



# UBC Okanagan Child Care Services Parent Handbook

spəqm̓ix

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Child Care Hours: Monday – Friday 7:30am - 5:30pm

Office Hours: Monday – Friday 8:30am - 4:30pm

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We acknowledge that we live, work and play on the unceded, ancestral lands of the Syilx Okanagan Nation. This land is a gift, and we will take good care of it to show our care and respect for the Syilx People.

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## Philosophy

We believe every family has the right to quality programs that provide parents/guardians with the security and knowledge that their child is in a nurturing and safe environment. We believe that parents are the most important people in a child's life, so we are attentive to the values, concerns, and goals each family has for their child.

A child's learning and development occurs naturally through play, in an environment that supports their curiosity and desire to explore. By following the child's lead, we can provide open-ended exploratory opportunities that encourage further development and understanding of themselves and the world around them.

Each child's development is unique, and when we consider a child in a holistic manner (including rate of development, temperament, personality, and multiple types of intelligence), we improve our ability to better understand and meet the needs of each child.

Consistency of care provides the security and trust each child needs to develop positive attachments. Each child has the right to have their needs met in a respectful and responsive manner.

## Inclusion and Diversity

Our goal is to provide a childcare setting free from bias and prejudice, and which promotes the diversity represented by our community.

The centre is located on the unceded, ancestral and traditional lands of the Syilx Okanagan Nation. Our Educators themselves are learning about our past and how we present it to the children in our care. We work to promote awareness with the children through conversations, age-appropriate stories and toys, and engagement with local Indigenous peoples or materials.

Differences in backgrounds, culture and ability are valued. Families are encouraged to share their experiences and practices with the Educators, children and other families.

We are an inclusive centre. All children are welcomed in our programs regardless of differing learning needs, level of ability or unique support requirements. For children who require additional support to thrive in our programs, we work closely with parents and outside professionals as needed to provide an environment that meets each child's unique needs.

## Relationships with Families

We believe that open communication and mutual respect between parents and Educators results in high quality childcare. We aim to create spaces where families feel welcome. We do our best to consult with parents frequently and hope they will ask questions, offer ideas and make suggestions. Parents are welcome to request a meeting with educators for more detailed discussion about any issue. Some situations may be further explored with the Child Care Services Program Manager.

We welcome parents in the programs throughout the day while also asking that they consider the impact of their presence on the program and children. For example, a very young child may have difficulty saying goodbye twice in one day or, for some children, a drop-in just before nap may make the transition to nap time more difficult. However, we believe that parents' time spent in the centre can benefit children, families and the program and we encourage parents to discuss their involvement with their centre's Educators.

## Family Involvement

Family involvement is a valued component in our programs. We encourage families to share their occupation, cultural background, interesting experience and expertise to help enrich our programs.

## Celebrations and Holidays

Throughout the year each of our programs celebrate various holidays and special days. We encourage you to share your cultural traditions with our Educators. Learning about celebrations, including those recognized by other children in the centre, helps children develop an appreciation and understanding for what is important to their friends, neighbours and community.

## Behaviour Guidance

At our centre, we support positive outcomes by focusing on room arrangement, developmentally appropriate programming, establishment of clear, consistent and age-appropriate limits, positive reinforcement, overlooking minor incidents, and supervising the children carefully. Our Educators use intervention strategies such as: redirection, distraction, respectful interactions, the use of proximity and touch to gain a child's attention, reminders, acknowledging feelings, setting limits, modeling problem solving skills, offering appropriate choices, using natural and logical consequences, and providing opportunities for children to make amends. We also emphasize the use of positive guidance statements. For example, instead of saying "Stop, don't run!" we say "Please walk your feet inside." We state the behaviour we want to see and use simple, directive language in more serious situations.

All parents/guardians and staff will be provided with a PDF copy of the BC Ministry of Health booklet "Guiding Children's Behaviour".

## Emergency and Critical Incident Protocol

Parents/guardians will be notified immediately of any injury or illness requiring medical attention. Any incident that occurs at the childcare centre in which a child needs to be seen by a doctor requires the Educator and Senior Educator to file a critical incident report with Interior Health within 24 hours.

If it is necessary for Educators to phone an ambulance, the parent is responsible for any cost.

## Suspected Child Abuse/Neglect

### 1. Suspected Abuse by Centre Personnel\*

- A. Any centre personnel within the facility, who has reason to believe that a child has been neglected or abused physically, emotionally or sexually, by any persons within the centre (centre personnel, guest), will document their concerns and report their concerns immediately to the Licensing Officer. All definitions of Abuse and Neglect can be found in "[The BC Handbook for Action on Child Abuse and Neglect.](#)"
- B. Following their report to the Licensing Officer they will inform the Senior Early Childhood Educator and complete an Incident Report Form immediately.
- C. The Senior Early Childhood Educator will telephone the Licensing Officer and will follow his or her directions. If the Senior Early Childhood Educator is suspected of abuse, then the witnessing centre personnel will contact Licensing and then the Program Manager.
- D. The child will be kept safe and in a supportive environment. Interviews with the child will not be

conducted by centre personnel.

- E. Licensing will inform the parent(s) or guardian(s) of the alleged abuse or neglect. Centre Personnel will not inform the parent(s) or guardian(s).
  - F. The Senior Early Childhood Educator (and/or witnessing centre personnel) will document all statements, conversations and observations as soon as possible. All documentation must be signed, dated and stored in a confidential (locked) filing cabinet.
  - G. Any centre personnel that suspects another person of abuse or neglect will not discuss the matter with anyone prior to informing the Licensing Officer and Senior Early Childhood Educator (Program Manager if Senior Early Childhood Educator is suspected) or at any time during or after an investigation.
2. Suspected Abuse Outside of Facility
- A. All Centre personnel must report any suspected child abuse (that did not occur in the facility) to Child Protection Services. All definitions of Abuse and Neglect can be found in [“The BC Handbook for Action on Child Abuse and Neglect.”](#)
  - B. Centre personnel will document all statements, conversations and observations as soon as possible. All documents must be signed, dated and stored in a confidential (locked) filing cabinet. Any centre personnel that suspects another person of abuse or neglect will not discuss the matter with anyone prior to informing Child Protection Services or at any time during / after an investigation.

