



Care for
Newcomer
Children

Care for Newcomer Children (CNC)

A Step-by-Step Guide for New Programs

Revised 2016

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CARE FOR NEWCOMER CHILDREN(CNC): THE MODEL

When a Service Providing Organization (SPOs) is funded to provide care to newcomer children while parents participate in IRCC-funded services, it falls under the Care for Newcomer Children (CNC) model.

THE MODEL

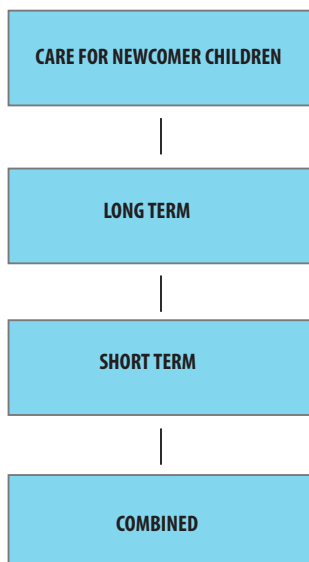
Development of the CNC Requirements was carried out from July 2009 through March 2010 by a team from CMAS and with advice from an Advisory Committee. The Committee included academics and representatives of stakeholder groups from across the country. CMAS conducted extensive consultations with the settlement community to collect data and carry out interviews electronically and in person through site visits, meetings, and conference participation.

CNC Requirements create a single, comprehensive system for CNC delivery that integrates a wide range of programming options. The CNC model is designed to be flexible, to permit SPOs to care for more newcomer children in a variety of formats and settings, and to ensure CNC programs can be modernized and streamlined in tandem with new policy initiatives and changes in adult service delivery.

GOALS

- To support the delivery of settlement services by making it possible for SPOs in all provinces to offer safe and healthy CNC programs within a comprehensive and flexible system; to meet the needs of parents; and provide effective and efficient standards that manage risks and support newcomer child development.
- To move towards more efficient allocation of resources to ensure better uptake of settlement services while controlling costs.

The CNC Requirements are comprehensive and provide flexibility with three basic types of care: long term, short term and combined. Each of these types of care could be offered individually or in combination. This would depend on client needs in relation to settlement programs, SPO capacity, and IRCC approval.



Long Term Care

Long term care is defined as “care that is provided on a regular basis to the same group of children.” It will be chosen by SPOs offering regular, ongoing programs such as language instruction.

EXAMPLE:

Jorge is managing a site that primarily offers language classes and offers them during the day, evenings and weekends. For his clients attending the IRCC- funded language classes, they are all eligible for CNC and so Jorge chooses to implement a long term care program. The same children are there with their parents, every day, for the duration of the session. He does not offer many short term workshops or events outside of the language classes and does not have the client demand for them.

Short Term Care

Short term care is defined as “care that is provided on an irregular, occasional basis to children who are usually different each time care is offered.” It will be chosen when care for an individual child is needed on an irregular, occasional basis by SPOs offering services such as SWIS and JSW.

EXAMPLE:

Ursula has a very small but diverse centre for newcomers. Her organization offers many short-term workshops, information sessions, and events. Many of their clients are parents of young children. Ursula decides to offer short term care. For Ursula’s organization, there is no need for long term care because children will only be staying for a few hours or a few days. Her boardroom can be easily modified to accommodate the needs of the children, and she has sufficient room in an adjacent storage room for all required toys and equipment.

Staff (both managers and front-line staff) identify the following settlement benefits for immigrant parents and families using short term care:

- There is more flexibility to schedule services at the best time for the client.
- The quality of service is improved: parents do not have to bring their children to workshops or one-on-one sessions, and can focus more.
- Availability of short-term child care is empowering to clients: parents feel encouraged to take care of their own settlement needs when they know the child is safe and taken care of.
- Parents become more self-sufficient and more in control of their schedule.

*E-Nova Consulting and Eco-Ethnomics -
Assessment of the Combined Care Pilot*



Combined Care

Combined care gives SPOs the opportunity to mix children and is defined as “care for children who attend on a daily basis as well as children who attend on an irregular basis.” This care is offered in the same space at the same time.

Combined Care appears to be an effective way to extend childcare to immigrant and refugee clients:

- It allows clients to use services that they were not using before they had access to child care.
- It allows newcomers to access services earlier in the settlement process and improves the client experience. This has a positive impact on the effectiveness of settlement services.
- It leads to positive settlement benefits for the child as well as for the parents.
- It can be provided without compromising the safety and quality standards for IRCC - funded childcare.

*E-Nova Consulting and Eco-Ethnomics -
Assessment of the Combined Care Pilot*

EXAMPLE:

Jenna’s organization offers settlement services and full-time language classes. From time to time, she offers information sessions and the parents require care for their children during these sessions. Since Jenna offers few information sessions and does not have the additional space for a separate CNC program, Jenna decides to offer combined care. She has a large enough space, and with careful scheduling for staffing and activities, she has the short-term children join the children attending long term. She now can offer one childcare program for all, regardless of the IRCC-funded service or how long the children will stay in care.

BENEFITS

The CNC Requirements allows SPOs the flexibility to develop their CNC program based on specific organizational needs and resources available. It reduces barriers, allowing you to meet the needs of newcomer families and achieve your organizational goals. The CNC Requirements allows you to:

1. Effectively meet the needs of your clients.
2. Support the distinctive settlement needs of newcomer families through improved programming.

GETTING STARTED

Download Supporting Documents:

[Care for Newcomer Children Requirements \(CNCR\)](#)

[Staff Records Checklist](#)

[Sample Registration Form](#)

[Sample Registration Form - Ontario](#)

[Sample Child Profile](#)

[Sample Attendance Form](#)

[Sample CNC Session Management Form - Short Term](#)

[Checklist of Required Written Policies and Procedures](#)





CARE FOR NEWCOMER CHILDREN REQUIREMENTS

The Care for Newcomer Children Requirements (CNCR) provides options that allow SPOs to implement the type or types of care that best fit the organizational needs, and support clients with children. The requirements have been developed in consultation with administrators and caregivers like you, as well as experts in the field. Having one set of requirements helps SPOs to manage the care by eliminating conflicting information or standards.

SPOs with child care supports are obligated to:

- understand and implement the CNCR,
- be aware of the requirements that are relevant to the type/s of care they provide,
- develop appropriate forms, policies and procedures based on the CNCR (and samples provided in this manual), and
- ensure the safety of the children, staff and families using their sites.

With flexibility in the types of care comes the need to ensure that the appropriate requirements are being applied. This will help to ensure that the risks are managed and the children and families have a good experience.

IMPLEMENTATION

- Review the CNC Guide to help you understand the types of care and what is involved in each type of care
- Select the type of care that is best for your organization
- If you have more than one SPO using a CNC space, designate a SPO with overall responsibility for CNC operation
- Review the requirements
- Identify the requirements that apply to the type of care chosen
- Work with your team to do a review of current operations and identify what requirements you are currently not meeting
- Develop a plan to adapt your program to the CNC requirements
- Remember that CMAS is here to support you.



- Some additional areas that all programs will need to address include:

Staffing

- Designate a staff member who will be responsible for the operation of the program
- Ensure you have sufficient qualified staff
- Create appropriate job descriptions (samples are available in this manual)
- Assist the team to understand the new roles and functions
- Develop and conduct orientations

Policies, Procedures and Forms

- Update policies and procedures as appropriate (samples are available in this manual)
- Inform the team of updates
- Monitor to ensure new policies and procedures are being followed
- Develop forms for use within the CNC program (samples are available in this manual)

Program and Activities

- Assist the CNC staff to implement programming that is respectful of the individual needs of the children (there is information to guide you in this manual)
- Ensure that CNC staff have an understanding of your organizational approach to providing care for children with special needs
- Assist CNC staff to work closely with parents to gather and share information about the children in care

Facility

- Ensure the space meets the space size requirements
- Ensure you have appropriate approvals in place e.g. fire approval

SHORT TERM CARE

Short term care allows the option of providing care for children younger than 19 months. If you plan to offer infant care, you will need to think specifically about the needs of this group, and what changes may be required to:

- the space,
- qualifications of the staff,
- equipment that will be needed, and
- on what floor you offer care. (Consult with your local fire department to determine what floor they will approve for infant care).



COMBINED CARE

Combined care is available to support SPOs who offer a variety of adult services. It is best used by organizations who offer language and settlement services, where there is a need for both long and short term care at one location.

In addition to the relevant requirements to get started you will need to consider:

- How many spaces will be dedicated to each type of care?
- Will the hours of CNC operation need to change to accommodate the hours of operation of adult services?
- Who will be responsible for working with all of the adult services to ensure care is available when parents need it?

Steps to take for combined care:

- Identify the adult services that will have access to the CNC program
- Review your average attendance and enrollment rates to understand how care has been used in the past. This helps to make decisions based on actual numbers and use.
- Discuss with the adult service managers what they believe their need will be for care. This will help to build an effective plan.
- Gather the managers of those services and the appropriate CNC staff together. Develop a plan to support the parents access CNC. The more they are involved the more likely it is that combined care will be effective.
- Discuss how will you determine who has priority to use the individual CNC spaces.
- Designate a CNC Staff to oversee the use of the CNC spaces.
- Use the research above to plan a schedule of CNC, and to identify how many spaces will be dedicated to each type of care. Planning the spaces will be important to ensuring you meet requirements for, staffing, space, programming etc.
- Develop procedures for registration, drop off and pick up (especially for short-term children). These will be essential for managing risks.
- Develop a marketing plan that includes both internal and external stakeholders. The key to using the space effectively is to ensure everyone is aware of the availability of CNC space. It may take a bit of time and effort to remind people that CNC is available.
- Set up review meetings throughout the first year to ensure that practices are effective and the team members, children and families are all participating and having a positive experience.

Supporting Documents

[Care for Newcomer Children Requirements \(CNCR\)](#)

[Staff Records Checklist](#)



REGISTRATION

For every child in your care, you need to collect some basic, but essential, information. Every program is different though, so you need to develop a registration form and process that works for your organization. A well thought out registration and enrolment process sets the stage for successful CNC by ensuring that organizations, CNC staff and families have all the information they need.

Parents who are eligible for child care support must sign a registration form and a waiver statement before a child can participate in CNC.

The registration form is signed to confirm that parents have provided all necessary information about their child, and that they understand that they must remain at the same site as their child. Their signature on the registration form will protect your program in case, for example, a child has a reaction to a previously unknown allergy. If a parent leaves the site, it will show that you took steps to ensure compliance with licensing legislation in your province/territory. (Note: if you are offering a seasonal school age program, the language on the waiver form will need to be different).

A waiver statement must be signed so that the parent releases your organization from liability in the event of an occurrence or accident involving his or her child while participating in CNC. It is important for parents to recognize that they remain responsible for their child while he or she is participating in CNC. The waiver statement is designed to protect you and your organization from liability in the event of a serious occurrence. The waiver statement can be included on the registration form or used as a separate form.

CNC programs in Ontario must also inform parents that the program is not licensed by the province.

Information on a registration form must be updated annually or as necessary. Many children participate in CNC over several years. During that time, information about them or their parents may change (e.g. new allergies, new addresses). It is important to update the forms of children receiving all types of care, since children may use the same registration form over a period of time, including for different sessions of short term care.

IMPLEMENTATION

It is recommended you use one standard form regardless of the types of CNC programs you offer. This will ensure consistency in the registration process. When creating and designing your own form, consider the following:

- Determine what format will be most effective for your organization, and help you meet the requirements?



- Include child's name and name used, date of birth, gender, languages spoken at home, address and phone number of parent, information about allergies, food restrictions, medical conditions, and dates information.
- Have parents confirm the following: that they are the parent of the child and are attending an eligible service, they have shared all necessary information about their child, and they understand that they must remain on-site and be readily available.
- No unnecessary personal documents should be collected and/or copied at the time of registration. (health card numbers, social insurance numbers, and/or birth certificates)
- Determine who will be responsible for registration; they will need to have accurate information and resources. As an organization, you should have procedures for staff to review the registration form, ask questions of the parents as they arrive to ensure all information is completed, and to ask about allergies.
- Ensure that the information on the registration form is available to staff to quickly take with them in the event of an evacuation.

When a child attends long term CNC

Registration and parent orientation should be followed by development of a Child Profile within one week of starting care.

When a child attends short term CNC

To better facilitate the access to care for children receiving short term care, it helps to develop a 4 step registration process:

STEP 1 – Registration: During the intake process, the parent completes a registration form if they are likely to need child care support.

STEP 2 – Enrolment: Parent signs up to have their child attend a particular session.

STEP 3 – Parent presents registration form to CNC staff providing care.

STEP 4 – Parent signs child in – then out – on attendance form.

For all of these phases, you will need to establish some procedures and share them with staff.

You will need to develop a registration form/card that gathers the information required. If you use a 4 step registration process, you can give the parent a copy of the registration form/card to bring to each session. For these phases, you will need to establish procedures and share them with staff.

- Determine who will be responsible for registration and enrolment; they will need to have accurate information and resources.
- As an organization, you should have procedures for staff to review the registration form, ask questions of the parents as they arrive to ensure all information is completed, and to ask about allergies.



- You might choose to use a small registration card to make it easy for parents to bring with them for different sessions. Small registration cards can also help to ensure that the information is easily available for staff to quickly take with them in the event of an evacuation.
- Whenever possible, provide staff with advance notice of children who will be participating. If staff know ahead of time, it will allow them to read through the registration form, prepare and plan, get extra information if needed, and select appropriate toys and activities based on the age range of the children.
- Provide staff with advance notice of the children who will be participating, so they can plan their program and maintain staff and child ratios, the key is an organizational plan that addresses the effective use of the spaces available. Planning will ensure that all services will have planned access to the available Short Term space.
- Staff and child ratios need to be maintained at all times. Early enrolment will let you know how many staff you will need to ensure ratios are met.

Special information about Combined Care

It is important in combined care to ensure registration is completed and information for short-term children is not lost among the coming and going of the children.

Registration Process

A well-developed communication plan that bridges the gap between the combined care program and the rest of your organization - particularly those who will be completing registration and enrolment with the parents - is key to your success. Combined care requires careful thought and consideration to ensure key staff members have the information and resources they need to support a successful combined care program. Consider these communication strategies:

- Attend team meetings,
- Communicate all program changes with team members,
- Ensure staff completing the registration process have all the information needed to support parents and children through their transition into care.

Supporting Documents

[Sample Registration Form](#)

[Sample Registration Form - Ontario](#)



REQUIREMENTS

1-2 REGISTRATION

Information about All Children

1-2.1. Before a child is allowed to participate in a CNC program, a SPO has on file a waiver statement signed by a parent who is eligible for child care support releasing the SPO from liability in the event of an occurrence or accident involving his or her child while participating in CNC.

1-2.2. Before a child is allowed to participate in a CNC program, a SPO has on file a CNC Registration Form completed by a parent who is eligible for child care support with at least the following information:

- a. The name of the participating child, including the preferred name of the child, if applicable.
- b. The birth date of the child.
- c. The sex of the child.
- d. The language(s) the child speaks at home
- e. The name, address, and telephone number of the parent who is eligible for child care support.
- f. Information about a child's allergies or food restrictions, medical conditions or other special needs, if applicable.
- g. The dates on which the child's information was provided or updated.

1-2.3. A completed form includes the signature of the eligible parent confirming that the parent

- a. Is the parent of the child named in the Registration Form.
- b. Has shared all necessary information about the child.
- c. Agrees to remain at the same site as his or her child while the child is participating in CNC and be readily available to assist with the care of the child.

1-2.4. At all times, while a child is participating in CNC, the child's registration information is available in the CNC space in a format that is immediately accessible to staff in an emergency.

Updates

1-1.10. Information collected about a child on a Registration Form or in a Child Profile is updated annually or as necessary.



3-2 INTERACTING WITH PARENTS

Information from Parents about the Child and Family

3-2.1. Procedures ensure that CNC staff members interact with parents to learn as much as possible about the child and family, including

- a. When a child is new to CNC, CNC staff members review the child's registration information and, when possible, ask parents to provide any additional information that may help them provide appropriate care for the child.



SAMPLE REGISTRATION FORM

Child's Name:

Name Used:

Date of Birth: Gender ☐ Male ☐ Female

Languages spoken:

Parent Name: Phone Number:

Address:

Child's medical information (allergy, food restriction, other):

.....
.....

I am the parent of this child. I know that care is only provided while I am participating in an approved program and that I must remain on site and readily available. I have provided all the information necessary to care for my child and know that care will not be provided if my child has a communicable illness. I agree to follow the rules of the CNC program.

.....
Signature of the eligible parent Date

For SPO use only:

.....
Date information provided Date information updated

This program is not provincially licensed





ELIGIBILITY FOR CARE

According to the Care for Newcomer Children Requirements (CNCR), children may receive care when parents participate in any IRCC-funded program as long as they are six months of age or over.

Parents must remain on site while their child is participating in the CNC program, so informing parents that they cannot leave the site while their children are in care is essential to the legal operation of a program.

IMPLEMENTATION

- Determine the ages of care that will support the needs of the families you care for.
- Determine if your program has the space and staffing necessary to provide the ages of care you are considering.
- When meeting the requirement for parent eligibility (1-1.2.3.a.), you will have to confirm which programs are eligible to participate in CNC support with your IRCC officer.
- Ensure you understand the importance of parents remaining on site and communicate this to everyone in your organization. This is essential to the legal operation of a program.
- Ensure that all parents fully understand that they must remain on site while their child is in care and be readily available to assist their child in an emergency.

REQUIREMENTS

GENERAL SPO RESPONSIBILITIES

1-1 RESPONSIBILITIES OF THE Service Providing Organization

1-1.2. When providing a CNC program, the SPO with designated responsibility is responsible for the following:

1-1.2.3. Establishing written procedures appropriate to the type of care being offered for

- a. Monitoring whether each child receiving CNC has a parent who is eligible for IRCC-funded CNC and is using services at the same site as required by provincial/territorial legislation,
- b. Ensuring that each child's parent is readily available to attend to the needs of the child, if necessary; and



- c. Taking action when a parent is not compliant with the requirements to remain at the site and be readily available.

1-1.2.7. Ensuring that staff are informed of, and follow, all required policies and procedures relevant to their responsibilities.

1-1.2.12. Ensuring that the following conditions of participation are being met:

- a. A child receiving CNC is six (6) months of age or over.
- b. A parent of a child receiving CNC is eligible for CNC support.
- c. A parent of a child receiving CNC is at the same site as his or her child at all times, except a school-age child who is permitted to participate in a field trip in accordance with provincial/territorial child care licensing legislation and policies.



CHILD PROFILE

Every child who receives care must have a registration form, and for each child participating in long term care, you must also develop a child profile with additional information about the child's health, nutrition, development and any special characteristics relevant to the care of the child.

A child-centred program is built on knowledge and understanding of the participating children, so long term CNC programs must start to collect information for a child profile within one week after a child starts to participate.

The child profile should document children's milestones (ie: toileting, walking and language development), be added to on a regular basis, and be reviewed as children transition into a new room or age group. Updating and discussing milestones and information collected on the profile will give staff an opportunity to talk to parents and learn more about practices at home. It will help staff to develop a more complete understanding of the child, the culture and settlement context, so they can provide care that best meets the needs of the child and family.

Within two weeks of starting, parents must also provide information about their child's immunization status for the child profile. You must maintain and update this file throughout the period of time the child participates in the program, noting the start and end date on the form.

IMPLEMENTATION

The purpose of the profile is to collect information about children who are receiving long term care to help you get to know the children and families. The information collected is not specified, but it should include information related to the child's health, nutrition and development - and also identify any other special information related to the child. The child profile can be developed and modified to suit the needs of your organization. To begin:

- Determine what information CNC staff need to meet children's individual needs - See list of suggestions on the sample child profile.
- Develop a child profile template
- Develop procedures for completing the profile, asking yourself questions such as: Who will collect the information? When will the information be collected and updated? Where will the child profiles be kept?
- Consider where the form can be stored safely for confidentiality, but also so it is accessible to staff while they are providing care to children.



Supporting Documents

[Sample Child Profile](#)

REQUIREMENTS

CHILD INFORMATION

1-2 REGISTRATION

Additional Information about Children Receiving Long Term CNC

Child Profile

1-2.5. Within one (1) week of starting to provide long term care to a child, the SPO has collected additional information from a parent and has on file a Child Profile for the child.

1-2.6. Information in the Child Profile assists staff caring for the child and includes additional information about the child's health, nutrition, development and any special characteristics relevant to the care of the child.

1-2.7. The Child Profile includes the dates when a child starts and stops receiving long term CNC.

1-2.8. The Child Profile is readily available to staff while they are providing care to the child.

Immunization

1-2.9. For each child, the SPO has on file information about the child's immunization status that is provided by a parent within two (2) weeks of starting to receive child care support, and subsequently updated as necessary.

Updates

1-2.10. Information collected about a child on a Registration Form or in a Child Profile is updated annually or as necessary.

3-2 INTERACTING WITH PARENTS

Information from Parents about the Child and Family

3-2.1. Procedures ensure that CNC staff members interact with parents to learn as much as possible about the child and family, including

- b. When a child participates in Long Term CNC, CNC staff members discuss the CNC Child Profile with parents and give parents opportunities to provide additional information relevant to the care and settlement of the child.



SAMPLE CHILD PROFILE

PREFERENCES AND ROUTINES:

What are your child's favorite foods?
What activities does he/she enjoy?
Does your child nap? When, and for how long?
Does your child eat with a spoon, fork or hands?
What time does your child go to sleep?
Does he/she sleep through the night?
What word does your child use for bowel movements, urination?

SPECIAL INFORMATION:

Are there any siblings?
What comfort words can we use with the child?



What special names do you have for your child?
Does your child have a favorite toy?
Are there any special family situations that we should know about?
Has your child been in any type of child care before?

OTHER TOPICS YOU MIGHT DISCUSS IN MORE DETAIL:

Child's Place of Birth
Child's first language and other languages the child speaks
Medical conditions and/or medications taken by the child
Vision, hearing, and/or speech challenges
Any food restrictions



CONFIRMATION OF INFORMATION

*** FOR STAFF USE ONLY**

Start Date: Date of Withdrawal:

Date of profile update:

Record of immunization on file:

Date immunization update needed:



ATTENDANCE

The CNCR requires that attendance is recorded for both arrival AND departure, and that parents sign children in and out. Staff must also use the attendance form to take attendance at regular intervals, and the form must be portable so that it is immediately accessible to staff in an emergency.

Why is it important?

- Records of attendance are a cornerstone of child safety AND accountability.
- The attendance form provides information relevant to the care of the child such as location of the parent.
- By knowing which children are present, your staff are prepared in cases of emergency and your organization has documentation should any legal issues arise around program use.
- Attendance can be used to confirm all children evacuated the facility in the event of an emergency.
- Attendance provides a historic record of the use of the program, which is essential for both confirmation and potential legal issues.
- For combined and short term care, the attendance form helps to manage the number of children to ensure you meet ratios. As short-term children come and go throughout the day, the attendance form will make it easier to recognize the availability of space and manage the intake of children into your program.

IMPLEMENTATION

- Work with staff to develop a style of attendance form that best suits the needs of your program.
- Determine what information must be included based on the type of care you provide and CNC Requirements.
- Identify the format that will work best for your staff and program(s).
- Attendance must be taken each time a child arrives or leaves the CNC space, but how you do that will depend on your physical set up and program details.
- Ensure all sections on the Attendance Form are completed at all times and that parents sign their child in and out.
- Review the attendance form to manage space availability and ratios as short-term children come and go.



Supporting Documents

[Sample Attendance Form](#)

[Sample CNC Session Management Form - Short Term](#)

REQUIREMENTS

1-3 ATTENDANCE

Information about All Children

1-3.1. For each CNC session, the SPO has a CNC Child Attendance Form to record each arrival and departure of each child.

1-3.2. A completed CNC Child Attendance Form has at least the following:

- a. Information about the session, including the date, time, and name of a qualified CNC staff member.
- b. The location of the parent.
- c. Sign in and sign out information for each child.

1-3.3. While a child is participating in CNC, information collected on the CNC Child Attendance Form is available to staff in a portable format that is immediately accessible to CNC staff in an emergency.

1-3.4. CNC staff use attendance information to monitor the presence of children at regular intervals.

Additional Information about Children Receiving Short Term CNC

1-3.5. The CNC program has a means of:

- a. Identifying each child who is receiving short term care; and
- b. Connecting each child who is receiving short term care to his or her parent.



SAMPLE CNC ATTENDANCE FORM

Attendance for the week of:

Hours of Operation:

SDR/Person In Charge:

		Monday		Tuesday		Wednesday		Thursday		Friday	
Child's Name	Parent Program	Sign In	Sign Out	Sign In	Sign Out	Sign In	Sign Out	Sign In	Sign Out	Sign In	Sign Out



DAILY RECORD

Keeping a daily record or log is a way for a long term or combined care program to keep track of important information about events that take place throughout the day. Having a record allows staff to share information between each other and their administrator and gives everyone an opportunity to review information that may be needed for future reference.

Note: If you provide a short term CNC program, you will keep a Session Record instead of a Daily Record. For details see Session Record Form.

IMPLEMENTATION

Since the events and activities of a CNC program are flexible to meet the children's needs, a daily log is often used to pass along information, note a change, or describe an issue.

- Define expectations and information that must be documented
- Determine where the Daily Record will be kept. The record of events must be located in an area that is easily available to staff, but privacy must also be considered, and parents should not have access to it. Staff must be able to record events as they occur and should have immediate access to the information should they need to consult it while they are caring for the children.
- It is important to review the Daily Record on a regular basis to understand what is happening in the program and to confirm with the staff that maintenance of the log is expected.

Below are some of the items that should be recorded.

Staffing

- Document if a supply staff is present, how they did, and for whom they were covering.
- Document if volunteers are in the program and the times they were there.

Snack

- Identify any changes to your posted snack plan. This will help if a child has a delayed reaction to food served.
- If you do not have a posted snack plan use the daily log to list the snacks served.
- Note if there were any issues with the snack e.g. children did not like it.
- If parents provide snack, note if there were any concerns – a child with no snack, a child eating another child's snack, parents bringing in a snack to share with all the children etc.



Children

- Note if a child becomes ill, the symptoms, and staff response/action.
- If there is an accident, record the children involved, the injury and the response.
- Note any medical emergency (e.g. seizure).

Program

- Note any program changes, such as a planned activity that was changed or not provided. (For example, you may not be able to go outside to the playground due to inclement weather.)
- Note a new child arriving in the program (long term care only) or a child who is having difficulty.
- Note any unusual activity, upset parent, etc.

REQUIREMENTS

CNC PROGRAM INFORMATION

1-4 INFORMATION ABOUT PROGRAM EVENTS

Long Term and Combined CNC

1-4.1. When providing Long Term or Combined CNC, CNC staff keep a daily written record that includes any changes to the program or any unusual events.



SESSION RECORD

Note: The Session Record is for SPOs offering short term programs. If you offer a short term program, you will keep a Session Record, rather than a Daily Record.

The session management record form is a way to keep track of important information that takes place throughout the course of a short term session. It allows staff to document and share information between each other and their administrator and gives everyone an opportunity to review information that may be needed for future reference. It identifies who was on duty and whether volunteers were present. Most importantly, it identifies the CNC Staff and a signature confirming accountability for what occurred during the session.

Note: When a session is offered at a location not dedicated to CNC (i.e. used by others before being used for CNC), a complete Session Record includes both details about the session and parts of the CNC Space Approval Checklist (CNCR Appendix 1) and a completed CNC Space Safety Checklist (CNCR Appendix 2).

Also note: by ensuring that staff in each short term session have access to emergency information as recorded on the CNC Space Approval Checklist completed for the location where care is being offered, you are protecting the safety of the staff and children in the program.

IMPLEMENTATION

- Decide on a format for your Session Record that meets basic requirements and the needs of your organization.
- Decide on procedures for creating a “session record” to ensure that before offering a short term session, staff have access to relevant information from the CNC Space Approval Checklist, a blank copy of a CNC Space Safety Checklist, and a form or other document to record session information.
- If you regularly use a location not dedicated to CNC, you might make copies of the emergency information from the CNC Space Approval Form to include in the “session record” whenever care is offered. If the CNC Space Approval Form indicates that a location has any special features that might affect provision of the session, that information should also be included in the session package.
- Decide on procedures for completing and filing. Note: Attachments include completed CNC Child Attendance Form, completed Space Safety Checklist, relevant parts of the CNC Space Approval Form
- Train staff
- Review Session Reports after each short term session



Supporting Documents

[Sample CNC Session Record Form - Short Term](#)

REQUIREMENTS

CNC PROGRAM INFORMATION

1-4 INFORMATION ABOUT PROGRAM EVENTS

Short Term CNC

1-4.1. For each session when only Short Term CNC is provided, the SPO has on file a written record of the management of the session.

1-4.3. Each Short Term Session Record should include the following:

- a. Information about the session, including the date, time and exact location of the session and the names of the CNC staff on duty and any volunteer who is present, and information about any unusual events.
- b. Information about the parents and the service or services being supported by CNC.
- c. Information about the participating children and their activities.
- d. A completed CNC Child Attendance Form.
- e. The name and signature of a qualified CNC staff member, with the date and time, indicating that the session has ended and all required documentation has been completed.

1-4.4. When a Short Term session is provided in a location that is not dedicated to CNC, the session record also includes

- a. Relevant parts of CNC Space Review Form, including emergency information or confirmation that emergency information is immediately available to CNC staff.
- b. A completed CNC Space Safety Checklist as required in section 2- 3.



SAMPLE CNC SESSION RECORD FORM - SHORT TERM

CNC in non-dedicated CNC space must ensure the following information is part of the session management plan for each session.

