked to sign a statement each morning, in the case of a pandemic, confirming that their child is symptom free and that their child has not been given acetaminophen or ibuprofen in the last twelve (12) hours. You may also choose to take your child to a health practitioner and your child may return to care with a doctor’s, nurse practitioner’s, or pharmacist’s note stating that they are suitable to be in care and/or written dosage of any medications that need to be administered.

Additionally, our regular health and wellness policy stands:

Children may not attend child care programs while they have any of the following symptoms until forty-eight (48) hours after they are symptom free:

- Ear infection(s).
- Eye infection(s).
- Known or suspected communicable diseases, please follow regular Cascia Group Illness Policy (chicken pox, measles, pink eye, hand foot and mouth, et cetera).
- Nausea, vomiting and/or diarrhea—children may return forty-eight (48) hours after the last episode.
- Unusual, unexplained loss of appetite, fatigue, headache, and/or irritability.

Children will be able to be in care:

- If they are teething;
- If they have a clear runny nose;
- If they have an inconsistent cough;
- If they have two (2) loose stools; and/or
- If they have two (2) symptoms of a non-transferable illness such as symptoms of teething or a stomachache.

Staff Members:

Cascia Group Child Care is committed to preventing the spread of communicable diseases among our staff. We will take the following measures to ensure the health and safety of our staff members:

1. **Immunization Requirements**: All staff members must meet the minimum immunization requirements set by their region's Health Department. New Staff must provide up-to-date vaccination records before starting employment and must sign an immunization status declaration form.

2. **Sick Staff Policy**: Any staff member who shows symptoms of a communicable disease will not be allowed to work until they are symptom-free for at least twenty-four (24) hours and/or have a doctor's note clearing them to return. Staff are also required to notify their supervisor immediately if they have been exposed to a communicable disease.

3. **Hand Hygiene**: Cascia Group Staff are required to practice proper hand hygiene by washing their hands frequently with soap and water for at least twenty (20) seconds. Hand sanitizers are also available throughout the facility.

4. **Personal Protective Equipment (PPE)**: Cascia Group Staff are required to wear appropriate PPE, such as gloves and masks, when caring for a child who is exhibiting symptoms of a communicable disease. The PPE will be provided by the child care facility.

5. **Reporting**: Cascia Group Staff are required to report any cases of communicable diseases to their supervisor immediately. The supervisor will then report the case to the local health department as required by law.

6. **Training and Education**: Cascia Group Staff will receive training and education on communicable disease prevention, including proper hand hygiene, the use of PPE, and identifying symptoms of communicable diseases.

Toileting & Diapering Policy 2026–2027

At ILM, we are committed to supporting children and their families through all stages of development, including toileting while ensuring a hygienic, respectful, and developmentally appropriate approach. Staff members will assist children in developing independent toileting skills while providing necessary support based on the child's age, developmental stage, and individual needs. Children will never be shamed, punished, or discouraged for accidents or difficulties related to toileting, and positive reinforcement will be used to encourage progress.

Parents are encouraged to communicate any specific toileting needs, routines, or concerns regarding their child. If a child is in the process of toilet training, staff will collaborate with parents to maintain consistency between home and the childcare setting. Staff members will provide reminders and assistance as needed, ensuring children have ample opportunities to use the restroom throughout the day. For children who require additional support, such as those with medical conditions, disabilities, or sensory sensitivities, accommodations will be made to ensure their comfort and dignity.

Children will be supervised in a manner that ensures their safety and privacy. Staff members will assist younger children with clothing, hygiene, and handwashing as necessary while fostering independence. Toileting accidents will be handled with sensitivity, and children will be provided with clean clothing if needed. Soiled clothing will be placed in a sealed bag and returned to parents at the end of the day. Parents are encouraged to provide extra clothing, wipes, and any necessary toileting supplies for their child. If a child is reaching their last set of clothes or back up pull ups they may be asked to be picked up or the family and staff may need to create a plan moving forward to create a plan that will benefit the child and their best interests.

Restrooms and diaper-changing areas will be cleaned and sanitized regularly to maintain hygiene and prevent the spread of germs. Staff members must wear gloves when assisting with toileting and diapering, following proper handwashing and sanitation procedures after each use. Diapers will be changed in designated areas, and all supplies will be stored securely. If a child experiences frequent accidents beyond what is typical for their developmental stage, staff will discuss concerns with parents to determine appropriate support strategies or referrals if necessary.

Confidentiality and respect for each child's privacy will be maintained at all times. Staff members will use age-appropriate language and approaches to help children feel comfortable and confident in their toileting routines. If a child exhibits distress, fear, or anxiety related to toileting, staff will work with parents to implement supportive strategies that address the child's specific needs. The toileting policy ensures that all children receive appropriate support, promoting a positive and stress-free experience while maintaining health, safety, and dignity.

Toileting and Staff-Parent/Guardian Cooperation:

Unless it is for the school age program, the ILM Child Care Center will not deny services to any child who is not toilet trained upon enrollment. Throughout the operational year, ILM staff will work with the parents or legal guardians and their child, taking developmentally appropriate practices to help the child develop appropriate toileting practices.

Diapering Policy:

At ILM Child Care, we are committed to maintaining the highest standards of hygiene and respectful care during diapering routines. Diapering is carried out in a clean, safe, and nurturing environment by trained staff who follow strict health and safety procedures in accordance with BC Child Care Licensing Regulations. Diaper changes are performed in designated diapering areas that are sanitized regularly and kept separate from food preparation and eating spaces. Staff always wear disposable gloves during diaper changes and practice proper hand hygiene before and after each change. Gloves are discarded immediately after use, and both staff members and children wash their hands thoroughly to prevent the spread of illness.

Families are responsible for providing their child's own diapering supplies, including diapers, wipes, creams, and any other necessary products. These items must be clearly labeled with the child's name and stored in the designated space for each child. Staff members will notify parents or legal guardians when supplies are running low so that items can be replenished promptly. During changes, staff members use only the items provided for each specific child. Diaper creams or ointments will only be applied with written parental permission and according to the family's instructions. Creams are applied using gloves or a clean, single-use applicator to ensure hygienic practices.