\*centre personnel refers to anyone within the facility such as a member of the staff (including substitutes), volunteers, practicum students and support worker

## Programs

Our Childcare Centre offers two group childcare programs: Infant Toddler program (Group Child Care Under 36 Months) and our 3-5 program (Group Child Care 30 Months to School Age). Each program has two classrooms.

### Group Child Care Under 36 months

One classroom provides care for children 8 months to 1.5-2 years, and the other classroom provides care for children 1.5-2 years to 3 years. The ending age of one classroom and starting age of the other classroom are flexible as each program is licensed for the same age group, so children make their transition as spaces become available.

Each classroom focuses on providing warm, responsive childcare, which is supported by a primary caregiver role. The classrooms offer flexible daily schedules, experiences and materials to support the rapid and extensive developmental changes usually experienced by children in their first three years. We accommodate children’s sleep and food needs as required, and provide environments that support language, cognitive, motor and especially social skill development. Each day includes choice-filled indoor and outdoor play times and small group experiences, punctuated by routines such as snack time, nap time and diaper time, and opportunities for language and music activities. Parents provide all main meals and snacks.

## Group Child Care 30 Months to School Age

We have two full-day, 3-5 age group childcare classrooms. The [British Columbia Early Learning Framework](#) informs the curriculum of all UBC Okanagan Child Care programs, including the 3-5 centres. That framework emphasizes the importance of interpersonal relationships, flexible dynamic environments and play for children's learning. It also identifies four key interrelated areas of early learning: well-being and belonging, exploration and creativity, languages and literacies and social responsibility and diversity. Curricular choices made by early childhood educators reflect the learning goals identified within these four areas.

Our classrooms foster learning by emphasizing opportunities for negotiation with others, problem-solving, exploring curiosities, engaging with materials, and expressing creativity.

## Primary Caregiving

**Infant Toddler Program:** To build strong, trusting relationships between children, families and educators, we follow a Primary Caregiver Approach. Each group of four children is assigned a dedicated primary caregiver (educator) who takes a lead in their daily care. This educator sits with the child during mealtimes, handles diaper changes and assists with toileting as children progress. Communicates daily with parents, keeping them informed about their child's milestones, routines and needs. A senior is present to oversee the whole program, ensuring a well-managed environment.

**3-5 Program:** To provide individualized care and growth in our 3-5 program, we assign every group of eight children to a dedicated primary caregiver (educator). Including the small and big 3-5 program classrooms, the children are divided into four groups, with eight children assigned to one educator. We have four dedicated educators rotating weekly across the four groups. This rotation allows children to benefit and build relationships with multiple educators. The primary caregiver builds a strong bond with each child to create a sense of security and trust. This educator observes and records your child's developmental milestones, learning progress and social interactions. They will also communicate with families and offer regular updates on your child's achievement and areas of growth, providing tailored feedback and insights. A Senior Educator is present to oversee the entire classroom, ensuring a well-managed environment.

## Ratio and Maximum Group Size

One classroom in the Infant Toddler Program currently has a group size of eight children and a maximum educator-child ratio of 1:4. The second classroom has a group size of 12 children and a maximum educator-child ratio of 1:4.

As mentioned above, we have two full-day 3-5 age group childcare classrooms within our 3-5 program. One program has a group size of 25 and a maximum educator-child ratio of 1:8. The second program has eight children with a maximum educator-child ratio of 1:8.

## Daily Schedules

Each program follows a similar daily schedule which is posted in your child's classroom. Following a schedule helps provide routine and predictability for children. We use these schedules as a guide for our days, but also understand there is often opportunity found in spontaneity or slight deviation from the norm.

## Curriculum

Our programs' objective is to nurture the children's desire to learn through exploration, and to promote their development and social, moral and intellectual autonomy. Messy play is a regular part of our programming,

which is balanced between structured (Educator-led) and unstructured (free play) activities. Our programming promotes the development of each child in a holistic manner, considering each child's personality, developmental stage, age, learning style, personal experiences, family dynamics, and culture or religion. Our programs incorporate a variety of teaching and guiding strategies, opportunities for exploration, and tools to encourage and reinforce Social, Physical, Intellectual, Cognitive and Emotional development. We acknowledge and respect that each child develops at their own rate and agree that it is best that opportunities for development occur naturally.

### Outdoor Play

We believe in the importance of outdoor play all year long. It helps increase children's imagination, encourages them to explore and cooperate with friends, and boosts motor development. Our Educators encourage outdoor play daily, even during rainy and snowy months, and parents are asked to send their children in weather-appropriate clothing throughout the year.

During the summer months, children spend a considerable amount of time outdoors. Morning and afternoon snacks are often eaten outdoors, and waterplay and messy play are daily occurrences. Educators take the children on walks on the-trails behind the childcare centre, or on campus walks. Sunscreen is applied as needed and children are encouraged to wear a hat. Educators monitor the UV and Air Quality Health Index regularly to ensure that adequate sunscreen is applied and limit outdoor time when the AQHI advises. See our *Summer Weather Policy* at the back of this handbook for more information.

### Clothing

Your child's clothes should promote their independence in dressing and undressing as needed. We encourage you to leave two or three complete changes of clothing in your child's cubby (including an extra pair of shoes) and replace them when used. Wet or dirty clothes are bagged and left in your child's cubby for you to take at pickup time (you may prefer to bring a large, reusable wet bag for this purpose). Please label all your child's shoes and belongings.

