



Registration Date _____

Start Date _____

Child's Name		First	Last		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth		Medicare #		Expiry Date		
Address		Street	Apt #	City/Town	Prov	Postal Code
Parent/Guardian Name			Email Address		Home Telephone Number	
Address		Street	Apt #	City/Town	Prov	Postal Code
(if different from child's)						
Place of Work			Work Telephone Number		Cell Telephone Number	
Parent/Guardian Name			Email Address		Home Telephone Number	
Address		Street	Apt #	City/Town	Prov	Postal Code
(if different from child's)						
Place of Work			Work Telephone Number		Cell Telephone Number	
Child's Living Arrangement						
Other than you, who has permission to pick up your child?						
Name		Relationship		Address		Daytime Telephone Number

If changing pick up arrangements parents must inform the facility prior to the child being picked up.

Is there anyone who does not have permission to pick up your child?

Name _____

Name _____

Name _____

Appropriate paperwork such as custody papers must be attached if a parent is not permitted to have contact with the child. Please discuss with the operator/administrator.

Two emergency contacts (other than parents/guardians)
Must be able to respond within one hour if parent(s)/guardian(s) cannot be reached

Name	Relationship	Address	Daytime Telephone Number

Child's health record

ALLERGY ALERT: Please list any serious allergies

Are any of the above allergies severe enough to require EpiPen, medications, or emergency treatment?
 Yes No

If yes, please complete an Allergy Management and Emergency Plan available from the operator.

Please list any food, medication or contact allergies (non-life threatening)

Does your child require any essential routine services on a regular basis as part of a daily routine such as, catheterization, special hygiene procedures, on-going administration of medication, or ongoing observation of certain health conditions, such as diabetes, to determine when intervention is needed?
 Yes No

If yes, please complete an Essential Routine Services and Emergency Plan available from the operator.

Name of Medical Practitioner _____

Telephone Number _____

Address _____

Medical History: Please indicate if your child has had any of the following:					
	Yes	No		Yes	No
Measles			Rubella		
Mumps			Chicken Pox		
Meningitis			Pertussis (Whooping Cough)		
Health Status: Indicate if your child has any of the following:					
	Yes	No		Yes	No
Asthma			Diabetes		
Eczema/Psoriasis			Epilepsy/Seizures		
Other:			Other:		
Ongoing Medical Treatment: Please indicate any ongoing medical treatment your child may need (you will be required to complete an Administration of Medication form)					
Name of medication			Dosage		
Condition being treated					
Name of medication			Dosage		
Condition being treated					
Immunizations: In accordance with subsection 12(2) of the <i>Reporting and Diseases Regulation - Public Health Act</i> , proof of immunization must be provided for each child attending an early learning and childcare facility for the following:					
diphtheria	rubella	mumps			
tetanus	varicella	measles			
polio	meningococcal disease	Haemophilus influenza type B			
pertussis	pneumococcal disease				
Where proof is not provided you must have the following waivers:					
<ul style="list-style-type: none"> - a medical exemption, on a form provided by the Minister of Health, that is signed by a medical practitioner or nurse practitioner, or - a written statement, on a form provided by the Minister of Health, signed by the parent or legal guardian of his or her objections to the immunizations required by the Minister. 					
Note: Public Health will periodically review child files to ensure immunizations are complete or waivers are present.					
Are there any activities in which your child cannot medically participate?					
Please list any dietary restrictions (including those for medical, cultural, religious reasons):					

Please advise the operator/administrator immediately of any changes to your child's health.

Preschool/childcare history

Has your child attended preschool/childcare before? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, for how long? 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> more than 2 years <input type="checkbox"/>
If yes, please describe your child's experience:

Child development

Self Help: Does your child need help with the following? If yes, in what way?	
Dressing/Undressing:	
Eating:	
Toileting:	
Handwashing/Toothbrushing:	
Other: (ie: gross and/or fine motor skills)	
Are there any hints/suggestions that will make your child's transition to the facility a positive one?	
Tell us a few things about your child	
What does your child like to do? (i.e.: look at books, listen to music, play with other children, play outdoors/indoors, toys, climb/run/jump, paint, computer, imaginative play/dress-up)	
Is there anything else you would like to share with us about your child?	
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date

Information on this form is to be verified for accuracy annually.
Please immediately advise the operator/administrator of any changes.