Children are never left unattended during diapering. Staff members remain with the child at all times and use diaper changes as opportunities for warm, supportive interaction. Children are spoken to gently and respectfully, and their privacy and comfort are always maintained. The diapering surface is sanitized before and after each use with approved disinfectants, and soiled diapers are immediately disposed of in a hands-free, covered, and lined bin. After being changed, children are supported in washing their hands with soap and water, helping to develop early hygiene habits even among infants and toddlers. At this age having a soiled diaper is implied consent to a diaper change.

Diaper changes are logged daily, with notes on the time, condition, and any concerns such as rashes or unusual bowel movements. These observations are communicated to families as needed to ensure consistent care via Brightwheel. Children are checked frequently and changed as soon as they are wet or soiled, in addition to regular diapering intervals built into the day.

All staff that hold valid certificates are responsible for diaper changes.

At ILM Child Care, diapering is approached not only as a routine care task but also as an opportunity to build trust and connection. By following safe, respectful, and hygienic procedures, we support both the physical health and emotional well-being of the children in our care.

Suspected Child Abuse Policy 2026–2027

At ILM Child Care Center, The protection and well-being of children are of the highest priority, and all staff members are responsible for ensuring a safe and secure environment free from abuse, neglect, or harm. Child abuse includes physical, emotional, sexual abuse, and neglect, and any suspicion or knowledge of abuse must be taken seriously and reported immediately in accordance with legal and organizational requirements. All staff members must be trained to recognize the signs of child abuse, including unexplained injuries, sudden behavioral changes, withdrawal, fearfulness, or inappropriate knowledge of sexual behavior. Staff members must remain vigilant in their interactions with children and report any concerns to the appropriate authorities without delay.

Employees, volunteers, and any individuals working with children must undergo background checks before employment to ensure that they meet the necessary safety and ethical standards. Staff members must always interact with children in a respectful and appropriate manner, maintaining professional boundaries and avoiding any form of physical punishment, verbal abuse, or emotional manipulation. Any allegations of misconduct by staff members will be investigated immediately, and appropriate actions will be taken, which may include suspension, termination, and legal reporting requirements. All employees are required to complete mandatory child abuse prevention training to ensure that they understand reporting obligations and intervention protocols.

ILM strictly prohibits any behavior that could harm a child. Physical abuse, including hitting, shaking, or any form of corporal punishment, is forbidden. Emotional abuse, such as yelling, shaming, or belittling, is equally unacceptable. Sexual abuse or exploitation of any kind will not be tolerated, and neglect—including failure to provide adequate supervision, nutrition, or medical attention—violates our standards of care. Staff members are trained to model positive behavior, using only constructive discipline techniques that promote growth and self-esteem. Any staff member found engaging in prohibited conduct will face immediate suspension pending investigation and, if substantiated, termination and referral to law enforcement. We also address peer-to-peer interactions, intervening promptly in cases of bullying or harmful behavior to protect all children involved.

Recognizing and reporting suspected abuse is a critical responsibility at ILM. All employees are mandated reporters under provincial law and are required to report any suspicion of abuse or neglect—whether observed within the center or suspected to have occurred outside our care—to the appropriate authorities. Signs of abuse may include unexplained injuries, sudden behavioral changes, fearfulness, or disclosures from a child. If a child discloses abuse, staff members must listen carefully, offer reassurance, and avoid asking leading questions that could interfere with an official investigation. Children should never be

pressured to provide information, and staff must document the disclosure factually and immediately report it to MCFD. Under no circumstances should staff members attempt to investigate abuse claims independently. Confidentiality must be maintained, and information should only be shared with individuals directly involved in handling the case.

If a staff member suspects abuse, they must immediately inform the center manager. The staff will document the observation in detail, including dates, times, and specific concerns. The manager will then contact the Ministry of Child and Family Development(MCFD) and Licensing Officer within twenty-four (24) hours, as required by law. Confidentiality will be maintained to protect the child and family, sharing information only with those directly involved in the reporting process. Staff members are protected from retaliation for good-faith reporting and are encouraged to err on the side of caution when a child's safety is at stake.

In the event of an allegation of abuse within ILM, we will act swiftly and transparently. The accused individual will be suspended from all duties pending a full investigation by the center and your licensing officer. Parents or legal guardians of the affected child will be notified immediately, provided with all relevant information, and offered support, including referrals to counseling services. We will cooperate fully with authorities, providing access to records, footage, or interviews as requested, while ensuring minimal disruption to the other children's routines. If the allegation is substantiated, the individual will be terminated, and we will review our policies and training to prevent recurrence. If the allegation is unfounded, we will support the reintegration of the accused staff member, ensuring fairness and due process.

ILM Child Care is dedicated to supporting children and families impacted by abuse. If a child discloses abuse or is identified as a victim, we will provide a safe, compassionate response, listening without judgment and reassuring them of their safety. We will work closely with parents, legal guardians, and MCFD to ensure the child receives appropriate care, whether through medical attention, therapy, or protective services. Our staff will not ask leading questions during disclosures, preserving the integrity of any investigation. We also commit to educating families about abuse prevention through workshops and resources, empowering them to recognize and address risks in their own environments.

This policy is a living document, reviewed annually or as needed to reflect changes in law, best practices, or community needs. Parents and guardians will be encouraged to communicate any concerns regarding their child's well-being, and staff will work collaboratively with families to ensure a supportive environment. Any concerns or reports of abuse must be documented thoroughly and submitted to the designated authorities as required by law. Failure to report suspected abuse can result in disciplinary action and legal consequences. This policy will be reviewed regularly to align with child protection laws and

best practices, ensuring that all children are cared for in a safe, secure, and nurturing environment.