### Nutrition

Parents are responsible for sending a [balanced](#) lunch as well as morning and afternoon snacks in a lunch box with an icepack. This is a Licensing requirement. (Please note: if there is no ice pack and we are not informed to refrigerate your child's lunch we cannot serve the food after two hours).

Please send your child's hot food separated in a microwavable container if you would like Educators to warm it up. Educators will ensure that food and drink given to the children is sufficient in quantity and quality to meet the child's developmental needs. Please send a reusable water bottle for your child to leave at the centre. Educators will clean and refill it each day as needed. All food must come prepared to eat according to your child's age (oranges peeled, apples sliced, for infant/toddler aged children's grapes, wieners, etc. are sliced lengthwise).

Our Educators follow the "Division of Responsibility" model where the caregiver is responsible for what, when, and where the child eats,) and the child is responsible for how much and even whether they eat. The option shall always be given. Young children are good at listening to their bodies. They eat when they're hungry. They stop when they're full. When we try to control how much children eat, we interfere with this natural ability. Keeping this division of responsibility helps your child stay in touch with those internal cues. A list of children's allergies will be posted in each room. Educators will model healthy attitudes toward food and mealtimes, and model healthy attitudes toward washing hands with the

children before and after meals.

## Allergies

Our centre is nut-free for the safety of children with allergies. We make every effort to accommodate children's allergies and dietary restrictions/food preferences in our centre. It is the parents' responsibility to inform Educators if their child has an allergy or should not eat certain foods for personal, cultural or other reasons.

## Special Occasions

If your child would like to bring a treat to share on their birthday or another special day, we require an ingredients list to ensure the safety of any children with allergies.

## Health

We do our best to maintain a healthy environment in the centre. Educators regularly clean and sanitize toys and equipment in the rooms. We need your help to keep our programs healthy. If your child is sick, please do not bring them to the centre. Generally, if a child is not well enough to participate in our programs or if they are infectious to others they should remain at home. Diarrhea, vomiting, fever and undiagnosed rash are significant. Children must be without a fever for a full 24 hours (without use of fever medication) before returning to childcare. Children must be away from the centre for a full 48 hours after the last occurrence of vomiting and/or diarrhea. For rash or illness other than a typical cold/flu written confirmation from a physician is required, stating that the child is no longer contagious and is able to return to the centre. A complete illness information chart from *"A Quick Guide to Common Childhood Diseases"* can be found at the end of the handbook.

If your child becomes ill during the day, we will call to have your child picked up. Should there be an emergency we will contact you immediately. Please ensure you keep us informed of the telephone numbers where you can be reached.

## Medication

All medications given at the centre must be prescribed by your child's doctor. A medication form must be filled out giving the Educator permission to give the medication as prescribed by the doctor.

Medication must be in its original container and clearly labeled with the child's name, name of medication, dosage, instructions for storage, instructions for administration (times to be given). When medication is given, parents must initial the medication form at pick-up time.

## Orientation

### Orientation for parents

As a new parent, you will be given an orientation to introduce you to the centre, our Educators, and your responsibilities as a parent at our centre. Don't hesitate to ask questions at any time.

### Orientation for a new child

Even children who have been in childcare settings before can feel some uncertainty when starting at a new centre. All children are expected to have a gradual entry into the centre. This usually lasts about one week. This is arranged with the childcare staff before bringing your child to the centre. Gradual

entry gives your child a chance to become familiar with us, with other children, and with the routines of the centre. Your child's gradual entry will commence on the start date as indicated by your Parent Agreement.

### Gradual Entry Guidelines

While some children are able to settle into the routines of a new centre in a short period of time, for others it can take 5-6 weeks to really feel comfortable. Keeping that in mind, our interactions, guidance and expectations for parents and children are slightly different during gradual entry. The most important thing during this time is that children feel safe and know that their parent/guardian is coming back. In some cases, that might mean earlier pick up times for the first few weeks while your child gets used to their new routine and surroundings. The following is a breakdown of a typical gradual entry week for new families.

#### Infant Toddler Gradual Entry:

1 <sup>st</sup> Day	2 <sup>nd</sup> Day	3 <sup>rd</sup> Day	4 <sup>th</sup> Day	5 <sup>th</sup> Day
Attend for 1.5 hours with parent (9:30am-11:00am)	Attend for 1.5 hours with parent (9:30am-11:00am)	Parent drops off child, picks up after lunch time (9:30am-12:30pm)	Parent drops off child, picks up before or after nap if child sleeps. (9:30am-3:00pm)	Parent drops off child, picks up at 3:00pm.
Parent tries to be unobtrusive and allow child to explore freely	If child appears comfortable, parent steps out for ~30 minutes			

#### 3-5 program Gradual Entry:

1 <sup>st</sup> Day	2 <sup>nd</sup> Day	3 <sup>rd</sup> Day	4 <sup>th</sup> Day
Attend for 1.5 hours (9:30am-11:00am)	Parent drops off child, child attends for 2.5 hours (9:00am-11:30am)	Parent drops off child, picks up after lunch time (9:00am-12:30pm)	Parent drops off child, picks up before or after nap if child sleeps. (9:00am-3:00pm)
Parent tries to be unobtrusive and allow child to explore freely. Parent may choose to say goodbye and leave the centre.			

### Graduating from Infant Toddler to 3-5 program

Once a child turns three, Child Care Licensing and Regulation requires that they leave the toddler program. A child in the infant toddler program may begin the gradual entry process to the 3-5 program between 30-36 months. Priority is given to children graduating from the infant toddler program once the child is 30 months. Please note that we do our best to project available spaces, however we cannot guarantee a space will be available by the time your child turns three. In this scenario, it is the parents' responsibility to arrange alternate care.