Boys & Girls Club
of Riverview

Consent for Transportation on Outings

- Yes
 No

I authorize the operator / administrator / staff of The Boys & Girls Club of Riverview to take my (our) child on outings, excursions and activities away from the facility, in a vehicle providing the driver and said vehicle are properly insured for the carrying of passengers.

I (we) understand that I (we) will receive advance notice of each planned outing, excursion, or activity away from the premises.

Consent for Information Gathering

- Yes
 No

I understand that, as a non-profit, The Boys & Girls Club of Riverview applies for program grant funding for their many programs. A requirement of these grants may be to provide outcome measurements and data of how the funds are used. I give consent for them to conduct surveys with my child, to ask them their opinions/feelings about the program they have taken part in. Names or other identifying information will NEVER be collected or shared.

Consent for Indirect Supervision

- Yes
 No

The children in the After School Adventure Camp program are supervised at all times. However, the supervision of school aged children may not always be direct. In an effort to promote greater independence, indirect supervision of school aged children at The Boys & Girls Club of Riverview After School Adventure Camp is, at times, permitted in order to allow children to move freely from one program to the next within school age daycare classrooms, hallways for access to book bags and lunches, washroom trips and to go from one room to another.

While on outings, during outdoor play at the club or when children are in shared spaces such as the washrooms that could be used by the public within the Coverdale Center, direct supervision is always provided as required by the Department of Education and Early Childhood Development.

I give consent for The Boys & Girls Club of Riverview to, at times, use indirect supervision as described above.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Please complete this consent form and return to the facility

Name of ELC facility: _____

Child's Name		Date
Consent for emergency care and transportation		
<p>If at any time medical treatment is necessary, due to circumstances such as an injury or sudden illness, I authorize the early learning and childcare staff to take whatever emergency measures are necessary for the protection of my child while in their care.</p> <p>I understand this may involve applying first aid, contacting a medical practitioner, carrying out the instructions given, and/or transporting my child to a hospital, including the possible use of an emergency vehicle.</p> <p>I understand that this may be necessary prior to contacting me and that any expense incurred for such treatment, including emergency transportation is my responsibility.</p>		
Parent/Guardian Signature		Date
Parent/Guardian Signature		Date
PLEASE INDICATE YOUR CONSENT AND SIGN AT THE BOTTOM OF THE FORM		
Administration of acetaminophen consent		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>I give consent for acetaminophen to be administered to my child providing I have been contacted first to provide oral consent and to indicate the dosage.</p> <p>On picking up my child at the facility I understand I will be asked to sign a written acknowledgement that acetaminophen was administered with my consent.</p> <p>I also understand that the acetaminophen is to relieve my child of minor discomfort or to help lower a fever while I am on my way to pick them up (within one hour).</p> <p>Reason: Fever above _____ Celsius Bodyache _____</p> <p>Other _____</p>	
Consent for my child to be taken on walking outings/excursions off the premises		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>As a part of the day, walking trips may be taken off the premises, within the neighbourhood. Consent will provide more flexibility and allow for more spontaneity in the planning.</p> <p>Consent forms for any motor transportation trips will be separate and for each outing.</p> <p>I give permission for my child to be able to participate in the walking trips off the premises.</p>	

Consent for videographing and photographs
 Yes
 No

I give consent for my child to be videographed or photographed participating in the facility for the following reasons:

- Yes No Social Media such as Facebook
 Yes No Facility's website
 Yes No Publication
 Yes No Illustrate child's learning within the facility

Consent for child to walk/bicycle to and from school unattended (school-age children only)
 Yes
 No
 N/A

I give consent for my school-aged child to travel to and from school unsupervised. If my child does not arrive at the facility within the pre-determined time period, the missing child or other procedures will be initiated to find him/her. I will advise the facility when my child is absent.