- ☐ Space Approval Checklist of areas requiring correction are attached (as necessary)
- ☐ Outstanding Space Approval areas have been addressed
- ☐ Space Safety Checklist has been completed
- ☐ Completed Space Safety Checklist is attached
- ☐ Approved Evacuation Plan is available
- ☐ CNC Staff have been made aware of evacuation procedures

Space is approved for use yes ☐ no ☐

CNC Staff with Designated Responsibilities Signature:



SAMPLE CNC SESSION RECORD FORM - SHORT TERM

Date of Session:	
Hours of Session:	
Location of Session:	
Staff/Volunteer on duty:	

Child's Name	Id #	Parent Name	Reg Form	Medical Info	Parent Program	Parent Location	Time In	Time Out	Parent Initials	Time In	Time Out	Parent Initials	Time In	Time Out	Parent Initials

Activities Provided:					
Session Information and Comments					
Session and all required documentation is complete <input type="checkbox"/> Yes	Date:	Time Session Ended:	Signature of SDR		





GENERAL SPO RESPONSIBILITIES

A well-run, well-staffed program where staff are aware of their responsibilities ensures the safety of children. For each CNC program in operation, there must be a designated SPO with responsibility. The identified SPO will have someone identified as responsible for safe operation of the CNC program.

The CNCR also recognizes the importance of providing staff with proper supplies and equipment to perform their job, as well as time for program planning, set-up and clean-up.

For Combined Care, there are also a number of logistical factors that need to be considered, for example, e.g. who will be responsible for identifying space availability for a child to attend care and at what times during the session will you allow short-term children to participate?

IMPLEMENTATION

- Where services are subcontracted or shared, designate a SPO and person with responsibility for all staffing and programming as well as items listed in 1-1.
- Develop policies and procedures to guide the program and staff, and to ensure that a safe, child appropriate environment is created.
- Ensure the program follows these standards, including having the appropriate staff in place who understand their roles and responsibilities.
- Ensure that all parents understand the importance of remaining on-site and readily available, and communicate this to everyone in your organization. This is essential to the legal operation of a program.
- CNC programs in Nova Scotia are prohibited by provincial legislation from using the term “child care”.
- CNC programs in Ontario must declare that the program is not licenced by the province.
- Make every effort to understand the needs of your CNC staff. In particular, you should observe program sessions to determine how much time is required for planning, set-up and take-down. With respect to set up and take down, you may need to be flexible, based on the situation and the facility being used. These activities may take longer in some settings and situations than others.
- When meeting the requirement for parent eligibility (1-1.2.3.a.), you will have to confirm which programs are eligible to participate in CNC support with your IRCC officer.

Supporting Documents

[Checklist of Required Written Policies and Procedures](#)



GENERAL SPO RESPONSIBILITIES

1-1 RESPONSIBILITIES OF THE SERVICE PROVIDING ORGANIZATION

1-1.1. One SPO has designated responsibility for each Care for Newcomer Children (CNC) program.

1-1.2. When providing a CNC program, the SPO with designated responsibility is responsible for the following:

1-1.2.1. Meeting these requirements and any other requirements that can protect the health and safety of the children in its care.

1-1.2.2. Complying with relevant provincial/territorial child care licensing legislation and policies, including those related to exemptions from licensure.

1-1.2.3. Establishing written procedures appropriate to the type of care being offered for

a. Monitoring whether each child receiving CNC has a parent who is eligible for IRCC-funded CNC and is using services at the same site as required by provincial/territorial legislation,

b. Ensuring that each child's parent is readily available to attend to the needs of the child, if necessary; and

c. Taking action when a parent is not compliant with the requirements to remain at the site and be readily available.

1-1.2.4. Providing written job descriptions for all staff positions that reflect duties and responsibilities appropriate to the program.

1-1.2.5 Ensuring that staff who meet the qualifications set out in these requirements are hired and supervised.

1-1.2.6. Ensuring that sufficient staff are on duty at all times to meet these requirements.

1-1.2.7. Ensuring that staff are informed of, and follow, all required policies and procedures relevant to their responsibilities.

1-1.2.8. Ensuring that at least one copy of these requirements and any other resources essential to the operation of a CNC program are available to the CNC staff member with responsibility for the program and to other staff as necessary.

1-1.2.9. Acquiring and maintaining a sufficient inventory of play materials and equipment for the number and ages of children enrolled.

1-1.2.10. Checking all CNC sites regularly to ensure that these requirements are being met and safety issues are being addressed.

1-1.2.11. Ensuring that IRCC procedures are followed when requesting an exception to these requirements.



1-1.2.12. Ensuring that the following conditions of participation are being met:

- a. A child receiving CNC is six (6) months of age or over.
- b. A parent of a child receiving CNC is eligible for CNC support.
- c. A parent of a child receiving CNC is at the same site as his or her child at all times, except a school-age child who is permitted to participate in a field trip in accordance with provincial/territorial child care licensing legislation and policies.

1-1.3. Before providing mobile CNC for the first time, the SPO receives training from the monitoring agency on the issues and risks associated with the provision of mobile CNC.



CHECKLIST OF REQUIRED WRITTEN POLICIES AND PROCEDURES

Use this checklist to ensure you have all of the written policies and procedures you need for your CNC program.

✓	Policy or Procedures
	Monitoring if a parent is on site and taking action if the parent does not remain on site (1-1.2.3)
	Maintaining confidentiality and records maintenance (1-5.1)
	Diapering (2-10.1)
	Combined Care procedures to ease transitions and ensure needs of long-term and short-term children are being met (3-7.1)
	Food safety and food service (4-2.1)
	Hygiene – including cleaning, sanitizing and disinfecting, as well as hand washing (4-3.1)
	Illness (4-4.1)
	Administration of medication (4-5.1)
	Documentation of immunization for long-term children (4-6.2)
	Responding to accidents and medical emergencies (4-7.1)
	Emergency Procedures – to prepare for, mitigate, respond to and recover from any emergency situation (4-8.1)
	Responding to serious occurrences – including verbal and written report to IRCC and CMAS (4-9.1.)
	Background Checks (5-1.4)
	Supervision of Children (5-6.1)
	Behaviour Guidance (5-6.2)
	Abuse Reporting (5-6.5)



RECORDS AND CONFIDENTIALITY

You are entrusted with very personal information about young children and their families. For their protection, it's important to treat it as confidential. At the same time, it is important to identify who CAN have access to information. It is also important to be aware of privacy laws and to maintain records in keeping with those laws.

The CNCR mandates records to be kept for five years, and asks that you ensure you are complying with relevant privacy legislation. The requirements also state that you must make necessary records available to authorized individuals including IRCC and the organization that is contracted by them to monitor your CNC program. This could also include agencies such as Public Health, who may need access to information in the event of an outbreak.

IMPLEMENTATION

- Develop written procedures that address the steps to be taken to ensure privacy of information – ensure that they are respectful of relevant privacy laws. The SPO should have knowledge of the privacy laws that relate to their organization and should have procedures for maintaining records in compliance with those laws.
- Provide staff with access to a list of documents that must be retained and follow general SPO practices for the retention of documents.
- Ensure that you have a secure place for the storage of information that allows access by the CNC staff as necessary.
- Ensure that identified records are maintained for 5 years after the child withdraws from the program.
- As part of Orientation I, train staff on the confidentiality procedures, where children's records are located and procedures to follow. This should include practices for maintaining confidentiality between team members as well as outside of the organization.
- Staff should know that CMAS, IRCC and potentially other agencies such as Public Health can be given personal information about a child. In addition, they should have as much information as possible about the specific individuals involved (for example, the name or title of anyone authorized by IRCC to monitor compliance and the name and title of anyone authorized by law).



REQUIREMENTS

INFORMATION MAINTENANCE

1-5 RECORDS AND CONFIDENTIALITY

1-5.1. The CNC program develops and follows written procedures that

- a. Maintain the confidentiality of information about a child participating in CNC while permitting access to an authorized individual, including an individual authorized by IRCC to monitor compliance with these requirements.
- b. Ensure that when a child is no longer participating in CNC, records relating to the care of the child are maintained in accordance with relevant privacy laws for a period of five (5) years after the child leaves the program.

Appendix 3: Topics for Orientation 1 Training

- | | |
|----|--|
| 8. | The location of children's records and procedures for maintaining confidentiality. |
|----|--|

SPACE

Download Supporting Documents:

[Sample CNC Space Approval Checklist – \(CNCR Appendix 1\)](#)

[Sample CNC Space Safety Checklist – \(CNCR Appendix 2\)](#)





SPACE SIZE

ACTIVITY SPACE

The amount of available space has a direct impact on both children and staff. When they have enough space, children behave in more constructive ways. Crowding can limit their play and lead to challenging behaviours.

It is important to provide sufficient space for infants and to consider that the space must accommodate cribs, high chairs and other pieces of furniture. Infant care means that the children will primarily be found on the floor, playing and crawling. It is essential in an infant program that the adults have sufficient space to move safely around the children. Increasing the space minimum for infant care will help to address these issues.

IMPLEMENTATION

Measure space to determine the amount of useable activity space you have available to provide CNC. Here are the minimum required amounts:

Minimum space required - a minimum of 14 square meters for toddler-aged children and up
Minimum space required if Children are under 19 months

- Long Term – a minimum of 16.8 square meters
- Combined – a minimum of 16.8 square meters
- Short Term – a minimum of 8.3 square meters

It is important to provide sufficient space for infants and to consider that the space must accommodate cribs, high chairs and other pieces of furniture. Infant care means that the children will primarily be found on the floor, playing and crawling. It is essential in an infant program that the adults have sufficient space to move safely around the children. Increasing the space minimum for infant care will help to address these issues.

Note: If you are in doubt about what to include in “useable activity space,” ask your CMAS consultant for help.

- Use the space measurements to determine the number of children that can be cared for in each space. In your decision making, remember to factor in the type of care you will provide. Also consider the ages of the children who will use the space, the number of children who can be in each group, and the way the various age groups will impact one another.
- Depending on the size of the physical space available to your program, it may need to be



divided for use by different age groups or for different types of activity.

- Consider how the groups need to be separated and what activities will be provided. For example, if your gross motor space is in the same room as your activity space, how will you ensure the balls children are playing with in one area won't land on the heads of children in another?
- Plan in advance how the space will be used (e.g. where moveable shelves and activity centres will be located, where you will put furniture such as tables and chairs, where infant furniture will be placed so that children will be able to move around freely).
- Remember if you have children attend care for more than 3 hours per day you will need to have at least 28 square meters of gross motor space.
- The infant area must have a floor surface that is suitable for the care of infants (i.e. is soft and easily cleaned).

SPECIAL CONSIDERATIONS

Long Term and Combined Care

The useable indoor activity space must include an area for infants that is defined and separated from the area occupied by the older children. The space must be separated using a secure barrier that is of sufficient height to reduce distraction and prevent injury.

Combined Care

The set-up of the activity space in a combined care program must take into consideration the needs of children receiving both types of care. Space that is familiar to long-term children will be new to short-term children.

Toys and materials should be readily available to the children. Consider that short-term children may wish to be on their own at first. Provide an area where they can play alone and feel safe. Children can use time in this area to observe other children involved in activities and become confident enough to join them. This area should be both near the door and in a location where they can see what is happening around them.

Toys and materials should be readily available in the space to children receiving both types of care.



REQUIREMENTS

2-6 SPACE SIZE AND USAGE

Space for Children 19 Months of Age and Over

2-6.1. A program with an enrolment of one (1) to (5) children has a minimum of fourteen (14) metres of useable indoor activity space and a minimum of 2.8 square metres of useable indoor activity space for each additional child.

2-6.2. When a child is receiving care for more than three (3) hours a day in a Long Term or Combined program with an enrolment of one (1) to five (5) children nineteen (19) months of age and over, the program has a minimum of 28 square metres of additional useable indoor or outdoor gross motor space, and may need additional space when more children are enrolled.

Space for Children Under 19 Months of Age

2-6.3. A program that provides Long Term or Combined CNC has a minimum of 16.8 square metres of useable indoor activity space with an enrolment of one (1) to three (3) children under nineteen (19) months of age, and at least an additional 5.6 square metres of useable indoor activity space for each additional child.

2-6.4. A program that provides only Short Term CNC has a minimum of 8.3 square metres of useable space with an enrolment of one (1) to three (3) children under nineteen (19) months of age, and at least an additional 2.8 square metres of useable indoor activity space for each additional child.

2-6.5. The useable indoor activity space includes an area designated for children under nineteen (19) months of age that:

- a. Has an area where the floor surface is soft, easily cleaned and suitable for sitting, crawling and playing; and
- b. When a program that provides Long Term or Combined CNC, is defined and separated from the area occupied by the older children by a secure barrier that is of sufficient height to reduce distraction and prevent injury.



CNC SPACE APPROVAL AND SPACE SAFETY

APPROVAL OF SPACE

Before any space is used for CNC, it must be approved using a three-step process:

1. Approval by Local Authorities

Under the CNCR, you are required to have approvals from local authorities. This could include the fire department, public health and other local authorities (as necessary) before using space in a facility for CNC.

The National Fire Code addresses fire protection and fire prevention in the ongoing operation of buildings and facilities. The local fire department is responsible for ensuring that the facilities meet the standards. Approval by the Fire Department and other authorities such as the planning department and public health will ensure that your CNC space meets all local standards and provide a safe environment for the care of the children.

2. Space Approval Form: Approval by the SPO

You are required to conduct a space approval check prior to use by children.

Space used for children has to be looked at closely and reviewed for safety “through the eyes of a child”. It is the responsibility of adults to find and remove any hazards that might pose a risk to a child in the space before it is used for CNC. Reviewing the space before you use it for CNC will help you manage risks associated with the space by finding potential causes of harm and identifying appropriate uses for the space.

For example, some spaces may be suitable for older children but might not be appropriate for the care of infants, or a space review might show that the space cannot be used for CNC and, therefore, cannot be approved. Also, the space may be too far away from parents for caring for young children or it may be too close, where CNC would disrupt the adult program. This review may occur several weeks or months before space is actually used for children.

Steps in the space approval process will be set out in your CNC Space Approval Form that will include not only a CNC Space Approval Checklist with items identified in Appendix 1 of the CNCR, but also a plan for changes. All changes must be made before the space can be used safely for children.



An annual review of the space using the CNC Space Approval Form will allow you to identify and address any new space-related risks. These risks may mean that the space can no longer be used for children, or more likely, that you will need to develop a plan to address them. For example, during a renovation or other changes to the space, something that might cause harm to a child might have been overlooked and, following a review, can be safely eliminated before any harm occurs.

3. Space Safety Check

A space safety check must ALSO be completed before use, and on an ongoing basis when space is dedicated to CNC and used exclusively for CNC. When space has been used by others, the space safety check must be completed immediately before a CNC session.

The initial space approval process determines some time in advance whether it is likely the space can be used safely for children. It will not let you know if the space is safe immediately before the children arrive. To confirm safety at the time space will be used, it is necessary to check it again using a CNC Space Safety Checklist.

Space Dedicated to CNC

If your space is in a permanent location and is dedicated to CNC (no one else uses it for any other purpose), you should conduct a safety check before the space is used for CNC, and at regular intervals. It is easy for busy staff working with the children to overlook or miss a hazard caused by use of the space, toys or other equipment.

When CNC Staff take the time to check the space using the Space Safety Checklist on a regular basis, they will be able to identify and eliminate some of the risks they may have overlooked.

Space Used by Others

On the other hand, if your CNC space is used by others before you use it for CNC, you could be unaware of potential hazards (e.g. if it was used for a meeting, someone might have dropped a paper clip that a child might swallow). When using space that is not dedicated to CNC and is used by others, it is necessary to complete the CNC Space Safety Checklist before a child is present, every time you provide CNC, and to address any issues or concerns before a child arrives.

If you find any hazards that cannot be removed before a child arrives, you may have to find other space. This safety check is especially important before you offer mobile care at a location away from your site.

These approvals are essential to ensure that your program meets local standards and that you manage the risks in the CNC space.



IMPLEMENTATION

Review and familiarize yourself with Part 2 of the CNCR - The Facility.

Approval by Local Authorities

- If you are using a space for the first time (e.g. when opening a new program) or renovating an existing space, contact your local authorities in advance to determine what approvals you will need.
- Find out who has responsibility for the fire safety plan for your building. That fire safety plan will relate to all uses of the building, and if the building is shared by others, the fire safety plan may not be the sole responsibility of the SPO.
- Confirm that the building has fire approval and a fire safety plan. Consider emergency procedures and have a plan in place for evacuating infants and small children.
- If you are using building space for the first time, you will need to make sure that use for children is added to the building's fire safety plan. If you are caring for infants, it is especially important to ensure that the plan provides for occupancy by very young children who may not be walking. If you are in doubt about how to proceed and would like further information, many fire departments have posted a template of their fire safety plan on the web along with information about how to get it approved. Given that the fire safety plan relates to the entire building, you will need to coordinate efforts to get fire approval with others. Since it may take some time to carry out all steps to approval, you will need to begin the process well before you open your program.
- Be sure that the approval has been given prior to offering care. You should never operate a CNC program without the appropriate approvals by local authorities.

Approval of Space

- Develop a CNC Space Approval Form that will include all items in 2-2.2.
- Develop a CNC Space Approval Checklist to include with your form. When developing your checklist, consult Appendix 1 to the CNCR. The items identified in Appendix 1 are mandatory and **MUST** be included in your checklist. You can also include additional items relevant to your space.
- Develop any associated procedures that you may wish to have to meet the CNCR (e.g. identify when the annual review will take place, who will be responsible for addressing any issues and so on).
- Determine who will be responsible for initially approving the space and completing the document on a yearly basis.



Procedures for completing a CNC Space Approval Form

- Examine all of the spaces at a location where you hope to offer CNC.
- Complete a CNC Space Approval Checklist for each of the spaces you want to use to determine if each is appropriate for CNC.
- If changes need to be made before space approval can be given, give information about the changes to the person responsible for ensuring the changes are completed. Confirm that all changes are made before space is used for CNC.
- Using the approved Fire Safety Plan for the building, identify the necessary evacuation information that is relevant to the space, and ensure that it is available to CNC staff who will be providing care in the space.
- Identify and communicate any additional information about the space that will be helpful to CNC staff.
- Ensure that the space approval form includes the name, title and signature of the SPO staff member completing the space assessment and the date on which the approval decision was made.

Space Safety Check

- Develop a Space Safety Checklist that includes at least the items from the CNC requirements Appendix 2. The items identified in Appendix 2 are mandatory and **MUST** be included in your checklist. You can also include additional items relevant to your space.
- Develop procedures for conducting the space safety check including procedures to identify who is responsible for completing the checklist, when the checklist is to be completed, and what steps are to be taken if any hazards are found.

Note: When making a plan to eliminate hazards, it is important to include steps to take to ensure children are safe while issues are being addressed.

- Train CNC Staff so that they know how to conduct a safety check and are aware of procedures to take if hazards are identified.
- Review the results of the space safety check and ensure that the identified issues are permanently addressed.

Special Information for Long Term and Combined Care

- Determine how often CNC Staff will complete the CNC Space Safety Checklist. Depending on your program, it may be completed daily, weekly or monthly. It is recommended that the checklist be completed at least once a month.



Special Information for Short Term Care

- CNC Staff must complete a CNC Space Safety Checklist prior to the operation of each CNC session if the space is used for purposes other than CNC.

Special Information for Mobile CNC

- When providing mobile CNC, it is important to provide CNC staff at the temporary location with relevant information from the CNC Space Approval Form so they have the information they need about the space when they are at the site. This information will become part of the CNC Session Record as required in 1-4.4.
- Take special care when completing a CNC Space Safety Checklist at a mobile location. Space there may not have been used recently for the care of children and changes may have occurred since the space was approved for use. CNC Staff will need procedures to follow when the space includes hazards.

Note: The Space Approval Form should also be completed annually and if it has been some time since a space was approved for CNC, it may be necessary to re-visit the space a few days ahead of time to confirm that the information on the CNC Space Approval Form remains current.

- A completed CNC Space Safety Checklist must be included in the CNC Session Record as required in 1-4.d.2.

Supporting Documents

[Sample CNC Space Approval Checklist – \(CNCR Appendix 1\)](#)

[Sample CNC Space Safety Checklist – \(CNCR Appendix 2\)](#)

REQUIREMENTS

PART 2: THE FACILITY

The SPO shall ensure that

APPROVAL FOR USE

2-1 LOCAL APPROVAL

General

2-1.1. Before a facility is used for CNC, proof is on file that the building and the space to be used for CNC meet the requirements of relevant local authorities.

2-1.2. When the SPO has responsibility for a facility, relevant local authorities are informed when



changes are made to the building or its usage.

2-2. APPROVAL BY THE SPO IN ADVANCE OF USE

CNC Space Approval Form

2-2.1. A CNC Space Approval Form is used to assess and approve space at the following times:

- a. Prior to use for CNC; and
- b. When there are changes to the space or at least annually, thereafter.

2-2.2. A CNC Space Approval Form includes the following:

- a. A CNC Space Approval Checklist that addresses the relevant safety requirements in Part 2 of these CNC Requirements, including the mandatory items identified in Appendix 1 as they apply to the type of CNC being provided, the ages of the participating children, and the location of the program.
- b. A Plan for Changes required following assessment of the space.
- c. Emergency information relevant to the space, including emergency procedures required in section 4-8 of these CNC Requirements.
- d. The name, title and signature of the SPO staff member responsible for the assessment and the date on which the approval decision was made.

2-2.3. When findings show that the space can be used for CNC if specific changes are made, an indication that all changes are complete before a child is present in the space.

2-3 CNC STAFF CONFIRMATION OF SPACE SAFETY AT THE TIME OF USE

CNC Space Safety Checklist

2-3.1. CNC staff complete a CNC Space Safety Checklist to confirm space safety at the following times:

- a. On a regular basis, when space in a permanent location is dedicated to CNC and used exclusively for CNC; and
- b. Immediately before providing CNC in space that has been used by others.

2-3.2. The CNC Space Safety Checklist addresses the relevant safety requirements in Part 2 of these CNC Requirements, including the mandatory items identified in Appendix 2 as they apply to the type of CNC being provided, the ages of the participating children, and the location of the program.

- a. A completed CNC Space Safety Checklist includes the name and signature of the CNC staff



member who completed the checklist and the date and time when it was completed.

- b. A CNC staff member who finds that any aspect of the space may pose a hazard to a child takes steps to ensure that the potential hazard has been eliminated or an alternate space found before a child is present in the space.

ELEMENTS OF THE SPACE

2-4 EMERGENCY PROVISIONS

Exits and Evacuation

2-4.1. Any space used for CNC has clearly marked pathways, free of obstruction, to all emergency exits.

Emergency Contact

2-4.2. Wherever a group of children is receiving care, CNC staff have direct access to reliable communications equipment.

2-4.3. Where possible, at each site where children are receiving CNC, the communications equipment required in section 2-4.2. includes an operable, direct-line, hard-wired telephone.

2-4.4. Wherever a group of children is receiving care, CNC staff have immediate access to the following contact information:

- a. Fire, ambulance and police, in addition to 911.
- b. Poison control.
- c. Child protection agency.
- d. Building Emergency contact.
- e. A SPO representative.

2-4.5. Wherever a group of children is receiving care, CNC staff have immediate access to information about the building location and evacuation routes, including:

- a. The building street address.
- b. The main evacuation route from the space.
- c. An alternate evacuation route.
- d. Route from the space to the location of the parent activity.

2-4.6. Information required in sections 2-4.4 and 2-4.5 is located as close as possible to the communications equipment.



2-5 Location

2-5.1. The space to be used for a group of children receiving CNC is located in a separate CNC room that is as close as possible to the room where the parents are located while avoiding disruptions to the adult program.



SAMPLE CNC SPACE APPROVAL CHECKLIST

The Space Approval Form is one step in ensuring that potential space for CNC is approved prior to offering care to children.

ITEM'S TO CHECK

1. The building meets the requirements of fire and other local authorities.
2. Pathways to emergency exits are clearly marked and free of obstruction. (Describe routes elsewhere in the Form.)
3. Staff will have direct access in an emergency to reliable communications equipment.
4. Storage space is available.
5. The space is clean.
6. The space is well-ventilated.
7. There is sufficient light for activities and supervision.
8. The space includes a washroom or is close to a washroom.
9. The washroom gives children access to hot and cold running water.
10. The hot water temperature can be adjusted to prevent scalding.
11. There is a sink with hot and cold water that could be used for diapering, if applicable.
12. Windows that are accessible to a child can be limited to opening less than 10 cm.
13. Hot water pipes and heating units, including baseboard-heating devices are inaccessible to a child.
14. Loose or exposed electrical wires are inaccessible to a child.
15. Electrical equipment and appliances that pose a threat are inaccessible to a child.
16. Room dividers, barriers, bookcases and other pieces of heavy furniture are firmly in place.
17. Unused electrical outlets have covers.
18. Strings and cords long enough to encircle a child's neck are inaccessible to a child.
19. All indoor and outdoor space is well-maintained and free of hazards.

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20. Outdoor play equipment and installation meets current CSA standards.
21. Outdoor areas to be used for children's activities are free of items that could harm a child.
22. The outdoor area for children under 6 years old is enclosed by a fence that is at least 4 feet high.
23. The outdoor area for the children under 6 years old has an unobstructed gate door that opens out from the inside.

Other Information

The measurements of the space are:

Room 1:	Maximum Capacity:
Room 2:	Maximum Capacity:
Room 3:	Maximum Capacity:

This space will be used for: ☐ Long Term ☐ Short Term ☐ Combined

Identify Changes to be made to approve the space for CNC:

- ☐ Contact information for person with responsibility for the facility
- ☐ Space has been approved for use by the CNC program

Signature

Date

.....

.....



SAMPLE CNC SPACE SAFETY CHECKLIST

The space safety check will be completed prior to each short term session when the CNC space is used by others, and at least once per month for long term and combined CNC.

Item's to Check

- ☐ All changes required in the Space Approval Form have been made.
- ☐ Emergency information in the Space Approval Form is complete.
- ☐ Pathways to emergency exits sites are clearly marked and free of obstruction.
- ☐ Staff has direct access in an emergency to reliable communications equipment.
- ☐ The space and its contents are arranged to promote the safety of the children.
- ☐ The space is clean and tidy.
- ☐ The space is well ventilated.
- ☐ The space is a comfortable temperature for a child (generally between 23-28 C in summer, 20-24 C in winter).
- ☐ The space has sufficient light for activities and supervision.
- ☐ Water temperature is appropriate for use by a child.
- ☐ The washroom is clean and stocked with appropriate materials.
- ☐ Tables, chairs and furnishings for the children are clean and sanitized.
- ☐ Windows that are accessible to a child cannot be opened more than 10cm.
- ☐ Hot water pipes and heating units that pose a threat are inaccessible to a child.
- ☐ No loose or exposed electrical wires are accessible to a child.
- ☐ No electrical equipment, appliances or cords that pose a threat are accessible to a child.
- ☐ The placement and amount of furniture, equipment, appliances and supplies do not pose a hazard to the children.
- ☐ All potentially dangerous substances or poisonous plants are inaccessible to a child.
- ☐ No balloons, whether inflated or deflated, are in the CNC space.
- ☐ Unused electrical outlets within reach of a child under 6 years old have covers.



- ☐ All potentially dangerous objects are inaccessible to children according to their ages and abilities.
- ☐ Strings and cords long enough to encircle a child's neck are inaccessible to a child under 6 years.
- ☐ All play materials and equipment are in good condition.
- ☐ All play materials and equipment are clean and sanitized.
- ☐ The area around and under equipment such as climbers offers protection for the children.
- ☐ Staff have access to at least one fully-stocked first aid kit.
- ☐ Sleeping equipment for a child under 19 months is free of soft bedding pillows and soft toys.
- ☐ Outdoor play equipment is free from hazards and meet current CSA standards.
- ☐ The space appears to be free of any hazard(s) that would threaten the safety of a child.



GROSS MOTOR SPACE

Gross Motor Space:

While physical activity is very important in the development of a child there are times that it can be provided without additional space. Recognizing that the children's need for physical activity can be met in any type of space, the requirements allow programs that provide care to children for three hours or less to provide physical activity in the CNC play space. At the same time, children need opportunities for exercise that uses their large muscles. For that reason, when a long term or combined program provides care to a child for more than 3 hours a day, the program must have a minimum of 28 square meters of gross motor space.

Outdoor Space:

Playground equipment has been associated with a high number of accidents that in some cases, have led to the death of a child. Standards have been set by CSA to help ensure the safety of children using playground equipment.

IMPLEMENTATION

Physical Activity Space

Determine if you will be required to provide gross motor space. Remember, the requirements are based on length of time any child is receiving care, not the length of time of a program operates. Even if you only have one long term child attending a CNC program for more than 3 hours, you are required to have gross motor space.

When selecting gross motor space, keep these guidelines in mind:

- A minimum of 28 square metres of separate gross motor space is required for 1 to 5 children and additional space may be required if more children are enrolled.
- If you have more than 5 children but your program allows different groups of up to 5 children to use the space for a minimum of 30 minutes at different times of the day, you may not need additional space.
- The space you use **MUST BE** on the same site as the parents (i.e. it can be located in the your CNC room or in another indoor or outdoor space at the site).
- You must have appropriate equipment and storage space for the equipment.
- The gross motor space should be located close to the play space. This will allow for quick access in an emergency.
- When the gross motor space is not close to the play space, you should have a communication plan so that staff can contact one another, if necessary.



Outdoor Space:

- If you provide care for children under 6 years of age, ensure that your outdoor space is enclosed by a fence (or other secure barrier) that is at least 4 feet high.
- Check the fence for any open or broken areas and repair them prior to allowing children to use the outdoor area.
- Ensure that the gate in the fence is not unobstructed and opens outward or in a direction approved by the local fire department so that children can evacuate safely in an emergency.
- Complete any identified repairs prior to having children use the equipment.

EQUIPMENT

While CSA does not have standards for indoor playground equipment it is advised that you apply outdoor standards where possible to your indoor equipment

Indoor

- Ensure equipment such as a climber has appropriate landing mats that provide protection.
- Ensure the landing mats are securely in place.
- Provide sufficient space around the equipment – a no-encroachment zone (6 feet) to ensure a falling child will not injure themselves on other items, as recommended by the National Safety Council.

Outdoor

- If you do not have a playground inspection report, contact a reputable playground inspection company to arrange for an inspection. Do not allow the children to use the equipment until the inspection has been completed and necessary repairs have been made.

