

***Cerebral Palsy Association of  
Prince George and District  
(operating the Child Development Centre)***

***Policy and Procedure Manual***



Last Updated June 24, 2009

# ***Cerebral Palsy Association of Prince George and District Policy and Procedure Manual***

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## ***100 Overview***

### ***History***

***101***

*Revised June 9, 2009*

The Cerebral Palsy Association of Prince George and District (CPA) was incorporated in 1968 by a group of concerned parents. They had identified a need for local services to help children that were affected by cerebral palsy and related challenges. The Cerebral Palsy Association of British Columbia, along with Dr. Carolyn McGhee and Mrs. Monica Williams, M.C.S.P., were instrumental in setting up the new Society.

In April 1968, Mrs. Anne Martin became the Association's first Executive Director. The following October, the Development Centre for Handicapped Children opened in a portable building loaned by the School District at the corner of Winnipeg Street and Ninth Avenue. The Centre provided medical assessments, a part-time preschool for three to six year olds, and physiotherapy for children of all ages. The preschool developed into a full day program in 1969.

Volunteers were important from the beginning, when they assisted with activities like driving the children; this activity was taken over by the Carefree Taxi Service (now Carefree Society) in 1971. An active Ladies Auxiliary did important fundraising work and also provided volunteers to the Centre.

By 1970, plans were underway for a more suitable building. The government of B.C. and many organizations and people within the local community provided the financial support needed to build the current facility at 1687 Strathcona Avenue. The building was opened in April 1973 as the Child Development Centre (CDC).

Over the years, the services offered at the Centre became more comprehensive. Speech therapy, occupational therapy, social services, expanded preschool and supported child care programs were added. Social and recreational programs were also made available.

The building continued to develop to accommodate expanding roles and needs. The first phase of the lower level was finished in 1975, and has been used for various daycare programs. In 1984, a new wing was added for the therapy and preschool programs, with support from the Shriners/CKPG telethon, the Kiwanis Club, and the Provincial Lottery Branch.

In 1988 the Community Living Program was added. It began as a pilot project in March 1989, when two young women with cerebral palsy were supported in living semi-independently in a wheelchair-accessible apartment. In August 1989, a group home on Gorse Street was added for four men who had spent most of their lives in institutions. The program later incorporated a duplex on Hazelton Street where three women live. In March of 2004 the Association concluded the provision of these services.

Starting in 1998 there was an organization shift where more services were being delivered outside the main facility. The start of the Supported Child Development Program allowed children with special needs and behavioural problems to attend the community daycare/preschool setting of their choice while receiving additional support. . In the ensuing years, the CDC started undertaking additional outreach services to some of the surrounding communities, organizations in Prince George, and homes in the region.

The CDC continues to evolve by providing accessible, effective and efficient programs in strives to meet the challenges of the community.

Executive Directors:

Anne Martine	1968 – 1988
Pat Bunn	1988 – 1991
Ray Mabbet	1991 – 1996
Bob Bigelow	1996 – 2005
Darrell Roze	2006 – present

The specific services offered by the Society have evolved over time due to changing needs, priorities, and funding availability. Although services are described separately below, departments work together to provide the best possible care for individual clients and families. Services currently offered are:

*Family Services:* The Family Services Worker (FSW) provides many support services for the region's children and their families, and is an advocate for them at the Centre. The FSW liaises between the families, Centre staff, external agencies and the Ministry of Children & Family Development. He/she also advise families regarding other related regional services. The FSW also helps to build community capacity, including parenting skills.

*Therapy:* Therapy services are offered at the Centre, in community preschools and daycares, at the child's home, and through outreach. The following services are offered:

- *Speech therapy* to encourage positive communication interactions in children and their families, offered to children until they enter kindergarten.
- *Occupational therapy* to assist children and families with how the child functions in the home, school and community, offered to children until they leave public school.
- *Physical therapy* to encourage development of gross motor skills, offered to children until they leave public school.
- *Seating clinics*, where children are re-assessed for wheelchair and adaptive seating needs.
- *Technical aids program* — Computer programs and adapted switches on toys to facilitate play.
- *Mobility aids* are made available.