Below is the breakdown for the Gradual Entry of an internal transfer between our programs:

1 <sup>st</sup> Day	2 <sup>nd</sup> Day	3 <sup>rd</sup> Day
Attend for 1.5 hours (9:00am-10:30am)	Attend for 3.5 hours (9:00am-12:30pm)	Attends until after nap. (9:00am- after nap)
The child stays for morning snack.	The child leaves after lunch.	

## Centre Guidelines

### Arrival

When you arrive, please:

1. Update Educators on any changes to pick up time or person.
2. Ensure your child is prepared for going outside (if we are already out there).
3. Let an Educator know when you are leaving and say goodbye to your child. If your child is having a hard time saying goodbye, it's best to keep the goodbye short and sweet. You may want to ask an Educator to help your child let you go.
4. In the Infant Toddler program we encourage you to drop your child off no later than 9:30 am so they have ample time to play with their peers and their favourite items before it's time to settle in for lunch and naptime.
5. In the 3-5 program, we encourage you to drop your child off no later than 9:30 am to ensure they can enjoy their morning snack with their friends, and any planned programming (i.e., circle and/or art).

### Lates and Absences

Prior to 7:30am, please notify the centre by phone (250-807-8609) or email [childcare.ubco@ubc.ca](mailto:childcare.ubco@ubc.ca) if your child will be absent or arriving late. If your child's program has gone for a walk on campus or the trail you will need to remain at the centre with your child or go find them on their walk to drop off your child.

If you need to report an absence after 7:30am, or if you are running late picking up your child, please call your child's individual program cell phone number as indicated below:

- Infant program: 250-575-0721
- Toddler program: 250-317-7586
- 3-5 program (one phone for both classrooms): 250-575-0586

### **Important to note:**

These phone numbers are for **phone calls** only. We cannot guarantee that a text message will be checked and/or read in an appropriate amount of time. Please ensure you make direct contact with an Educator.

## Closures

UBC Okanagan Child Care is closed for every statutory holiday and closed for Easter Monday and Truth and Reconciliation Day. We are also closed each year for the days between Boxing Day and New Years. You will be notified well in advance of any other planned closure dates if they arise.

## Fees

### Payment of Fees

All monthly childcare fees will be paid through our online software program (Fastoche), via Electronic Fund Transfer (EFT). The EFT will be initiated by UBC the last week of each month for the upcoming months childcare fees. A PAD (preauthorized debit) form is required to set up the EFT after completing the registration form. Failure to pay Monthly Fees when due may result in the termination of the Child Care Agreement and the loss of childcare services. In addition to any other remedies Child Care Services has, in the event of non-payment of Monthly Fees, an additional late payment fee of \$15.00 per month will be payable by the Parent. The Parent must also pay UBC Okanagan Child Care any administrative fee assessed to Child Care Services by a financial institution due to insufficient funds on the part of the Parent.

### Affordable Child Care Benefit

It is the parents' responsibility to apply for (or cancel) their Affordable Child Care Benefit prior to its expiration and notify the Operations Manager. Payment in full on the first of the month is required. The Affordable Child Care Benefit portion will be reimbursed to the parent when the benefit arrives. Information must be released to The Ministry of Education and Child Care regarding the Affordable Childcare Benefit if requested.

### Fee Structure

Fees are based on a monthly rate and discounts/refunds are not given for days missed due to illness, holidays, closures (expected or unexpected) or days not covered by the Affordable Child Care Benefit.

This includes the days the child/ren are absent for whatever reason, including:

- Absence due to outbreaks of communicable illness (which is determined by (IHA).  
This includes days the centre is closed due to:
- Statutory holidays, Easter Monday, and Truth and Reconciliation Day.
- Christmas closure between Boxing Day and New Years Day.
- Unexpected facility closure for a period of time (ie. Due to a flood or other emergency)

### Split Parent Fees

Where there are parents who share custody, a signed agreement by the parents indicating how the fees will be paid for the child must be provided. Any changes to the agreement must be in writing and signed by both parties before being implemented.

### Change in Status or Withdrawal

A minimum of one month's (30 days) written notice is required on the first of the month when withdrawing a child/ren from the centre.

The parent/guardian will give written notice detailing when the child/ren's last day of childcare will be. Failure to provide proper notice on the first of the month will result in fees being calculated as one full month.

If a child is to be withdrawn at the request of the centre, one full month's (30 days) written notice will be provided unless the safety of others requires the immediate withdrawal of the child. (*Reference Policy: Termination of Enrolment by UBC Okanagan Child Care*). If there is a provided legal document outlining custody/guardianship, both parents are required to sign the written notice.

### Termination of Enrolment by UBC Okanagan Child Care

UBC Okanagan Child Care reserves the right to terminate the enrolment of a child, where, in the opinion of the staff it is apparent that:

1. The centre does not have the resources to provide quality care for the child.
2. The care resources required by the child from the centre detract from the quality of care to all children.
3. Continued presence of the child in the childcare centre is detrimental to either the child in question, the other children, or staff.

UBC Okanagan Child Care will make every effort to give no less than one full month's written "Notice of Termination of Enrolment" to the child's parents/guardians. If the situation meets any of the above listed criteria, enrolment may be terminated immediately. In such cases, a refund of the unused portion of monthly fee will be returned to the parents/guardians within 30 days. As stated in the Parent Agreement, continuous failure to act in accordance with the policies and procedures that the parents signed and dated, may also result in termination of enrolment.