NOTE: Any space used for CNC must go through an approval process being used for children. Please refer to the Space Approval and Safety section for details.

Web Resources

[Safe Kids Canada: Playground Standards](#)

[Playground Standard in Canada](#)

[Canada Safety Council: Playground Safety](#)



REQUIREMENTS

2-6 SPACE SIZE AND USAGE

2-6.2. When a child is receiving care for more than three (3) hours a day in a Long Term or Combined program with an enrolment of one (1) to five (5) children nineteen (19) months of age and over, the program has a minimum of 28 square metres of additional useable indoor or outdoor gross motor space, and may need additional space when more children are enrolled.

2-13 GENERAL SAFETY

2-13.1. All indoor and outdoor space to be used for CNC is well-maintained and, having regard for the ages of the participating children, is free from hazards or can be made free of hazards immediately before a CNC session.

2-15 PLAY MATERIALS AND EQUIPMENT SAFETY

2-15.3. When playground equipment, such as a climber, is used by children

- a. Indoors, the area around and under the equipment is equipped with landing mats that are not a slipping hazard and provide sufficient protection for the children.
- b. Outdoors, the equipment and its installation must meet current standards of the Canadian Standards Association (CSA).

2-16 OUTDOOR ACTIVITY AREAS

2-16.1. An outdoor activity area used by a child under six (6) years old

- a. Is enclosed by a fence or other secure barrier that is at least four (4) feet high.
- b. Has an unobstructed gate door that opens outward from the inside, or in a direction approved by local authorities.



STORAGE

It is important to have appropriate storage space for items not in use. Caring for children requires a certain amount of toys, materials and equipment to allow for variety in the program and to meet their developmental needs.

The requirements help to ensure that children and staff have a safe place to keep their belongings which results in:

- Valuable activity space not being taken up with excess toys, equipment and personal belongings.
- Children not accessing personal belongings (such as medications) that can pose a hazard.

When care is not provided in space that is purpose-built for child care, it is important to provide temporary storage, especially for items that might pose a risk to the children.

IMPLEMENTATION

Storage of program items:

- Look for storage space in your CNC room or another location close by in the facility. It is best, however, to store all toys and equipment, especially those needed daily, within the CNC room.
- Other items, such as seasonal activities and toys, can be stored elsewhere in the building. When items are stored elsewhere, staff must be able to plan ahead and access the items before they are needed for program activities.
- Use closets and cupboards for the storage of materials and equipment. When these are not available, install large storage cupboards with locks (preferably) or use bins and other storage containers.

Storage for staff:

Staff should have a space for storing their personal belongings, particularly their purses and bags. Storage space will help to ensure the safety of their personal goods, as well as prevent children from accessing these items.

Storage for children:

- Children should have space to store personal items within the play space. It's important to have easy access to items, such as diapers, change of clothes, and outdoor clothes (if needed).



- Provide each child with a cubby or space where they can store their belongings. For long term care, a cubby space should allow for the storage of all items a child will use in the winter months, such as coats, snow pants, boots, hats, mittens, spare change of clothes, etc. Remember the winter months mean wet items, so a cubby space should allow for this.
- The cubby space is often used by parents and staff as an area to dress the children. Since the parents are likely to arrive within the same time period, ensure there is enough space for them to move about or that you have plan in place for busy arrival.

Special information for combined care:

- In a combined program, it is important to keep consistent routines between the long-term and short-term children. For example, when a short-term child arrives, have procedures to ensure their personal items do not contain hazardous items, such as medication, that other children can access. These procedures are especially important when parents are new and unaware of program practices (i.e. It is more likely to happen when providing short term care). You should have enough storage so that you can give each long-term child a cubby or space and designate a few extra spaces for short- term children.

Special Information for short term care in temporary locations:

- It is especially important to have storage space for the personal belongings of staff when offering short term care in temporary locations. If the location does not have an appropriate closet or cupboard, ensure that you have a container with a tight-fitting lid for purses or other items or have access to a high shelf that is out of reach of the children.
- A temporary location is unlikely to be equipped with cubbies for the children. Before offering care, think of safe ways of storing children's belongings, especially in winter.

REQUIREMENTS

2-7 Storage

2-7.1. The program has sufficient space for the

- a. Safe storage of play materials and equipment not in use; and
- b. Safe, temporary, storage of personal items of staff and children.

STAFFING

Download Supporting Documents:

[CNC Staff Job Description - CNC Staff](#)

[CNC Staff Job Description - CNC1](#)

[CNC Staff Job Description - CNC2](#)

[CNC Staff Job Description - SDR](#)

[Staff Records Checklists](#)

[Sample Offence Declaration](#)

[Helping You Meet Requirements: Consulting with Local Public Health and Health Professionals](#)

[Sample Checklist for Staff Orientation](#)

[Care of Newcomer Children Ratio and Group Size Chart](#)

[Ensuring a High Quality, Child-Centred CNC Program](#)

[Checklist of Required Policies and Procedures](#)





STAFF HIRING - GENERAL QUALIFICATIONS

Language Skills: For the health and safety of children, staff must be able to communicate with parents, children, colleagues and other professionals. In case of emergency, staff may need to read a child's records to check for allergies, describe to emergency workers what has happened, or talk to professionals who are specialists in particular areas. Staff also need language skills to participate in training and benefit from professional development opportunities.

Age of Volunteers: Volunteers must be of the age of majority and mature enough to work in the program. It is essential for programs to ensure volunteers do not pose a risk. One way to manage volunteer risk is through a Criminal Records Check. There are minimum age requirements to have a Criminal Records Check.

Immunization and Health: It is important to ensure that you have evidence of ongoing compliance with the provincial/territorial immunization and health standards

Criminal Records Check (CRC): CRC are an essential tool for screening people who work with the vulnerable sector. The CNCR identifies that a CRC should be done every 5 years. In the period of time between checks, staff/volunteers must complete an offence declaration.

IMPLEMENTATION

Language Skills:

- Become familiar with the skills required in the Canadian Language Benchmarks (CLB) levels.
- In an interview, pay special attention to the individual's ability to communicate. If you are in doubt about that ability, ask if the individual has had language training or a language skills assessment and, if so, what level was achieved.
- Establish a procedure for responding when the individual's skills do not appear to meet the requirements.

Age of Volunteers:

- Ensure all of your volunteers are a minimum of the age of majority in your province.

Immunizations:

- Contact your public health office to be sure you understand the standards for adult immunization in your area.



- Establish a procedure for updating staff and volunteer immunization records, as required by your local public health office.

Staff Tuberculosis Testing:

- Contact the public health office to develop a procedure based on their recommendations for TB testing. You may need to ensure you have a record that states the staff member or volunteer is free of active TB and that the record was not obtained more than 3 months prior to the date of commencement with the program when the individual begins to work with the children.

Background Checks:

- Establish written policies and procedures for carrying out background checks, including checking references, Criminal Reference Checks (CRC) and Child Abuse Registry Checks (where available).
- Where necessary consult with local authorities to ensure that they are in agreement with the policies.
- A CRC and Child Abuse Registry Check should be no more than 6 months old when a staff member or volunteer starts to work directly with the children.
- The CRC should be done for “working with vulnerable populations”; this particular type of check provides information that, based on history, identifies any issues the prospective staff might have in working with young children.
- All staff and volunteers must obtain a CRC for working with vulnerable populations every five (5) years after starting to work with the program.
- In years when the CRC and Child Abuse Registry Check is not completed staff must complete an offence declaration.

NOTE: Be aware that a Criminal Records Check only provides a snapshot of what has happened in the past. You need to conduct a full background check for CNC staff.

Supporting Documents

[CNC Staff Job Description - CNC Staff](#)

[CNC Staff Job Description - CNC1](#)

[CNC Staff Job Description - CNC2](#)

[CNC Staff Job Description - SDR](#)

[Staff Records Checklists](#)

[Sample Offence Declaration](#)

[Helping You Meet Requirements: Consulting with Local Public Health and Health Professionals](#)



REQUIREMENTS

5-1 GENERAL STAFF REQUIREMENTS

Language

5-1.1. All staff working directly with the children and counted in the staff: child ratio have language skills in English (or French) at the equivalent of at least Canadian Language Benchmarks Level 5 for speaking and listening and Level 4 for reading and writing.

Age

5-1.2. All staff working directly with the children and counted in the staff: child ratio and all volunteers have reached the age of majority in their province/territory.

Health

5-1.3. For each staff member or volunteer who works directly with the children, the SPO has on file

- a. Before the staff member or volunteer works directly with the children, evidence from a medical practitioner or other provincial/territorial health authority that the person is in compliance with the province's/territory's immunization and tuberculosis control programs; and.
- b. On an ongoing basis, evidence that the staff member or volunteer continues to comply with the province's/territory's immunization and tuberculosis control programs as required by the local public health office.

Background Checks

5-1.4. The program develops and follows written policies and procedures for carrying out background checks that include procedures for the following:

- a. Initiating background checks
- b. Assessing and retaining the results, and
- c. Addressing issues related to the hiring process.

5-1.5. Background checks include but are not limited to the following:

- a. A criminal record check, including a vulnerable sector search.
- b. A child abuse registry check, where available.
- c. A review of references.

5-1.6. The criminal record check and, where available, child abuse registry check are completed

- a. Before a staff member or volunteer works directly with the children and not more than six (6) months prior to the date of commencement with the program; and
- b. At least every five (5) years after the date of commencement with the program.

5-1.7. In each calendar year in which a background check as required in section 5-1.6 is not obtained, the program has on file a completed offence declaration signed by the staff member or volunteer.

5-1.8. Current and prospective staff members and volunteers who work directly with the children are informed of the policies and procedures.



SAMPLE JOB DESCRIPTION: CNC STAFF

Job Title	
Reports to	

JOB PURPOSE

To provide quality care with a child-centered approach to the children participating in the CNC program ensuring health and safety.

[Expand with a brief description of the general nature of the position in your organization and what you expect the candidate to accomplish in the position.]

Duties and Responsibilities

- Follow the CNC Requirements
- Planning of appropriate activities for children in accordance with the written program philosophy
- Welcome and interact with newcomer children and their parents
- Provide activities and experiences that meet the individual developmental needs of the children
- Set up and take down equipment and other items used in the program
- Maintain records, including a daily record, Attendance Form, Child Profile, and Session Management Form
- Inspect CNC space for safety issues and seek corrective action according to procedures
- Work with team members to create a positive environment



Qualifications

Qualifications for CNC Staff include:

- Experience working with the ages of children that will be cared for
- Current first aid and CPR certification
- Current proof of immunization and Tuberculosis status
- Current Criminal Reference Check

In addition, a CNC Staff has the following:

Skills and Abilities

- Develop and implement daily activities that support and promote the development of newcomer children – in Long Term programs, Short Term programs or Combined Care programs (as applicable)
- When Short Term care is provided, an understanding of the programming needs of children who drop in for care for short periods of time.
- When Combined Care is provided, recognition of the issues associated when caring for children on a short and long term basis together, especially issues associated with transitions and separation.
- Understanding and awareness of settlement issues and the concerns of newcomer children and parents.
- Engage children in activities that support a child-centred approach.
- Guide and assist children in the development of healthy eating, dressing and toilet habits.
- Assess the skills, abilities, interests and needs of children.
- Discuss children's progress or concerns with parents and other staff members.
- Attend meetings and workshops as directed by the manager

Physical Requirements

The job involves working with young children and includes lifting and participating in physical activities. It may also involve the supervision of children and physical activities out of doors.



SAMPLE JOB DESCRIPTION: CNC STAFF LEVEL 1

Job Title	
Reports to	

JOB PURPOSE

To provide quality care with a child-centered approach to the children participating in the CNC program ensuring health and safety.

[Expand with a brief description of the general nature of the position in your organization and what you expect the candidate to accomplish in the position.]

Duties and Responsibilities

- Follow the CNC Requirements
- Planning of appropriate activities for children in accordance with the written program philosophy
- Welcome and interact with newcomer children and their parents
- Provide activities and experiences that meet the individual developmental needs of the children
- Set up and take down equipment and other items used in the program
- Maintain records, including a daily record, Attendance Form, Child Profile, and Session Management Form
- Inspect CNC space for safety issues and seek corrective action according to procedures
- Work with team members to create a positive environment





Qualifications

Qualifications for Level I CNC Staff include:

- Education – At least a one-year diploma in a child development program or a related field from a recognized academic institution.
- Completion of 50% of the credits of a diploma in a child development program or related field from a recognized academic institution
- Current first aid and CPR certification
- Current Health assessment including immunization and proof of Tuberculosis status
- Current Criminal Reference Check

In addition, a CNC Staff Level I has the following:

Skills and Abilities

- Develop and implement daily activities that support and promote the development of newcomer children – in Long Term programs, Short Term programs or Combined Care programs (as applicable)
- When Short Term care is provided, an understanding of the programming needs of children who drop in for care for short periods of time.
- When Combined Care is provided, recognition of the issues associated when caring for children on a short and long term basis together, especially issues associated with transitions and separation.
- Understanding and awareness of settlement issues and the concerns of newcomer children and parents.
- Engage children in activities that support a child-centred approach.
- Guide and assist children in the development of healthy eating, dressing and toilet habits.
- Assess the skills, abilities, interests and needs of children.
- Discuss children's progress or concerns with parents and other staff members.
- Attend meetings and workshops as directed by the manager

Physical Requirements

- The job involves working with young children and includes lifting and participating in physical activities. It may also involve the supervision of children and physical activities out of doors.



SAMPLE JOB DESCRIPTION: CNC STAFF LEVEL II

Job Title	
Reports to	

JOB PURPOSE

To provide quality care with a child-centered approach to the children participating in the CNC program ensuring health and safety.

[Expand with a brief description of the general nature of the position in your organization and what you expect the candidate to accomplish in the position.]

Duties and Responsibilities

- Follow the CNC Requirements
- Planning of appropriate activities for children in accordance with the written program philosophy
- Welcome and interact with newcomer children and their parents
- Provide activities and experiences that meet the individual developmental needs of the children
- Set up and take down equipment and other items used in the program
- Maintain records, including a daily record, Attendance Form, Child Profile, and Session Management Form
- Inspect CNC space for safety issues and seek corrective action according to procedures
- Work with team members to create a positive environment



Qualifications

Qualifications for Level II CNC Staff include:

- Education – At least a two-year diploma in a child development program or a related field from a recognized academic institution.
- Professional Certification – Where applicable, candidate must be in good standing with relevant professional recognition bodies.
- Current first aid and CPR certification
- Current Health assessment including immunization and proof of Tuberculosis status
- Current Criminal Reference Check

In addition, a CNC Staff Level II has the following:

Skills and Abilities

- Develop and implement daily activities that support and promote the development of newcomer children – in Long Term programs, Short Term programs or Combined Care programs (as applicable)
- When Short Term care is provided, an understanding of the programming needs of children who drop in for care for short periods of time.
- When Combined Care is provided, recognition of the issues associated when caring for children on a short and long term basis together, especially issues associated with transitions and separation.
- Understanding and awareness of settlement issues and the concerns of newcomer children and parents.
- Engage children in activities that support a child-centred approach.
- Guide and assist children in the development of proper eating, dressing and toilet habits.
- Assess the skills, abilities, interests and needs of children.
- Discuss progress or problems of children with parents and other staff members.
- Attend meetings and workshops as directed by the manager.

Physical Requirements

- The job involves working with young children and includes lifting and participating in physical activities. It may also involve the supervision of children and physical activities out of doors.



SAMPLE JOB DESCRIPTION: CNC STAFF WITH DESIGNATED RESPONSIBILITY

Job Title	
Reports to	

JOB PURPOSE

To take the lead in providing CNC and assume responsibility for the operation of CNC sessions.

[Expand with a brief description of the general nature of the position in your organization and what you expect the candidate to accomplish in the position.]

Duties and Responsibilities

- Take the lead in meeting CNC Requirements, including the development of policies and procedures and training opportunities
- Develop a staffing plan that ensures ratios and qualifications are met according to CNC Requirements
- Plan or oversee the planning of appropriate activities for children in accordance with the program philosophy
- Registration of children
- Parent Orientation
- Staff Orientation – Parts I and II
- Scheduling of sessions, overseeing enrolment
- Working with Adult Program Managers and other staff to identify child care needs Reporting all necessary information according to procedures
- Ensure there are sufficient appropriate materials and equipment for the operation of a session
- Maintain records, including Registration Form, Attendance Form, Child Information Form, and Session Management Form



- Inspect CNC space for safety issues and complete a Space Safety Checklist
- Foster team work among staff in the provision of CNC
- Oversee the use of volunteers and students

Qualifications

Qualifications for Level II CNC Staff include:

- Education – At least a two-year diploma in a child development program or a related field from a recognized academic institution.
- Two years experience working in the child care field
- Professional Certification – Where applicable, candidate must be in good standing with relevant professional recognition bodies.
- Managerial experience – where possible, candidate will have previous experience in managing other staff related to child care
- Current first aid and CPR certification
- Current Health assessment including immunization and proof of Tuberculosis status
- Current Criminal Reference Check

In addition, a CNC Staff Level II with Designated Responsibility has the following:

Skills and Abilities

- Administrative skills
- Leadership skills
- Ability to work with others, including staff at all levels within the organization
- Ability to interact with professionals in other fields (e.g. health)
- An understanding of settlement issues and the distinctive needs of newcomer children and families
- An understanding of child-centred programming
- Ability to resolve issues and concerns of newcomer parents
- Knowledge of research and practices specific to young children, including special initiatives relevant to immigrants and refugees, as well as an ability to implement programming and make changes that are beneficial to young newcomers
- Ability to coordinate multiple programs, including programs being offered at the same time



STAFF RECORDS CHECKLIST

Use this checklist to ensure you have everything you need in each of your CNC staff files.

For each staff member or volunteer who works directly with the children, the SPO must have on file:

	Health Proof of immunization and tuberculosis status based on local public health requirements.
	Background Check Criminal Records Check for those working with the vulnerable sector that is not more than five years old, and a Child Abuse Registry Check (where available), as well as a yearly declaration that there has been no changes to status.
	Orientation Record stating that CNC staff and those responsible for the CNC program have received applicable orientations
	Education and Experience Proof of education and experience required for level of duty (SDR/CNC Staff Level 1/ CNC 2)
	Behaviour Guidance and Abuse Reporting Signature of the CNC Staff indicating that they have received and reviewed a copy of the Behaviour Guidance Policy and Abuse Reporting Policy, and has read and understood them. The document must also include the signature of the person conducting the review, and must be updated annually.
	Professional Development A record of staff professional development hours.
	First Aid Proof of first aid training, including anaphylaxis response and CPR for all paid CNC Staff.

Name of CNC Staff member/volunteer: _____



SAMPLE CNC OFFENCE DECLARATION

Name of CNC Staff/Volunteer	Date of Birth (yyyy/mm/dd)

I DECLARE, since the last Criminal Background Check was submitted by me to [insert SPO Name], or since the last Offence Declaration submitted by me to [insert SPO Name], that:

☐ I have no convictions under the Criminal Code of Canada up to and including the date of this declaration for which a pardon has not been issued or granted under the Criminal Records Act (Canada).

OR

☐ I have the following convictions for offences under the Criminal Code of Canada for which a pardon under the Criminal Records Act (Canada) has not been issued or granted.

LIST OF OFFENCES:

1. a) Date: _____
b) Court Location: _____
c) Conviction: _____
2. a) Date: _____
b) Court Location: _____
c) Conviction: _____
3. a) Date: _____
b) Court Location: _____
c) Conviction: _____

(Use additional page if necessary)

Date: _____ **Signature:** _____

Note: If you provided a criminal background check to [insert SPO Name] in the past year, you are only required to disclose new convictions for which a pardon has not been issued



STAFF HIRING - PROFESSIONAL QUALIFICATIONS

The professional qualifications of staff are the foundation of program quality and an indicator that a program is likely to protect the health and safety of the children. Individuals who understand child development or work with children generally know that a quality program should be flexible and focus on the individual needs of the children in care. The language in the requirements is deliberately generic, but it opens the door to the use of professional designations that reflect current practice and are recognized by peers in a particular province/territory.

- CNC2 have at least a two-year diploma in a child development program related to the ages of the children cared for or in a related field; or at least the qualifications set out in provincial legislation for the person with responsibility for the day-to-day operation of a licensed child care centre.
- CNC1 staff have a one-year diploma or course credits from a recognized academic institution equivalent fifty percent (50%) of the courses required to meet the qualifications set out in provincial legislation for the person with responsibility for the day-to-day operation of a licensed child care centre

Possible fields of study have also been expanded from child development to include a “related field”.

Requirements for CNC1 have been specifically designed to acknowledge the efforts of staff in the process of acquiring a two-year diploma. For some who are studying part-time, achieving a diploma takes several years. By recognizing their progress, individuals receive encouragement and programs benefit from their additional knowledge and skills.

By recognizing qualifications in “related fields”, the requirements address the broader scope of the CNC model. For example, a diploma in early childhood development may not be as relevant to staff working in a school age program as a diploma in child and youth studies. From the SPOs point of view, this broader scope also extends the pool of potential staff when it is difficult to find qualified people. On the other hand, the requirements ensure that staff have qualifications related to the ages of the children served (5-4.4. and 5-4.5.).



IMPLEMENTATION

- Consider the professional qualifications required of CNC1 and CNC2 staff. Learn about the approved institutions in your area or province/territory that grant diplomas in child development and related areas. Find out how many courses a student must complete to achieve the equivalent of one year of a two-year diploma.
- Become familiar with the transcripts or diplomas the institutions offer. Ask applicants to provide official transcripts (for courses completed) and diplomas (graduation). When in doubt, take steps to confirm the authenticity of the documents.
- Find out the professional requirements for working in the field in your province/territory. For example, in Ontario, to be considered as a qualified ECE you must be registered with the College of Early Childhood Educators.
- Find out about equivalencies (e.g. alternate credentials from another country) that are recognized in your province/territory. Learn what to do if an applicant presents alternative credentials, but in all other ways seems qualified.
- Develop a system for tracking staff qualifications, especially for staff members who are working toward their diploma; recognize their status when it changes.
- When you are hiring, ensure that you have staff with the qualifications needed to meet the requirements for staffing patterns in 5-3.

REQUIREMENTS

Glossary

CNC 1 STAFF MEMBER - A CNC 1 staff member has

- a. A one-year certificate, or course credits from a recognized academic institution equivalent to one year of a two-year diploma program in child development related to the ages of the children cared for or in a related field; or
- b. In a province/territory where a two-year diploma is not available, fifty percent (50%) of the requirements for a one-year certificate from a provincially/territorially recognized institution in child development related to the ages of the children cared for or in a related field.

CNC 2 STAFF MEMBER - A CNC 2 staff member has

- a. At least a two-year diploma in a child development program related to the ages of the children cared for or in a related field; or
- b. In a province/territory where a two-year diploma is not available, a one-year certificate from an institution recognized by the province/territory.



STAFF TRAINING

Research has shown the quality of a child's experience depends largely on the ability of staff to provide a program that is responsive to individual needs and within a safe, healthy environment. The provision of such a program is not possible unless staff have sufficient training to understand and implement operational requirements, as well as recognize and meet the needs of the children in their care.

Orientation training must be comprehensive and include all aspects of the CNC operation. It must introduce staff to the children and families they will be serving and alert them to specific issues. It must also approach topics from a settlement perspective. To function effectively within the organization, staff must have knowledge of the SPO and its work, its specific CNC program philosophy, and the ways in which its program addresses the settlement needs of the children and families it serves. Such knowledge is of critical importance if CNC staff is to truly meet the needs of the children.

Training to understand changes in best practices, quality of care and meeting the individual needs of the children is essential. With the growing number of children with allergies and the increase in potential anaphylactic reactions it is important that all staff are aware of methods to reduce the likelihood of a reaction as well as how to respond.

Professional development will add to the CNC staff knowledge and assist to build the quality of your CNC program.

IMPLEMENTATION

General

- CNC full time paid staff are required to participate in a minimum of 5 hours of professional development yearly. Develop a method to track training for your staff. Ensure it allows you to document the type of training – orientation, professional develop etc., the date of training, and potentially the date for renewal. This will help you to monitor each CNC staff status related to training.
- Identify who needs what type of training or orientation. Develop procedures to ensure that staff are reminded to update their training in order to meet the appropriate requirement.
- Identify potential training opportunities in your area and online. Consider these suggestions for implementation:



First Aid and CPR

- The first training you are likely to assess for both current and prospective staff is training in First Aid and CPR, including anaphylaxis response. Find out what is available in your community, including who delivers it and when, so you can evaluate any documentation of training you receive and determine whether it meets the requirements.

Orientation Training

- Decide what you are going to include in orientation training. Specific topics are set out in Appendices 3 and 4, but the content of your training in those areas depend on your organization.
- Decide on a format and method of delivery - online, in-person or a combination
- Staff with Designated Responsibility (SDR), must have an additional orientation to program administration and leadership in the organization before assuming duties.
- The SPO administrative staff member with responsibility for the CNC program must also participate in an orientation so that they understand the responsibilities they assume.

Special information about Combined Care

There are important training areas for CNC staff working in combined programs to consider, including:

- Special issues associated with providing drop-in care while offering long term care at the same time
- Child and parent experiences with separation and attachment
- Activities that can be delivered in limited periods of time within a context of ongoing care
- Other topics that will support practice

Supporting Documents

[Sample Checklist for Staff Orientation](#)

REQUIREMENTS

5-2 STAFF TRAINING

5-2.1. A training record is on file indicating that each staff member and volunteer meets the training requirements set out below relevant to his or her position.

Pre-Service Training

5-2.2. Within three (3) months of commencement with the program, all paid CNC staff have training in first aid, including anaphylaxis response, and CPR appropriate to the age of the children they are caring for.



ORIENTATION TRAINING

Paid CNC Staff

5-2.3. Before working directly with the children, all paid CNC staff complete Orientation I training on topics set out in Appendix 3.

5-2.4. Within three (3) months of completing Orientation I training, all paid CNC staff complete Orientation II training on topics set out in Appendix 4.

Staff with Designated Responsibility

5-2.5. Before assuming duties as a CNC staff member with designated responsibility for a program, a staff member has an additional orientation to program administration and leadership in the organization.

SPO Administrative Staff

5-2.6. Before assuming responsibilities related to the provision of CNC, a SPO administrative staff member with responsibility for the CNC program completes topics one (1) through eight (8) of the Orientation I training set out in Appendix 3.

Volunteers

5-2.7. Before working directly with the children, all volunteers complete Orientation I training on topics set out in Appendix 3.

Ongoing Training

5-2.8. Annually, beginning one (1) year after completing Orientation I training, all paid full-time CNC staff complete at least five (5) hours of training on topics related to their staff duties which may include special issues related to the settlement of young children and families, the role of the CNC professional, and program administration and leadership.

APPENDIX 3: TOPICS FOR ORIENTATION I TRAINING	
1.	The structure of the SPO's CNC support program, including the types of care provided.
2.	The special characteristics of the SPO's CNC program, including relationships between the SPO and staff and the CNC program.
3.	The need for a parent to remain on site while a child is receiving care.
4.	Procedures for arrival and departure, including parent sign in and sign out of children.
5.	Policies and procedures related to general safety, food safety and food service, illness, administration of medication, hygiene and emergency practices including relevant evacuation procedures set out in the fire safety plan.



APPENDIX 3: TOPICS FOR ORIENTATION I TRAINING	
6.	Behaviour guidance policies and procedures.
7.	Abuse reporting policies and procedures.
8.	The location of children's records and procedures for maintaining confidentiality.
9.	Any known information about the children, including any information about a specific child's allergy or food restriction.
10.	A review of practices for working with newcomer children in areas such as responding to separation anxiety, communicating with children who do not understand English/French, and providing routines and activities for children who are in an unfamiliar environment.
11.	For staff caring for children under nineteen (19) months, information related to the care of infants, including information about the risks associated with unsafe sleeping practices, and the shaking or excessive rocking of infants.
12.	For staff caring for school-age children, information related to programming for older children.

APPENDIX 4: TOPICS FOR ORIENTATION II TRAINING	
1.	The CNC program philosophy.
2.	The ways in which the CNC program addresses the settlement needs of the children and families.
3.	All SPO policies and procedures not yet covered in relation to general safety, food safety and food service, illness, administration of medication, hygiene and emergency practices including relevant evacuation procedures set out in the fire safety plan.
4.	Information about immunization and where immunization is available in the community.
5.	The ways in which the CNC program supports newcomer child health by fostering physical activity and good nutrition habits.
6.	Information about routines and program management in relation to the types of program being provided. Program types may include long term, short term and/or combined care.
7.	Information about the cultures represented by the children in the program including cultural expectations of child development, the importance of respecting home language and practices related to caring for children, and communicating with parents.
8.	For staff working in a long term program, relevant information about the children's health, nutrition, development and special characteristics as reported on their Child Profile.
9.	For staff caring for children under nineteen (19) months, additional information related to the care of infants.
10.	For staff caring for school-age children, additional information related to the care of older children, including field trip procedures where applicable.



SAMPLE CHECKLIST FOR STAFF ORIENTATION

Orientation should be completed in two phases. This allows time for staff to become familiar with the program before receiving detailed information. Use the checklist below to ensure that your CNC staff is well prepared to provide a safe, healthy, high-quality CNC program.