Duty to Report:

In accordance with the Child and Family Services Act, it is the responsibility of every person in British Columbia, including a person who performs professional or official duties with respect to children, to immediately report to The Ministry of Family and Children Services if they suspects that child abuse has occurred or if a child is at risk of abuse outside of the center. This includes any operator or employee of a child care center. An individual's responsibility to report cannot be delegated to anyone else.

Confidentiality:

The duty to report suspicions of child abuse overrides the provision of confidentiality in any other statute, specifically those provisions that would otherwise prohibit disclosure by a professional or official. The only exception to this is solicitor/client privilege.

Protection from Liability:

All persons making a report of suspected child abuse are protected against civil action, unless that person is proven to have acted "maliciously or without reasonable grounds for the belief of suspicion."

Child Care Licensing Regulation:

The Vancouver Island/Interior Health Authority requires behavior management policies and procedures to be in place, which can be found in the *Cascia Group Employee Handbook*. It is also a requirement under the legislation, that if a staff member is suspected of abusing a child, licensing will be notified immediately. The specifics regarding serious occurrences are also found in the Employee Handbook.

Reporting Procedures:

Follow the SOP: Reporting Abuse/Neglect (Occurring in a Program, Not Occurring in a Program). The ILM employee should also follow procedures with ILM abuse SOP and SECTION 12.

Making a Report of Suspected Child Abuse:

Follow the SOP: Reporting Abuse/Neglect (Occurring in a Program, Not Occurring in a Program).

Discussing the Situation With a Parent/Caregiver:

Follow the SOP: Reporting Abuse/Neglect (Occurring in a Program, Not Occurring in a Program). **The SOP addresses the need to report to parents/legal guardians, but does not examine what to say (as in the example below).**

A staff/student/volunteer who suspects abuse outside the center will NOT tell a parent, legal guardian, caregiver, or child about the suspicion, intention to report, or that a report has been made until AFTER consultation and confirmation that it would be appropriate to tell. Discussing any suspicions of child abuse with a parent/legal guardian/caregiver/child before consulting the appropriate regulatory bodies could jeopardize the child and/or contaminate the investigation.

1. Use an interested and concerned tone of voice.
2. Avoid accusatory questions or statements.
3. Avoid questioning the child. Simply listen and document.

Documentation:

Follow the SOP: Reporting Abuse/Neglect (Occurring in a Program, Not Occurring in a Program). All documentation is to be forwarded to Human Resources to be kept in a secure, and fireproof cabinet, separate from the child's general file.

What to report to a Licensing Officer:

Follow the SOP: Reporting Abuse/Neglect (Occurring in a Program, Not Occurring in a Program).-The following is a list of information, if known, that ILM staff should be prepared to provide to the licensing officer when making a report of child abuse. You may use the ILM Incident Report as a guide for documenting the additional information.

Information about the Child/Children:

- Identifying information (e.g., name and address of child, primary caregiver, and the child's religion).
- Current whereabouts of the child/family.
- Present physical and/or emotional condition of the child.
- Any special vulnerabilities, medical conditions, or communication issues.
- The name of the center.

Circumstances which Prompted the Report:

- What was it that led to the report being made today?
- What are the sources of the information for the report?
- What are the details of the concerns or the incident which precipitated making the report today?
- Do you know of any other relevant incidents or have any other information?
- What actions, if any, have you taken prior to reporting the matter to the licensing officer?

If a Staff/Student/Volunteer is Suspected of Child Abuse:

Follow the SOP: Reporting Abuse/Neglect (Occurring in a Program, Not Occurring in a Program).

Confidentiality and Disclosure of Information to Others:

Any information related to a suspicion or report of child abuse is confidential between the person(s) directly involved, the licensee/licensee contact, and the licensing officer. The ILM supervisor, in consultations with the licensing officer and Human Resources will give direction regarding appropriate sharing of information with the staff/student/volunteer/operator.

Discussing any information with others related to a situation of suspected child abuse outside the designated individuals is a breach of confidentiality and may leave you liable for slander.

Students on Placement at the Center:

When a student is on placement at ILM, he/she/they is expected to follow the ILM center's Policies and Procedures regarding child abuse.

Policy Implementation:

Before commencing employment, staff/students/volunteers will be asked to sign a form stating that all the policies and procedures with respect to child abuse have been read, are understood, and will be followed. Updated policies and procedures will be brought to the attention of all staff/students/volunteers for their advisement and signature.

On-Foot Transportation Policy 2026–2027

The safety of children during on-foot transportation is our top priority, and all staff members must adhere to strict supervision and security protocols when escorting children outside the facility. Children must be supervised at all times and remain within the designated group while walking to and from any location. A headcount must be conducted before departure, at regular intervals during the walk, and upon arrival at the destination to ensure that all children are accounted for. Staff members must maintain the appropriate licensing regulated staff-to-child ratio at all times, and at least one staff member must be positioned at the front and another at the rear of the group to provide comprehensive supervision. Children must always walk in an orderly manner and hold onto walking ropes, partners, or designated walking lines where applicable.

Before any walking excursion, staff will conduct a risk assessment of the route, taking into account factors such as traffic, weather conditions, distance, and the developmental abilities of the group. To ensure safety while crossing streets or navigating pedestrian areas, staff must use designated crosswalks, pedestrian signals, and crossing guards when available. Traffic awareness must be emphasized, and children should be instructed to stop, look, and listen before crossing any road. If at any point a child becomes uncooperative or unable to continue safely, staff members must stop and address the situation before proceeding. Walking routes must be planned in advance, and only approved pathways should be used to minimize exposure to unsafe areas. Parents or legal guardians may be notified in advance of any planned walking activities, including the destination, purpose, and expected duration, and written consent will be required for participation if not already included in the students file.

During on-foot transportation, children will be equipped with appropriate safety gear as needed, such as high-visibility vests, or pinnies and will be instructed on basic pedestrian safety rules, including staying with the group, holding hands when required, and following staff directions. Staff members will carry a fully charged mobile phone, a first aid kit, emergency contact information for all children, and any necessary medications or supplies for children with specific health needs. A reminder that headcounts must be conducted before departure, at regular intervals during the walk, and upon arrival at the destination and return to the center to ensure all children are accounted for.