*Early Childhood Education (ECE):* This department offers a number of programs:

- *Preschool* — a structured program for children with special needs and their typically developing peers. This is a fee-based service.
- *Supported Child Development Program* — provides consultation and support to children from birth to age twelve, who have a developmental delay or disability and require extra support. SCDP supports children so they may participate in inclusive child care programs. Child care programs include licensed preschool, group and family daycare, and after school care programs.
- *Daycare* — is a licensed childcare facility that provides care for children 18 months to school entry. It is a structured program for children with special needs and their typically developing peers. This is a fee-based service.

*Medical consultative and assessment services* — Community paediatricians provide services onsite through direct service and consultations.

*Social/recreational programs* — Various departments work together with community partners to provide support for occasional recreational programs.

*Education and advocacy* — Practical educational programs are offered to families and the community. The McDonald's Family Resource Library provides educational books, videos, pamphlets and other resources. Student placements provide an opportunity for students to gain valuable experience in their chosen field, and volunteer workers are trained in new skills. The CDC also advocates on behalf of its clients who need an additional voice to express their concerns.

*Consulting* — Consulting services are provided to agencies needing the expertise that the CDC has developed in its years of operation. Some of this work generates revenue for the Centre.

The CDC subscribes to the following philosophy of care in providing services:

1. ***Inclusive programming:*** All programs will communicate respect for diversity regarding ability, culture, gender, socioeconomic status, sexual orientation, and family composition.
2. ***Open door policy:*** Children known or suspected of having neuromuscular or developmental challenges will have access to the therapeutic services, regardless of financial circumstances. Anyone has the right to request services for a child with parent and/or guardian consent. When children do not meet the eligibility criteria (as per departmental guidelines), they will be referred to an alternative program.
3. ***Services to help children meet their full potential:*** A child with special needs has the right to achieve his or her full potential and is entitled to all necessary services, recognizing that each child and family have unique needs. Some of the objectives of the services are to:
  - facilitate the child's physical, social, emotional and intellectual development.
  - improve muscle function, quality of movement, and mobility.
  - promote independence.
  - increase communication functions and social skills.
  - improve self-esteem.
4. ***Family-centred care:*** Effective services focus on the child within the context of family and community. A child with special needs, like any child, requires a stable and supportive home environment; parents/guardians will be supported in obtaining knowledge, skills and self-confidence they need to help meet the needs of their child. The family will be respected as an integral part of the team.
5. ***Early intervention is encouraged:*** Early recognition and early treatment of children is recognized to prevent or reduce the consequences of disabilities and is encouraged.
6. ***Multi-disciplinary team approach:*** The most effective care is provided by a well-balanced, multi-disciplinary team, which offers collective knowledge and experience of all members. Individual goals for each child are developed through discussions involving all appropriate team members. The family is an integral part of the team, as are the family physician and other professionals involved with the child. An older child with sufficient understanding is also a part of the decision-making process.

***Mission:***

To promote optimal development and an advanced quality of life for the region's children.

***Guiding Principles:***

**Collaborative**

We use a collaborative, multidisciplinary approach to improve service outcomes to the region's children. This philosophy extends internally as well as externally with complementary service providers and medical practitioners.

**Accountable**

Our core purpose is to improve the lives of the children we serve. Given available resources, our staff members are each responsible for providing the best services possible in their area of responsibility.

**Respectful**

The Centre's staff members operate within a culture of respect for each other, the children and families we serve, and other regional stakeholders. Family input and participation is respected as an integral component of each child's development.

**Holistic**

Our services are designed to help the whole child, including the balanced development of social, emotional, physical, cognitive, and communication skills.

**Sustainable**

We commit to running sustainable programming, ensuring the highest level of services over the long-term.

***Policy***

This Policy and Procedure Manual supersedes previous manuals of the Association. New staff shall be given an opportunity to review the Policy and Procedure Manual and any department manuals. Additions and Amendments are made as necessary by the Executive Director and the Board, as appropriate.

***Procedures***

1. ***Current Manual:*** This Policy and Procedure Manual supersedes previous Policy and Procedure Manuals of the Association.
  
2. ***Amendments to manual:*** Changes to this Manual will be undertaken as needed. Policies and procedures may be amended, deleted, or added. Any staff member may bring forward a need to change the manual by discussing it with a Department Director or Executive Director. Only the Board has the authority to make amendments that alter remuneration, benefits, financial authority, organizational structure, Executive Director responsibilities, Board responsibilities, Board oversight, and strategic direction. The Executive Director has the authority to amend all other areas. Amendments that go through the Board will be vetted through the Board's Policy and Procedure Committee; the Committee recommends changes to the Board.
  