Consent for transportation to and from school (school-age children only)
 Yes
 No
 N/A

I authorize the operator to transport my child to and from school by the authorized facility vehicle or by walking. Where applicable, appropriate seat restraints are used.

Consent for bathing
 Yes
 No
 N/A

I give permission to bathe my child if this becomes necessary due to the child becoming dirty while at the facility; either through play (paint, mud, sand, etc.) or because of a toilet accident.

Also applies to overnight care where bathing is part of the night time routine.

To ensure the health and safety of children who may require bathing, children must be:

- bathed individually and supervised according to developmental needs;
- never left unattended; and
- bathed as quickly as possible and dressed appropriately.

Staff will supervise or bathe the child upon instructions of the parent according to their age, adhering to safety standards.

Bathtubs will be equipped with a nonskid mat or surface.

 Yes
 No

I have read, understand and been provided a copy of the facility's parent/guardian handbook.

Parent/Guardian Signature
Date
Parent/Guardian Signature
Date

**This form is valid for no more than 12 months.
One form must be completed for each medication.**

Child's Name		First	Last	Date of Birth
Medication		Dosage		How is medication to be given
Medication is to be administered at the following times. (If the medication is to be administered on an "as needed" basis, the written instructions must clearly indicate the situations under which the medication should be given. This could include the physical symptoms that must be present, the behaviour the child must be exhibiting or the child's temperature. Simply indicating "as needed" or "as required" is not sufficient.)				
For the following period of time				
Special Instructions (e.g. give with food)			Storage Instructions (e.g. refrigerate)	
Reason for medication				
POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION – parents are to be notified immediately of any of these side effects				
I give permission for the administration of the above medication, according to the instructions provided, to the child listed above.				
Date of consent		Signature of parent/guardian		

FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION:

Is the medication consent form complete?
Is the original prescription label on the medication container or is the medication in the original manufacturer's container?
Is the full name of the child on the container?
Is the prescription or over-the counter medication current and not expired?
Is the dose, name of medication, and frequency of administration on label consistent with the instructions above?

The section below must be completed and each administration of medication must be documented when it is given.

_____ was given _____ in the amount of _____				
(Name of child)		(Name of medication)		(Dosage)
Administration Record				
Date	Name of Medication	Dose	Time	Full signature of person giving medication

PARENT'S POLICY HANDBOOK

Welcome to the Riverview Boys & Girls Club. We are happy that you have chosen to join our group to provide quality childcare for your child in either our After School Adventure Camp or our Summer Day Camp. The administration and staff of the program are dedicated to following the strict and governing guidelines as set out by the Department of Social Development. In many instances, we insist that the inspection of particular areas exceed the government requirement.

Mission Statement

"To provide a safe, supportive place where children and youth can experience new opportunities, overcome barriers, build positive relationships and develop confidence and skills for life."

Goals & Objectives

- We are dedicated to promoting, supporting and enhancing all areas of children's learning and development.
- We strive to provide a balance of educational, social and recreational opportunities.
- We provide an environment and activities that are conducive to all children learning in a fun, playful way.
- Our programs provide a safe, structured environment that in many ways is also informal and homelike and that responds to the children's emerging needs and interests.
- We work towards establishing relationships with the children's parents, elementary or middle school and community to ensure that the programs meet the needs of the whole child.

AFTER SCHOOL ADVENTURE CAMP

As school starts in September, the After School Adventure Camp will be open from 1:30 – 6:00 PM, Monday to Friday. We only offer full time coverage. A pick up service (a 12 passenger van and a 20 passenger bus) is provided to transport the children from school to the club. Activities include sports, special programming ideas, outdoor play, homework helpers, computer room and free play. Homework help is provided for each group of children under supervision of a youth worker, on specific days.