In the event of an emergency, staff will follow ILM's emergency protocols, which include contacting emergency services if necessary, notifying parents or guardians, and ensuring the safety of all children. Documentation of the incident must be completed. Walking activities may be canceled or adjusted at the discretion of the center manager based on unforeseen circumstances, such as inclement weather or safety concerns. We encourage families to discuss this policy with their children and reinforce the importance of following staff instructions during on-foot outings to ensure the children's safety. Questions or concerns about this policy can be directed to the ILM management or administration at any time.

Field Trips and Outings:

Field trips at ILM are planned in advance, and parents will be notified at the beginning of the month via newsletter. For those that require transportation, vehicles will be used that have current insurance, seatbelts, and a licensed driver with their license on hand. Car seats will be required if applicable. During the trip, staff will always have a first aid kit, emergency contact information, a cell phone, food and water on hand. There will be no smoking allowed in the vehicle or during field trips. Children must always remain with a staff member and will never be left alone in a vehicle or at any time. If using public transportation, children must be seated at all times.

Accessibility:

In a high quality, inclusive program the Educator is responsive to the individual abilities and needs of each child. Opportunities are provided for all children to learn through play with their peers, supported by knowledgeable, trained Educators. All Educators and the Center Manager should be aware of each child's developmental goals and the support needed to achieve them. Goals are written in the child's trauma-informed practice individual care and education plan (TIPICEP) and should be incorporated into the daily program. The Educators are responsible for meeting the needs of all children in their care. ILM staff members will ensure that all children will be given opportunities to participate in outdoor activities and will take steps to plan for ways to include each child's diverse needs into the outdoor programming (see Inclusion Policy).

Security:

To ensure the safety of our children and their caregivers, precautionary measures against unwanted entry or exit have been put into place. The most important step to avoid unwanted entry is to maintain one access to the center. Therefore, all center doors remain locked at all times.

Environmental Safety Practices Policy 2026–2027

ILM Child Care is dedicated to providing a safe, clean, and developmentally appropriate environment in which children can learn, play, and grow. A well-maintained environment is essential not only to support children's physical health and safety but also to promote comfort, independence, and confidence in their daily experiences. In alignment with the BC Child Care Licensing Regulation, this policy outlines the environmental safety practices used to ensure that all ILM Child Care facilities meet or exceed regulatory standards for cleanliness, sanitation, equipment maintenance, hazard prevention, and overall environmental quality care. Some environmental incidents may result in a functional closure.

Indoor Safety Practices:

All indoor spaces are arranged and maintained to support both safety and accessibility for children of varying ages and abilities. Furniture, shelves, and activity centers are age-appropriate, sturdy, and secured to prevent tipping. Electrical outlets are covered, cords are secured out of children's reach, and all hazardous materials such as cleaning products or adult-use equipment are stored in locked cabinets or out of access areas. Floors are cleaned daily and kept dry to prevent slipping, and pathways are kept clear of tripping hazards such as toys, backpacks, or furniture.

Air quality is monitored to ensure proper ventilation, and heating and cooling systems are checked regularly for safety and efficiency. Windows and doors are secured, and any damaged areas such as cracked tiles, broken blinds, or worn carpet are reported and repaired promptly. Indoor plants, if present, are non-toxic and well-maintained.

Outdoor Safety Practices:

Outdoor play spaces are inspected daily before children go outside to ensure that they are clean, safe, and free of hazards. Staff members check for broken equipment, sharp objects, animal waste, slippery surfaces, and any other safety concerns. Fencing is secure and intact,

and gates are latched at all times to prevent unauthorized access or accidental exits. Climbing structures and outdoor toys are developmentally appropriate, well-anchored, and regularly sanitized. Children are always supervised while outdoors, and staff members position themselves to ensure full visibility across the play area.

During periods of extreme weather, such as high winds, icy conditions, or poor air quality, outdoor play is modified or moved indoors to protect children's health. In summer months, shade is provided and children are encouraged to wear sun protection such as hats and sunscreen, with parental consent.

Sanitation and Hygiene:

To maintain a healthy environment and reduce the spread of illness, all surfaces and high-touch areas are disinfected daily using child-safe cleaning products. Toys, sensory materials, and learning tools are cleaned on a scheduled rotation and more frequently as needed, particularly when mouthed or shared among children. Washrooms are cleaned multiple times daily and stocked with soap, paper towels, and toilet tissue. Staff members follow rigorous handwashing protocols, and children are guided through proper hygiene practices as part of daily routines.

Kitchen and food preparation areas are held to high standards of cleanliness and food safety. Staff members are trained in food handling procedures, and food surfaces are cleaned and sanitized before and after every use. Any spills or contamination are cleaned up immediately to prevent the spread of bacteria or allergens.

Pest Prevention and Waste Management:

ILM implements effective pest prevention strategies, including regular inspections, proper food storage, and prompt removal of garbage. Waste containers are covered, emptied daily, and kept away from child-access areas. Any signs of pests such as rodents or insects are reported immediately and addressed through approved pest control measures. Only non-toxic pest management methods are used in areas where children are present.

Equipment Maintenance and Hazard Reporting:

All equipment and furnishings are inspected regularly to ensure they are in good working order and safe for use. Any items found to be broken, sharp, loose, or unstable are removed from the environment and repaired or replaced as necessary. Staff are trained to recognize and report hazards promptly using the designated maintenance log. Urgent issues are escalated to the Center Manager or maintenance team immediately for resolution.

Environmental Safety Practices

Air Quality Health Index (AQHI) Policy:

The Air Quality Health Index (AQHI) is a tool used to communicate the level of health risk associated with air pollution. It uses a numbered and color-coded scale of one (1) to ten (10) or higher, with labels ranging from low to very high risk, and provides air quality predictions for up to thirty-six (36) hours, with additional advice on how to minimize health risks. ILM facilities will adhere to this index by providing normal play outdoors when the AQHI is between zero (0) and six (6). If the AQHI rises to seven (7) or above, outdoor play will be limited to twenty (20) minutes or less. Daily schedules may be adjusted to accommodate fluctuations in the AQHI and to ensure that Active Play guidelines are met while minimizing health risks related to air pollution.