Staff Name: _____

Date of Orientation: _____

PHASE 1

Before beginning to work directly with the children, staff is provided with the following information:

- ☐ The organization's approach to the settlement and care of the newcomer child, with a special focus on a child-centered methodology
- ☐ The type of care provided and the manner in which it is offered
- ☐ The organizational reporting structure (relevant to roles and responsibilities)
- ☐ Any special characteristics of the CNC program
- ☐ Why it's important parents must remain on site while their child is in the CNC program
- ☐ Procedures for parents to sign in/out their children
- ☐ Hand washing procedures
- ☐ Diapering procedures
- ☐ Food service and handling procedures
- ☐ Cleaning and sanitizing procedures
- ☐ Medication administration procedures
- ☐ Behavior guidance policies and procedures
- ☐ Child abuse reporting policies and procedures
- ☐ The location of the children's records



- ☐ Allergy, food restrictions and other relevant information necessary for the care of the children
- ☐ Caring for infants, specifically information about the risks associated with SIDs and the shaking or excessive rocking of infants

PHASE 2

Within one month of starting work in the CNC program, staff are provided with an orientation on:

- ☐ The vision and philosophy of the SPO's CNC program
- ☐ The ways in which the CNC program addresses the settlement needs of the children and families, using a child-centred approach
- ☐ All SPO CNC policies and procedures not discussed in Phase 1
- ☐ Information about children's immunization and how to support parents including where it is available in the community
- ☐ The role of nutrition and physical activity to support the health of children
- ☐ Information about the program's routines and management
- ☐ Information on the importance of respecting home language and practices when caring for newcomer children
- ☐ The importance of communicating with parents
- ☐ For staff working in a long term program: relevant information about the children's health, nutrition, development and special characteristics as reported on their Child Information Forms
- ☐ For staff providing school-age care: information related to the care of older children
- ☐ For staff caring for children under nineteen (19) months: information related to the care of infants, including the risks associated with SIDs and excessive shaking or rocking of infants

Signature of Orientation Manager

Date

Signature of CNC Staff

Date

February 2016



STAFFING PATTERNS - RATIOS AND GROUP SIZE

Researchers have found that staff-child interactions are among the most important - if not the most important - elements of an early childhood program. Smaller group sizes and more opportunities for attention from staff are keys to providing each child with a positive experience. The ratios of staff to children, and group sizes defined in these requirements, are based on optimum standards established by internationally recognized professional organizations.

The CNC requirements accommodate three different program types - long term, short term, and combined care. The staff: child ratios for each age group are consistent for short term and long term care, but combined care requires an additional staff member when the number of short term children exceeds 20%.

Favourable staff:child ratios are especially important in programs serving newcomer children where language and cultural issues arise. Individual children and families may need increased attention because of past separation and trauma.

Special Accommodations and Flexibility for CNC Programs:

The CNC accommodates “family groups” that include up to five children. The children can be of varying ages and may include one infant.

CNC requirements also allow 20% of children in a same age group to be over-age or under-age by two months, although no child may be under six months.

The requirements state that two adults must be on duty at all times. However for small programs that meet ratio with one CNC staff, another SPO staff or volunteer that is immediately available can be designated to assist in the CNC staff as needed. For example a receptionist who is located close to the CNC space could be trained to step into assist as required. They would need to be immediately available and able to leave their current tasks. This person/s is required to have the same training as a volunteer.

IMPLEMENTATION

- Develop a staffing plan that is based on the type of care you are providing. Identify the number of staff you require to meet the staff:child ratio requirements for each group of children receiving care.



- Ensure you have sufficient staff to meet the ratio requirements. Including the number of qualified staff according to the number of children the program cares for.
- Review Part 5 of the requirements, especially the sections on Staffing Patterns and Staff on Duty.
- Assign and train staff and volunteers as necessary to meet the requirements.
- Ensure sufficient supply staff is available when needed.

Special Information About Combined Care

- Because of the flexibility of combined care you will need to ensure that you have staffing that will address the changing numbers of children you might care for each day.
- Determine if you will provide short term care for 20% or fewer of the children. If so you can use the same staff: child ratios as you do in your long term program
- Determine if you will provide short term care for more than 20% of the children. Identify which age group/s will accept short-term children. Identify if this will happen every day or if it will be scheduled for certain times. Use this information to schedule the appropriate staffing when required.
- Consider the times when the care for short-term children will be provided and adjust the staffing as necessary throughout the day
- It may be helpful to have supply staff immediately available in the event more children require care than you had planned to serve. Remember never to increase the amount of children you care for beyond the capacity of the group size and space.

Supporting Documents

[Care of Newcomer Children Ratio and Group Size Chart](#)

REQUIREMENTS

5-5 STAFF: CHILD RATIOS AND GROUP SIZE

All Types of CNC

5-5.1. A CNC program has a plan for staffing that ensures that sufficient CNC staff members are on duty working with the children at all times to

- a. Provide adequate supervision as required in section 5-6; and
- b. Meet the requirements for staff: child ratios and group size set out in Appendix 7.



5-5.2. Twenty percent (20%) of the children in a same age group may either be over-age or under-age by two (2) months, except that all children must be six (6) months of age or over.

5-5.3. When caring for a mixed age group, the staff: child ratio and group size requirements set out in Appendix 7 for the youngest child in the group are met, except that all children must be nineteen (19) months of age or over.

5-5.4. When the total number of children receiving care at a site at any one time is five (5) or fewer, including a maximum of one (1) child under nineteen (19) months of age, the staff: child ratio and group size requirements set out in Appendix 7 for a family group of children are met.

Combined CNC

5-5.5. When a program provides Combined CNC and 20% or fewer Short Term children are present in a group of children, the staff: child ratio and group size requirements for Long Term CNC are met.

5-5.6. When a program provides Combined CNC and more than 20% of the children are receiving Short Term care, the staff: child ratio for Long Term care is met and an additional qualified staff member is on duty with each group of children.

Field Trips

5-5.7. While on a field trip away from the site, one (1) additional staff member is on duty with each group of school-age children.

5-5.8. While on a field trip away from the site, when only one (1) staff member is required to meet the staff: child ratio, the additional staff member may not be replaced by a volunteer.



STAFF: CHILD RATIO AND GROUP SIZE CHART FOR CNC

STAFF: CHILD RATIO AND GROUP SIZE CHART FOR CNC							
	Long-term		Short-Term		Combined		
Group Name	Ratio	Group Size	Ratio	Group Size	Ratio		Group Size
INFANT 6 to 18 Months	1 to 3	6	1 to 3	6	1 to 3	Plus 1* or Employ 20% rule**	6
TODDLER 19 to 30 Months	1 to 5	10	1 to 5	10	1 to 5	Plus 1* or Employ 20% rule**	10
PRESCHOOL 31 months to 6 years	1 to 8	1 to 16	1 to 8	16	1 to 8	Plus 1* or Employ 20% rule**	16
SCHOOL-AGE Grade 1 and up	1 to 12	24	1 to 12	24	1 to 12	Plus 1* or Employ 20% rule**	24
FAMILY GROUPING 19 months and up May include 1 infant	1 to 5	5	1 to 5	5	1 to 5	N/A	5

* Combined care requires that one (1) additional qualified CNC staff member be assigned to the group regardless of the size of the group.

** When 20% or fewer of the children in a Combined care program attend short term an additional qualified CNC staff member is no longer required.

*** On a field trip, one (1) additional qualified CNC staff member must be assigned to each group.

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STAFF PATTERNS - ASSIGNING RESPONSIBILITY

It is important for the children to experience a stable, well-managed environment where staff are confident of their roles and problems are resolved efficiently. Because the CNC model provides options for more complex child support programs, the CNC requirements set out staffing patterns that establish clear lines of accountability and accommodate a variety of situations. One reason for these patterns is to ensure a qualified CNC staff person is accountable for what happens in the program. There are various elements related to staffing patterns. At the same time, it is important to recognize many programs will operate within a relatively simple structure that provides for the care of a relatively small number of children. The requirements make it possible to provide accountability in slightly different ways for programs of varying sizes by:

- Limiting the number of children who can receive care in a program.
- Identifying various amounts of time when a staff member with designated responsibility can be included in the staff: child ratio based on numbers of children.
- Permitting a volunteer to replace a staff member when only one staff member is required to meet the ratio.

Staff with Designated Responsibility (SDR)

An SDR is responsible for overseeing the operation of the CNC program. The SDR may or may not be included in the staff: child ratio for varying periods of time depending on the size of the program and type of care provided. (CNCR Appendix 5).

The role of the SDR can be fulfilled in a number of different ways. When the SDR is not required to be off ratio all of the time, it means that the time spent off ratio could be dependent on the needs of the program. For example, you might find it best to have the SDR off-ratio every morning, for two full days per week, or maybe even extend their work hours to allow time for administration. Note that whenever the SDR is not on site, another staff member must be assigned to be the person in charge.

The person in charge is responsible for the direct operation of the program and is on site during the operation of the program. The SDR may also fulfill the role of Person in Charge.



IMPLEMENTATION

Develop a job description for a Staff with Designated Responsibility (SDR) in your organization.

- Identify specific duties the SDR will have and procedures for carrying them out.
- Identify who will take on the role of SDR in your program
- Ensure the CNC staff member(s) you choose receive orientation training that focuses on program administration and leadership.
- Review your staffing plan for the programs you offer (see Ratios and Group Sizes). Identify where the SDR fits into the plan. For example, depending on the number of children in your program, the SDR may or may not be counted in your staff: child ratio.
- Provide support to the SDR. You are expecting the SDR to be an important link in the chain of accountability within your organization. Ensure someone in the organization is accountable for supporting the SDR when challenging issues arise.
- If you expect that your SDR will not be on site during the operation of the program be sure that you identify the Person in charge

Special Considerations for short term

When offering mobile care off-site, and the person-in-charge at the off-site location is not the SDR, you will need to establish procedures for maintaining communication between the SDR and the person-in-charge.

Special considerations for combined care

- Combined care will increase the administration/ registration needed which is essential to managing the risks of the program.
- Ensure that the SDR is scheduled to be off ratio at the appropriate times to allow him/her to assist the CNC staff with the ever changing children and associated documentation.
- The SDR will also need time to work with the Adult program managers to ensure that care is provided according to the plan you have developed.

REQUIREMENTS

5-3 STAFFING PATTERNS

CNC Staff with Designated Responsibility

5-3.1. While CNC is being provided, a qualified CNC staff member has designated responsibility for each CNC program.



5-3.2. When the CNC staff member with designated responsibility is not available, another qualified CNC staff member is delegated to assume responsibility for the program.

5-3.3. A CNC staff member with designated responsibility may be responsible for CNC for a maximum of seventy-two (72) children at any one time.

5-3.4. When Long Term CNC, Combined CNC, or Short Term CNC is provided in a permanent location, the CNC staff member with designated responsibility is not included in the staff: child ratio for amounts of time set out in Appendix 5.

Person-in-Charge at the Site

5-3.5. While children are present at any CNC site, a qualified CNC staff member is identified as person-in-charge at the site. The person-in-charge at the site may or may not be the CNC staff member with designated responsibility for the program.

Volunteers

5-3.7. A volunteer

- a. Assists paid CNC staff;
- b. Works directly with the children only under the supervision of paid CNC staff;
- c. Is never alone with a child; and
- d. Is not counted in the staff: child ratio.

APPENDIX 5: STAFF WITH DESIGNATED RESPONSIBILITY (SDR)

When Long Term CNC, Combined CNC, or Short Term CNC is provided in a permanent location, a CNC staff member with designated responsibility is not included in the staff: child ratio for the following amounts of time:

Number of Children	Long Term CNC	Short Term CNC	Combined CNC
1 - 32	No off ratio time	No off ratio time	Off ratio 25% of time
33 to 48	Off ratio 25% of time	Off ratio 25% of time	Off ratio 50% of time
49 to 72	Off ratio 100% of time	Off ratio 100% of time	Off ratio 100% of time



STAFF ON DUTY

To make certain each child receives safe, appropriate care, it is essential to have staff that are qualified to assume their roles and that the number of qualified staff increases based on the number of children you care for.

It is also important to recognize that infant care carries with it a high risk, so staff entrusted with the care of this age group must have an understanding of their unique needs and child development.

Under the requirements, two adults must be on duty at each site where CNC is being provided. When only one qualified staff CNC staff member is required to meet the staff: child ratio, one volunteer working directly with the children, or another SPO staff person that is readily available may be considered the second adult.

The requirements also specifically set out the limited role that volunteers have in a CNC program. Note that a volunteer or other SPO staff person that is readily available may be considered the second adult in a program ONLY when the staff: child ratio is met by one qualified CNC staff member.

IMPLEMENTATION

- Identify the number of children that you will care for.
- Identify the number of qualified staff you will need to meet the requirement:
 - 1 CNC Level II for every 24 children or 1 CNC Level II for the first 24 children, and
 - 1 CNC Level I for each additional group of 16 children. You can use different variations of the qualifications to meet this requirement.
- Identify, screen and train second adult if required
- Hire and train staff that will meet the requirements for qualifications.
- If you provide infant care ensure that at least one staff member has qualifications in early childhood education.
- Assign staff to the specific roles / responsibilities
- Develop a list of supply staff with the required qualifications who will be available if needed



REQUIREMENTS

5-3 STAFFING PATTERNS

Adults on Duty at the Site

5-3.6. At all times, at each site where CNC is being provided at least two (2) adults are on duty at the site, including the following:

- a. Two (2) qualified staff members; or
- b. When only one (1) qualified staff member is required to meet the staff: child ratio, a qualified staff member working directly with the children and a second adult who has the qualifications of a volunteer and who, if not working directly with the children, is accessible without delay to assist with the care of the children as necessary.

5-4 STAFF QUALIFICATIONS

CNC Staff on Duty at the Site

5-4.3 While children are receiving care, the total number of staff on duty at the site meets the requirements set out in Appendix 6.

Specific CNC Staff Qualifications

5-4.4. CNC staff working directly with the children have qualifications related to the ages of the children being served.

5-4.5. At least one (1) staff member qualified in early childhood education as a CNC 2 or CNC 1 is on duty when a program includes children under nineteen (19) months of age.

5-4.6. At all times, at each site where CNC is being provided, the total number of staff working directly with the children includes at least one (1) CNC staff member with current training in first aid and CPR as required in section 5-2.2.

APPENDIX 6: STAFF ON DUTY WITH THE CHILDREN AT THE CNC SITE

When children are receiving care, the following staff are on duty at a CNC site:

Number of Children	Number of Staff		
1 - 10	1 CNC 1	Or	N/A
11 - 24	1 CNC 1	Or	N/A
25 - 48	2 CNC 2	Or	1 CNC 2 and 2 CNC 1
49 - 72	3 CNC 2	Or	1 CNC 2 and 3 CNC 1



SUPERVISION POLICIES AND PROCEDURES

Supervision of children is one of the most important elements in risk management. It is not difficult to say “children must be supervised at all times,” but explaining that statement can be challenging. It must be recognized that while it is important to provide supervision, it is also necessary to provide opportunities for children to explore their world and become independent.

IMPLEMENTATION

To ensure you have procedures that support a balanced approach to supervision and child-centred programming requires careful consideration. Work with staff and consider:

- The ages of the children in your programs
- In what types of situations has supervision been easy or difficult for staff?
- How will you manage the balance between supervision and independence?
- How will staff balancing the need to supervise all children with the demands of specific children or tasks. Because an accident or negative event can happen “in an instant,” it is important to think about what supervision means and ensure that the children are as safe as possible at all times.
- There are differing levels of supervision required with different age groups and depending on the activities children are participating in.
- Use the sample provided to guide you in developing a policy or statement that you will use to guide supervision and decision-making. (See Supporting Documents for a sample to guide you.)
- After identifying your policies in this area, you can work with staff to develop related procedures. Procedures are more detailed than policies. Consider reviewing procedures after a reasonable amount of time and encourage staff to tell you about supervision challenges. Procedures can be revised as necessary.
- When policies and procedures are in place, ensure that all staff have a similar understanding of supervision and know how to respond when supervision issues arise.



Supporting Documents

[Ensuring a High Quality, Child-Centred CNC Program](#)

[Checklist of Required Policies and Procedures](#)

REQUIREMENTS

5-6 STAFF INTERACTIONS WITH CHILDREN

Supervision of Children

a. CNC program develops and follows written policies and procedures for the supervision of children, so that

1. Supervision is provided in a manner that is appropriate to each child's age and abilities, taking into consideration the child's ability to communicate and familiarity with the environment.
2. A child in the CNC space is always supervised by a CNC staff member or by his or her own parent.



ENSURING A HIGH QUALITY, CHILD-CENTRED CNC PROGRAM

In a child-centred CNC program, CNC Staff must:

- Supervise the children to ensure they are safe
- Encourage the children to try different activities
- Encourage the children's accomplishments
- Allow the children opportunities to accomplish things on their own
- Encourage the children's participation by asking open-ended questions, etc.
- Encourage social skills appropriate to the children's ages and abilities
- Be aware of the social, emotional and physical needs of each child
- Treat each child as an individual rather than part of the group
- Be flexible with routines and allow for change when needed
- Plan activities ahead of time and be sure to include activities that are responsive to the interests of the children
- Provide activities throughout the day, allowing the children to choose what they are interested in



CHECKLIST OF REQUIRED WRITTEN POLICIES AND PROCEDURES

Use this checklist to ensure you have all of the written policies and procedures you need for your CNC program.

✓	Policy or Procedures
	Monitoring if a parent is on site and taking action if the parent does not remain on site (1-1.2.3)
	Maintaining confidentiality and records maintenance (1-5.1)
	Diapering (2-10.1)
	Combined Care procedures to ease transitions and ensure needs of long-term and short-term children are being met (3-7.1)
	Food safety and food service (4-2.1)
	Hygiene – including cleaning, sanitizing and disinfecting, as well as hand washing (4-3.1)
	Illness (4-4.1)
	Administration of medication (4-5.1)
	Documentation of immunization for long-term children (4-6.2)
	Responding to accidents and medical emergencies (4-7.1)
	Emergency Procedures – to prepare for, mitigate, respond to and recover from any emergency situation (4-8.1)
	Responding to serious occurrences – including verbal and written report to IRCC and CMAS (4-9.1.)
	Background Checks (5-1.4)
	Supervision of Children (5-6.1)
	Behaviour Guidance (5-6.2)
	Abuse Reporting (5-6.6)



CHILD ABUSE REPORTING

Abuse reporting policies and procedures have a critical importance in the quest to protect young children and to acknowledge the importance of behaviour guidance as a distinct activity.

Under the CNC, it is necessary for the individual receiving a copy of the child abuse policies and procedures to sign and date it upon receipt. A review must also be completed annually.

In addition, the person with responsibility for reviewing the document with the individual must be identified and provide a signature and date on which the review occurred. An ongoing record of the review must be kept for administrators, as well as CNC staff and volunteers.

The review process is key to ensuring that the policies and procedures are understood and carried out at all levels in the organization.

Everyone is subject to provincial laws and has a responsibility to report abuse and to support others who find it necessary to report abuse. Collecting the name and signature of the person reviewing the policies and procedures with the administrator, staff member or volunteer adds accountability to the process.

Similarly, keeping an ongoing record that includes administrators, increases accountability and provides protection for these individuals should issues arise related to the reporting or non-reporting of abuse.

IMPLEMENTATION

Since abuse reporting falls within provincial jurisdiction and the agencies responsible for child protection differ from community to community, it is important to check with local authorities during the development of policies and procedures for your organization. You may also wish to contact other agencies that specialize in child protection issues and ask for guidance as you develop your documents. Since you serve a newcomer community, it is important that your policies and procedures reflect awareness of cultural practices.

- It is important to identify the administrative staff whose responsibilities include CNC and ensure they are aware of the legal responsibility to report. Make arrangements to support their compliance (i.e. distribute documents and arrange for a review).
- Because these requirements involve written records, you will need to develop documents and filing procedures to meet them effectively.



- You will need to ensure that all involved administrators, CNC staff and volunteers are aware of signs of abuse, are able to distinguish signs of abuse from indications of cultural practices that do not constitute abuse, and understand that if there is any doubt or uncertainty, a report must be made.

Supporting Documents

Sample Child Abuse Reporting Policies and Procedures

REQUIREMENTS

5-6 STAFF INTERACTIONS WITH CHILDREN

Abuse Reporting

5-6.6. A CNC program develops and follows written abuse reporting policies and procedures that reflect provincial/territorial expectations and requirements.

5-6.7. For each SPO staff member and volunteer, a statement is on file that includes

- a. The signature of the SPO administrative staff member, CNC staff member or volunteer, indicating that he or she has received a copy of the abuse reporting policies and procedures and has read and understood them, and
- b. The name and signature of the person with responsibility for reviewing the policies and procedures with the staff member or volunteer, and the date on which the review occurred.

5-6.8. A record that the abuse reporting policies and procedures have been reviewed with each administrator, staff member and volunteer as required in section 5-6.6, before the administrator has responsibilities within the program, and before the CNC staff member or volunteer works directly with a child and annually thereafter.



SAMPLE CNC CHILD ABUSE POLICIES AND PROCEDURES

Purpose Of the Policy & Procedures

[*Insert CNC program/SPO name*] is committed to taking a pro-active position regarding the prevention of child abuse through:

- ongoing observation of the children in our care;
- professional education with respect to early identification, effective response and adherence to legal obligations, including reporting;
- keeping abreast of developments in legislation and relevant issues;
- communication with and support of the child and family; and
- working with other community service providers.

The following policy and procedures are designed to make staff/students/volunteers aware of their responsibilities for the recognition, reporting and documentation of suspicions of child abuse including a child exposed to family violence.

Legal Requirements

Refer to provincial legal requirements and experts (listed on the last page of this document) for information to include on the following:

- Duty to Report,
- Failure to Report,
- Confidentiality, and
- Protection from Liability

Making a report of suspected child abuse

1. Any staff/student/volunteer who suspects that a child has been abused or is at risk for abuse should inform the [*insert title of CNC Administrator*] of the intention to immediately report their suspicion
2. The person who suspects the abuse should call him/herself – do **not** ask anyone else to help you decide if a report should be made or to make the report for you. Do **not** discuss your suspicions with anyone else until you have spoken with the authorities. The telephone numbers of child protection agencies and local police service are posted [*insert location*]
The telephone numbers of child protection agencies and local police service are posted [*insert location*]



3. It is the responsibility of the person who suspects child abuse to make the report. The administrator will provide support and direction. When making the report, give your name, the centre name, and your position and phone number. Be sure to inform the authorities that a parent is on site while the child is in your care.
4. Once the report has been made, the CNC Administrator or SDR will take guidance from the authorities and ensure their directions are fully implemented.
5. If a staff/student/volunteer has any further suspicions of abuse or new information with respect to a child, s/he must immediately make another report to the appropriate child protection agency, regardless of any previous reports.
6. Information normally considered confidential cannot be kept in confidence if it is related to a suspicion of abuse; all staff/students/volunteers must follow through on the legal duty to report.
7. No staff/student/volunteer or member(s) of the Board of Directors will advise someone not to report suspicions of child abuse, or to try to stop the person from reporting or consulting with a child protection agency. There will be no sanctions or reprimands for anyone who consults/reports suspicions of child abuse. However, disciplinary action will result if there is an attempt to stop someone from following through on the legal duty to report.

If a staff/student/volunteer is suspected of child abuse

1. If a staff/student/volunteer suspects another person in the CNC program of abusing a child(ren), s/he will inform his/her supervisor of the intention to call the appropriate authorities.
2. The staff/student/volunteer making the allegation will follow the reporting procedure outlined above and will complete the necessary documentation. No internal investigation is to occur until authorities have been contacted.
3. The person suspected of abuse will not be told by anyone about the suspicion, the intention to report or that a report has been made until after consultation with a child protection worker and/or police officer for direction.
4. The CNC Administrator will consult with a child protection worker and/or police officer as to what, if anything, should be done to protect a child(ren) receiving service at a CNC program from further contact with the alleged abuser.
5. Allegations of abuse against a staff member are considered a serious occurrence. The CNC Administrator will verbally inform CMAS and Citizenship and Immigration Canada (IRCC) of a serious occurrence by the end of the next working day, and will submit a written report of the occurrence to CMAS and IRCC within 5 working days (or sooner, if requested by IRCC).



Confidentiality & disclosure of information to others

Any information related to a suspicion or report of abuse is confidential. Discussing any information with others related to a situation of suspected abuse outside the designated individuals is a breach of confidentiality, and may leave you liable. The CNC Administrator, in consultation with the authorities, will give direction regarding the appropriate sharing of information.

Documentation

In the event that a staff/student/volunteer suspects child abuse, a Suspected Child Abuse Reporting Form must be completed as soon as possible in the individual's handwriting, using pen only. Copies of this form are available [*insert location*]. If applicable, this includes circling bruises/injuries on the body chart attached to the reporting form. Document only the facts – do not include how you are feeling about the incident, or personal thoughts about what might have happened.

A Suspected Child Abuse Reporting Form is to be completed every time a staff/student/volunteer has reason to suspect that abuse has occurred.

- Include the name(s) and phone number (s) of the individual(s) you spoke with at a child protection agency and/or police service, and any direction you were given.
- Do not make a rough copy and then rewrite in good – the original recording of the facts is your documentation. If you make a mistake, do not use white-out – cross out and initial any errors, and then continue on.
- All documentation will be forwarded to the [*insert title of CNC Administrator*] to be kept in a secure place, separate from the child's general file.
- Documentation with respect to suspicions of abuse is not to be released to anyone unless there is a warrant or subpoena to submit records.

Policy Implementation

Before commencing employment/placement/volunteering, staff/students/volunteers will be asked to sign a form stating that all the policies and procedures have been read, understood and will be followed. Updated policies and procedures will be brought to the attention of all staff/students/volunteers for their information and signature.

Policy Review

The Child Abuse Policy & Procedure will be reviewed annually, and updated where necessary. Any updates will immediately be shared with staff/students/volunteers.

Name of CNC Staff/Volunteer:

Signature of CNC Staff/Volunteer:

Name of CNC Administrator Responsible for Review:

Signature of CNC Administrator:

Review Date:

February 2016





Suspected child abuse reporting form

Name of the child:

Date & time of observation:

Describe fully the incident, situation, statement, or behavioural and/or physical indicators of abuse, including dates and times. Describe fully, using the child's words, the interaction between the child and the person to whom the child disclosed.

Describe fully the physical condition of the child, including injuries, burns, welts, and/or signs of illness. Where appropriate, circle bruises or other injuries on the attached Body Chart.

Describe fully the emotional condition of the child, including any behavioural problems, and the child's response upon disclosure. Are there any noticeable changes in the child's behaviour patterns?

If known, describe fully the risks of further harm to the child, including the access of the alleged abuser to the child.

Describe fully the action taken on behalf of the child, including any advice/instructions from a child protection agency/police service.

Date & time reported to a child protection agency/police service:

Outcome of call:

Name of child protection worker/police officer:

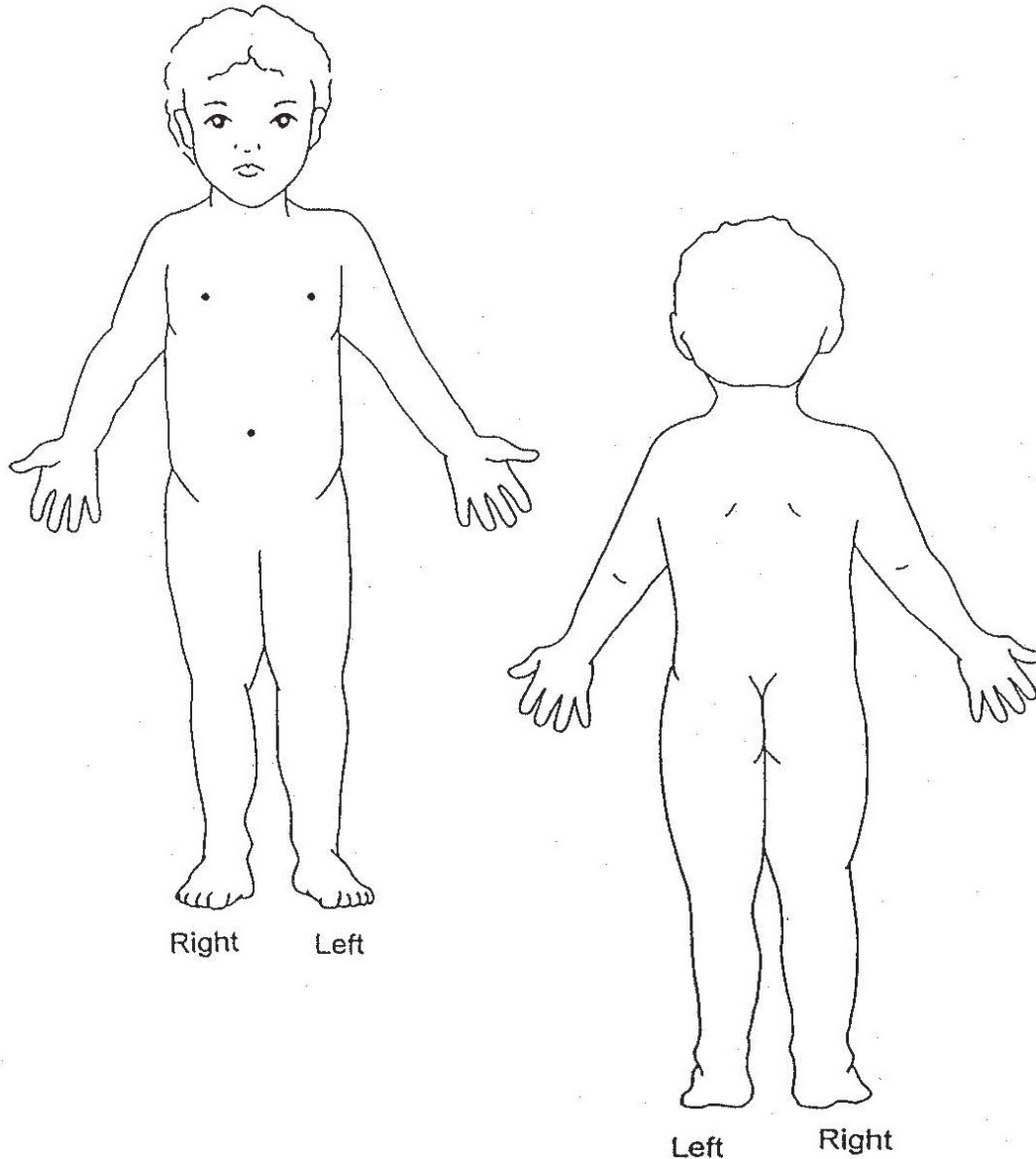
Phone number:

Date & time documentation completed:

Signature: _____



BODY CHART



February 2016



Provincial/Territorial Child Protection Legislation and Related Resources

Province/Territory	Child Protection Legislation
Alberta	<u>Child, Youth and Family Enhancement Act</u>
British Columbia	<u>Child, Family and Community Service Act</u>
Manitoba	<u>Child and Family Services Act</u>
New Brunswick	<u>Family Services Act</u>
Newfoundland and Labrador	<u>Children and Youth Care and Protection Act</u>
Northwest Territories	<u>Child and Family Services Act</u>
Nova Scotia	<u>Children and Family Services Act</u>
Nunavut	<u>Child and Family Services Act</u>
Ontario	<u>Child and Family Services Act</u>
Prince Edward Island	<u>Child Protection Act</u>
Quebec	<u>Youth Protection Act</u>
Saskatchewan	<u>Child and Family Services Act</u>
Yukon	<u>Child and Family Services Act</u>

HEALTH AND SAFETY

Download Supporting Documents:

[Sample Snack Plan](#)

[Sample Illness Procedures](#)

[Sample CNC Accident Report Form](#)

[Sample Care for Newcomer Children \(CNC\) Anaphylaxis Policies and Plan](#)

[Sample CNC Serious Occurrence Report Form](#)





GENERAL HYGIENE

It is important to follow advice from health professionals when developing hygiene procedures to ensure that they reflect current understanding of the best way to protect the health of the children and staff in the CNC program. Documented practices help make certain that everyone is aware of your expectations and that staff will be better able to follow them in a consistent manner.