### Late Pick-up Policy and Fees

The childcare centre closes at 5:30 pm; accordingly, parents/guardians and authorized pickup persons are required to arrive in time to pick up children and exit the building by 5:30 pm each day. For late pickups between 5:31 pm and 5:45 pm, a late charge of \$20.00 will apply. For late pickups between 5:46 pm and 6:00 pm, an additional charge of \$20.00 will apply. Parents/guardians will be invoiced the following day and debited the total late charge amount via EFT.

Between 5:30 and 6:00 pm, staff will attempt to contact parents, guardians and emergency contacts. If, after all attempts have been made, a parent, guardian or emergency contact is unreachable by 6:00 pm, child(ren) will be considered abandoned, and staff will be required to contact Child Protection Services.

A family with repeat late pickups will be required to meet with the Program Manager to sign a contract outlining the consequences of future late pickups, which may include the loss of their child's/children's space with UBC Okanagan Child Care. Note that we will not issue refunds for childcare spaces lost due to late pickup.

These late policies and procedures apply regardless of who is responsible for picking up the child (i.e., extended family members or friends) and/or family dynamics that resulted in the late pickup (i.e., separated parents alternating pickup).

## Policies

### Active Play and Screen Time Policy:

UBC Okanagan Campus Child Care recognizes the importance of physical activity for young children. We seek to promote physical activity by supporting the development of their gross motor skills, develop fundamental movement skills through facilitated and un-facilitated play learning experiences and limit screen time. Below are our steps to guide our Active Play practice:

1. Infants (less than 1 year) will be supervised with floor-based learning daily. "Tummy Time" will be encouraged.
2. Toddlers (1 to 3 years) and preschoolers (3 to 5 years) will be encouraged to be physically active for 3 hours daily, spread throughout the day.
3. Children will be encouraged to participate in a range of safe active play learning experiences which include planned play (eg. Action games/songs), spontaneous free play which is child initiated (eg. Running, jumping, skipping, throwing balls, dancing to music, active play both indoors and outside), intentional teaching experiences and everyday physical tasks (eg. Cleaning up daily, helping with the garden).
4. Staff will role model and encourage active play fun and participation rather than competition.
5. Staff will discuss with the children the importance of physical activity and making healthy choices.
6. Staff will ensure that active play experiences are play-based, varied, creative, developmentally appropriate and cater to the abilities and interests of each individual child. Active play experiences will encourage the children to explore, challenge and participate in activities of varying intensity.
7. Active play experiences will be inclusive and reflect the diverse cultural backgrounds of all participating.
8. Children will be taught how to be safe and act responsibly in the play space and how to correctly use the equipment and toys.
9. Children will be encouraged to participate in facilitated play that is directed by adults and has a set of rules with specific objectives and un-facilitated play which is a child chosen, self-directed activity or interaction which encourages children to use their imagination, discover their interests and be creative.
10. Screen time is limited to 30 minutes or less a day and not offered to children under 2 years old.

### Localized Emergency Procedures for UBC Okanagan Campus Child Care

1. Considering the location of the UBC Okanagan Campus Child Care, there are a number of possible hazards that could impact the services offered at the centre. Natural hazards could include forest fires, earthquakes, severe lightning/rainstorm, heat wave, winter weather conditions, severe windstorm and wildlife encounters. Manmade hazards include power outage, hostage taking on campus, plane crash, bomb threat, hazardous material release on campus, contaminated water and a natural gas pipeline rupture.
2. Given the nature of the emergency, and where evacuation is NOT necessary, staff at UBC Okanagan Campus Child Care will implement the following emergency procedures:
  - A. In the event of an emergency where it is not safe to leave the childcare centre, the staff will assist the children to find safe shelter within their location. Examples would be under the tables in an earthquake or back staff room in a lockdown on campus.

- B. The staff will always prioritize the children's safety. During and after any incident the staff will examine all children for injuries and administer first aid if needed.
  - C. Childcare services will continue at the centre until such a time when pick up is safe.
  - D. The childcare centre has the necessary supplies such as food/water/blankets/first aid supplies to provide care for a period of up to 24 hours at full occupancy.
  - E. All childcare staff have first aid training and emergency procedures are practiced once per year. If there are any first aid requirements outside of the scope of training of the Educators, staff will call Campus Security or 9-11.
  - F. Communication will continue with the outside using phones (if possible) and wireless internet. The On-Site Manager will send initial communication to the parents via broadcast message through Fastoche (Childcare software program) to indicate that an evacuation has taken place and further communication will follow with pickup location and instructions.
3. In an evacuation, staff and children will vacate the building at the nearest exit. The On-Site Manager will check all areas of both programs (bathrooms, cubbies, playrooms, nap rooms). **Staff person in the 3-5 program or toddler program will assist all visitors and mobility impaired persons (depending on the program the visitor or mobility impaired person may be in) to the nearest exit and assist with exiting the building.** The On-Site Manager will then proceed outside with the emergency evacuation kit which contains the two-way radios and provisions for a maximum of 24 hours (extra clothes, blankets, food, water, puzzles, books, money, diapers, wipes etc.). When outside the On-Site Manager will help with the children. The Educators will bring the iPads with attendance sheets, first aid kits and any medications the children may need.
4. Educators will do roll call at Upper Campus Health (UCH) located at 1238 Discovery Ave to ensure all children are accounted for and safe. **The On-Site Manager will ensure that all staff and visitors are accounted for and safe.** Staff and children will then await further instructions. If deemed necessary to move to a secondary location, the On-Site Manager will contact the Program Manager and then the Educators and the On-Site Manager will relocate to Nechako Housing Commons (1255 International Mews).
- A. If children/adults are not all accounted for either campus security, emergency responders or two designated staff will enter the childcare centre if safety permits and conduct a search. The two staff members will stay together. Communication will continue with outside staff using hand-held portable two-way radios or cell phones.
  - B. The On-Site Manager will remain at the building entrance to wait for Campus Security and Emergency personnel, and will follow directions provided by emergency personnel at the time of the incident.
  - C. If there is a disruption in program services, staff will phone parents to pick-up children or alternate contact if parents cannot be reached.
  - D. In a campus-wide evacuation, the staff and children will walk to the designated meeting area (Nechako gathering room, cafeteria, gymnasium on campus) as determined by the Incident Commander from UBC Okanagan Campus to await transportation. City of Kelowna public transit resources may be appropriated to assist in an evacuation.
  - E. Depending on the incident the two primary in – out roads accessible to the campus via Highway 97 will