Air Quality Health Index (AQHI) and Humidity Policy:

The Air Quality Health Index (AQHI), a numbered and color-coded scale of one (1) to ten (10) or higher, communicates the health risk associated with air pollution. ILM facilities will adhere to this index by providing normal play outdoors when the AQHI is between zero (0) and six (6). If the AQHI is seven (7) or above, outdoor play will be limited to twenty (20) minutes or less. The Humidex Rating calculates humidity and temperature to provide a perceived temperature. ILM facilities provide normal play outdoors whenever the outdoor temperature is between -20°C (-4°F) to 34°C (93.2°F). Children must remain inside the Child Care center when the windchill is -27°C (-16.6°F) or colder. Outdoor play is limited to twenty (20) minutes or less once the outdoor temperature elevates to 35°C (95°F). Daily schedules may be adjusted to accommodate fluctuations in the AQHI and temperature to ensure that Active Play guidelines are met while minimizing health risks related to air pollution and heat. ILM facilities will close when we are having issues of maintaining an indoor temperature of under 26°C (78.8°F).

Ultraviolet Index Policy:

The UV Index communicates the level of exposure risk from ultraviolet radiation. ILM facilities will provide normal play when the UV Index is zero to five (0–5). Once the UV Index reaches six (6), ILM facilities will limit play to twenty (20) minutes or less. Daily schedules may be adjusted to accommodate fluctuations in the UV Index to ensure that Active Play guidelines are met.

Loss of Utility Services:

If the center loses the use of heat, water, or electricity at any time during the day, we will evaluate the situation to see whether care can be properly provided. If safe, quality care cannot be provided under the circumstances, ILM staff will notify each family. For closures, up to a thirty percent (30%) payment of daily equivalent will be credited to the account. An incident report will be filled out, sent to licensing, and filed. The center will remain closed until the Executive Director/Chief Executive Officer deems that safe, quality care can be provided.

ILM Child Care is committed to ensuring a safe, healthy, and responsive environment for all children and staff, even in the event of unexpected disruptions to essential services. Loss of utility services—such as power, water, heat, or sanitation—can create unsafe or unsuitable conditions for care. In accordance with Section 22 of the BC Child Care Licensing Regulation, this policy outlines the procedures ILM Child Care will follow in the event of such disruptions, to ensure that children are protected and parents and legal guardians are informed in a timely manner. Our goal is to minimize risk and disruption while maintaining a calm and supportive atmosphere for children.

Types of Utility Service Disruptions Covered:

This policy addresses temporary or extended loss of any of the following essential services:

- **Electricity** – impacts lighting, heating, cooling, cooking, and security systems.
- **Heating** – during colder months, loss of heat can create unsafe indoor temperatures.
- **Water supply** – affects hydration, hygiene, food preparation, and toileting.
- **Sanitation** – includes failure of plumbing, toilets, or handwashing facilities.
- **Telephone/Internet services** – affects emergency communications or electronic attendance and safety systems.

Initial Response to Service Disruption:

If a disruption in utility services occurs, staff members must immediately inform the Center Manager or their designate. The Center Manager will assess the scope and expected duration of the outage and determine whether it poses a safety risk to children or prevents essential care tasks from being carried out as per licensing requirements. In some cases, service providers may offer an estimated restoration time, which will help inform the next steps.

During short-term outages that do not pose a safety concern, programming may continue with minor modifications. In these cases, staff will take extra precautions to maintain hygiene, hydration, temperature regulation, and communication using backup systems.

Emergency supplies such as flashlights, drinking water, portable heating or cooling devices, and manual attendance sheets are readily available on-site.

Decision to Close or Relocate :

If the loss of services significantly affects the safety, health, or comfort of children—such as in the case of a prolonged water or heat outage—the Center Manager may determine that it is necessary to close the center temporarily or relocate to an outdoor area if safe weather conditions are present. Parents and legal guardians will be notified immediately by phone, Brightwheel message, or email and asked to pick up their children as soon as possible if closure is required.

If relocation to an outdoor area is necessary, ILM will follow its Emergency Evacuation and Relocation procedures and ensure all children are accounted for and supervised. Emergency contact information and essential supplies will be transported as needed.

Communication with Families and Authorities:

Parents and legal guardians will be informed of any utility disruption affecting program operations as soon as possible. Updates will be provided if the situation changes or if the program must close or relocate. Staff members will use the most effective communication method available during the disruption, emails, Brightwheel messages, phone calls, text messages, or in-person notifications.

If the service disruption results in a temporary closure or significantly affects service delivery, the Center Manager will report the incident to the local Medical Health Officer, as required under Section 55 of the Child Care Licensing Regulation. Documentation of the disruption, including the time it began, steps taken, and any changes to programming or attendance, will be completed and kept on file.

Contingency Planning and Supplies:

ILM maintains an emergency supply kit that includes drinking water, sanitation materials, battery-operated lights, thermal blankets, and first aid supplies. These items are checked regularly to ensure they are in working condition and replenished as needed. Staff members are trained on how to use these materials and on the center’s emergency protocols related to utility loss.

Staff Training and Compliance Monitoring:

Center Managers conduct regular walkthroughs and safety audits once a month to ensure compliance and address any deficiencies. If concerns are identified during a licensing inspection or incident review, a corrective action plan is developed and implemented without delay. All staff members are trained during orientation and annually on how to respond to loss of utilities and other emergency events. Staff members are expected to remain calm, reassure children, and support the continuity of care to the greatest extent possible. Center Managers are responsible for coordinating the emergency response, overseeing communication with families and authorities, and ensuring that all decisions prioritize child safety and well-being.