The CNC requirements also ask that when parents diaper their own children, you ensure that they have access to hygienic diapering procedures, and that current professional practices related to the handling of bodily fluids are also adhered to.

IMPLEMENTATION

- Review your current written procedures to ensure they are appropriate.
- Contact your public health office and other sources of health information from professionals to gather information on hygiene procedures.
- When you have completed your procedures, train all CNC Staff to follow them and emphasize the importance of hand-washing.
- Consider whether parents diaper their own children. If so, ensure that they have access to hygienic diapering procedures.
- Establish schedules for cleaning on a regular basis and be prepared to clean at other times, as needed.

Special Considerations for CNC in Temporary Spaces

- Ensure toys, materials and equipment that you find in the space meet the standards of your hygiene practices. If they do not, clean them or remove them from reach of the children.
- Ensure any toys and materials that you bring with you have been cleaned and or disinfected, as necessary.
- Ensure that any toys and materials used in a mobile program are cleaned and sanitized or disinfected before they are put away for use at a later time.

Web Resources

[Health Canada](#)



REQUIREMENTS

CHILD HEALTH

4-3 HYGIENE

General Procedures for Hygiene

4-3.1. The CNC program follows written hygiene procedures developed with advice from health professionals, in relation to:

- a. Cleaning, sanitizing or disinfecting, as applicable, play materials and equipment; washrooms, and diapering and toileting equipment; and any other items with which children come into contact;
- b. Hand washing; and
- c. Routine practices and any additional precautions to be taken in the event of contamination with bodily fluids.

4-3.2. Hand washing procedures are posted or otherwise available to CNC staff.

Diapering

4-3.3. When care is provided to a child who requires diapering, diapering procedures are posted or otherwise available to CNC staff.

4-3.4. When parents diaper their own children, the SPO ensures that they have access to information about hygienic diapering procedures.



SAFETY OF PLAY EQUIPMENT

CNC programs are required to create a CNC Space Approval Checklist and CNC Space Safety Checklist that must include items identified in Appendix 1 and Appendix 2, respectively. These items specifically address the requirements in the safety sections of the CNCR and must be used as indicated in the CNCR. For more information, refer to the Space section.

Use of checklists to assess space before it is used by children may be the single most important thing you can do to protect the children. Since items in the checklist are directly related to items in the CNCR, when you use the checklist you are finding out if you are in compliance with the CNCR. Each time you use the checklist, you and your staff will learn more about the steps you must take to ensure safe space for your program.

It is also important to create a space that promotes the general well-being and comfort of the children and staff in the CNC space. Children and adults need an environment that is clean and pleasant, a comfortable temperature, and well-lit, where children can focus on program activities and staff can supervise effectively.

Effective sanitary practices are key, as is ensuring that children do not have access to any product that has been recalled by Health Canada.

IMPLEMENTATION

- Consult with health professionals on issues related to sanitation, as necessary (see also 4-3.1.).
- Establish schedules for cleaning as necessary.
- Check if the hot water in sinks accessible by children will cause scalding and have building management make adjustments as necessary.
- When planning a CNC program, choose spaces that have direct sunlight. Be sure that you can modify the intensity of the light to accommodate the activities by using blinds or other window coverings.
- Check the temperature of the CNC space at the level where the children play. For children, this is generally nearer the floor. You should check the temperature as the seasons change to ensure the children are comfortable. According to environmental specialists and public health professionals appropriate temperature ranges are:
 - Winter between 20 C and 24 C
 - Summer between 23 C and 28 C

NOTE: These items are included in the CNC Space Approval Form - See Appendix 1.



Create a "Recalls" process with your team and consider these questions:

- Who is responsible to check for recalls?
- How often will s/he check?
- To whom will recalls be reported?
- What actions will you take and within what time frame when you have a recall?

Check Health Canada's recall list on a regular basis and whenever new products are purchased. The list of recalls can be found at: www.hc-sc.gc.ca or www.mascanada.ca

Ensure that all indoor and outdoor space to be used for CNC is well-maintained and free from hazards (For more information about the CNC environment and space, refer to the Space Approval and Safety section).

Web Resources

[Health Canada](#)

[Find Public Health Offices in Ontario](#)

[Find Public Health Offices in Manitoba](#)

[Find Public Health Offices in Saskatchewan](#)

[Find Public Health Offices in Nova Scotia](#)

[Find Public Health Offices in New Brunswick](#)

[Find Public Health Offices in PEI](#)

REQUIREMENTS

2-8 GENERAL SANITATION AND ENVIRONMENTAL CONDITIONS

2-8.1. All space to be used for CNC

- a. Is clean and tidy.
- b. Is well-ventilated.
- c. Is a comfortable temperature for a child, between twenty (20) and twenty-four (24) degrees C in winter and between twenty-three (23) and twenty-eight (28) degrees C in summer, measured at child level.
- d. Has sufficient light to support activities and permit supervision, including natural light when possible.

2-12 FURNISHINGS

2-12.1. Tables and chairs and other furnishings to be used by a child are clean and, when used for food service, sanitized before use.



2-9 WASHROOMS

2-9.1. The CNC space includes a washroom or is close to a washroom.

2-9.2. Children have access to hot and cold water for hand washing.

2-9.3. The temperature of the hot water in all sinks accessible to the children is adjusted to prevent scalding.

2-9.4. The washroom is clean and stocked with soap and paper towels.

2-9.5. When CNC is provided for a child under six (6) years of age, the following are cleaned and disinfected:

- a. Toilet facilities shared with other populations, before being used by a child.
- b. Toilet training equipment, before being used by another child.

2-10 DIAPERING

When a facility has diapering,

2-10.1. A sink with hot and cold running water designated for toileting is located in the CNC space close to the diaper changing area, or written procedures for diapering developed in consultation with the local public health office are being followed.

2-10.2. The diaper-changing equipment is sturdy and in good condition.

2-10.3. Diaper-changing surfaces are non-porous, in good condition, and easy to clean and disinfect after each use.

2-10.4. Soiled diapers and diaper-changing equipment are inaccessible to children and are disposed of in a sanitary manner away from food preparation or service areas

2-11 SLEEPING EQUIPMENT AND BEDDING

2-11.1. When providing Long Term CNC to a child, the program has a sufficient quantity of the following equipment:

- a. Cribs or playpens, if CNC is provided for children under nineteen (19) months of age; and
- b. Age-appropriate sleeping equipment for children nineteen (19) months of age and over who need it.

2-11.2. When bedding is used at a facility, it is washed weekly, or when soiled, or when used by another child.



2-13 GENERAL SAFETY

2-13.1. All indoor and outdoor space to be used for CNC is well-maintained and, having regard for the ages of the participating children, is free from hazards or can be made free of hazards immediately before a CNC session.

2-13.2. No products, including play materials and equipment and furnishings, to which children have access have been recalled by Health Canada.

2-14 SPECIFIC SAFETY CONCERNS FOR CHILDREN

Concerns for All Children

2-14.1. In addition to meeting requirements in 2-13, the SPO shall specifically ensure that

2-14.2. Windows that are accessible to a child, and can be opened, are limited to opening less than ten centimetres (10 cm).

2-14.3. Hot water pipes and heating units, including baseboard heating devices that pose a threat to children, are inaccessible to a child.

2-14.4. No loose or exposed electrical wires are accessible to a child.

2-14.5. No electrical equipment, appliances or cords that pose a threat are accessible to a child.

2-14.6. All room dividers, barriers, bookcases and other heavy furniture are firmly in place.

2-14.7. The amount and placement of furniture, equipment, appliances and supplies do not pose a hazard to a child.

2-14.8. A child does not have access to potentially dangerous substances or poisonous plants.

2-14.9. Any potentially dangerous substance is stored in a clearly marked container, preferably in the original container provided by the manufacturer.

2-14.10. Balloons, whether inflated or deflated, are prohibited for use in the CNC space.

2-14.11. Hot liquids that might pose a hazard to a child are not permitted in the CNC space, except when being used for program purposes under close supervision by CNC staff.

Concerns for Children Under Six (6) Years of Age

2-14.12. In addition to requirements in sections 2-12 and 2-13, when a child under six (6) years old is present, the SPO shall specifically ensure that

2-14.13. Unused electrical outlets within reach of a child have covers.



2-14.14. Potentially dangerous objects, including plastic bags, Styrofoam, and small items that could be a choking hazard are inaccessible to a child.

2-14.15. Strings and cords long enough to encircle a child's neck are inaccessible to a child.

2-14.16. Sleeping equipment for a child under nineteen (19) months is free of soft bedding, pillows and soft toys.

2-14.17. Cribs, playpens and strollers used by children

- a. Are used according to the manufacturer's instructions; and
- b. Meet the requirements for design and manufacturing set out in the Canada Consumer Product Safety Act or its equivalent as is currently in force.

2-15 PLAY MATERIALS AND EQUIPMENT SAFETY

2-15.1. Play materials and equipment are maintained in good condition and are inspected and cleaned regularly or as soiled, except items that are mouthed which are washed and sanitized after each use.

2-15.2. Large pieces of equipment used by children are arranged so that the children can move freely without colliding with one another or the equipment, and use by older children does not threaten the safety of younger children.

2-15.3. When playground equipment, such as a climber, is used by children

- a. Indoors, the area around and under the equipment is equipped with landing mats that are not a slipping hazard and provide sufficient protection for the children.
- b. Outdoors, the equipment and its installation meet current standards of the Canadian Standards Association (CSA).



FOOD SAFETY & FOOD SERVICE

Food safety and food service are important because they are both high-risk activities that need to be carried out safely, often in settings not originally designed for the purpose. To help mitigate risks, it is important to have clear procedures to follow and to have documented guidance from the local public health office and from parents. In the CNCR, the emphasis on communicating with parents reflects their key role in providing food for their children, as well as the importance of respecting allergies and restrictions to protect other children. It also reflects the growing awareness of the need to encourage healthy eating in the early years.

Health & Nutrition

Children must always have access to drinking water to ensure sufficient hydration.

When providing snacks for children it is important to ensure food and beverages are nutritious, respect known restrictions, and are typical of the cultures of the children, when possible. For many newcomer families, food and beverages available in Canada are new and relatively unknown. Some newcomers are from areas of food scarcity and have not established regular eating patterns. Obesity is a growing problem in wealthy nations and newcomers are surrounded by conflicting messages about food and beverage choices. Messages from commercial sources are often about what will “sell” rather than what is healthy.

For all of these reasons, your program should provide positive role models for newcomers and, when possible, advice on healthy choices. You can use Canada’s Food Guide to Healthy Eating to guide you.

Restrictions

It is also critical to respect restrictions arising from allergies, medical conditions or religion and that everyone involved in the care of the children understands this. A newcomer parent may be unfamiliar with allergies and the acute impact they can have.

Note: It is especially important to ensure that staff are aware of any restrictions a child might have. Parents must be encouraged to provide information on their child’s CNC Registration Form and CNC staff in long term and combined CNC programs must have access to that information.

Culture

Showing respect for a family’s culture comes in many forms. One of these is respecting what and how a parent feeds their child. While it may not be possible to accommodate all of the feeding behaviours of all of the families, it is important to begin with this approach. The younger the child and the newer they are to the program, the more important it is to work closely with the parent and explain Canadian feeding practices. Good communication in this area will support the child’s settlement.



IMPLEMENTATION

A first step in meeting requirements for food safety and food service is to develop or build on your relationship with your local public health office. Professionals there can provide advice related to your specific facilities and program needs.

NOTE: Your practices when providing long term care in a permanent location that has food preparation facilities will differ from your practices when providing short term care in a temporary location without special facilities.

- Ensure you have appropriate refrigerator thermometers.
- If you serve food/snack, you must post a menu or have some method of informing parents of the foods you intend to provide.
- Help parents and children understand the importance of a food allergies and/or restrictions.
- When parents bring food from home, CNC staff should provide them with information, as necessary, on nutrition and appropriate food and beverage choices for their children.
- Children's bottles must be kept at a safe temperature (below 4 degrees C) until serving time. Bottles should not be unrefrigerated for more than 1 hour
- Food and beverages must not be kept in the temperature danger zone, between 4 and 60 degrees, for more than 2 hours.
- CNC staff must be respectful of the feeding practices preferred by the parent while helping to introduce Canadian practices, as appropriate.
- Seek advice from the local public health office and, if possible, consult with a dietician.
- Become familiar with Canada's Food Guide to Healthy Eating. Look for menus and recipes that feature foods from food groups mentioned in the guide.
- Develop healthy snack menus
- Identify other opportunities to provide parents with information about foods and beverages, including information about allergies and restrictions, as well as suggestions for nutritional choices. To support your efforts, arrange for a presentation by the public health office to provide tips to parents during snack time or at some other pre-arranged time.
- Arrange to have water available for the children. Your specific practices in this area will depend on the ages of the children and your access to a water supply.



Supporting Documents

[Sample Snack Plan](#)

Web Resources

[Canada Food Guide - available in different languages](#)

REQUIREMENTS

CHILD NUTRITION

4-1 FOOD AND NUTRITION

Food and Beverages Provided by the SPO

4-1.1. Food and beverages provided for a child by the SPO during a CNC session

- a. Are nutritious and help the children meet the requirements of *Canada's Food Guide to Healthy Eating*.
- b. Respect any known restrictions arising from allergies, medical conditions, or religious beliefs.
- c. Are typical of the cultures of the children in the program, when possible.

4-1.2. Drinking water is available at all times.

Food and Beverages for Children Under Nineteen (19) Months

4-1.3. When care is provided to children under nineteen (19) months, CNC staff

- a. Consult with parents and exchange information about the eating habits of their child; and
- b. Give food or beverages only with the permission of a parent.

4-2 FOOD SAFETY AND FOOD SERVICE

General Procedures for Food Safety and Food Service

4-2.1. The CNC program follows written procedures for food safety and food service developed with advice from the local public health office.

Food Safety – Temperature

4-2.2. When the SPO serves food and beverages, CNC staff

- a. Ensure that food and beverages, other than drinking water, are not kept in the temperature danger zone, between four (4) degrees C and sixty (60) degrees C, for more than two (2) hours.
- b. In spite of requirements in section 4-2.2.a., ensure that a bottle that has been fed over a period that exceeds one (1) hour from the beginning of the feeding or has been unrefrigerated one (1) hour or more is not served to a child.



Food Service – Food and Beverages Provided by the SPO

4-2.3. When the SPO serves food and beverages, CNC staff

- a. Post a menu or otherwise inform a parent of any food or beverage, other than drinking water, served to a child.
- b. Ensure that a child is not exposed to foods or beverages to which he or she is allergic or has a restriction, as identified by a parent on the child's CNC Registration Form.
- c. Feed the child or allow the child to eat in a manner that is appropriate to his or her individual developmental level.
- d. Are respectful of the feeding practices preferred by the parent while introducing the parent and child to Canadian practices, as appropriate.

4-2.4. Age appropriate seating suited to the length of time children participate in a CNC session is available for feeding the children and is used according to the manufacturer's instructions.

Food and Beverages from Home

4-2.5. When a parent brings food or beverages from home for his or her child, including a bottle of milk or formula, the container or bottle is clearly labelled with the child's name.

Bottle-Fed Children

4-2.6. When a parent brings a bottle of milk or formula for serving by CNC staff, staff warm infant food and bottles of milk or formula in a safe and sanitary manner.

4-2.7. When feeding a child under nineteen (19) months, CNC staff

- a. Follow instructions from parents.
- b. Do not prop bottles.
- c. Do not allow children to carry bottles while moving about or walking.

Communicating with Parents and Children about Food and Nutrition

4-2.8. When providing Long Term or Combined Care, or any time a child with a known food allergy or food restriction is present, CNC staff

- a. Help parents and children, as appropriate to their age, understand the meaning of the terms, "food allergy" and "food restriction."
- b. Discuss the importance of ensuring that other children are not exposed to foods to which they are allergic or have a restriction.

4-2.9. When parents bring food from home, CNC staff provide them with information and counselling on food nutrition and appropriate food and beverages for their children.

-



SNACK PLAN

Week Of:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Use this chart to create your morning and afternoon snack plans. Be sure to include something from two of the four food groups for a healthy balance.



CHILDREN'S HEALTH

Maintaining and supporting the health of the children in your program should be your primary concern.

Administering and storing medication come with risks to both children and your organization. So, it's important for staff to consistently follow written procedures. Improper storage of medication can endanger a child with a medical condition by reducing its effectiveness, and is also a threat to other children who might be harmed by taking the medication accidentally. Also, because of the risks associated with administering medication, it is important to follow professional advice.

The CNC requirements also take into consideration the fact that some children with life-threatening conditions may administer their own medication. Examples include the use of a “puffer” by asthmatics or an insulin pump by diabetics. However, whether a child self-administers a life-threatening medication or staff administer the medication, record keeping is a key component to managing risk for children, parents, staff and the SPO.

When it comes to immunization, the public health office and our CNC programs have mutual goals; we want newcomer children to be safe and health authorities want to reach as many newcomer families as possible. Without working together and striving for protection against illnesses, newcomer children may be exposed to vaccine-preventable illnesses here. We can help to prevent this by sharing accurate immunization information with parents.

IMPLEMENTATION

Contact your local public health office for advice. Since you will also be relying on them in the future for information about such issues as when to exclude or re-admit a child, you will benefit from having a positive relationship with these health professionals.

Note: It is important to recognize that orders from the public health office (e.g. related to exclusion/re-admission of an individual child and general quarantine) override your organization's procedures and practices.

- Discuss advice given by the health office with others in your organization.
- Ensure staff know what to do if a child appears to have been injured. Check if your abuse reporting policies and procedures are being followed.
- Make sure parents are fully aware of your need to exclude a child who is ill with a communicable illness as stated on the CNC Registration Form.
- Update your procedures as necessary, including when a new health threat arises that may call for a different response.



- Follow prescription directions for the storing and administration of medication.
- Decide where medication can be stored safely and obtain appropriate containers that meet the requirements.
- When caring for a child with a life-threatening condition, it is of critical importance that the medication, along with instructions for using it, be immediately accessible. In such cases, the choice of container may be determined by the circumstances and location of the program. For example, a staff member can wear a fanny pack containing the medication.
- Develop procedures related to immunization with advice from the local public health office and share accurate immunization information with parents.

Supporting Documents

[Sample Illness Procedures](#)

Web Resources

[Provincial Immunization Schedules](#)

[Information for Parents A Guide to Immunization](#)

REQUIREMENTS

4-4. ILLNESS

4-4.1. The CNC program follows written illness procedures developed with advice from health professionals.

4-4.2. The illness procedures required in section 4-4.1. include, but are not limited to, the following:

- a. Checking children as they arrive for illness or injury;
- b. Excluding a child who is ill on arriving at the program;
- c. Responding when a child becomes ill while participating in the program to ensure that the child is comfortable until taken home, and to reduce the likelihood that the child's illness will be transmitted to other children; and
- d. Re-admitting a child who has been absent because of a communicable illness.

4-4.3. CNC staff have access to information about communicable diseases and conditions likely to be experienced by children enrolled in the program.



4-5 ADMINISTERING MEDICATION

Procedures for Administering Medication

4-5.1. The CNC program develops and follows written procedures for handling and administering medication, developed with advice from health professionals, including procedures to ensure that except in a life-threatening circumstance, a parent administers all prescription or non-prescription medication.

4-5.2 Written procedures required in section 4-5.1 ensure that all medication remains with a parent except:

- a. Medication provided by a parent for administration by CNC staff in a life-threatening circumstance.
- b. Medication that must be refrigerated that is provided by a parent for administration by the parent.
- c. Medication that remains with the child that is prescribed by a medical practitioner for a life-threatening condition.

4-5.3. When a CNC staff member is to administer medication to a child in a life-threatening condition:

- a. The child's parent provides the program with clear, written instructions for its administration.
- b. The program informs the parent that the medication was given.

4-5.4. When a parent is not at the same site as his or her child, the SPO has a written plan for managing the administration of medication.

Records

4-5.5. The program has a written record of the administration of any medication administered by CNC staff or self-administered by a child participating in a CNC program.

4-5.6. The record required in section 4-5.5. is signed with the name or initials of the CNC staff member who administered or supervised the administration of the medication.

Storage

4-5.7. When medication is stored by the CNC program for administration by CNC staff in a life-threatening circumstance, it is:

- a. Stored where CNC staff can reach it rapidly, without unlocking a container, in a location known to all staff, in the same space as the child, but inaccessible to other children.
- b. Stored in its original container according to directions from the manufacturer or pharmacy on the label.
- c. Clearly labelled with the child's name and the expiry date.



- d. Accompanied by directions for administration, the name of the prescribing medical practitioner, and any special instructions.
- e. Returned to a parent if it appears to be damaged or when the expiry date has passed.

4-5.8. When medication that must be refrigerated is stored by the CNC program for administration by a parent, it must be:

- a. Stored in a locked, non-porous container that is inaccessible to children.
- b. Provided in its original container.
- c. Clearly labelled with the child's name

4-6 IMMUNIZATION

4-6.1. The SPO provides parents with information about immunization.

4-6.2. When providing Long Term CNC to a child, the SPO follows written procedures developed with advice from the local public health office for documenting the child's immunization information.



SAMPLE ILLNESS PROCEDURES

The CNC staff will be aware of the illness policy and recommendations from the local public health office. The CNC staff will have access to information on communicable and other child-related illnesses. Staff will check the children upon arrival to determine if there are any obvious signs of illness.

These include:

- Unusual behaviour
- Runny nose, cough, difficulty breathing
- Vomiting
- Diarrhea
- Any change in skin colour
- Rash
- Fever

Children who are ill upon arrival will not be allowed to participate in the program if their symptoms of illness are those that have been identified by public health as requiring exclusion.

They include:

[Please insert the list of communicable diseases identified by your local public health office]

Children may also be excluded from the program if they are displaying symptoms of:

[Insert other symptoms for which you may exclude a child but are not a communicable illness]

If a child becomes ill during the course of their time in the program, the staff will notify the Staff with Designated Responsibility of the child's symptoms.

- The Staff with Designated Responsibility will determine if the child's symptoms warrant exclusion from the program.
- If warranted, the child will be excluded from the other children until the parent's arrival.
- The parent will be notified to remove their child from the program.
- The staff will inform the parent of the expectation for returning to the program based on advisement from public health.



ACCIDENTS AND EMERGENCIES

Accidents and emergencies put everyone at risk. Consequences can be serious - even life-threatening - for the children involved. They also expose organizations to liability if it can be proven that staff neglected to show due diligence. Accident and emergency procedures must be developed with advice from community and health professionals. Access to information about evacuation routes, and a reliable method of communication are also essential to ensuring the safety of children and staff. Procedures must be practiced and followed by CNC staff.

A serious occurrence is a significant incident that can disrupt a program and may involve a serious injury or even the death of an individual. Any such incident can have an impact on the organization as a whole and must be reported to IRCC and CMAS. CMAS must be made aware of the incident and the details surrounding the occurrence as early as possible. When CMAS is informed, consultants can provide appropriate information and assistance quickly.

IMPLEMENTATION

Developing Procedures

- Before developing procedures, collect relevant resources and seek advice from experts (e.g. health professionals or your local public health office for procedures for responding to accidents and medical emergencies).
- Check with your building's fire safety and evacuation plan when developing emergency procedures, and practice the emergency plan yearly.
- Consult CMAS or use samples provided to guide you in developing serious occurrence procedures.

Make Staff Aware

- Train CNC Staff during Orientation and remind them of procedures at other times.
- When records indicate a child may experience a medical emergency, like an asthma attack, ensure the CNC Staff are aware and the child's emergency information is available.
- Make sure all CNC Staff have access to procedures and any necessary emergency equipment or supplies. For example, staff may wear a fanny pack or keep a binder or clipboard nearby with the required information and supplies, such as an EpiPen and directions for use.
- Gather information about the building location and evacuation routes. Record and post this information, being sure all CNC Staff are familiar with these routes.



- Ensure CNC Staff keep a written record of any accident or unusual event in their daily program or session record, and report any incident that falls within the definition of a serious occurrence.

Communicate

- Make every effort to ensure that CNC Staff have direct access to at least one operable, direct-line, hard-wired telephone at each site and that emergency contact information is nearby. In areas of the facility where a hard-wired telephone is not available, make certain that staff have access to another type of reliable communications equipment.
- If you are using hand held and mobile phones, it is important to have procedures and schedules for recharging batteries and maintaining equipment in working order, so that it is usable when needed.

Supporting Documents

[Sample CNC Accident Report Form](#)

[Sample Care for Newcomer Children \(CNC\) Anaphylaxis Policies and Plan](#)

[Sample CNC Serious Occurrence Report Form](#)

REQUIREMENTS

EMERGENCIES AND SERIOUS OCCURRENCES

4-7 ACCIDENTS AND MEDICAL EMERGENCIES Procedures

4-7.1. The CNC program develops and follows written procedures developed with advice from health professionals, for responding to accidents and medical emergencies, such as asthma attacks, seizures, anaphylaxis or other life-threatening allergic reactions, experienced by children while they are participating in the program.

First-Aid Kits

4-7.2. At all times, while children are present, CNC staff have access to at least one fully stocked first-aid kit.

4-8 EMERGENCY PROCEDURES

Emergency Plan

4-8.1. The SPO has an emergency plan that sets out procedures to prepare for, mitigate, respond to, and recover from any emergency.

4-8.2. The SPO practices implementing the emergency plan at least once a year.



Staff and Volunteers

4-8.3. Wherever CNC is provided, staff and volunteers have

- a. Immediate access to relevant information about the emergency procedures set out in the emergency plan; and
- b. Knowledge of their role in implementing the emergency procedures.

Records

4-8.4. The CNC program keeps a written record indicating that

- a. When a CNC program operates on a consistent basis at the same site, fire drills are carried out at least once every month.
- b. When a summer CNC program is provided, a fire evacuation drill is conducted within the first week of program operation.

4-9 SERIOUS OCCURRENCES

4-9.1. The CNC program follows written procedures for responding to serious occurrences that include but are not limited to requirements to:

- a. Verbally, inform IRCC and any CNC monitoring agency of a serious occurrence by the end of the next working day; and
- b. Submit a written report of the occurrence to IRCC and any CNC monitoring agency within five (5) working days or sooner, if requested by IRCC.

SEE ALSO - GLOSSARY

SERIOUS OCCURRENCE – An incident that could disrupt a CNC program or cause serious injury to a person while providing services to or participating in a CNC program, including:

- A lost, missing or forgotten child;
- The death of a person while providing services to or participating in the CNC program;
- Any allegation of abuse by a staff member or volunteer;
- Any threat to the health of a person while providing services to or participating in a CNC program;
- Any incidence of serious illness;
- Any serious or life-threatening accident or emergency experienced by a person while providing services to or participating in a CNC program; and
- Any event, such as a fire, chemical spill, flood or tornado, that results in the interruption or relocation of a CNC program.



1-4 INFORMATION ABOUT PROGRAM EVENTS

Long Term and Combined CNC

1-4.1. When providing Long Term or Combined CNC, CNC staff keep a daily written record that includes any changes to the program or any unusual events.

Short Term CNC

1-4.2. For each session when only Short Term CNC is provided, the SPO has on file a written record of the management of the session.

1-4.3. Each Short Term session record should include the following:

- a. Information about the session, including the date, time and exact location of the session and the names of the CNC staff on duty and any volunteer who is present, and information about any unusual events.

2-4 EMERGENCY PROVISIONS

Exits and Evacuation

2-4.1. Any space used for CNC has clearly marked pathways, free of obstruction, to all emergency exits.

Emergency Contact

2-4.2. Wherever a group of children is receiving care, CNC staff have direct access to reliable communications equipment.

2-4.3. Where possible, at each site where children are receiving CNC, the communications equipment required in section 2-4.2. includes an operable, direct-line, hard-wired telephone.

2-4.4. Wherever a group of children is receiving care, CNC staff have immediate access to the following contact information:

- a. Fire, ambulance and police, in addition to 911.
- b. Poison control.
- c. Child protection agency
- d. Building Emergency contact.
- e. An SPO representative.

2-4.5. Wherever a group of children is receiving care, CNC staff have immediate access to information about the building location and evacuation routes, including:

- a. The building street address.
- b. The main evacuation route from the space.
- c. An alternate evacuation route.
- d. Route from the space to the location of the parent activity.

2-4.6. Information required in section 2-4.4 and 2-4.5 is located as close as possible to the communications equipment.



SAMPLE CNC ACCIDENT REPORT FORM

Name of CNC Site:

Type of Care: ☐ Long Term ☐ Short Term ☐ Combined Care

Child's Name:

Parent's Name:

Date of Accident: Time of Accident:

Describe the injury:

.....

.....

Describe How the Accident Occurred:

.....

.....

Was First Aid given? ☐ Yes ☐ No

Additional comments:

.....

.....