be used as well as John Hindle Drive

- F. Once transported to the safe location as determined by UBC Okanagan campus, childcare staff will phone parents to pick-up (or alternate contact if parents cannot be reached). Staff will make the safety of the children a priority until released to the parents.
- G. The On-Site Manager, Program Manager, Associate Director and Director of Business Operations will work closely together to determine when operations could resume at the childcare centre. It is UBC Okanagan Campus' responsibility to maintain the structure and exterior/interior of the building. UBC Okanagan Campus will give notification when it is safe to resume operations.
- H. The childcare centre is included in UBC Okanagan Campus' Emergency Preparedness Plan. Critical incident stress debriefing will be coordinated through UBC Okanagan. All efforts will be made to ensure staff and children involved will be provided with care and support using both internal and external resources including RCMP Victim services, WorkSafeBC CIR programming and EFAP.
- I. Childcare staff in the 3-5 program will address any questions the children may have regarding the incident. Circle times will focus on the incident, encouraging children to express their memories, fears or concerns. Additionally, resources such as books, songs, and felt board stories will be available to the children.
- J. The Infant Toddler staff will support their children through appropriate books, songs and stories- particularly those featuring fire engines or ambulances, especially if these were present at the scene. The staff will also answer any questions the older toddlers may have.
- K. If Childcare Management Team deemed it necessary to evacuate the centre prior to hearing from EOC, they would contact security to initiate an EOC response to support the evacuation of the centre.
- L. Centre-wide evacuation will be practiced once a year.

Note: The On-Site Manager is the Senior Early Childhood Educator on the license and will take the lead of the monthly fire drill and emergency evacuation. If this Senior Early Childhood Educator is absent, the Senior Early Childhood Educator in the other program will assume the role. If both Senior Early Childhood Educators are away, the Program Manager will assume the role.

### Wildfire Smoke Protection Plan

UBC Okanagan Campus Child Care will take the following precautions during the wildfire season to reduce the children's exposure to wildfire smoke to protect their health.

1. Childcare staff will check the Air Quality Health Index twice daily or more often as needed for risk ratings using the following website: [Central Okanagan, British Columbia - Air Quality Health Index \(AQHI\) - Environment Canada \(weather.gc.ca\)](https://www2.gov.bc.ca/gov2/air_quality/central/index.aspx)
2. The amount of time the children spend outside will depend on the daily risk ratings. Childcare staff will use the following chart to determine risk ratings:

Health Risk	Air Quality Health Index	Health Messages	
		At Risk Population*	General Population
Low Risk	1-3	<b>Enjoy</b> your usual outdoor activities.	<b>Ideal</b> air quality for outdoor activities.
Moderate Risk	4-6	<b>Consider reducing</b> or rescheduling strenuous activities outdoors if you are experiencing symptoms.	<b>No need to modify</b> your usual outdoor activities unless you experience symptoms such as coughing and throat irritation.
High Risk	7-10	<b>Reduce</b> or reschedule strenuous activities outdoors. Children and the elderly should also take it easy.	<b>Consider reducing</b> or rescheduling strenuous activities outdoors if you experience symptoms such as coughing and throat irritation.
Very High Risk	Above 10	<b>Avoid</b> strenuous activities outdoors. Children and the elderly should also avoid outdoor physical exertion.	<b>Reduce</b> or reschedule strenuous activities outdoors, especially if you experience symptoms such as coughing and throat irritation.

Source: [Air Quality Health Index Messages - Environment Canada \(weather.gc.ca\)](http://weather.gc.ca)

3. Childcare staff will take the following actions to reduce smoke exposure:

- A. Limit outdoor activities
- B. Keep windows and doors closed when possible
- C. Limit strenuous outdoor/indoor activities
- D. Ensure the air conditioners are on recirculate
- E. Stay cool and offer plenty of water to drink

Source: *Licensing Direct: Wildfire Smoke Season and Extreme Heat document*

4. The children will not be permitted to go outside during times of high risk (7-10) smoke levels. Indoor activities that promote active play will be offered instead. (E.g. tummy time for infants, obstacle courses, freeze dance, yoga etc. for toddlers and 3-5 year old children).

5. During wildfire season the children will be monitored for the following symptoms:

- A. Irritated eyes, nose, and throat
- B. Increased mucus production in the nose and throat
- C. Coughing
- D. Difficulty breathing
- E. Chest pain
- F. Weakness or fatigue

6. Children and staff with chronic conditions such as asthma, heart/lung disease, diabetes will have any prescribed “rescue” medications readily available to them

7. Parents/guardians will be contacted if their child/ren experience any symptoms that childcare staff are concerned about. If a parent/guardian cannot be reached, emergency contacts will be notified. If a child appears to be in immediate medical distress, childcare staff will seek emergency medical attention.

### Summer Weather Policy

The Health and Safety is a top priority for UBC Okanagan Campus Child Care. It is recommended to err on the side of caution if ever in doubt in any situation regarding Health and Safety of the staff and children in our care. This summer weather policy serves as a guide for staff, children and parents. It includes a Temperature Chart along with preventative measures, and potential risks.