ASAC POLICIES

No Call Penalty

The club must be advised anytime your child/children will not be attending the daycare. Please email your child's absence by noon on that day to daycare@bgcriverview.com. If you choose to call, are required to call the main office at 387-7070 ext 1, or Daycamp at 387-7070 ext 5. Parents that fail to comply with this necessity will be fined \$10.00 each time.

Pick Up Policy

When a parent or guardian arrives to pick up a child, they are required to come into the daycamp room and sign out the child. Due to COVID regulations, for the present time, and until advised of change, parents will be required to come in the office entrance and sign out at the table in the hall. Staff will arrange for your child to be brought up to that exit. Even if your child is playing outdoors, please come to the daycamp/office to collect their things, your mail and sign the child out. Once a child is signed out of the club for that day, it is the requirement of this club that the child will be taken with the parent/guardian.

Participation



We will always encourage all children to take part in all planned activities. Should there be any reasons that your child cannot participate in certain activities, please let us know in advance.

Wait Lists

We maintain a waiting list for three categories: 1) immediate enrollment; 2) upcoming summer program enrollment and 3) next Fall After School enrollment. When an opening in any of these categories arises, the Daycamp director will contact the first name on the pertinent list to see if they are still interested in enrollment. If the parent is not at this time, we will either remove their name or leave it and go to the next name. If a child is removed from the Boys & Girls Club, they will be placed on the waiting list at the parent's request but positions will not be held.

Indirect supervision

Since the ASAC program is located in a public, community center, children will be escorted to the bathrooms. To do so, staff will take the children, they will verify that the bathrooms are empty before sending the children in, they will wait for them in the hall outside the bathrooms and then escort them back to the daycamp. In these cases, it is understood that a minimum of one staff will remain in the daycamp and be responsible for all the children there with the other staff escorts children to the bathrooms. (Please note that as an after school program, our staff will not enter a bathroom stall with a child. They will stand close by and talk a child through any situation.)

Late Pick Up

If you are unable to pick up your child by 6:00 PM, you need to make arrangements. If another family member cannot pick up your child, please call us and let us know. For every five minutes after 6:00 PM that the parents are late, you will be charged \$5.00.

Personal Belongings

The camp cannot be held responsible for the theft, loss or damage of personal items. Children are strongly encouraged NOT to bring toys or games to the Daycamp. Children should always have a full change of clothing and seasonal appropriate outdoor attire at the club. Please label all extra clothing.

No School Days

When there is a day that school is cancelled for specific reasons (inclement weather, professional development days), the Daycamp will provide child care for the entire day beginning at 7:30 AM. Parents must provide a lunch for each child. Please mark the child's name on the lunch bag or container (we request separate lunches for each child attending). We have refrigerators and microwaves should they be required for lunch preparation. Parents are also asked to include snacks in their child's lunch bags so that they will have something to eat during the breaks we will take. On school days, there will be one break and on the full days outlined here, there will be one in the morning and one in the afternoon.

Child Illness

If your child becomes ill at Daycamp, the parent/guardian will be contacted to come and pick up the child within one hour. **Please be advised that we are not equipped to care for sick children on the premises.** If your child becomes seriously ill or injured in a manner that requires ambulance attendance, we will call the parent/guardian immediately and advise of the plan of action. In accordance with the Child Day Care Facilities Operator Standards, parents are required to report absences, the reason why and to complete the Return After Exclusion form when necessary.

MEDICATIONS AND ADMINISTRATION

Medication, which is to be administered by the staff to the children, should be clearly marked with the child's name, dosage, time and date to be administered and in the original bottle. Please ensure that the staff is aware of any medication that is being sent with your child and may be in their book bag. In our program, children cannot self administer any medications. We will store these medications in a safe location away from the children's access. A medication release form is to be signed by the parent/guardian giving authorization of medicine. This is part of the Enrollment package and will also cover the administration of acetaminophen. We will always contact the parent/guardian should we have to administer acetaminophen for any reason not previously discussed between parent and staff.