Bite Policy 2026–2027

At ILM, we recognize that biting can be a natural developmental behavior for some young children, particularly during the toddler years, as they explore their environment, express emotions, or respond to frustration when verbal skills are still emerging. Our goal is to create a safe, nurturing, and supportive environment for all children while addressing biting incidents with care, consistency, and proactive strategies. This Bite Policy outlines our approach to preventing, managing, and responding to biting incidents, ensuring clear communication with families and appropriate support for both the child who bites and the child who is bitten.

Prevention is a cornerstone of our approach at ILM. Our staff members are trained to observe children closely, identifying potential triggers for biting such as overcrowding, fatigue, hunger, or the need for attention. We maintain age-appropriate group sizes and ratios to minimize stress and ensure adequate supervision. Activities are planned to keep children engaged, with ample opportunities for sensory play, movement, and quiet time to reduce frustration. For children who show a tendency to bite, staff members will implement individualized strategies such as shadowing—staying in close proximity to gently redirect the child before an incident occurs—offering teething toys if appropriate, and teaching alternative ways to express needs, such as simple words or gestures. Our curriculum emphasizes social-emotional development, helping children learn empathy, sharing, and self-regulation through modeling, stories, and positive reinforcement.

If a biting incident occurs, our staff will respond immediately and calmly to prioritize the safety and comfort of all involved. The child who is bitten is attended to first, receiving prompt first aid as needed, including washing the area with soap and water, applying a cold compress if there is swelling, and assessing whether the skin is broken. If the bite breaks the

skin, parents or legal guardians of the bitten child will be notified immediately. The parents of the child who bit will also be notified immediately and the child will be sent home (if the bite is severe enough to puncture the skin even if there is NO care plan in place) and can return to care the next day. The incident will be documented in a detailed report, including the date, time, location, and circumstances, though the identity of the child who bit will remain confidential in accordance with our confidentiality policy. The bitten child will receive extra comfort and reassurance from staff to help them feel safe and secure.

Simultaneously, the child who bit will be gently but firmly removed from the situation and guided to a calm, supervised space. Staff members will address the behavior by acknowledging the child's feelings—such as anger or frustration—and reinforcing that biting is not acceptable, saying, for example, "We use our words, not our teeth." The child will be redirected to a positive activity, and staff will observe them closely to identify any underlying causes, such as teething, overstimulation, or unmet needs. Punishment, shaming, or harsh discipline is strictly prohibited, as we believe these approaches are ineffective and counterproductive to a child's development. Instead, we focus on teaching and supporting the child to develop better coping mechanisms over time.

Communication with families is a vital part of our Bite Policy. Parents or legal guardians of both the child who was bitten and the child who bit will be informed of the incident on the same day, either through a phone call or in person at pickup, depending on the severity. For the bitten child's family, we will provide details about the incident and the care provided, while maintaining confidentiality about the other child's identity. For the family of the child who bit, we will share observations about the incident and discuss strategies to address the behavior collaboratively, respecting that biting can be a sensitive topic. If biting becomes a recurring issue, ILM staff will request a meeting with the child's family to develop a tailored behavior support plan, which may include input from early childhood specialists if needed.

In cases of persistent biting that poses a significant risk to the safety of other children, ILM reserves the right to take additional steps after exhausting preventive and supportive measures. This will include creating a behavioural care plan to list the child's triggers and possible reasons for the biting to occur. There will be a list of techniques to help alleviate the biting. The following adjustments are the most severe and we do not come to the conclusion to use them lightly: (a) the child's schedule, requiring a temporary break from care; or (b) in rare instances, disenrollment if our program is unable to meet the child's needs or ensure the group's well-being. Such decisions will be made thoughtfully, with clear documentation and ongoing communication with the family, always striving to balance the needs of the individual child with the safety of the entire center.

Finally, ILM is committed to ongoing staff training and family education about biting. Our team participates in regular professional development to stay informed about best practices in managing challenging behaviors, including biting. We also provide families with resources—such as tip sheets, books or other sources of information—to understand why biting happens and how it can be addressed at home and in care. By fostering a partnership between staff and families, we aim to support every child's growth while maintaining a secure and positive environment at ILM Child Care Centers.

Child Attendance and Schedule Compliance Policy 2026–2027

ILM Child Care is committed to providing safe, high-quality care while maintaining compliance with state licensing regulations and staffing standards. In support of this commitment, the following policies regarding scheduling, attendance, and time-based fees are enforced without exception.

Schedule Submission and Approval:

Parent Responsibility: Upon enrollment and when requesting any changes, families are required to submit a detailed Drop-Off and Pick-Up Schedule via the ILM provided form for their child.

Administrative Review: All proposed schedules are subject to approval based on ILM staffing availability, classroom capacity, and regulatory compliance.

Fixed Daily Schedule: Once approved, the child's schedule becomes their official attendance plan. Adherence to this plan is mandatory.

Schedule Change Requests:

Formal Process Required: Any request to modify a child's schedule must be submitted using a Schedule Change Form.

Review and Approval: Schedule change requests are not automatically granted. All requests must undergo an ILM administrative review and be formally approved in writing before implementation.

Processing Timeline: ILM cannot guarantee accommodation by the requested effective date. Schedule changes may require one (1) to three (3) months to process, depending on staffing constraints and classroom availability.

Unauthorized Changes: Any change implemented without written approval will be considered non-compliant and subject to policy violation penalties.

Daily Schedule Adherence:

15-Minute Deviation Limit: A maximum variance of fifteen (15) total minutes per day (combined drop-off and pick-up) is allowed.

Early Pick-Ups: Families may pick up earlier than their scheduled time at no additional cost. Please inform ILM Educators via Brightwheel so your child can be ready to go. However, pick-ups must not exceed the confirmed end time.

Unscheduled Drop-Offs: ILM adheres to strict staff-to-child ratios. As such, unscheduled or early drop-offs may be denied based on ILM staffing limitations and regulatory compliance.

Care Schedules of Ten (10) or More Hours:

Definition of Ten (10) Hour Day: A child is considered in extended care if they are present for ten (10) or more hours in one (1) day, regardless of scheduled hours.