#### Procedure: Extreme Heat Guidelines

1. Determine Location
  - A. Go to [The Weather Network: Weather forecasts, maps, news and videos](#) and find your specific location.
2. Determine Temperature (Projected Temperature)
3. Check the current temperature with specific focus on the “feels like” temperature which accounts for the humidity in measuring temperature
4. Review the Summer Heat Activity Chart (below) for appropriate Activity Modifications.

#### Summer Heat Activity Chart

Temperature (including Humidex)	Risk	Duration of each outdoor play time
24 or below	None	1 hour
30 C or below	Low to moderate	1 hour
30-40 C	Some	Reduced time
40 C and above	high	No outdoor play

Although the above guidelines are in place, the final decision in regard to outdoor play will be at the discretion of the Centre Manager or designate.

#### Preventative Measures:

1. Children must always have access to drinking water during outdoor play. During hot weather, regularly scheduled water breaks must be implemented.
2. During outdoor activities, Educators will encourage children to play under shade.
3. Whenever possible, Educators will schedule outdoor activities before or after the peak sun exposure times of 11am to 3pm.
4. Children must wear a hat during outdoor play.
5. Educators are encouraged to model appropriate sun safety by wearing sunscreen and hats themselves

### Sunscreen Application:

1. Parents must apply sunscreen in the morning to their child, but Educators must confirm this has been completed and, if not, must apply it to the child before outdoor play.
2. Sunscreen supplied by the parent will be applied to children 20-30 minutes prior to outdoor play time.
3. Sunscreen will be reapplied approximately every 2 hours, or more frequently if the child has been sweating or participating in water activities
4. Sunscreen will be stored out of reach of children and clearly labelled with the child's name and expiry date must be checked.

### Potential Risks:

1. Heat Exhaustion:
  - A. Signs and symptoms include weakness and irritability.
2. Heat stroke:
  - A. Signs and symptoms include mental confusion, headache, poor coordination, delirium.
  - B. Rapid cooling will be the goal with using wet towels, spray mist, soaks and removal from heat.
  - C. Parents will be notified. Call to 9-11 and transport to local hospital.

## Winter Weather Policy

### How Children Should Be Dressed:

1. Cover as much exposed skin as possible.
2. Wear waterproof and windproof outer layers.
3. Wear a hat.
4. Choose warm mittens instead of gloves.
5. Wear waterproof boots.
6. Wear a neck warmer.

### Winter Weather (including wind chill):

Age Group	Temperature	Duration of each Outdoor Playtime
Infants	-5°C or warmer	Full hour
	-6°C to -20°C	Reduced outdoor time
	Below -20°C	No outside time
Toddlers, 3-5 program	-15°C or warmer	Full hour
School-Age	-16°C to -20°C	Reduced outdoor time
	Below -20°C	No outside time
	Up to -20°C	Up to 30 minutes

## Symptoms of Cold-Related Illness

### 1. Frostbite

Frostbite most commonly affects the extremities and can lead to serious health complications, including amputation. If you or a child experience any of the following symptoms, seek medical attention immediately:

- A. Pale grey, waxy textured skin which is cold to the touch.
- B. Numbness and localized pain.
- C. Swelling and blistering.

If you suspect frostbite:

- I. Do not rub or massage the affected area; this may cause more damage.
- II. Warm up the area slowly with warm compresses or use your own body to re-warm the area.
- III. If toes or feet are frostbitten, avoid walking on them.

### 2. Hypothermia

Hypothermia occurs when the body's normal temperature drops below 35°C.

If you or a child experience any of the following symptoms, seek medical attention immediately:

- A. Shivering, confusion, weakness.
- B. Mumbling, stumbling, and/or fumbling.
- C. Pale skin colour (for infants, look for cold reddish skin and low energy).

If you suspect hypothermia:

- I. Gently remove wet clothing and get the person to a warm place as soon as possible.

## Illness Information Chart

*Source: A Quick Guide to Common Childhood Diseases*

DISEASE	SYMPTOMS	INFECTIOUS	REMOVE FROM CENTRE
Common Cold	Runny nose, clear discharge, does not want to eat, slight cough	Yes – before and during symptoms	No (unless child cannot actively participate in program)
Cold with Fever or Fever on its own	As above, fever about 37.8C., runny nose – green, yellow discharge, tired, sever cough, hurts/aches all over	Yes – as above	Yes (until symptoms return to common cold and fever free for 24 hours)

Ear infections	Fever, clear discharge from nose, cranky, pulls on ears	No	Yes (if child has fever, is in pain and unable to participate fully in program)
Pink Eye	Thick discharge from one or both eyes, teary, redness or itching of one or both eyes, sensitive to light	Yes	Viral (yes until infection is cleared up and Doctor's note stating not contagious) Bacterial (yes until on antibiotics for 24 hours)
Sore throat	Fever above 37.8 C., red throat, hurts to swallow (could be strep throat)	Yes	Yes (until on antibiotics 24hrs & Doctor's note – not contagious)
Diarrhea	Runny stools, bad smell, fussy, cranky, pain and or vomiting, fever above 37.8 C.	Yes	Yes (48 hours after the last occurrence of diarrhea)
Nausea/Vomiting	Vomiting, fever above 37.8 C, cranky, pain, stomach cramps & diarrhea	Yes	Yes (for 48hrs after last occurrence and fever free for 24hrs)
Influenza (Respiratory)	Fever above 37.8 C, cranky, pain, lethargic, runny nose & chills	Yes	Yes (until all symptoms are gone and fever free for 24 hrs)