Witness's name: Signature:

CNC Staff completing this form:

Signature of CNC Staff: Date:

I have been informed of this accident ☐ Yes ☐ No

Parent's Name:

Parent's Signature: Date:



SAMPLE CARE FOR NEWCOMER CHILDREN (CNC) ANAPHYLAXIS POLICIES AND PLAN

POLICY OVERVIEW

Anaphylaxis (pronounced anna-FILL-axis) is a severe allergic reaction that can be caused by foods, insect stings, medications, latex or other substances. While anaphylaxis can lead to death if untreated, anaphylactic reactions and fatalities can be avoided. Education and awareness are essential to keeping children with potentially life-threatening allergies safe.

Our anaphylaxis plan is designed to ensure that children at risk are identified, strategies are in place to minimize the potential for accidental exposure, and CNC Staff and key volunteers are trained to respond in an emergency situation.

ANAPHYLAXIS MANAGEMENT PLAN

Identification of Children at Risk

At the time of registration, parents are asked about medical conditions, including whether children are at risk of anaphylaxis and asthma. Parent's will be asked to provide information on their child's allergy (and asthma), and a consent to administer medication in a life-threatening situation. All staff must be aware of these children.

Availability and Location of Epinephrine Auto-injectors ("auto-injectors")

- Epinephrine is the first line medication which should be used in the emergency management of a person having a potentially life-threatening allergic reaction. Antihistamines and asthma medication must not be used as first line treatment but can be administered additionally or as secondary medication.
- Auto-injectors are stored in a location that is easily accessible to CNC Staff. All staff must be informed of the location of the auto-injectors.
- Children at risk of anaphylaxis who have demonstrated maturity should be encouraged to carry one auto-injector with them at all times. Parents can provide a second device to the CNC Staff to be available as a back-up.
- Regularly inspect the expiry date on the epinephrine auto-injectors and notify the parent to replace them if expired.



Emergency Protocol

- An individual Anaphylaxis Emergency Plan is recommended to be signed by the child's physician or health care provider. A copy of the Plan will be placed in designated areas such as the child care room and office.
- Posters which describe signs and symptoms of anaphylaxis and how to give an epinephrine auto-injector should be placed in relevant areas.
- Adults are encouraged to listen to the concerns of the child who usually knows when a reaction is occurring, even before signs appear. It cannot be assumed that children will be able to properly self-administer their auto-injector. (Children may be fearful of getting a needle, they may be in denial that they are having a reaction, or they may not be able to self-administer due to the severity of the reaction.)
- To respond effectively during an emergency, a routine has been established and practiced, similar to a fire drill. During an emergency:
 1. Give epinephrine auto-injector (e.g. EpiPen or Twinject) at the first sign of a known or suspected anaphylactic reaction.
 2. Call 9-1-1 or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
 3. Stay with and monitor the child and have someone inform on-site parent/guardian.
 4. Support parent in giving a second dose of epinephrine in 5 to 15 minutes IF the
 5. reaction continues to worsen.
 6. Child must go to the nearest hospital immediately (ideally by ambulance), even if symptoms are mild or have stopped.

Training

- Each year there will be training for CNC Staff, including an overview of anaphylaxis, signs and symptoms and a demonstration on the use of epinephrine. CNC Staff will have an opportunity to practice using an auto-injector trainer (device used for training purposes) and are encouraged to practice with the auto-injector trainer throughout the year, especially if they have a child at risk in their program.
- A follow-up refresher training session is given mid-year.
- Substitute CNC Staff are advised to review the Anaphylaxis Emergency Plan for children in the program.



The Staff with Designated Responsibility speaks with substitute CNC Staff about the procedure for responding to emergency situations. Viewing auto injector instruction CD provided by the device manufacturers is recommended. Substitute CNC Staff should have an opportunity to practice using an auto-injector trainer.

Communication

- Ongoing communication about the program's anaphylaxis plan is essential in creating awareness and support for the children at risk.
- The anaphylaxis plan should be distributed to all families at the beginning of the program to improve community awareness.
- Parents who are on site should be given the opportunity to attend awareness or training sessions.
- Anaphylaxis management is a shared responsibility that includes parents, CNC Staff, and the entire on-site community.
- CNC Staff can provide information and resources to parents but must not give medical advice. They should encourage the parent to talk to their doctor about any concerns or question they may have about the health of their child.
- CNC Staff can advise parents to ask their Doctor/Pharmacist or a Public Health representative about funding support for epinephrine auto-injectors through the Ontario Drug Benefit program.

Creating an Allergy-Safe Environment

- Special care is taken to avoid exposure to allergy-causing substances. CNC Staff inform parents which foods can be brought into their program in order to significantly reduce the risk of accidental exposure to food allergens.
- Programs should encourage the on-site community to strive to create an “allergy – safe vs. “allergen free” environments.

Given that anaphylaxis can be triggered by small amounts of an allergen when ingested, children with a food allergy are encouraged to follow these guidelines:

- Eat only food that they have brought from home unless it is packaged, clearly labeled and approved by their parents.
- Wash hands before and after eating
- Not share food, utensils or containers
- Place food on a napkin or wax paper rather than in direct contact with a desk or table.



A designate is assigned responsibility for each of the following requirements:

- Ensure that, upon registration, parents and/or guardian provides information on life-threatening allergies.
- Develop an individual plan for each child at risk of anaphylaxis which covers risk reduction strategies and an Anaphylaxis Emergency Plan. (The individual plan will be common for most children at risk where allergies and age levels are similar.)
- Maintain a file for each child at risk that includes proof of diagnosis, current treatment, an emergency procedure for the pupil, and current contact information.
- Review and update the plan regularly to assess the key requirements including:
 - Identification of the at-risk children including a file
 - Availability and Location of Epinephrine Auto-injectors (“auto-injectors”)
 - Emergency protocol
 - Training & Communication
 - Creating a Safe Environment



SAMPLE CNC SERIOUS OCCURRENCE REPORT FORM

SPO Name:

Site Name:

Phone Number:

Name of Coordinator:

Name and position of person reporting:

Date and time of the serious occurrence:

Description of the occurrence and actions taken:

- How did it happen? (e.g. injury to child, flood)
- Why did it happen? (e.g. child was running and bumped into shelf or sink overflowed)
- Who was involved? (Child, Staff, Volunteer, Parents)
- Who witnessed it?
- Agencies involved (Child Protection, Emergency Services - Fire, Ambulance)
- What actions were taken?

.....

.....

.....

.....

Follow up Actions: (Describe steps taken and/or decisions made since occurrence)

Has the occurrence been resolved? ☐ Yes ☐ No

Signature: **Date:**



PROGRAMS AND ACTIVITIES

Download Supporting Documents:

[Sample Statement of Program Philosophy](#)

[Sample Program Planning Web](#)

[Sample Behaviour Guidance Policy](#)

[Planning for the Support of a Child with Special Needs](#)

[Combined Care Tip Sheet](#)

[Combined Care – Organization and Planning](#)

[Combined Care – Activity Planning](#)

[Combined Care – The Physical Space](#)

[Combined Care – Interacting with the Children](#)

[Combined Care – Interacting with Parents](#)

[Combined Care in Action – Scenarios](#)

[Combined Care - Developing Your Welcoming Plan](#)

[Sample Napping and Resting Policy](#)





PROGRAM PHILOSOPHY

CNC programs are required to create a philosophy statement to guide overall program planning and interactions with children and their families that support:

- the development of the individual child; and
- the settlement of the child and family.

A statement of program philosophy is important because it gives your organization an opportunity to consider the reasons why you are caring for children, beyond offering a basic service to parents. It provides a focus for the development of activities that can make a positive difference in the lives of newcomers, not just while they are participating in your program, but in the longer term as they settle in Canada.

While developing and learning about your philosophy, you and your staff will have an opportunity to consider the wide impact that your program can have on newcomer families—especially the children. It will ensure that you are all working from a shared set of beliefs and give your staff a common purpose as they strive to provide CNC of the highest possible quality and relevance to newcomers.

Your program philosophy statement will also be an important tool to help parents and others understand what they can expect from your program.

IMPLEMENTATION

The Purpose and Function of a Program Philosophy Statement:

Begin by taking some time to think about the purpose and function of a program philosophy statement. Your organization may already have a mission statement to guide its activities. If so, you can start by considering that statement more closely and, if possible talking with the people who developed it. As you develop your statement, you can build on the ideas already expressed in your organization's mission.

Consultation:

One of the benefits of having a philosophy statement is having a common set of beliefs to unite your staff and guide their decision-making. For that reason, your philosophy statement should reflect the beliefs and ideas of your organization.

Consult widely, hold brainstorming sessions, and ask for input in other ways so that you have a large pool of ideas from which to draw.



Ideas to Consider:

To start your brainstorming sessions, you can ask your staff to think about each of the following five elements identified in the CNC Requirements, and consider what they mean to them and to the organization:

- Support the settlement of individual children and families.
- Provide a welcoming environment and a variety of positive experiences to support the health, safety and well-being of children.
- Promote positive attachments, build relationships, and support interactions between adults, children and among peers of all ages.
- Strengthen family life and respect home culture and language.
- Encourage respect and understanding within a multicultural context. The Development process

Your statement of program philosophy should be written as clearly as possible, in ways that will help CNC staff plan activities and make decisions as they carry out their duties. Here are some steps to take:

- Appoint a committee to sort through the responses you receive and select one person to take the lead as a writer to express your philosophy. It should be written as clearly as possible, in ways that will help CNC staff plan activities and make decisions as they carry out their duties.
- Circulate your draft statement for a period of time to confirm it describes your beliefs and is in line with your organization's goals and possible mission statement.

When you are satisfied, finalize your statement and publish it in your written materials. You may also wish to translate it into other languages as appropriate.

Supporting Documents

[Sample Statement of Program Philosophy](#)

REQUIREMENTS

3-1 PHILOSOPHY

3-1.1. The CNC program has a written statement of program philosophy that supports the development of the individual child and the settlement of the child and family.



SAMPLE STATEMENT OF PROGRAM PHILOSOPHY

Our CNC Program follows a philosophy of learning through play. The centre hires qualified staff and provides fun educational activities to support children's settlement in Canada while they learn additional language and culture.

The instructor understands each child's individual needs and celebrates his/her uniqueness. The children are provided with opportunities to grow in all developmental areas at their own pace. The role of the instructor is a supportive one rather than authoritarian.

The classroom is organized into designated play areas, which encourages children's physical, cognitive, social, emotional and language development. The curriculum and activities are based on the children's interests, their age group and skill level.

Special thanks to Immigrant Services Association of Nova Scotia (ISANS) for sharing their statement of program philosophy.



DUAL LANGUAGE LEARNING

Organizations have a responsibility to provide an environment that supports dual language learning.

This requirement acknowledges that all languages are important. It encourages literacy and supports the development of a second language. It helps children to stay connected to their culture and family, and shows parents that their home language is valued. It also provides a way for educators to demonstrate their openness to learning a few words or phrases in a child's language. When children recognize the script or sound of their first language, it can increase their comfort in your program.

IMPLEMENTATION

Consider how your CNC Staff are currently using multiple languages in their day-to-day interactions with parents and children.

Ask parents for their help with suggestions for using their languages in your program. They can be a great resource for creating a multilingual/cultural collection. Meet with your staff and discuss best practices and strategize ways to increase the presence of multiple languages in your program. A few suggestions to consider:

- Add posters or alphabets in various languages.
- Use music from various cultures.
- Borrow books in different languages from your local library.
- Focus on language during cultural and religious celebrations. Use celebrations as opportunities to learn about and share the families' cultures. (e.g. Chinese New Year), as well as Canadian culture (e.g., Family Day, Canada Day). These celebrations provide children with opportunities for language learning.

You can also refer to the Language Learning section of *Supporting the Settlement of Young Immigrant Children and Their Families* by Julie Dotsch for more information and strategies.

Resources

[Helping You Meet Requirements: Supporting Dual Language Learning](#)

[Supporting Home Language Maintenance](#)

[Creating a Language-Rich Environment](#)

[Language-Rich Environments Course](#)

[Supporting the Settlement of Young Immigrant Children and Their Families by Julie Dotsch](#)

www.mylanguage.ca



REQUIREMENTS

3-4 Language

3-4.1. The CNC environment and activities reflect the importance of dual language learning and to the extent possible, support home language maintenance while helping a child acquire a new language.



ACTIVITIES AND ROUTINES

IRCC-funded services are designed to promote newcomer settlement. With an emphasis on quality care designed to meet the unique needs of newcomer children and their families, the CNC Requirements provide details as to how you can help them settle and prepare for life in Canada. Every child is different, and newcomer children can have varying cultural backgrounds, languages, experiences, and expectations. It's important to take into account all of these needs and recognize that no one approach will work with all children. Overall, improved programming will better support newcomer families by giving them access to better care for their children.

Of key importance is the requirement to develop a program plan of activities for the children that is separate from the schedule of routines. In developing this plan, you need to consider the needs, interests and abilities of the children and must be flexible when these change. This plan provides a framework of goals and objectives within which you can pursue the emerging interests of the children.

When planning for children under 19 months, you are required to consult with parents and develop both activities and routines that meet the needs of individual children, and to report to parents at pick-up time. When providing long term, you must also keep a written record of the child's experiences and use that record when you are implementing new activities and routines. When providing short term, you can tell parents about their child's activities while in care and written documentation is not required.

IMPLEMENTATION

Before developing your program plan and schedule of routines, consider the type of CNC you are offering and the children participating in your program.

Long Term Care

If you are providing long term CNC, you can expect to have the same children over the same period of time every day. You can establish a flexible but regular schedule of routines that is unlikely to change from day to day. When planning activities to offer within that schedule, you can tailor them to meet the changing interests and abilities of the children and what you have learned about their earlier experiences.

Short Term Care

If you are providing short term CNC, you will need to develop a schedule of routines that is appropriate to the length of the short term session you are offering. If you have a two-hour session,



you will need to plan for fewer activities than a session that runs for five hours. Your qualified staff will be able to identify what essential routines and activities should take place during a session. If you operate a short term CNC program in a permanent location, where children are coming and going for short periods of time, you may need a different schedule.

When providing short term CNC, you will need a different approach to activity planning. Since children are likely to be present for short periods of time, on a one-time basis, your first aim will be to ensure that they have a positive experience. You may need to provide several ongoing activities at once - a quiet book corner for those who just want to sit, and more active play materials for those who want to get involved.

Combined Care

When you are providing combined CNC, you have the additional challenge of serving children who are present for very different reasons and who will benefit from your programming in very different ways. Your first goal in a combined program will be to ensure that all children have a satisfying experience. Your schedule of routines and program plans must be flexible so that you can respond to changing needs and circumstances. Activities should be suited to the length of time that children are in care.

The Program Plan

Consider the distinct needs of newcomer children and develop a plan to ensure activities and routines reflect a child-centred approach.

What is A Child-Centred Approach?

When CNC staff take on the role of active observer, watching and responding to how play develops rather than directing play, the results can be amazing! Children become more comfortable in the space, more creative, and communication skills are enhanced. Child-centered learning offers children the opportunity to explore and play in ways that complement their various learning styles. The benefits of child-centered or individualized planning are easy to see – especially for children who are new to Canada.

- Children are given a warm and welcoming environment full of open-ended activities that encourage exploration, growth and learning.
- Children get fully involved in activities and actively explore their environments at their own pace.
- They are allowed the freedom to think, experience, feel, explore, question and communicate.
- They can feel proud when they can do things for themselves and enjoy playing and learning with others.
- Children's past experiences and developed skills are acknowledged and supported.



When providing long term CNC, child-centered planning is an ongoing process that continues throughout a child's participation in CNC programs. To effectively individualize activities, teachers must remember to:

- Use multiple sources of information, including talking to parent, ongoing observations, and results from standardized screening and evaluation instruments, to learn about needs, interests, abilities, culture, home language and life experiences.
- Develop a partnership with each family to share information about a child's culture, life experiences, skills, needs, interests and abilities, as well as plan how to encourage growth and development at home and in the CNC program.
- Plan ways to address individual needs through all aspects of the curriculum—the learning environment, daily routine, and interactions.
- Document children's work using a variety of strategies, including observation, information from parents and examples of children's work.

Supporting Documents

[Sample Program Planning Web](#)

REQUIREMENTS

3-3 PROGRAMMING FOR CHILDREN

Overview

3-3.1. Whenever CNC is provided, activities and routines

- a. Are suited to the length of time children participate in a CNC session.
- b. Are appropriate to the age and abilities of the participating children, taking into account variations in cultural understandings of developmental milestones, as well as the past experiences of the children, including experiences of separation and trauma.
- c. Address the physical, emotional, social and intellectual needs of the children.
- d. Encourage respect for the values customs and traditions of other cultures.
- e. Support social inclusion and help children make positive transitions.
- f. Address other settlement needs, as appropriate.



Activities

3-3.2. When providing care, CNC staff

- a. Develop and follow a written program plan of activities for the children.
- b. Post or otherwise make the program plan available to parents.

3-3.3. When providing Long Term care, CNC staff ensure that the program plan includes experiences that reflect the changing interests and abilities of the children.

Routines

3-3.4. When providing care, CNC staff

- a. Develop and follow a consistent schedule of daily routines.
- b. Post or otherwise make the daily schedule available to parents.

CNC for children under Nineteen (19) Months of Age

3-3.5. When providing care to a child under nineteen (19) months of age, CNC staff

- a. Discuss the child's routines and activities with a parent on arrival.
- b. Report to parents at pick up time about the child's experiences while receiving CNC, including the times the child slept and how long, what the child ate or drank, times of diaper changes and any other information relevant to the child's development.

3-3.6. When providing Long Term care to a child under nineteen (19) months of age, CNC staff

- a. Use information provided by the parent and observation of the child's developmental levels and interests to implement activities and routines that meet the needs of the individual child.
- b. Keep a written record of the child's experiences reported to parents in section 3-3, and use that record when implementing activities and routines that meet the needs of the child.

CNC for Children with Special Needs

3-3.7. When a child has an individual program plan, developed in consultation with professionals to meet the special needs of the child, CNC staff work in partnership with the parent and other professionals, as necessary, to implement activities and routines that accommodate that plan.

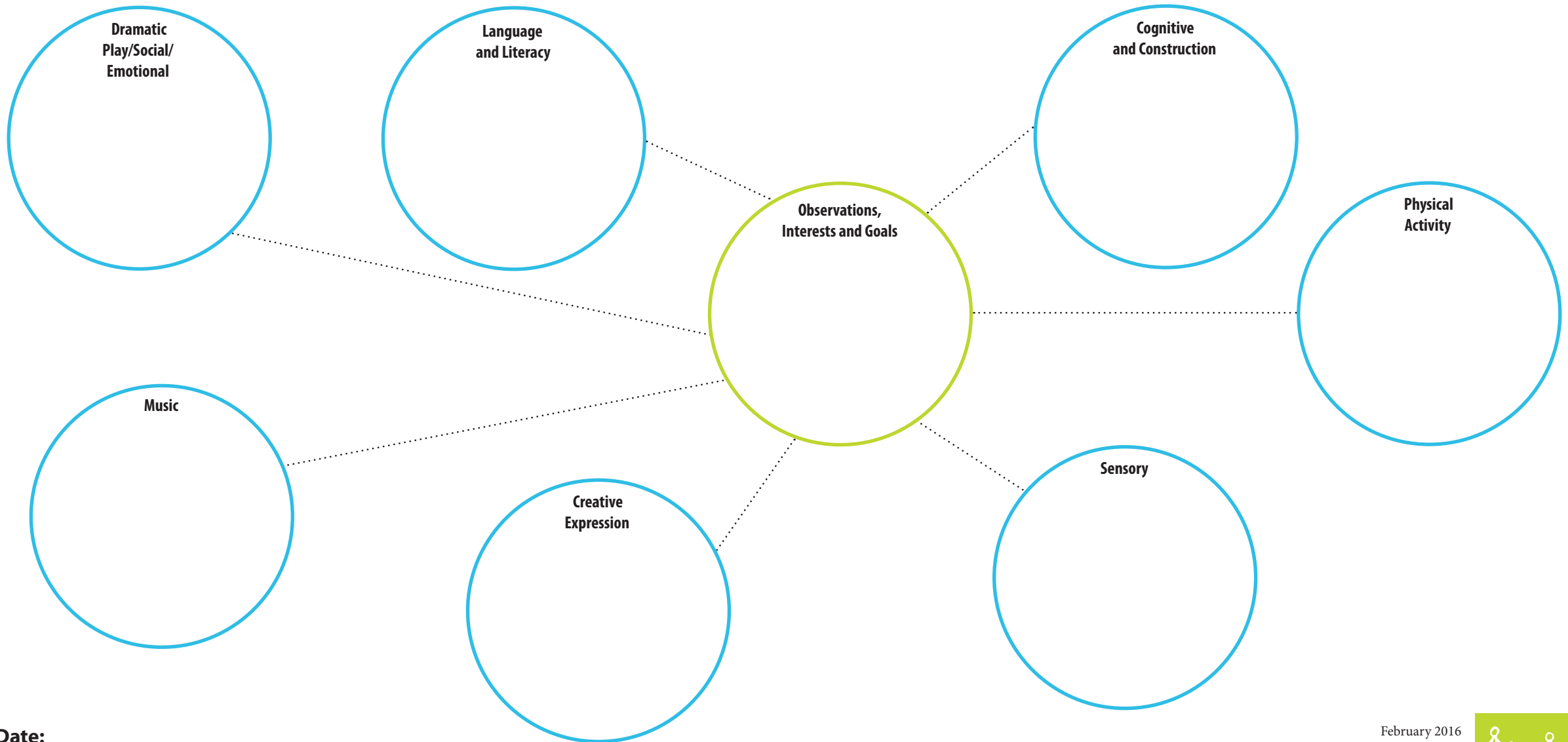
3-3.8. When, in spite of best efforts, the SPO finds that it does not have the resources or expertise to meet the special needs of a child, CNC staff help parents locate more appropriate care and support in the community.

3-4 Language

3-4.1. The CNC environment and activities reflect the importance of dual language learning and to the extent possible, support home language maintenance while helping a child acquire a new language.



CNC PROGRAM PLANNING



Date:



BEHAVIOUR GUIDANCE POLICIES AND PROCEDURES

Behaviour guidance practices make a major difference to program operation and to the individual children receiving care. Understanding the child's experience in relation to his or her newcomer context is critical to providing care that supports settlement and positive development as an individual.

When staff know how to use positive practices to foster self-control and build relationships, everyone benefits. If staff have an understanding of the child's culture and context, and of supportive practices, there is less likelihood that challenging behaviour will persist or that staff will be tempted to use unacceptable, prohibited practices.

Even so, it is necessary to be specific about prohibited practices to ensure staff do not use them and that parents understand they are not acceptable. By sharing policies and procedures with staff and parents, you can help both adopt more positive practices.

IMPLEMENTATION

- Work with your staff to develop Behaviour Guidance Policies and Procedures based on the required standards. Use the sample provided below in Supporting Documents to guide you. They can also think about examples of situations in which the child's need for guidance has been associated with his or her experience as a newcomer and, when appropriate, consider using their responses to such situations.
- Make sure a copy of your Behaviour Guidance Policy and Procedures is distributed to all staff and volunteers and reviewed with them before they work directly with a child and annually after the date of their first review. Keep a record of their review, and ask them to sign the record as proof they have read and understood them.
- Make sure the staff member conducting the review also signs the record to acknowledge that the review has been conducted before the staff member or volunteer works directly with a child.
- This process must be repeated annually, as stated in the CNC Requirements.

Supporting Documents

[Sample Behaviour Guidance Policy](#)



REQUIREMENTS

5-6 STAFF INTERACTIONS WITH CHILDREN

Behaviour Guidance

5-6.2. A CNC program develops and follows written behaviour guidance policies and procedures that:

- a. Are appropriate to the ages of the enrolled children and the type of CNC being provided.
- b. Require staff to assess the need for guidance in the context of each child's experience as a newcomer.
- c. Identify acceptable guidance practices that help a child develop self-control and appropriate behaviours in the context of relationships with peers and adults.
- d. State which practices are unacceptable, including prohibited practices.
- e. Describe the steps that will be taken if a CNC staff member does not follow the policies and procedures.

5-6.3. Prohibited practices identified in the behaviour guidance policies and procedures include but are not limited to the following:

- a. Use of physical punishment, including hitting, spanking, slapping, or pinching a child, including the shaking or excessive rocking of an infant,
- b. Verbal abuse or threatening a child,
- c. Harsh, degrading or humiliating measures in public or in private, including threats of physical punishment,
- d. Depriving a child of food, water, clothing, bedding, or opportunities for physical activities or outdoor time,
- e. Locking exits for the purpose of confining a child or locking a child in any room, and
- f. Isolating a child in a room or play area where the child cannot be seen or supervised.

5-6.4. For each CNC staff member and volunteer, a statement is on file that includes

- a. The signature of the staff member or volunteer, indicating that he or she has received a copy of the behaviour guidance policies and procedures and has read and understood them; and
- b. The name and signature of the person with responsibility for reviewing the policies and procedures with the staff member or volunteer, and the date on which the review occurred.

5-6.5. A record that the behaviour guidance policies and procedures have been reviewed with each CNC staff member and volunteer as required in section 5-6.4. before the CNC staff member or volunteer works directly with a child and annually thereafter.



SAMPLE BEHAVIOUR GUIDANCE POLICY

As an organization that provides care to children of newcomer families it is our belief that we should support the child's settlement through positive interactions that support their exploration and learning.

It is our expectation that CNC staff will strive to meet the physical, emotional and intellectual needs of the individual children in the program. They must, at all times, be cognizant of the culturally sensitive issues and settlement needs of the child, ensuring positive experiences for them and creating a friendly atmosphere.

CNC staff will promote positive behaviours using the following guidelines:

Learning Environment

- Physical set up of the CNC space is safe and promotes a sense of belonging and respect
- The environment supports the child's exploration and learning based on their needs
- The planned program promotes developmental needs of the children
- Children are supervised at all times
- Interactions are positive and value the child as an individual
- CNC Staff are aware of their health and safety responsibilities

Expectations of Children's Behaviour

- Have a broad understanding of children's development and appropriate behaviours
- Actively consider the individual child's needs and abilities within the context of being part of a newcomer family
- Plan and provide a program according to the individual needs of the children
- Work with the family to understand the experiences of the child and how it may impact their behaviour
- Provide feedback on any behaviour issues in a positive and timely manner

Positive Approach

- Adult behaviours, both verbal and non-verbal, are respectful and inclusive of all children and families
- Model and encourage problem solving and conflict resolution
- Acknowledge appropriate behaviour displayed by the children



- Help children to understand expectations and consequences of their behaviours
- Encourage appropriate behaviours by building on the child's strengths
- Provide opportunities to practice appropriate behaviours
- As a team, use a consistent approach

Value the child and family

- Demonstrate an awareness that the child's behaviours is influenced by their temperament, life experiences, cultural and family context
- Encourage families to communicate their ideas and any information about the child that may effect behaviour
- Ensure parents understand the approach to behaviour guidance, including what is and is not acceptable
- Maintain the confidentiality of the child and family

The following practices are considered unacceptable and will not be tolerated:

- A. Use of physical punishment, including hitting, spanking, slapping, or pinching a child, including the shaking or excessive rocking of an infant,
- B. Verbal abuse or threatening a child,
- C. Harsh, degrading or humiliating measures in public or in private, including threats of physical punishment,
- D. Depriving a child of food, water, clothing, bedding, or opportunities for physical activities or outdoor time,
- E. Locking exits for the purpose of confining a child or locking a child in any room, and
- F. Isolating a child in a room or play area where the child cannot be seen or supervised.



Contravention of the Behaviour Guidance policy may result in immediate dismissal.

at

.....

CNC staff / volunteer

Organization

I have received a copy of the Behaviour Guidance Policy and have read and understand it. I agree to abide by the policy.

Signature

Date of completion

Witness Signature

Date



PHYSICAL ACTIVITIES

CNC program plans must provide all children with opportunities for physical activity that is appropriate to the length of time they participate in CNC. The requirement sets a minimum time of 30 minutes per day of physical activity for all children attending the program more than 2 hours in a day. There must be a mix of planned “organized” physical activity led by staff and “free play” physical activity chosen by the children.

When we provide children with opportunities for physical activity it is important to consider a wide variety of ways in which children can be active. It is well known that encouraging physical activity in the early years builds a foundation for ongoing physical activity and health in later years.

These opportunities are especially important for newcomer children. Some may not have access to physical activity other than what is offered in your program. Physical activity is also important to the social development of children. It encourages children to participate and play together, giving them team experiences that increase their social skills and help them build friendships.

It is also important because it gives children opportunities to participate in activities that do not depend on their language skills, and can help build those skills as they interact with the other children.

IMPLEMENTATION

- Brainstorm with your team a variety of physical activities that you might provide, ensuring a mix of “organized” physical activity and “free play”.
- Ask parents about physical activities from their home country. If you include activities common in other cultures, the children will feel more comfortable and engaged.
- Review your program schedule. If children participate in your program for more than 2 hours, consider how you can include a minimum of 30 minutes of physical activity in your daily program plan. NOTE: you can schedule blocks of time and do not have to provide 30 minutes of continuous physical activity. Also, physical activity takes many forms, ranging from running around on a playground, to hopping or running on the spot, or playing a game like musical chairs!
- If you don’t have a dedicated physical activity space, assess your space. For every physical activity, consider what furniture needs to be moved or what area is best suited for that particular activity, keeping safety of the children always in mind.
- Determine what materials (if any) you need for the physical activity and prepare them in advance. Again, keep in mind the space and the safety of the children using these materials while they are physically active.



Special Information About Short Term Care - NEW!

When providing short term care, you will need to choose activities that are suited to the length of time children are present and the location where care is being provided. To meet this requirement, you may need to broaden your ideas about physical activity and provide different experiences to support the children's large and small muscle development, balance, and other elements associated with physical growth. In some situations, it will not be possible to provide physical activities.

Special Information About Combined Care

When you offer combined care, you must be prepared for unexpected numbers of children arriving at different times. You will want to ensure different activities are available to short-term children who may not be ready to participate in physical activity with the others.

REQUIREMENTS

3-5. PHYSICAL ACTIVITY

3-5.1. The program plan provides children with varied opportunities for physical activity appropriate to the length of time they participate in CNC.