TRANSPORTATION

There will be many occasions that we will take children outside and away from the building. We will schedule outings that will provide interaction and learning entertainment. On the occasion that this will happen, parents will be notified of the trip and that we will be taking the children and we will be transporting them by van service (a 12 passenger van and a 20 passenger bus). All the drivers that are used by the Boys & Girls Club are required to have a Class 4 driver's license and a criminal check. The consent for your child to travel in this manner is also included in the Enrollment Package.

BEHAVIOR MANAGEMENT

Staff members use positive child guidance, conflict resolution and problem solving techniques to help children learn the necessary skills to overcome challenges they may encounter.

SPECIAL NEEDS CHILDREN

BGC Riverview creates plans to foster the inclusion of all children thus welcoming all children and ensuring they feel supported and valued. We will seek out guidance from other like-minded organizations if we feel our staff require further or more detailed training.

PARENTAL INVOLVEMENT

We always appreciate and encourage all parents to become involved with activities offered by the Boys & Girls Club throughout the year. We have an Open Door policy at the BGC Riverview. At any time, if you want to drop in and visit, see how the groups are managed or what activities your child is involved in or will be doing, we welcome you. A member of the staff will always be available to answer questions or show you around. Please stop in to the office and let us know you are here so we can organize a staff member to show you through the building.

COMPLAINT PROCEDURES

Any parent wishing to file a complaint about the club, its staff or operations, please contact the Executive Director at 387-7070.

EVACUATION PROCEDURES

We have fire drills once a month with the children. The club's fire safety plan is registered with the Town of Riverview Fire department and it includes our evacuation plan. In the event of an actual fire, the children and staff will assemble at the seniors building at the end of Runneymeade Drive and parents will be contacted immediately to pick up their child at that location.

LOCKDOWN AND SECURE PROCEDURES

We have lockdown and secure drills once a month with the children. This is to ensure that all staff are aware of what to do in the need of immediate protection for volatile outside influence. These drills are done in such a way

that children are not aware of the procedure so we don't alarm them or create unnecessary dialogue at the club or at home.

CHILD ABUSE/NEGLECT AND REFERRAL PROCEDURES

Actions of abuse are not accepted by the Boys & Girls Club. If, at any time, staff members suspect child abuse or neglect, the Executive Director will be advised and a referral will be made to Department of Social Development.

CHILD PROFILE DOCUMENTATION

The provincial government department of Social Development, has specific and documented requirements of any child care facilities. One of the requirements is a Child Profile. In this file, the following must be maintained:

- Child Profile enrollment form
- Emergency Contact Sheet (updated annually)
- Parental Consent for Emergency Care & Transportation
- Immunization Record
- Consent for Administration of Acetaminophen
- Photo/Video Release
- Parent's Policy Handbook Confirmation/signature

At the time of enrollment, these forms will be presented to the parent(s) for completion. If the file cannot be completed at that time, an arranged time will be agreed on for completion. A child cannot begin with the program until the file is complete.

SUMMER CAMP POLICIES

The Summer Camp will follow all the same policies as the After School Adventure Camp with the following special notices:

- Beginning the first day of summer vacation, the Summer Camp will be running. The hours of operation will be 7:30 AM to 6:00 PM.
- We will provide summer child care for children ages 5-12. Children that are presently 4 years of age but will be starting kindergarten that September will also be considered for enrollment.
- If there is a planned family vacation, please advise at least one month in advance.
- If a summer outing is scheduled please keep in mind, when preparing an outing lunch, not to include an item that has to be heated.
- Please send bathing gear (suit, cap, towel and proper footwear) as well as an extra set of clothing. All children must wear a t-shirt over their bathing suits. The club purchases sunscreen each summer and you will be asked for \$10 to cover the cost. If you prefer to send your own sunscreen, please ensure it is with your child each day.
- On summer outing days, we ask that the children be at the club no later than 9:30AM. We aim for departure by 10AM.