Herpes Simplex (Cold Sore)	Fever blister or sore around mouth	Yes	Until blister has dried up
Impetigo	Crusty rash, mostly on face, arms or legs	Yes	Yes (until on antibiotics for 24hrs)
Rashes	Red spots anywhere (may be measles, chicken pox, impetigo)	Yes	Yes (until Doctor's note – not contagious)
Head Lice	Small white eggs (nits), firmly attached to hair shaft especially around ears and nape of neck. Itchiness. Grey-white, sometimes brown adult lice 1-2mm long	Yes	Yes until treated and all knits/lice are gone
Hand, Food and Mouth	Spots on palms of hands, fingers and soles of feet. Sometimes on buttocks; for 7 – 10 days	Yes	Yes (until symptoms are gone & Doctor's note – no longer contagious) Blisters must be scabbed over

Chicken Pox/Shingles	Slight fever, blister type rash, appearing first on the body, face and scalp; then spreads to limbs	Yes (for five days after onset)	Yes (from when spots first appear and for five days afterwards – blisters must be scabbed over)
Fifth Disease	Raised, red, warm rash first appearing on cheeks (slapped cheek appearance). After 1-4 days, a lace like rash spreads to rest of body.	Yes	Yes (until Doctor's note – no longer contagious)
Measles "Red Measles" (Rubeola)	Fever, inflamed eyes, dry cough, runny nose, dusky red blotchy rash. 3-7 days later spreading downwards from face, white spots in mouth.	Yes (just before symptoms start to 4 days after rash appears)	Yes (until 4 days after rash appears and feeling well enough to participate fully in program)
Meningococcal Meningitis	Fever, intense headache, nausea, vomiting, stiff neck and often a pinpoint rash	Yes (until 24hrs after start of antibiotics)	Yes (until Doctor determines child is well enough to return)
Mononucleosis	Acute fever, sore throat, swollen glands, tiredness	Yes (prolonged)	Yes (until Doctor's note – no longer contagious and feeling well enough to participate fully in program)
Mumps	Fever, headache, inflammation of salivary glands causing cheeks to swell painfully (may be no swelling in some cases)	Yes (from 7days before swelling to 9 days after)	Yes (until 9 days after swelling or Doctor's note – no longer contagious)

Pertussis "Whooping Cough"	Runny nose, repeated violent coughing followed by characteristic whoop, sometimes followed by vomiting	Yes very in early stages before cough & for 3weeks after (Not after 5 days of antibiotic treatment)	Yes (until 5 complete days of antibiotic treatment and feeling well enough to participate fully in program)
Roseola Infantum "Sixth Disease"	Fever lasting 3-4 days, followed by a raised red rash on trunk, later spreading to rest of body, lasting 1-2 days	Yes (during fever)	Yes - during fever Not during rash if feeling well enough to participate fully in program
Rubella "German Measles"	Often a slightly raised, red pinpoint rash, spreading from behind the ears to the face and downwards. Children usually have few symptoms	Yes (1 week before & 7 days after onset of rash)	Yes (for 7 days after onset of rash and feeling well enough to participate fully in program)

RSV (Respiratory Syncytial Virus)	Fever, chills, headache, general malaise, respiratory tract symptoms	Yes (just prior to & until end of active disease)	Yes (until Doctor's note – no longer contagious and feeling well enough to participate fully in program)
Scarlet Fever	Sandpaper like rash, blanching on pressure. Strawberry-like tongue. May be fever, nausea, vomiting, sore throat, and headache. During recovery, skin on hands and feet may peel.	Yes 10-21 days if untreated ---- until 24hrs after antibiotics treatment	Yes (until on antibiotics for 24 hrs and feeling well enough to participate fully in program)
Strep Throat	Fever, very sore throat, swollen glands, pustular tonsils	Yes, Several weeks, months untreated - -- until 24hrs after antibiotic treatment	Yes (until on antibiotics for 24hrs and feeling well enough to participate fully in program)
Pinworms	Itching of anal area, restless, irritability	Yes (as long as eggs are produced by adult worms – eggs may remain infective in environment for about 2 weeks)	Yes (until Doctor's note – no longer contagious)
Ringworm	Ring-shaped patches of temporary baldness, with small yellowish crusts. If on feet usually very itchy and may cause cracking between the toes	Yes (as long as infection is present)	Yes (until Doctor's note – no longer infectious)
Scabies	Tiny blisters or burrow lines in skin, often seen in folds between fingers, wrists, elbows, thigh and abdomen. Intense itching particularly at night	Yes (until ites/eggs are destroyed with appropriate treatment)	Yes (until 24hrs after treatment)
Escherichia Coli "E. Coli"	Early symptoms - Loose/watery diarrhea, with /without blood or mucus. Mild to severe cramps. Possible vomiting. Possible fever ----- Later symptoms – may include dehydration, irritability, fatigue, paleness of skin, decrease in urine	Yes (for duration of diarrhea, sometimes longer – up to 3 weeks)	Yes (until Doctor determines child is no longer contagious and is well enough to return to daycare)

Cryptosporidiosis	Diarrhea, cramps, nausea, vomiting, fever, general malaise	Yes (during course of infection sometimes longer)	Yes (until Doctor determines child is no longer contagious & is well enough to return)
Campylobacter	Abdominal pain, diarrhea, fever, nausea, vomiting, malaise	Yes (during course of infection, sometimes longer)	Yes (until Doctor determines child is no longer contagious and well enough to return)
Giardiasis “Beaver Fever”	Chronic diarrhea, abdominal cramps, bloating, fatigue, weight loss. Sometimes no symptoms	Yes (during entire period of infection)	Yes (until Doctor determines child is no longer contagious and is well enough to return to daycare)
Salmonellosis	Headache, abdominal cramps, nausea, vomiting, diarrhea, fever	Yes (throughout course of infection)	Yes (until Doctor determines child is no longer contagious and is well enough to return)
COVID-19	Fever, runny nose, tight chest, trouble breathing, diarrhea	Yes	Yes (until doctor determines child is no longer contagious and symptoms have subsided)