3-5.2 When a child is receiving care for more than two (2) hours a day, the child has a minimum of thirty (30) minutes of physical activity.

3-5.3. Physical activity provides children with varied opportunities for physical exercise, including

- a. Active play that includes activities led by staff and free play and recreational experiences chosen by the children; and
- b. Both indoor and outdoor play activity, where possible.



PLAY MATERIALS AND EQUIPMENT

The CNCR recognizes the need to provide materials for all types of play. Quiet and active play are identified as specific areas for which materials should be available.

When children are settling into a new program, they will have varying needs. Many children may wish to be by themselves so they can play independently. They may also need a separate quiet space to observe the other children and activities until they are ready to engage.

As children become used to the program, it is important to meet all of their developmental needs. This can be achieved through the variety of materials available. Having a variety of play materials will diminish the risk of behaviour challenges and keep children engaged.

When children are not familiar with the toys and materials, it helps them to see things that reflect their culture and experiences. It is important to take the time to learn about and locate these types of items and materials, and bring them to your program.

IMPLEMENTATION

Work with your staff to identify the types of play materials and equipment your program will need. This will be based on the type of care you offer and the frequency of the service. Consider the following:

- Ensure the materials and equipment are age appropriate
- Toys and equipment should be open-ended and have a variety of uses.
- How might the play materials and equipment be used by all different age groups in your program?
- Will there be a mix of toys and equipment suitable for both quiet and active play?
- Are there enough play materials and equipment for the number of children in your care? (A good standard is two toys or activities per area for each child in your care.)
- Do the toys and equipment reflect diversity?
- Do you have items to help children become familiar with Canadian life?

It's important to have a variety of open-ended toys and equipment that capture the children's imagination and can be used in a number of ways. Create a balance between quiet and active activities. It is especially important to have a good selection of independent activities prepared in advance to engage short-term children who are not yet ready to integrate into the larger group.



Ideas for Toys and Equipment Reflecting Diversity

- | | |
|--|---|
| <ul style="list-style-type: none">• Posters reflecting a day in the life of the children in their country• Hats, saris, scarves• Musical instruments• Traditional clothing• Cutlery (e.g. chop sticks) | <ul style="list-style-type: none">• Decorative bowls• Handmade toys from other countries (e.g. shakers from bean pods, shakers from bamboo)• Games (e.g. Mancala)• Plastic animals from different farms around the world• Exotic fruits (plastic) |
|--|---|

Special Information About Long Term Care

You will need a variety of toys and activities so children are kept interested engaged. While children like repetition, if they are playing with the same equipment day in and day out, they may lose interest. This can result in behaviour challenges. Also, as children mature, their interests change and they need new challenges at different developmental levels. Choose toys and equipment that are open-ended and have a variety of play usages.

Special Information About Short Term Care

When choosing toys and equipment for short term care, it is important to recognize the variety of ages and interests that you have or may have in your program.

Independent/Parallel Play Activity Ideas	Active/Cooperative Play Activity Ideas
<ul style="list-style-type: none">• Play dough• Watercolour painting• Puzzles or books• Beading and sorting games• Simple sewing activities• Collage or stickers• Felt of flannel board stories	<ul style="list-style-type: none">• Large blocks• Dancing• Pretend play• Throwing, catching, rolling• Swinging, climbing, sliding• Drums, scarves, shakers



Ensure the safety of the children is not compromised by the mixing of materials for varying age groups.

- It should be possible to use the materials for activities that can be completed in a short period of time, so the child can feel a sense of accomplishment when leaving the program.

Special Information About Combined Care

- The materials should be set up in a way that allows the long-term and short-term children to have a quiet space or choose interact with the large group as is appropriate.

REQUIREMENTS

3-8 Play Materials and Equipment

3-8.1. To meet the needs of the children and carry out planned activities with the children, CNC staff select play materials and equipment that are

- a. Age appropriate.
- b. Suitable for both quiet and active play.
- c. Available in sufficient quantity for the children receiving care

3-8.2. As far as possible, the total supply of play materials reflects diversity, and includes both items chosen to help children become familiar with Canadian life and items reflective of multiple cultures.



SPECIAL NEEDS

To support all parents seeking settlement services, it is important to have inclusive CNC programs that support children's varying levels of development and needs.

Newcomer parents who have children with special needs may not be aware of the resources, support and services available to them. It's important to work with parents to develop a plan and create the most positive CNC experience for the child and family. It's also important to assist parents in locating appropriate resources and support in the community.

IMPLEMENTATION

- Develop a positive relationship with parents by showing warmth and interest
- Discuss child's activities and routines at home
- If a child has an Individual Program Plan (IPP), review the IPP with the parent and CNC staff who work directly with the child. Place a copy of the IPP in the child's file, and contact the other professionals who were involved in developing the IPP to introduce yourself and seek any necessary clarification. Remember, the Special Needs Consultant is available to support you through this process – you can always contact her with any questions or concerns.
- If a child and family is not yet connected with supportive community resources, contact the Special Needs Consultant, and/or research what supports might be available locally
- Consult and collaborate with parents and other professionals to develop a plan for the child's care that builds on the child's strengths and interests.
- Plan of care should be responsive and supportive to the child's evolving strengths and interests.
- Maintain a positive approach and supportive role.
- Observe the child with an open and accepting attitude
- Write down observational notes – avoid jumping to any conclusions, and identify child's strengths, abilities and interests
- Plan daily activities that will build on the child's strengths and/or IPP, and develop a plan for documenting the child's progress/ lack of progress.
- Schedule meetings to review the child's progress.
- By taking the time to discover and nurture children's strengths, you are helping the child and their family to develop self-confidence as they settle into a new culture and a new way of life. This positive approach and supportive role will often be remembered and appreciated long after the child and family have left your program.
- An Individual Program Plan (IPP) might be developed and updated as necessary.



If, in spite of best efforts, your organization does not have the resources or expertise to meet the special needs of a child, the CNC staff must help parents locate more appropriate care and support in the community. Before considering this “last resort”, consider the following:

- How will it affect the parent?
- How will it affect the child?
- How will it affect the organization?
- Has staff consulted with the Special Needs Consultant about the child?
- Have staff implemented all of the suggestions made by the Special Needs Consultant?
- Does your organization truly lack the resources needed to work with the child?
- Does your staff truly lack the expertise needed to work with the child?

When a Child's Needs have Not Been Identified - Short Term Care

When a child with unidentified needs receives short term care, it is difficult to do more than respond as appropriately as possible to the child and the behaviour you observe. Where possible, and when time permits, you may ask parents about obvious needs but you will be unable to confirm an actual need or identify appropriate resources.

Consider asking parent/s if the child has any:

- Difficulties communicating?
- Difficulties sleeping?
- Difficulties eating?
- Difficulties following directions?

An IPP is:

- Developed to address the specific special needs of children.
- A collaborative team effort involving the child, parents, caregivers and other staff who work closely with the child; the individuals involved may change over time, depending on the needs of the child
- A planning document that helps monitor and evaluate a child's development and progress
- A document for communicating a child's development and progress with parents and staff.
- A summary of the individualized goals and objectives that a child is working towards.
- A summary of accommodations that will help the child.
- An ongoing record to ensure continuity of programming.
- A guide for transition planning

Source: Alberta Education Learning and Teaching Resources Branch (Canada). Individualized program planning (IPP): ECS to grade 12. Edmonton (AB); 2006 [cited 2011 Oct 14] Available from: <http://education.alberta.ca/media/511715/ipp.pdf>



Supporting Documents

[Planning for the Support of a Child with Special Needs](#)

REQUIREMENTS

3-3 PROGRAMMING FOR CHILDREN

CNC for Children with Special Needs

3-3.7. When a child has an individual program plan, developed in consultation with professionals to meet the special needs of the child, CNC staff work in partnership with the parent and other professionals, as necessary, to implement activities and routines that accommodate that plan.

3-3.8. When, in spite of best efforts, the SPO finds that it does not have the resources or expertise to meet the special needs of a child, CNC staff help parents locate more appropriate care and support in the community.



PLANNING FOR THE SUPPORT OF A CHILD WITH SPECIAL NEEDS

Observe the Child

- Make written notes
- Look for patterns and other signs of specific needs

Consult with others

- CNC Staff in your program
- SN Consultant
- Other professionals in the community

Discuss Observations with a Parent

- Before discussing your observations, plan carefully how you will share the information that you have gathered
- Provide language assistance to the parent(s) so they are better able to understand what is being communicated
- Another CNC Staff should be present
- Share observations
- State facts of observation only
- **DO NOT** jump to conclusions until you are certain that it is not a short-term behavioural issue
- Ask for potential explanations
- Listen carefully to what the parent is saying
- Keep in mind that the parent(s) might not accept or fully understand that the child has a special need
- Keep in mind that the parent(s) might not be familiar with the Canadian way of addressing children's special needs

Arrange for Support and Assistance

- If parent agrees to the need for professional support and assistance, provide the family with information they need to access the services of other professionals
- If parent does not accept/agree that child has a specific need but agrees that support is needed, continue observations and provide appropriate activities, maintain contact with parent

Support Staff

- Support staff by altering the environment, adapting materials, modifying an activity, and establishing peer support
- Contact your Special Needs Consultant if you need additional resources/training in this area



COMBINED CARE POLICIES AND PROCEDURES

Combined care programs require your staff to adopt practices that allow them to care for children who have differing needs. While some children will arrive and stay until the end of the program, other children will be coming and going. For that reason, it's important to have written procedures in place to effectively manage transitions and ensure that the needs of all the children are being met.

Challenges might include managing registration and sign in/out (especially for short-term children), transitions as children arrive and depart, and programming for children receiving different types of care. Planning and preparation, and having written procedures to guide program implementation will reduce the challenges of providing combined care and help you support SPO and newcomer needs more effectively.

IMPLEMENTATION

- Once you have decided to offer combined care, use the resources provided, and consult with CNC staff. Think about how children in long term and short term care might have different needs.
- Identify practices that will help you meet the needs of all of the children.
- Since transitions occur often in combined care, consider strategies to support successful separations, transitions and special issues that newcomer children might have as a result. Draw on the experience of your staff and use the CMAS website as a resource.
- Develop written procedures for staff to follow. These procedures should relate to both specific routines, such as sign in/out and situations such as a child's difficulty separating from a parent.

You must have a system to keep track of short-term parents and children. A simple way to do this is to give parents something they must show when they return to pick up their child. Here are some ideas:

- Wristbands
- Photo bards - parent & child
- Bookmarks
- Lanyards
- Key chains



- Disposable name tags
- SPO parent identification badges
- Hand stamps
- Stickers
- Make and laminate labels with different shapes, sizes or animals

Supporting Documents

[Combined Care Tip Sheet](#)

[Combined Care – Organization and Planning](#)

[Combined Care – Activity Planning](#)

[Combined Care – The Physical Space](#)

[Combined Care – Interacting with the Children](#)

[Combined Care – Interacting with Parents](#)

[Combined Care in Action – Scenarios](#)

[Combined Care - Developing Your Welcoming Plan](#)

REQUIREMENTS

3-7 Combined CNC

3-7.1. When providing Combined Care, CNC staff develop and follow written procedures to:

- a. Ensure that practices meet the needs of both the Long and Short Term children.
- b. Ease transitions for all CNC participants as individual children arrive and depart.



COMBINED CARE: TIPS

Carefully consider each of these questions when planning your combined care program:

Staffing

- Who will be responsible for identifying space availability for a child to attend?
- Who will register the children?
- Who will have the ultimate decision making rights to enroll children?
- Who will be responsible for registering short-term children? Will it be one staff or all staff?

Children

- How many CNC spaces will be allocated to long term and short term care?
- At what times during the session will you allow short-term children to attend? Will short term care be available anytime, or only during particular hours?
- Where will the children be cared for? Will groups be organized by age, with mixed long- and short- term children?

Parents

- How will you ensure parents understand they must stay on site?
- How will parents know how long they can leave their child in CNC?
- How will you ensure a short-term parent returns to pick up their child on time?

Recommended Practices

- The SPO staff associated with the parent service should be aware of the child participating in care.
- Parent and child are escorted to the CNC space where the child will be cared for, and introduces the parent and child to the CNC staff in the space
- One CNC staff ensures registration is complete, adds child to the attendance and provides the parent orientation
- Allow parent to remain until child is comfortable
- Provide parent with an identification to help staff recognize the child at pick up
- Inform the parent of the time s/he must return to the program to pick up his/ her child
- The SPO staff who provided the adult service confirms the child has been picked up at the identified time



COMBINED CARE: ORGANIZATION AND PLANNING

Offering combined care involves a number of decisions that affect both adult programming and CNC delivery. These include the relative number of spaces available for long term and short term care, and steps to take when demand for care unexpectedly increases (See: Staffing).

While CNC is generally responsive to the needs of adult programming, characteristics of short-term care, particularly when it is offered as part of combined care, may impact the availability of care.

Given the staffing needs of combined CNC, an SPO may wish to provide combined care only at scheduled times, or offer care only to parents who have reserved a space in advance. On the other hand, SPOs with great demand for short term care, who can serve many more clients if short term care is always available are likely to offer combined care at all times.

Since it is important for parents and children to have a positive experience, an SPO may adopt a policy allowing parents to remain with their child during a “warming” period to help their child become familiar with the CNC setting. (See: Develop a Welcoming Plan)

Decisions in these areas have wide implications and need to be taken with an awareness of the needs of the organization and CNC program.

Organizing a program that combines long term and short term CNC involves a number of decisions, including whether to:

- Offer combined care every day or on scheduled days only
- Require clients to reserve a space in advance or allow drop-ins
- Allow parents time to drop their child off and help the child become familiar with the setting.

Although many of these decisions will be made by an administrator, it is important for CNC Staff to consider them and to make recommendations based on how they affect program delivery.



COMBINED CARE: ACTIVITY PLANNING

Because of the number of potential variables involved in providing combined care, staff need planning time to ensure they are prepared to meet the needs of both long-term children and the variety of short-term children who may require care.

One advantage of offering a combined care program, is that the same play materials and equipment can be used by both long- and short-term children. On the other hand, because a combined program must be prepared for unexpected numbers of children, it will require additional items to meet the varied needs of the short-term children. In fact, it may be a good idea to provide additional play materials in the form of “activity kits” that can be stored when not in use.

If combined care is offered only on scheduled days or by enrolment, plans can include games and activities suitable for both types of care. Planning is more challenging when a program offers drop- in care without advance notice.

Tips for Combined Care Activity Planning:

When caring for short-term children, staff should plan a range of activities that can be implemented on short notice – with an individual child or with the group. Planned activities should be suitable for varying ages and materials should be prepared in advance. Activities might be modular and organized in mobile activity kits that can be easily stored until needed.

When offering combined care, it is helpful to have an activity in progress when short-term children arrive. If new children are immediately invited to participate in free play, they may stand on the sidelines, and be unsure of how to join in.

If possible, plan a “take home” activity so that short-term children have a link between the program and home, and a positive souvenir of their experience. If it is their first time in the program, this souvenir will make them more willing to return.

When offering combined care, long-term children should not be disturbed by the arrival of short-term children, and measures to support short-term children should not interrupt the smooth functioning of the program. If routines for welcoming and caring for short-term children are established and consistently followed whenever a new child arrives, they will be less disruptive for long-term children. (See Developing a Welcome Plan).



COMBINED CARE: THE PHYSICAL SPACE

When a combined care program is welcoming new children for short periods of time on an ongoing basis, here are a few things to keep in mind when planning your space:

- The CNC environment may need to be modified slightly to create a receiving area for welcoming children, checking their CNC Registration Form and completing the CNC Attendance Form.
- This area should be located where it does not disturb the children already participating in the CNC program. This space could be inside, or outside of the room(s) where CNC is being provided.
- Short-term children need a cubby or spot for their belongings while they are receiving care. Ideally, you can provide a cubby or special hook that is similar to the space provided for long-term children.
- Create a place where the children are welcomed and, if possible, have a cubby or special spot waiting and ready for their things. If early enrolment occurs, label the cubby or spot with their name.
- Provide an environment that interests Short-Term children but does not overwhelm them with too many things.
- There should be quiet places for all children but it is especially important for short-term children who need smaller spaces and fewer distractions when they arrive at the program.



COMBINED CARE: INTERACTION WITH CHILDREN

Interacting with Short-Term Children

In combined care programs, CNC staff must be able to interact with short-term children, respond to the needs of individuals who may be in distress, while also attending to group activities. This places a unique burden on CNC staff in combined programs. For that reason, staff in Combined programs will benefit from professional development opportunities including training in fostering and modeling resiliency.

It is important to establish a relationship and earn the trust of each child. Even if a short-term child is only present for a brief period of time, a staff member who is consistently available to assist the child can make a big difference to the child's experience.

When caring for short-term children, staff must be able to observe a child and assess his or her needs quickly. A staff member with experience and training is likely to know very soon whether a particular child needs quiet, personal attention or will happily join the other children without delay.

One way to help new children enter a group while simultaneously assisting children who have been in the program is to establish a “buddy” system in which children in the program are introduced to a “special friend”. Even if the new friendship lasts only a few minutes, it is a point of entry for the short-term child and gives the long-term child a sense of participating fully in the program and the satisfaction of helping someone else.

When interacting with short-term children, it is important to let them know, on arrival, what will be happening to them in the program. They will feel more in control of their experience if they know what to expect.

Interacting with Long-Term Children

Combined care changes the experience of long-term children. Depending on how the children are grouped, their program activities will be changed to varying degrees because of the presence of short-term children.

On the one hand, their experience may be less predictable and consistent. Staff attention may be directed to unforeseen situations involving short-term children. On the other hand, they will learn to respond positively to change. They are likely to become more resilient in the face of challenges and learn interpersonal skills that will be valuable as they socialize with others at school and in other situations. Staff can help them by modeling resiliency as new situations arise.



Long-term children will also have opportunities to reach out to short-term children, show them how things are done and generally help them become more comfortable in the CNC setting.

It will be important for staff to manage the transitions of short-term children effectively so that staff attention is not directed to short-term children at the expense of long-term children. It will be important to build consistency into the experience of long-term children and ensure that a familiar staff member is always present and building relationships with them.

It is also important to tell long-term children what to expect during their day. If the program operates as a combined program every day, they should be told from their first day that while they and some of the other children will be staying for a while, other children will be coming and going after a short period of time. If the program provides combined care only on selected days, they may need to be told at the beginning of the Combined day that other children will be joining them. The long-term children will then be prepared for the coming and going they observe.



COMBINED CARE: INTERACTION WITH PARENTS

Interacting with Short Term Parents

Parents are SPO clients and it is important to recognize the experience of using CNC will contribute to their overall satisfaction with SPO services and their willingness to return for other services. For that reason, it is critical that parents have a positive experience when they leave their child for care.

Staff will need to devote time to receiving the children and reassuring parents if their child seems to be in distress. While children are arriving and departing, it will be important to have staff on duty with training and experience relating to newcomer parents and knowledge of SPO procedures.

Given differences in language and culture, both the child and parent may be distressed at the prospect of being separated. If possible, it helps to have a “warming” process in which parents can stay with their child in the CNC program until the child is comfortable. An SPO may also need to develop policies and/or procedures to support this process.

CNC staff in combined care programs need to be experienced working with parents of short-term children, and develop strategies to reassure both the parent and child. When separation is too painful for a child and too disruptive for the other children, staff may have to decide whether participating in CNC is in the best interests of the child.

Before accepting a short-term child, CNC staff must ensure parents are given a brief CNC orientation, and provide a completed CNC Registration Form. In some cases, CNC staff – or other SPO staff – may need to help the parent to make sure the information is complete.

Interacting with Long-Term Parents

It is important to explain to the parents of children receiving long term care that a Combined program also accepts children on a short-term basis.

Parents need to know children will be coming and going from the program and be assured that the presence of short-term children will not have a negative effect on the care their child receives.



COMBINED CARE IN ACTION: SCENARIOS

Kelli has been responsible for her SPO's Combined CNC program for some time. Since ABC has been offering combined care for a few months now, she is getting used to organizing her days. From the beginning, she has tried to plan ahead and has encouraged her staff to plan as well. Since they never know exactly how many children they will have, or who they will be, it is a challenge to prepare. She likes her job, though, and finds it interesting to meet new people, especially the children. She is glad to meet their parents as well.

Mostly, parents are happy to be making a new beginning, but some are a little worried, too, about their own future and about their children. Some have never left their child with someone they have not met before and they worry their child will miss them; but when parents see the other children enjoying our program, they usually become more comfortable with the idea of leaving their own children. As a result, the child usually senses their confidence and is more willing to stay. It is rewarding to see the parents when they pick up their child, especially if they have benefited from the services they have received and their child seems happy. The next time they bring their child, it will be much easier for parents to leave and the children are likely to have little or no difficulty joining the other children.

Sometimes, however, the parents and children have a difficult time. If the child is very upset at drop-off time, parents are allowed to stay for a while until the child is comfortable. If the child does not settle, the CNC Staff suggests the parent keep the child and try again another time.

Here are some facts about Kelli's program:

ORGANIZING

- Relating to Adult Services – Kelli is lucky. The coordinator and other administrators at ABC have always included her in their discussions as to how their services would be organized. Since CNC is based on the adult services being offered, it is important to ensure CNC is available when clients need the services.
- Scheduling the Week– ABC provides long term CNC for parents in LINC classes five days a week. They have recently decided to change their long term program into a combined care program and offer short-term, drop-in care for up to five children on Wednesdays and on other days, as needed. That means all workshops are scheduled for Wednesdays, as much as possible. At other times, short term care will be available to a smaller number of children, as needed, for example to parents receiving counseling or some other appointment at the location. So far, that arrangement is working out well. On Wednesdays, when workshops are scheduled, children are grouped differently and additional staff are on duty to meet combined CNC child to staff ratios. On other days, the 20% rule means they can accom-



moderate a few short-term children while maintaining the child to staff ratios and group size requirements they have been meeting for their long term CNC program.

- **Timing the Session** – One of Kelli’s most important tasks is making sure ABC allots sufficient time for CNC, especially when providing workshops or other group activities. When advertising services, ABC must allow enough time before the workshop starts to ensure all parents can sign their children into CNC and be ready at the workshop location before it begins. If an SPO requires pre-registration or early enrolment, the process of leaving a child for care will be much simpler and take less time (although each child will still have to be signed in and out).
- **Registering the Children** – Kelli also works with others to make decisions about the registration process. If CNC is available to all on a drop-in basis and a child has not already registered for CNC, the parent will have to complete a Registration Form. If several parents with children arrive at once, Kelli’s CNC staff may need assistance from other SPO staff for a brief period to ensure the required Registration and Attendance Forms are completed for all children before they receive care.

STAFFING

- **Meeting Requirements** – Staffing needs depend on how the children are grouped. Obviously, enough CNC Staff must be on duty to meet the CNC Requirements. But since the number of children who need care is likely to be unpredictable, it is important to have additional qualified staff “on call” who can arrive for duty quickly. If it is not possible to add staff on short notice, the SPO will need a policy for prioritizing who can receive short term care and procedures for informing parents that care is not available at a particular time.
- **Selecting Staff** – It is important to select CNC Staff who are suited to Combined CNC and, in particular, enjoy the flexibility and challenge of frequent changes and providing care to new children. CNC Staff in Combined programs must be able to collaborate and work in teams. They need as much experience as possible and should include permanent staff members who can give additional stability to a changing program.
- **Relating to Long-Term Children** – Precaution should be taken to ensure all of the CNC Staff’s attention does not focus on the short-term children. Efforts should be made to provide long-term children with as much consistency as possible for the time they are participating in the program. This is especially true for children who attend for a full day. Their experience may change several times during one day. For example, it will change when some half-day children leave at noon and again when new children arrive after lunch. Throughout the day, it will also change each time a short-term child arrives and leaves. Relating to the same staff member will help bring stability to their experience.
- **Interacting with Other SPO Staff** – Often, CNC Staff need to work closely with other SPO staff. This includes staff responsible for the adult services being used by parents (as they can provide information such as where the parents are located and how long their children will require care) and administrative staff who may be able to assist with registration.



- Developing and Supporting CNC Staff – Because CNC Staff in Combined CNC programs have additional challenges, they need opportunities for professional development. They may also benefit from the experience of others through mentoring arrangements in the workplace.

PLANNING THE PROGRAM

- Establishing a Consistent Program Structure – Kelli's goal is to develop a consistent staff and program structure. The children are new only once but the CNC Staff have to relate to new children many times, on any given day. Even though the children will be different each day, it will help staff know what to expect by establishing a daily routine for the same time periods each day.
- Planning Group and Individual Activities – Within those time periods, staff can plan activities for both the group and individual children. If a variety of activities are planned ahead of time, CNC Staff can implement them based on the needs of the children in the group. Some that don't seem appropriate on one day are likely to be useful on another.
- Assembling Play Materials and Equipment – When planning activities for Combined CNC, it is necessary to plan more activities for a given day than will actually be implemented to allow for flexibility and depending on the children who need care. Similarly, it is necessary to have access to more play materials and equipment than is required for long term CNC to accommodate the variety of activities that might occur. One way to ensure the program has the needed materials is to plan activities as individual modules and to develop "activity kits" – like mobile kits – that include everything necessary for an activity and can be stored but ready to use as they are needed. The decision to use them will be based on the nature of the group and staff observations of individual children.
- Arranging the Environment - When planning the environment, Kelli included a welcoming area, where CNC Staff can meet parents and children and complete the registration information. A welcoming area should also include a cubby or other spot where each child can leave his or her things. When a short-term child arrives, the cubby might be personalized with a sticker or some other identifying feature that lets the child know it belongs to him or her (the program might use the same symbol used to identify the child and parent on the Attendance Form).

PROVIDING COMBINED CNC - A SHORT-TERM CHILD'S EXPERIENCE

It is likely that by the time a child needs short term care, Kelli's Combined program is already in operation. The following are some steps you might take from the time you welcome a short-term child until you say "good-bye":



Arriving for CNC

- Greet parents and children warmly but do not overwhelm the child. The child who seems to need time to get used to the program should be given an opportunity to observe what is happening from a bit of a distance. If the child is keen to join the other children immediately, follow the child's lead and take the next steps in the order that is most appropriate.
- If a number of children arrive at the same time, you may need to have one CNC Staff person checking forms and signing the children in and another interacting with the children and parents, as necessary. In some cases, it may be helpful to have administrative help with the forms for the brief period when many children are arriving at once. During this period, care must be taken to continue to supervise the children already in the program (including both long- and short-term children).
- Complete the registration process with the parent and sign the child into the program.
- Before the child joins the other children, show the child to the cubby or special spot where his or her things will be kept.
- While you are doing all of the above, observe the child, first to determine the child's health status and then to get an idea of whether the child is likely to be comfortable joining the other children and the types of activities that might be most suitable for the child.
- Give the child and parent the special identifier that will help staff know who each child is and connects the child with the parent. A similar identifier might also be placed on the child's cubby or special spot so that the child feels that he or she belongs. (This step may not be meaningful for very young children – it is something you can judge as you observe the child.)
- Help the child feel in control by telling the child what will happen next and what to expect during the time the child is participating in the program.
- Escort the child to the activity space.

Interacting with Parents

Children will be arriving for care in basically two situations. There is the situation when care is being provided while parents participate in a group activity (such as a workshop) and several sets of parents and children will arrive at the same time. In the other situation, a parent arrives to drop off a child or children for a counseling appointment at a time when no other parent needs care. The suggestions below relate to interactions when one parent arrives. They illustrate the importance of having sufficient CNC Staff available to support each parent and child even when several arrive at once.

Issues to consider include:

- Many newcomer parents will be anxious about leaving their child with caregivers they do not know. You may be able to find out more about their feelings by observing the child and, taking the lead from the child, doing what seems appropriate to make the child comfortable. You may be able to learn about the parents through the child because the child is likely to sense and reflect the parent's feelings and the parent will feel better if the child is comfortable.



- As part of the orientation process, give parents a brief tour of the CNC space. Help them feel connected to their child and reassured about leaving the child by showing them where their child will be and describing what their child will be doing. Seeing other children happily engaged in activities is likely to make parents feel better.
- Many newcomer parents may be unfamiliar with the type of questions on the CNC Registration Form. Using simple language, help them to understand the questions and their importance. Also help them understand why they must sign both the CNC Registration Form and the CNC Attendance Form.
- Parents may not have been to the building before. When parents are ready to participate in their activity, it is helpful if someone associated with their adult program is available to escort them to the part of the building where their service is being offered.
- Separation may be painful for the child and/or parent. When it seems difficult, be patient and allow the parent to remain in the CNC space until the child is calm. Ask the parent to leave something of his or her own with the child (like a scarf or a sweater) to reassure the child and to indicate that the parent intends to return. Also, ask the parent to teach you a few words in the child's home language so you are able to comfort the child in a familiar way.

Joining the Group of Children

When you escort a child to the activity space, there are a number of ways the child can join the group:

- The child may wish to remain slightly outside the group, quietly on the sidelines with a single toy or other item, or by nervously moving around the room, touching everything and not settling to anything. As long as the child is safe and not disturbing others, it is best to give the child time to adjust to the new environment.
- The child may choose to participate in an ongoing activity. You may have materials for a craft project available on a nearby table for anyone who wants to use them.
- The child may immediately join an activity in progress story time, or a game, or other physical activity. Particularly on days when you know in advance that several short-term children will be participating in your program, you may wish to plan blocks of time that include group activities and games that children can start and stop, join and leave, without disturbing the flow of activities.
- To help a child join others, you might implement a “buddy” system. Joining the group may mean being introduced to a long-term child who will be a special friend to the new child. The “friendship” may last for only a few minutes or for some time. This provides a link between children receiving the two types of care and gives the long-term child an opportunity to experience the rewards of showing the new child around, sharing toys and participating in activities together.



Note: It is important to prepare long-term children for the presence of short-term children and tell them what will be happening during the day. For example, the “buddy” system will only work effectively if the long-term children recognize that they have a “job” to do – e.g. helping the short-term children feel welcome. In all cases, CNC staff must use their observations of individual children and their knowledge of child development to determine the most appropriate ways to foster relationships among the children.