FEE PAYMENTS AND SCHEDULE

Payment arrangements can be made for weekly, bi-weekly or monthly payments. Fees for afterschool care are \$99.00 per child. It is \$77.00 per additional child in the same family. Fees for Summer Camp, Christmas Break and March Break are \$120.00 plus \$99.00 for each additional child. There will be a \$25.00 fee for any NSF charge. All fees are due in advance. Please make your arrangements with the office regarding your payment frequency (ie- weekly, bi-weekly or monthly). We accept cash, cheque, debit, Visa, Mastercard. We also accept payments by e-transfer at payments@bgcriverview.com. You can also provide your credit card information with your payment frequency request to the administrator who will maintain this information in our safe. You will receive a weekly statement via email. If no payment is received, after 14 days, you will be contacted directly and

there is the possibility of suspension after 30 days of no payment if there are no arrangements in place. Please contact the office to discuss payment arrangements if there is any problem preventing you from making timely payments. If you want information about eligibility for government subsidy, please see the administrative coordinator for details or contact the Department of Social Development. 1-866-426-5191

All families enrolled in the program will have vacation weeks. There are three weeks per year and you will get these prorated depending on when you start with us during the year. Vacation weeks allow you to remove your child and the spot will be held and you will not be billed. There is no cash value to these weeks and they cannot be traded in as payment on other weeks. During the year, with the exception of the summer weeks, we require two weeks notice of your plan to take vacation. For the summer weeks, we require 4 weeks notice and ask parents to advise us as soon as they can. Our goal during these specific weeks to be able to offer the vacant space to a child that may only want to attend for a week or so. This information must be provided to the Office Assistant or Executive Director only. Programming staff are not responsible for advising the office of your plans. At Christmas when you are asked to indicate your chosen days off, you will still need to advise the office if you wish to use that time as vacation time. That form is not indicative of this request.

CUSTODY ARRANGEMENTS & COURT ORDERS

Our services are directed, first and foremost, to the safety and well-being of children. As such, we do not become involved, in any way, shape, or form, in what we consider to be adult issues. This includes any complicated arrangements that are made in regards to custody and visitation schedules outside of a formal court order or written agreement. We do not accept, or follow instructions that are made informally and which favor and/or exclude any one parent. We cannot, in the best interest of the child, be asked to choose one parent's position over another. We will only create one family account for billing purposes unless we receive direction through a court order to do so otherwise.

How this works in practice is as follows:

- Every parent will have equal access to their child and all information related to the child unless court documentation indicates otherwise.
- Members will be released to the people indicated on their safe pick-up list, on any given day. Either parent can provide us with written instructions to add or remove people from this list. We will not be responsible for monitoring and/or enforcing a specific pick-up schedule that changes on a day to day, or week to week basis between parents.
- If the child is not picked up by 6:00 pm, we will begin calling from his safe pick-up list (regardless of whose "day" it may be), in the following order: Primary Parent, Secondary Parent, and then Designated Alternatives.
- If by 6:30 pm, we are unable to establish some form of contact from the safe pick-up list, we will contact the Child and Family Services crisis line and follow their instructions. This is the process which we will follow for any child. In cases where there is a specific order of the court related to the child, we will need to be provided with a notarized copy of this document. Once we receive this, we will follow the provisions as outlined within. Parents are responsible with providing us with updates as soon as they occur.

Parents with complicated custody or family structures should contact the Executive Director to discuss their individual situation.

WITHDRAWAL ARRANGEMENTS

Parents will make decisions for numerous reasons to withdraw their child(ren) from BGC Riverview. We require two weeks written notice of this decision or payment in lieu of this same period. Please forward your decision to the Executive Director. You can do so by note or by email. The email address is lyndacarey@bgcriverview.com.

You must pay all arrears before your child's last day at the club.