Fees:

- $15 per day for each day exceeding ten (10) hours.
- $200 per month if extended care occurs regularly.

Automatic Assessment: Fees will be calculated from sign-in/out records and applied directly to monthly invoices.

Late Pick-Up Policy:

Fee Structure: For pick-ups occurring after the center has closed and is no longer in licensed hours, the following fees apply:

- $15 for the first 10 minutes.
- $1 for each additional minute.
- *Example: 17 minutes late = $22 fee.*

Ongoing Noncompliance: Repeated late pick-ups may result in:

- Adjusted enrollment schedules.

- Probationary review.
- Possible termination of care services.

Communication & Policy Enforcement:

All schedule deviations and attendance updates must be submitted via Brightwheel in advance. Same-day changes are not guaranteed and will only be considered based on ratio compliance and staff capacity. Failure to comply with any aspect of this policy may result in administrative review and affect ongoing enrollment status.

Additional Fees & Billing Terms:

All charges referenced in this policy including late fees, extended care charges, and schedule violation fees are subject to the terms outlined in the Parent Payment Policy. Families are encouraged to review the Parent Payment Policy for full details on billing procedures, due dates, and financial responsibility.

Daycare Video Surveillance Policy 2026–2027

Purpose

This policy defines the use and management of the video surveillance system at SCS child care centres. The system is designed to enhance the security and safety of our children, staff, and facilities by deterring actions that are not in keeping with the safety and well-being of the child care community.

Scope

This policy applies to all video surveillance equipment owned and operated by Saltair Childcare Society at all of our child care locations. Surveillance cameras are positioned in a way to monitor areas of interest while respecting the privacy of individuals. The cameras do not record audio.

System Operation

- The video surveillance system will operate continuously, 24 hours a day, seven days a week.
- Surveillance cameras are installed in public areas where there is no expectation of privacy. Cameras will not be installed in private areas such as bathrooms, changing areas, or staff lounges.

- Only authorised personnel as defined by SCS management will have access to the surveillance system and footage.
- Video recordings will be stored securely for a period consistent with our retention policy, but not exceeding 1 year, after which they will be overwritten unless retained as part of an investigation or required by law.

Access to Footage

- Access to recorded footage is restricted to authorized SCS personnel only.
- No footage will be released to external parties, except as required by law.

Data Security

- Adequate internet security measures are in place to protect against unauthorised access, including changing passwords regularly, tracking filtering measures, and immediate corrective action if any breaches occur.
- Any unauthorised access to the system will be reported immediately, and appropriate measures will be taken, including notifying affected individuals if applicable.

Responsibilities

- SCS management is responsible for the implementation, annual review, and updating of this policy.
- Staff members are responsible for adhering to this policy and cooperating with all surveillance-related procedures.

Compliance

- All surveillance practices will be in accordance with the guidelines set out by the Office of the Privacy Commissioner of Canada and the Canadian Charter of Rights and Freedoms.
- This policy will be communicated to all staff via the Employee Manual and parents via the Parent Handbook to ensure awareness.
- Consent will be obtained by staff in the Policy and Procedure Declaration. Consent will be obtained by parents/guardians on each child's Registration Form.

Documentation

Any release or disclosure of recordings will be documented, including the date, the person releasing the footage, and the person receiving the footage, along with the reason for disclosure.

Signage

Clear and conspicuous signs will be posted at all entrances and in areas where surveillance cameras are in operation to notify individuals that video surveillance is taking place.

Inquiries

Any inquiries or concerns regarding the video surveillance system should be directed to the SCS administration via email to inquiringlittleminds@gmail.com.

Review and Amendments

This policy will be reviewed annually and may be amended from time to time to ensure it continues to reflect legal requirements and best practices.

Inclusion Policy 2026–27

Philosophy Statement

In a high-quality, inclusive program, the Educator is responsive to the individual abilities and needs of each child. Opportunities are provided for all children to learn through play with their peers, supported by knowledgeable, trained Educators. All children need support to reduce or eliminate barriers so they can learn and fully engage in experiences with one another. This is in keeping with trauma-informed practice.

Adaptations and strategies are specific to each child. Genuine inclusion is more than a child's presence in the program throughout the day — it ensures active, meaningful participation by every child in the daily program and with one another. How this occurs will be different for each child, based on individual abilities and needs. An underlying belief at ILM is that all children should be valued, have friendships, and feel they belong.

Inclusive Practice

All educators and the licensee are responsible for being aware of each child's developmental goals and the support needed to achieve them. Goals are documented in each child's Trauma-Informed Practice Individual Care and Education Plan (TIPICEP) and incorporated into the daily program. Inclusive practice meets TIPICEP goals most effectively when:

- All children — including those with additional support needs — are valued, active participants in group social play and all program experiences and routines.
- Educators demonstrate positive, flexible attitudes when making changes to accommodate all children.
- All Educators are aware of each child's TIPICEP goals and support them during everyday activities.
- Educators work as a team with parents and other professionals to develop, implement, and review TIPICEPs for children with additional support needs.
- Educators pursue specific training in inclusive practice through external professional development and in-service training.

When This Policy Guide Applies

This guide applies when a child requires one-to-one support for the majority of their day, or when a child's needs are placing the health and safety of themselves or other children at risk. All children will require some additional support at times — this guide applies specifically when a child's needs are above and beyond what would be typically expected for a child of a given age.

Health and safety needs are defined as behaviors, actions, or needs that require an Educator to be available one-to-one with the child in order to physically keep the child or other children safe. Examples include:

- Biting other children (defined by Licensing as developmentally atypical after age 3).
- Scratching, pinching, hitting, stabbing, kicking, or other physical assault actions.
- Running away or leaving the group, which leaves remaining children without adequate supervision.
- Dangerous actions posing a hazard to self or others (throwing objects that could cause harm, running into traffic, climbing out of moving vehicles).
- Continuous dysregulation requiring an Educator to remain beside the child at all times.
- Feeding or toileting needs requiring continual one-to-one support.
- Physical health needs requiring regular one-to-one support (e.g., oxygen or breathing support, extensive medication administration more than four times per day, injected medications, or mobility support requiring an educator in addition to a mobility aid).