DEVELOPING ACTIVITIES FOR COMBINED CARE

Many characteristics of activities for Combined CNC have already been mentioned above. Here is a summary with some new ideas:

- Prepare a variety of activities that can be implemented on short notice according to the needs and interests of the children.
- Think about organizing activities in a modular format, possibly as activity kits that can be immediately available for use, as needed.
- Have an ongoing activity in place so new children can choose to do something immediately on arrival.
- Focus on group activities like story times, sing songs and games that are flexible and children can join in and leave without disturbing others.
- Include activities that foster relationships and interactions with other children (e.g. between short- and long-term children). If an organized buddy system is not appropriate, try to encourage interactions through the sharing of toys or alternate seating at snack time.
- Be relaxed about activities. If a short-term child does not wish to participate, let the child be quiet and amuse himself or herself with a few toys – not too many to be overwhelming – but support efforts to interact, taking your cue from the child. If this is the child’s first experience with group care, the child may be frightened or may have “enough to do” just getting accustomed to the new situation.
- Allow for the fact a child may be tired, particularly a young child and especially in the afternoon. If a child seems cross and tired, let the child rest.
- If possible, include an activity that results in a “take home” souvenir for the child. For example, the craft on the ongoing activity table may involve making something to show the parent and to take home. A take home object will provide a link between the child’s experience and the parent and reassure the parent the child has participated in activities. When a parent needs to use CNC again, the object will be something a parent can use to remind the child that he or she enjoyed participating in CNC.
- Take care when children are leaving, especially if several are leaving at the same time, activities are in place for the long-term children to ensure that they do not feel neglected while attention is focused on the departing children.



SAYING GOODBYE

Separating from CNC may be a second challenge for the children, particularly if they have been in the program for several hours and have become involved in activities. Here are some tips for saying “good-bye:”

- Know when the parent activity is scheduled to end. The start and end times of all services for which care is being provided should be identified on the CNC Attendance Form. When you know what time a child is likely to leave the program, start the process of withdrawing the child a few minutes ahead of time. If several children are leaving at the same time, you may gather the group into a circle and sing a song. You can explain to the group the circle will get smaller as children leave.
- Help the child have a positive separation experience and be prepared to welcome the parent.
- Make sure the parent “signs” the child out by indicating with an initial when the child was withdrawn from the program.
- Discuss with the parent any concerns you have about the child or any observations that might be helpful for the child (e.g. “Your child really seemed to enjoy himself. He made a pretty butterfly at the craft table.”)
- Make sure the child’s belongings are removed from the cubby, and if necessary, all identification tags are returned to the program.
- If several children are leaving at the same time, make sure it does not leave before all children are signed out and on their way.

EVALUATING AND PLANNING

When you have offered combined care, it is time to evaluate your program and start planning again. You will have good ideas about what worked and did not work and you can incorporate what you have learned into the services and support you will offer in future.



COMBINED CARE: DEVELOPING YOUR WELCOME PLAN

To ease transitions as short-term children arrive and depart, you may choose to work with CNC Staff to develop a welcoming plan for new and visiting children.

Suggestions:

- Staff can accompany the short-term child and parent directly to the CNC program room and introduce them to the caregivers.
- It is helpful if the registration staff has a copy of the daily routine so s/he can tell the short-term child and parent what to expect when they arrive. This is especially important if a child is visiting during outdoor play activity or physical activity in a separate space.
- You may choose to assign one staff as primary caregiver for short-term children. This caregiver should be chosen based on qualities and skills identified Job Descriptions (in Staffing and Supervision Supporting Resources).
- To welcome a new or short-term child into the program, caregivers might choose to use a 'welcome' song or special activity that is repeated each time a new child arrives.
- You may choose to use a buddy or mentoring type approach that involves pairing the new or short-term child with a well-adjusted child in long term care. This can be especially helpful if the "buddies" speak the same language.
- Make sure to consider the expected amount of time in care when planning for visiting children. This always requires a certain amount of flexibility to base programming on the child's individual needs and comfort level.

Note: If you choose not to assign a primary caregiver, be sure to have an alternate plan for making sure the short-term child's needs are met and his/her needs don't become secondary to the larger/long-term group.

Welcoming a Short Term Child into Combined Care:

When welcoming a new child into long term care, it can be helpful to encourage a "warming in" process that allows the child and family members to get to know the teachers and the program gradually, and allows teachers to learn about the child and family members by observing them together.

For short-term children, who simply don't have the opportunity to transition into care gradually, the "warming in" process has to take place much more quickly and the expected outcome must be different.



TYPE OF CARE	LONG TERM CARE	SHORT TERM CARE
Goal	<ul style="list-style-type: none">• Transition into care• Child participates fully• Activities are responsive, educational, and meaningful	<ul style="list-style-type: none">• Make the child as comfortable as possible• Distract and entertain the child while parent is participating in a IRCC-funded service

A certain amount of planning and preparation is needed to support the successful welcoming and integration of short-term children into combined CNC. All children have different personalities, temperaments and past experiences that will affect how they respond to care. This makes CNC Staff who are good at observing and “reading” children an extremely important part of your team! They will be able to meet short-term children, observe closely and do a quick assessment to determine how to best support the child.

Consider the following three scenarios that describe short-term children and how they might be supported and integrated:

Scenario 1:

Tamir seems to be a sociable, outgoing child. He speaks with the CNC Staff easily and she can see him watching, with interest, what the other children are doing. The caregiver decides to buddy him up with another child who speaks the same language. Tamir quickly and fully engages with the other children and the activity they are doing; joining the group suits his personality. He tells his mom he wants to come back again to play with his new friends.

In this scenario, integration is successful because the CNC Staff took special notice of Tamir’s personality and he was given an opportunity to ease into the program in a social way that suited him, and engaged with the other children right from the start.

Scenario 2:

Sabrina seems to be a little bit apprehensive when she enters the CNC program. Although she doesn’t cry and is not asking for her mother, she is staying close to the front of the room. The CNC Staff thinks Sabrina might need some quiet activity to help ease her into the program for the day. This not only gives Sabrina an activity for her to do, it also gives her time to quietly observe the other children and their activities. The CNC Staff monitors Sabrina in her quiet activity, and after the other children finish their snack, she notices Sabrina tidying her independent activity and join in with another group of girls in parallel play. With support from the CNC Staff and an introduction to the other girls, Sabrina soon joins in and plays with them.



In this scenario, integration is successful because even though Sabrina was really glad to see her mom when she arrived, she did in fact join in and play with the other children and was well entertained and distracted during her time in care.

Scenario 3:

Immediately after being dropped off while her mom attends a one-hour appointment with a Settlement Worker, Li begins to sob and is both upset and disruptive to the other children in the program. The CNC Staff engages Li with an independent activity but continues to play with her for the entire one hour. During this time, Li stopped crying. When her mother returned to pick her up, Li was able to take the activity she was working on at home as a 'take away'.

In this scenario, integration is successful because Li was both distracted and engaged. Although she didn't participate with the other children in group activities, she did engage in quiet play time without crying, and was able to take her activity home with her and a positive memory of her time in care.

These scenarios show some children may seem ready to jump right in and join in with the group while others may feel overwhelmed by the other children and the activities in progress. It is extremely important to take into consideration the individual needs and comfort level of the visiting child.

Best Practice

Have ongoing activities available throughout the session that make it easy for short-term children to join in. This is a good practice for all children regardless of whether they are attending on an ongoing basis, or short-term because it means the children in your care can choose their activity without having to follow a strict schedule.



FIELD TRIPS

Field trips give you an opportunity to enrich your program and give school-age children opportunities they might not otherwise have. For example, it allows you to expand your support of their settlement by taking them to the local library and showing them how to get a library card, participate in activities at the library, and give them information they can share with other family members. Such opportunities support the family's settlement and result in ongoing benefits for the children.

On the other hand, providing CNC for children away from your site and from their parents increases risks and adds to your responsibilities. For that reason, field trips should be provided only after careful thought and following specific policies and procedures.

Three things to remember:

1. To provide a positive experience for school-age children, it is not necessary to offer a field trip. Offering a field trip is an option that may or may not be chosen for seasonal school-age programs.
2. The field trip option is not available to children under the age of six at any time.
3. It is extremely important for all staff and parents to understand that, except for short, seasonal school age programs, A PARENT MUST REMAIN AT THE SAME SITE AS HIS OR HER CHILD AT ALL TIMES.

IMPLEMENTATION

- Decide if a field trip is an appropriate activity for your group. Consider what value the field trip has and if it is appropriate for the size and ages of the children.
- Also consider whether their language skills would limit their ability to participate in the activities you have planned. Other considerations might relate to staffing, logistics and budget issues.
- Ensure that your organization has insurance coverage for these kinds of off-site trips.
- Once you have decided to offer a field trip, develop a plan that describes your destination, activities, and any safety issues that you foresee (See sample). While developing your plan, identify the activities and/or events that will be taking place at your proposed destination during the particular dates and times of your visit, and determine approximate arrival and departure times. Confirm details, and make arrangements that might be necessary for snack or lunch times.
- When the details are in place, inform parents about the trip and prepare a written waiver statement and permission form for parents to sign. (See sample.) You will need to have this in place well in advance of the trip so that if understanding the language is a problem, you



have time to arrange for someone with knowledge of the child's home language to provide parents with details about the trip and explain the form they must sign. It is important that parents fully understand that their children will be leaving the site without them and that they must take responsibility for approving their child's participation in the trip.

- Decide on staffing for the trip. Note that under the CNCR (5-5g) it is necessary to maintain the staff: child ratio and have an additional qualified CNC staff member with each group of children and that even when only one staff member is required to meet ratios, the second adult with the children cannot be a volunteer.
- Once you have met the staffing requirements, you may decide to invite other qualified volunteers to participate with you.
- While on the trip, it is important for staff to be able to communicate with your CNC site and for staff at the site to reach people on the trip. As required, make sure that your plan includes the names of all staff on the trip and contact information (e.g. a cell phone number) for at least one staff member. The plan should also include contact information for the CNC site so that it is readily available in case of an emergency.
- Assemble each child's emergency information to take with you on the trip (1-2.4.).
- Develop specific procedures for taking attendance at regular intervals during the trip (1-3.4.). It is especially important to take attendance at the beginning and end of the trip and before and after the group changes location (e.g. gets on and off a bus to visit a destination).
- Follow your organizational procedures for arranging transportation.
- Review the requirements for the administration of medication (4-5.4.) and access to a first aid kit (4-7.2.). If you have a child with special health needs, make sure you have a plan in place for meeting those needs at a location away from your site (e.g. Determine who will carry an EpiPen? Will a school-age child be carrying his/her own puffer? Caregivers should know who is carrying emergency medical equipment, and review procedures before going off-site)

REQUIREMENTS

A field trip is defined in the Glossary to the Requirements - FIELD TRIP –An outing away from the CNC site for a group of school-age children who, under provincial/territorial licensing laws, are permitted to leave the site without a parent.

The key section of the Requirements that relates to field trips is:

3-9 FIELD TRIPS

3-9.1. Before providing a field trip, the SPO has a written field trip plan that includes:

- a. The trip destination, trip activities, and any special safety issues that may be foreseen.
- b. The names and contact information for CNC staff supervising the children.
- c. Contact information for the CNC site.



3-9.2. Before a child participates in a field trip, CNC staff inform parents about the trip, and secure a waiver statement and parent permission.

In addition, field trips are directly addressed in relation to

5-5 STAFF: CHILD RATIOS AND GROUP SIZE

Field Trips

5-5.7. While on a field trip away from the site, one (1) additional staff member is on duty with each group of school-age children.

5-5.8. While on a field trip away from the site, when only one (1) staff member is required to meet the staff: child ratio, the additional staff member may not be replaced by a volunteer.

APPENDIX 4 : TOPICS FOR ORIENTATION II TRAINING

10. For staff caring for school-age children, additional information related to the care of older children.

Other sections that relate to field trips are:

Responsibilities of the Service Providing Organization

1-1.2.1., 1-1.2.2.,,

1-1.2.12.c- Conditions of Participation

1-2.4. Registration

1-3.4. - Attendance

Administering Medication

4-5.4. When a parent is not at the same site as his or her child, the SPO has a written plan for managing the administration of medication.

Accidents and Medical Emergencies

4-7.2. At all times, while children are present, CNC staff have access to at least one fully stocked first-aid kit.



NAPPING AND RESTING

The CNCR recognize individual needs and differences among children in regards to napping and resting. Programs are specifically required to have a daily routine that is based on the needs of the children in their care.

Programs must have flexibility when deciding on whether or not to provide opportunities for napping and resting. Depending upon the age of the child and a child's specific needs, a nap may be important. Children who are tired are unable to fully participate in activities and may become irritable, resulting in behavior management issues that might otherwise have been prevented. However, other children may not benefit from a nap. In a child-centred program, it is advisable to be as flexible as possible and provide quiet play opportunities for children who do not need to rest.

Research has also shown that young children are safer when their sleeping equipment is free of items that might lead to suffocation and that the incidence of sudden infant death syndrome (SIDS) is lower when a young child is placed on his or her back to sleep.

IMPLEMENTATION

Work with your caregivers to develop a plan to incorporate opportunities for children to nap or rest into your schedule of daily routines, as needed by the children.

Children will have sleep routines that may vary slightly from day to day and they should be able to nap if and when they seem tired.

Plan your approach based on the needs of the children in your care. If you have some children who nap every day and others who do not, you may prefer to provide a “quiet time” when some children do quiet, independent activities while the other children sleep.

Remember, the room should never be completely dark. There must always be sufficient light for you to see and supervise the children. (2-8.1.d.)

To decide whether your program needs a specific quiet or nap time:

- Consider when your program is offered. A rest or nap is more likely to be needed in the afternoon than in the morning.
- Assess the children in your program; Consider their ages, temperament, and situation.
- Based on your findings, decide if a rest or nap time will be included in your daily schedule of routines. Decide on procedures to follow when a child needs to rest, but others don't.



If you decide to provide a nap or rest time:

- Make sure you have enough age-appropriate sleeping equipment and bedding.
- Set up a schedule for washing bedding and for sanitizing sleeping equipment, as necessary.

Note: Staff may be accustomed to using a scheduled sleep time for all children to complete paperwork and program planning. If some children do not sleep or if you do not have a scheduled nap or rest time, it may be necessary to find alternative times to accomplish these tasks.

Special Information About Combined Care

- If you have long-term children who sleep on a daily basis, you need to consider how to provide for short-term children during nap time. If you do not have space to care for short-term children during nap time, you may decide not to provide short term care during those hours.
- On the other hand, you may be able to care for both sleeping children and children engaged in quiet play by rearranging your space and providing quiet activities. Planning your approach ahead of time will ensure a successful experience for staff, children and families.

Quiet Time Activity Ideas:

- Reading
- Puzzles
- Beading
- Drawing
- Painting, Cut and Paste, Writing
- Lego blocks
- Playdough

Supporting Documents

[Sample Napping and Resting Policy](#)

REQUIREMENTS

2-11 Sleeping Equipment and Bedding

2-11.1. When providing Long Term CNC to a child, the program has a sufficient quantity of the following equipment:

- a. Cribs or playpens, if CNC is provided for children under nineteen (19) months of age; and
- b. Age-appropriate sleeping equipment for children nineteen (19) months of age and over who need it.



2-11.2. When bedding is used at a facility, it is washed weekly, or when soiled, or when used by another child.

3-6 Napping and Resting

3-6.1. The daily routine includes opportunities for children to nap or rest, as needed by the child.

3-6.2. When providing care for children under nineteen (19) months, the SPO has procedures for ensuring that a child is placed on his or her back to sleep.

2-14 Specific Safety Concerns For Children

Concerns for Children Under Six (6) years of age

2-14.12. In addition to requirements in sections 2-12 and 2-13, when a child under six (6) years old is present, the SPO shall specifically ensure that

2-14.16. Sleeping equipment for a child under nineteen (19) months is free of soft bedding, pillows and soft toys.



SAMPLE NAPPING AND RESTING POLICIES, PROCEDURES AND PRACTICES

Note: You are encouraged to develop and adapt these policies, procedures and practices as needed to meet the needs of your program.

POLICIES

Expectations of the Family

CNC Staff respect children's and family's needs and expectations related to nap time.

- The CNC Staff will speak with families about their child's individual needs and to be aware of the different values and beliefs parents have regarding napping.
- The determination for a child to participate in a nap will be made with the guidance of the family, and the needs of the child, as the most important factors.

Needs of the Child

- A child will be provided a safe and appropriate space in which to nap, uninterrupted.
- As much as possible, the nap will take place at a time that meets the developmental needs of the child.

Responsibility of the Program

- It is the organization's expectation that all CNC Staff respect the children's and family's needs and expectations related to nap time.

PROCEDURES

When providing a nap or rest time for a child, take the following steps:

- Consult with a parent about their child's need to nap or rest during the day.
- Observe the child for signs that they need to nap.
- Schedule a nap or rest time as appropriate.
- When a child is in need of a nap outside of the scheduled nap time a mat will be placed in the designated quiet area and the child will be given their blanket from home.
- Sleeping mats will be placed in the designated areas prior to the scheduled nap time and the children's blankets will be placed on top.



- Observe the child while napping or resting, and based on your observations, and consultation with a parent, adjust the child's nap or rest time to meet the child's developing needs.
- Sleeping equipment will be sanitized every Friday and the children's blankets will be sent home to be washed.

BEST PRACTICES FOR SAFETY

The Child

The primary safe resting and sleeping practices for children are:

- The resting environment, equipment and materials will be safe and free from hazards.
- Staff must monitor resting children at all times.
- All children will rest with their face uncovered.
- All children under 19 months of age are placed on their back to rest when first being settled for a rest. When children independently turn onto their side or stomach during sleep, allow them to find their own sleeping position.
- No excess bedding, toys, pillows and other unnecessary items will be in an infant's sleeping area.

Sleeping Equipment

- The CNC Staff conduct a safety check of the sleeping equipment on a regular basis.
- Staff note any concerns and take steps to ensure they are addressed.
- Any sleeping equipment that cannot be repaired immediately is removed from use until repairs are made.
- Sleeping equipment, including bedding, is washed weekly or more often if soiled.

PARENTS

Download Supporting Documents:

[The “New In Canada” Parenting Support Series is available in twelve languages](#)

[All About Child Care](#)





PARENT ORIENTATION

When working with children, parents are the key to successful care. They need to be aware of their responsibility to register their child and remain on site and readily available while their child is receiving care. Parents also set the tone for how a child will settle in a program. A parent orientation provides you with an opportunity to make parents feel welcome, help them understand their responsibilities, explain how they can support their child, and gather information about their child.

IMPLEMENTATION

The amount of information you provide to parents will depend upon the type of program you are offering (long term/short term/combined).

For children attending short term care, parents need to be welcomed to the program and briefly introduced to the space, the staff and the activities available to their child. They also need basic information about the CNC program so that they understand their responsibilities and have an understanding of what to expect while their child is in care.

For children attending long term care, additional information can be shared with parents over time.

When enrolling a child in the program:

- Inform parent s/he must remain on site
- Review registration with parent
- Introduce parent to CNC staff
- Show them around the CNC space, identifying where their children will be
- Provide information about the program plan
- Review pick-up and drop-off procedures with parent
- Provide information about snack time, including the snack menu, what they must provide, what will be provided, when it is served, etc.
- Provide information about allergies and food restrictions (as necessary)
- Review diapering procedures with parent; inform parents who is responsible, what they must provide, and what you will provide



Special Considerations for Long Term Care

- To complete the Child Profile, develop and follow procedures so that staff interact with parents to learn as much as possible about the child and family.
- At a minimum, provide parents with information about the following:
 - community resources related to parenting,
 - settlement,
 - immunization – provincial standards, where to find service or information, and
 - information about their child's progress on an ongoing basis.

REQUIREMENTS

3-2 INTERACTING WITH PARENTS

Information from Parents about the Child and Family

3-2.1. Procedures ensure that CNC staff members interact with parents to learn as much as possible about the child and family, including

- a. When a child is new to CNC, CNC staff members review the child's registration information and, when possible, ask parents to provide any additional information that may help them provide appropriate care for the child.
- b. When a child participates in long term CNC, CNC staff members discuss the CNC Child Profile with parents and give parents opportunities to provide additional information relevant to the care and settlement of the child.

Information for Parents about the CNC Experience

Long Term CNC

3-2.2. When children participate in long term CNC, parents participate in an orientation process that includes an introduction to the CNC staff, the physical space, the program plan, and sign in and sign out procedures.

3-2.3. On an ongoing basis, parents receive information about:

- a. Their child's experience and progress in the program.
- b. Community resources that support parenting in Canada.
- c. Settlement, including information to help them support their child through transitions to school and other social and recreational settings.



Short Term CNC

3-2.4. When children participate in short term care, parents are welcomed to the program and, as time permits, receive

- a. On arrival, a brief introduction to the physical space, the staff and the activities that will be available to their child, and sign in and sign out procedures; and
- b. On departure, any relevant information about their child's experience in the program.

3-2.5. Parents have access to

- a. Information about community resources that support parenting in Canada, and
- b. Other settlement information, as available.

Combined CNC

3-2.6. When combined Care is offered, CNC staff advise parents on arrival of the type of care being offered and address any issues that may arise in relation to long or short term CNC or both.



COMMUNICATION WITH PARENTS

IRCC-funded services are designed to promote newcomer settlement. The CNC requirements support this through emphasis on quality care that meets the unique needs of newcomer families. Communicating with parents about the care of their children involves:

- Forming partnerships with parents.
- Keeping parents informed about what is happening when they are not with the child.
- When a child enjoys an activity, sharing it with parents so they can talk to their child about the day and maybe try similar activities at home.
- Giving parents an opportunity to talk about their child's development.
- Connecting newcomer parents to the community by providing information about resources, such as libraries and community centres.
- Language is a major barrier to effective communication with newcomer parents. To ensure that you get necessary information from parents about their child and provide them with the information they need, it may be necessary to turn to other individuals with knowledge of home languages who can interpret what is being said and help with translation when necessary.

Effective communication results in informed newcomer parents who have the information and resources they need to support their parenting, transition and settlement.

IMPLEMENTATION

Keeping Parents Informed

Develop and follow procedures that include staff members interacting with parents regularly to learn as much as possible about the children and families in the program. Work with your staff to determine how they currently do this, and brainstorm different ways of communicating messages to parents who don't speak English (or French). Some strategies to consider:

- Greet parents and make them feel comfortable.
- Make time for conversations with parents each day.
- Use visual tools to help with communication, such as schedules in chart form, calendars, photo books, and photos of different emotions, etc.



Special Considerations for Long Term Care

Consider how you will maintain ongoing contact with the parent both to complete and update the Child Profile, and to provide the parent with information about:

- The child's progress,
- Community resources related to parenting,
- Settlement information,
- Community activities/events, and
- Where to find services or information. Set up a 'library' of as many resources as possible in different languages. Include local resources and information on services that are available to support newcomers who are parenting in Canada. If possible, allow for some privacy, so parents can pick up brochures, resources and information of interest.

Removing Language Barriers:

- Develop procedures for accessing translation services when language is a barrier to communicating with parents.
- Determine whether your organization already has services available, and/or how you might be able to access support as needed.
- Formal interpretation services can be costly, so if you don't have access to any through your organization, consider using coworkers and/or other parents to help with translation for new parents.
- Keep issues of confidentiality and privacy in mind.
- Ensure that all staff are aware that you have a plan for accessing translation, and that they should be following procedures.
- Try to obtain information about community activities/events, where to find services or information on translation.

Supporting Documents

[The "New In Canada" Parenting Support Series is available in twelve languages](#)
[All About Child Care](#)



REQUIREMENTS

3-2 INTERACTING WITH PARENTS

Information from Parents about the Child and Family

3-2.1. Procedures ensure that CNC staff members interact with parents to learn as much as possible about the child and family, including

- a. When a child is new to CNC, CNC staff members review the child's registration information and, when possible, ask parents to provide any additional information that may help them provide appropriate care for the child.
- b. When a child participates in long term CNC, CNC staff members discuss the CNC Child Profile with parents and give parents opportunities to provide additional information relevant to the care and settlement of the child.

Information for Parents about the CNC Experience

Long Term CNC

3-2.2. When children participate in Long Term CNC, parents participate in an orientation process that includes an introduction to the CNC staff, the physical space, the program plan and sign in and sign out procedures.

3-2.3. On an ongoing basis, parents receive information about

- a. Their child's experience and progress in the program.
- b. Community resources that support parenting in Canada.
- c. Settlement, including information to help them support their child through transitions to school and other social and recreational settings.

Short Term CNC

3-2.4. When children participate in Short Term care, parents are welcomed to the program and, as time permits, receive

- a. On arrival, a brief introduction to the physical space, the staff and the activities that will be available to their child, and sign in and sign out procedures; and
- b. On departure, any relevant information about their child's experience in the program.



3-2.5. Parents have access to

- a. Information about community resources that support parenting in Canada, and
- b. Other settlement information, as available.

Support for Communication

3-2.7. When language is a barrier to communicating with parents, the CNC program follows procedures that support communication, including procedures to contact individuals who are able to help as interpreters when necessary.



IMMUNIZATION INFORMATION FOR PARENTS

IMMUNIZATION INFORMATION FOR PARENTS

A goal of the Public Health Agency of Canada (PHAC) is to ensure all newcomers to Canada have up-to-date immunizations that meet Canadian standards. Achieving that goal can be difficult.

Organizations must communicate with local public health authorities to identify local expectations for immunization, and how to best help newcomer parents understand how they can access community resources to ensure their children's immunization status is up-to-date by Canadian standards. Parents of children attending long term care must also be informed of the importance of bringing any record of immunization to the CNC program to be kept on file.

Parents may not understand the importance of immunization. Even if they are familiar with immunization or they or their children have been immunized, they must recognize that immunization requirements differ from country to country and, in Canada, from one province/territory to another. It is, therefore, important for them to become familiar with immunization expectations for where they are living. Immunization is an issue for all Canadians, not just newcomers. Many childhood illnesses have been eradicated in Canada through immunization. In supporting the immunization of newcomers, SPOs are helping to protect all Canadians from the spreading of vaccine preventable disease.

When you help parents understand immunization, it also helps them to be better prepared for when the child enrolls in school and a record of immunization may be required.

IMPLEMENTATION

Consult with your local public health office to get the most appropriate information about immunization for newcomer families,

Find out as much as you can about the level of understanding and attitudes to immunization among the newcomers you serve. Use that information to develop ways to explain immunization simply so that parents will understand.

Consult with your staff to decide the best strategies for introducing the topic to your families. Often, you will choose more than one way. Possibilities include posters, handouts for parents to



take home, face-to-face conversations or interviews, or speaker sessions led by health professionals.

Establish a positive relationship with your public health office and keep in touch. Ask for new information whenever it appears, and welcome health authorities when they visit.

Special Information About Long Term Care

When you offer long term care, you must collect and record information about each child's immunization status. Use advice from your public health office to develop written procedures for documenting a child's immunization information (4-6.2.). Information about immunization status must be on file within two weeks after a child starts receiving care and be updated as necessary (1-2.9.).

This information might be collected in the form of a record of the child's immunization in Canada, a plan to seek immunization, information on immunization from their home country, or even a note indicating the family has declined immunization.

Since immunization is a process that occurs over time, all children will not be completely immunized after one visit to a health professional. It is good to remind parents of the need to complete the immunization process and ask, from time to time, how their child's immunization is progressing and for any new records they might have received.

Special Information About Short Term Care

When children are participating in short term care, most will not be in the program long enough to provide information about their immunization status. Your staff will not have an opportunity to track their progress toward immunization. However, the likelihood of exposure is reduced since children will not be in repeated contact with others over an extended period of time. You can best help these children and families by ensuring appropriate information is available and your staff have the knowledge they need to help parents understand immunization and take steps to protect their children.

Web Resources

[Parents Guide to Immunization](#)



REQUIREMENTS

ADDITIONAL INFORMATION ABOUT CHILDREN RECEIVING LONG TERM CNC

Immunization

1-2.9. For each child, the SPO has on file information about the child's immunization status that is provided by a parent within two (2) weeks of starting to receive child care support, and subsequently updated as necessary.

4-6. Immunization

4-6.1. The SPO provides parents with information about immunization.

4-6.2. When providing Long Term CNC to a child, the SPO follows written procedures developed with advice from the local public health office for documenting the child's immunization information.



DISCUSSIONS ON FOOD

For long term and combined CNC, parents must be provided with information relevant to food restrictions, allergies and nutrition. Parents who bring food into the programs must understand children can become ill if they have a reaction to a particular food and that food restrictions exist for health, religious and cultural reasons.

Staff should also provide parents with some guidance on the types of snacks that are suitable to bring from home.

Newcomer families may not be familiar with Canadian food choices and may not have access to some of the foods that they are used to. Offering guidance helps parents select foods from the options available to them, while providing for a child's nutritional and health needs.

IMPLEMENTATION

- Long term and combined care CNC programs must provide parents with information on allergy and food restriction policies and procedures when they enrol in the program. This information should also be provided in short term programs when there is a child with an allergy or food restriction present.
- Provide parents with information on nutritious foods and healthy eating. (Canada's food guide is available in ten languages.)
- Inform parents that staff have specialty training and can respond in the event of an allergic reaction.
- Review any allergy and food restrictions with parents as needed.
- Always check the food brought by parents to ensure staff can maintain a safe environment for children with an allergy or food restriction.
- If parents bring unhealthy snacks, talk to them about healthy alternatives in a respectful way.

Web Resources

[Canada Food Guide \(available in multiple languages\)](#)

REQUIREMENTS

4-2 FOOD SAFETY AND FOOD SERVICE

Communicating with Parents and Children about Food and Nutrition

4-2.8. When providing Long Term or Combined Care, or any time a child with a known food allergy or food restriction is present, CNC staff



- a. Help parents and children, as appropriate to their age, understand the meaning of the terms, “food allergy” and “food restriction.”
- b. Discuss the importance of ensuring that other children are not exposed to foods to which they are allergic or have a restriction.

4-2.9. When parents bring food from home, CNC staff provide them with information and counselling on food nutrition and appropriate food and beverages for their children.