VIOLENCE POLICY AND EXECUTION

BGC Riverview has a strict policy in the handling of violence and/or behavior management. All staff members are well educated in this policy and the decisions in each occurrence are discussed in advance with the director. The following actions are considered examples of a violent nature but are not limited to:

- Verbal violence
- Bullying
- Destructive behavior towards property
- Hitting
- Kicking
- Punching
- Biting
- Shoving
- Use of weapons

There is a four step process for handling violent behavior and they are to be followed in sequence. These steps are:

- 1) Parents will be verbally contacted and advised of the situation. They will also receive a letter indicating the action in question.
- 2) A meeting will be arranged with parent, child and the Program Director. The staff witnessing the offense may also be included.
- 3) A one day suspension. Written notice will be provided to the parent.
- 4) The Executive Director will determine the course of action which may result in expulsion. The ED will contact the parent/guardian to discuss this step.

OFFICE STAFF & HOURS

The main office of the Boys & Girls Club is open at 8:30am and closes at 5:30pm, Monday to Friday. On occasion, the office may close at 5pm due to illness or fundraising activities that take the senior staff away from the club. The Daycare and Drop In team leads do have keys to the office and can take your payment for you. They can be located in their respective departments and will come to the office with you. If you contact us earlier in the day we can make sure someone is aware you will want to make a payment.

RIVERVIEW BOYS & GIRLS CLUB STAFF

The club programs are staffed by qualified individuals who have a genuine interest and past experience working with children. All staff members have first aid and CPR training. For names of all workers currently at the club, please see the bulletin board just outside the office. We all look forward to meeting you and getting to know you better!

COVID-19 PROTOCOLS AND PROCEDURES (Updated January, 2022)

- Any concerns or questions about any protocols in place can be forwarded to the Executive Director at lyndacarey@bgcriverview.com or 387-7070 x 2 or to the Dept of Education and Early Childcare Development at 533-3342.

OUTBREAK IDENTIFICATION AND MANAGEMENT

What is considered an outbreak when dealing with a confirmed case or a suspect case of COVID-19?

One confirmed case of COVID-19 (Individual who tests positive for the virus causing COVID-19);

OR -

Two or more suspect cases of COVID-19. A suspect case is defined as:

- a child/staff that has 2 or more of the following symptoms: fever or signs of fever, new cough or worsening chronic cough, runny nose, headache, sore throat, new onset of fatigue, new onset of muscle pain, diarrhea or loss of taste or smell; or
- a child displaying purple fingers or toes even as the only symptom

Following pre-screening, those children and staff exhibiting symptoms will be advised of the following :

- Strict exclusion of
 - Children or staff who are sick with 2 or more of the following symptoms : fever or signs of fever, new cough or worsening chronic cough, runny nose, headache, sore throat, new onset of fatigue, new onset of muscle pain, diarrhea or loss of taste or smell
- OR
- A child displaying purple fingers or toes even as the only symptom
 - If either of the above criteria is met, those who are sick must stay home, contact 811, and cannot return until fully recovered. If tested, Public Health will inform the individual or parent (when child is involved) when isolation may be lifted.

Note: Children or staff who have been identified as having seasonal allergies or who suffer from chronic runny nose/nasal congestion would not be considered a suspect case.

If an outbreak is declared, then the facility must close. The facility cannot reopen until advised by Public Health. Regional Public Health will be involved to manage the outbreak and ensure contacts are identified, public health measures are in place and will lead any communication that is required.

PARENT'S POLICY HANDBOOK CONFIRMATION

We require a confirmation from parents of all children enrolled in our programs that they have, in fact, read and understand the enclosed Parent's Policy Handbook. Please read this manual. Ask any questions you may have but once completed, please sign below and return this form to the office for inclusion in your child's profile. This is a required document.

I have read and understand all policies listed in the Parent's Policy Handbook. I understand the conditions to which the programs described herein operate and what my requirements to its continued success will be.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

Regards –

Lynda Carey



Executive Director