ILM's Commitment to Inclusion

ILM is committed to providing an inclusive and supportive environment where all children, families, and staff feel valued, respected, and welcomed. Every child — regardless of ability, background, culture, gender identity, language, or special needs — has the right to

participate fully in all aspects of the program. Accommodations will be made as necessary to support children with diverse needs, including disabilities, learning differences, or behavioral challenges.
Staff receive ongoing training on diversity, equity, and inclusion. ILM actively works to remove physical, social, and emotional barriers. Discriminatory behavior, exclusion, or bullying is not tolerated, and proactive measures are taken to address any issues that arise.

Support Pathways

ILM recognizes that each child's support situation is unique. The following pathways describe the steps that apply in different scenarios. Flexibility and adaptability are always key when working with children and their families.

Path 1 — Family arranges an external support worker
ILM does not typically bring in external support workers (this does not include external agency consultations from PACE, SCD, REMH, or SLP). Where this is required, the request is referred to the Inclusion Coordinator (IC), Program Coordinator (PC), and owners for consideration. If feasible, a contract is written between the family, worker, and ILM, clearly identifying expectations, boundaries, timeline, and payment responsibility. Prior to working in the program, the worker must complete a full Volunteer/External Support file, including a criminal record check.

Path 2 — Family has Supported Child Care (SCD) funding secured for a 1:1 aide
The IC or PC confirms funding details with SCD, then completes a job posting and conducts interviews with the PC. The child does not attend the program without a support aide. Once hired, attendance hours and schedule are determined collaboratively with the family. The support aide reviews the child's TIPICEP prior to starting and is responsible for scheduling TIP Instructional Rounds and day-to-day family communication about the child under IC supervision.

Path 3 — Family is waitlisted for SCD funding
Educators complete an intensive observation and documentation period (one week via logbook, minimum two TIP Instructional Round assessments, a TIP Instructional Rounds meeting, and an ASQ if not recently completed). A parent meeting is held to review findings and begin collaborative strategy development. Initial referrals to external support (PACE, Family Supports, pediatrician) are initiated. If one-to-one support becomes necessary before funding is secured, the family commits to limiting attendance or covering hourly wage costs for a support worker until SCD funding begins. ILM commits to pursuing funding requests every two weeks throughout this period.

Path 4 / Path 5 — Child has SCD funding (shared or partial) but continues to have unmet needs

The IC or PC contacts parents to discuss ongoing needs, then completes an intensive observation period and updates the TIPICEP. Strategies may include altering attendance hours, adjusting support worker schedules, modifying drop-off/pick-up routines, or changing the program schedule. A two-week assessment review is conducted by the IC or PC. If health and safety cannot be safely maintained, one-to-one support is required for continued attendance, with the family responsible for any hours beyond funded coverage.

Path 6 — Family has recognized a need but has not yet taken steps

The IC or PC contacts parents to discuss concerns, completes documentation and TIP Instructional Rounds, and makes referrals to agreed agencies. A parent meeting is held to develop a TIPICEP collaboratively. If health and safety cannot be maintained, additional steps such as adjusted attendance hours may be required. The TIPICEP is implemented and reviewed on an ongoing basis.

Path 7 — Educators identify needs that the family has not yet recognized

The IC, PC, or educator contacts parents with care and sensitivity, recognizing this may be the first time the family is hearing about additional needs. This conversation is followed up with a summary email. Educators complete documentation, TIP Instructional Rounds, and refer to external agencies as appropriate. A TIPICEP is developed and implemented collaboratively with the family.

Path 8 — Family disagrees that the child requires additional support

Educators complete an additional intensive documentation period using a child-specific logbook. The IC or PC meets with parents to share observations, discuss health and safety concerns clearly, and outline the next steps required for the child to continue attending ILM. A follow-up summary email is provided with clear and reasonable timelines. If the parent is unwilling or unable to follow through, the matter is referred to owners or management for a discussion about the need to end care.

Parental Non-Involvement

ILM recognizes that parents are the most important relationship in a child's life. Supporting children effectively requires home-program collaboration. If at any point parents are unwilling or unable to support identified strategies, refuse to seek funding or allow external agencies to provide in-classroom support, ILM may need to terminate child care services or limit attendance hours to ensure the health and safety of all children in the program.

Key Terms

Trauma-Informed Practice (TIP): Integrating an understanding of past and current experiences of trauma into all aspects of program delivery. The goal is to avoid re-traumatization, recognize behaviors as symptoms of unmet needs, and support positive, effective learning environments.

Additional Support Needs: A child with atypical physical or cognitive needs, or unmet behavioral or emotional needs, who requires additional accommodation to meaningfully participate in the program.

Health & Safety Needs: Unmet needs resulting in behaviors that compromise the health and safety of the child or other children in the program (e.g., physical assault, running away, one-to-one supervision that leaves other children inadequately supervised).

TIPICEP (Trauma-Informed Practice Individual Care and Education Plan): A detailed care and education plan for an individual child, written through a trauma-informed lens, outlining specific strategies for the child, the environment, and the program, along with an assessment timeline.

TIP Instructional Rounds: An iterative process that includes a Needs Assessment Observation (NAO), a TIP Instructional Rounds Meeting, parent and agency consultation, TIPICEP creation, implementation, and review.

Inclusion Coordinator (IC): A mentorship role responsible for supporting inclusion within ILM programs, funded under the Inclusion Pilot Project.

Pedagogical Coordinator (PC): A mentorship role responsible for mentorship and coordination of programming, QIP, and documentation.

Policy Review

This policy is reviewed annually or whenever there are significant changes in licensing standards, organizational practices, or child care legislation in British Columbia. Any updates are communicated to all staff and families promptly, and educators are retrained on revised procedures to ensure consistent application and understanding across all ILM Child Care programs.