3. ***Draft the change:*** Policies are to be drafted in a well-organized manner, use inclusive language, easy to understand for all readers, avoid jargon or abbreviations, consistent with other policies, concise, and written with good grammar, spelling and punctuation.
  
4. ***Insert change into manual:*** Once approved, changes are ONLY to be undertaken by the Executive Director (or designate) as follows:
  - Back up the master file.
  - Update the new file.
  - Revise the table of contents if needed.
  - Upon approval by the Board, add the approved date to the top of the policy.
  - Mark the amendment on the Amendment Register.
  - Update the hard copy of the manual (located in Information Central), the web-based version, and provide an electronic copy to the Board Secretary.

6. ***Other procedure manuals:*** Departments may hold other manuals describing work procedures. Such manuals do not require Board approval. However, these procedures cannot be inconsistent with this manual.
7. ***New staff:*** New staff shall be provided with an opportunity to review the Policy and Procedure Manual and any Department manuals as part of their orientation.
8. ***Reviewed annually:*** The Policy and Procedure manual is to be reviewed at least annually.

1. The name of the society is "The Cerebral Palsy Association of Prince George and District".
2. The purposes of the Society are:
  - a) to promote public awareness and to treat, educate and to provide generally for the welfare of persons handicapped as a result of cerebral palsy or related disorders;
  - b) to initiate and where necessary to implement pilot projects and programs desired to carry out the initial objective as set forth in paragraph 2(a);
  - c) to purchase, lease, rent, build, sell, manage and otherwise acquire and dispose of buildings and property suitable for the treatment, education and welfare generally of persons handicapped as a result of cerebral palsy or related disorders;
  - d) to become a member, or to co-operate with any other society, association or person for the purpose of furthering the objects of the society;
  - e) to rent, purchase, maintain, sell and otherwise acquire and dispose of vehicles as the society may deem necessary for the purpose of furthering its objects;
  - f) to borrow or raise funds for the carrying out of the objects of the society in such manner as the society shall deem fit;
  - g) to receive, acquire, and hold gifts, donations, legacies and devises;
  - h) to operate as a non-profit organization, to administer and employ its assets and rights for the purpose of promoting or aiding in the promotion of the welfare of all children;
  - i) to establish, maintain and promote day care programs which seek to meet the individual needs of children and their families;
  - j) to work closely with the parents and day care workers whenever possible in furthering the emotional, physical, educational and behavioral development of children;
  - k) to offer support and assistance to individuals or groups who are members of the society involved in the provision of day care programs; and
  - l) to encourage and promote the education and training of day care workers in the field of child development.
3. The operations of the Society are to be chiefly carried on at or near the City of Prince George, in the Province of British Columbia.

4. Upon winding up or dissolution of the Society, the assets which remain after payment of all costs, charges, and expenses which are properly incurred in the winding up shall be distributed in the following manner. All remaining assets will be given to The Cerebral Palsy Association of British Columbia, or other such charitable organizations carrying on business in the Province of British Columbia or elsewhere in Canada as the Directors may decide upon. Remaining assets that are externally restricted (such as B.C. Gaming Commission Funds or assets purchased with gaming funds) and must be utilized within the Province of British Columbia will be given to the Cerebral Palsy Association of British Columbia, or other such charitable organizations carrying on business within the Province of British Columbia as the Directors may decide upon. This provision shall be unalterable.

**Part 1 – Interpretation**

1. In these bylaws, unless the context otherwise requires:
  - a) “directors” means the directors of the society for the time being;
  - b) “Society Act” means the Society Act of British Columbia from time to time in force and all amendments to it;
  - c) “registered address” of a member means the member’s address as recorded in the register of members.
  - d) “member” means any individual, affiliated or honorary member who has not ceased to be a member.
2. The definitions in the Society Act on the date these bylaws become effective apply to these bylaws.
3. Words importing the singular include the plural and vice versa, and words importing a male person include a female person and a corporation.

**Part 2 – Membership**

4. The membership of the society shall be divided into three classes: individual members; affiliated members; and honorary members; as follows:
  - a) Individual membership shall be given to any person who pays an annual membership fee to be assessed in accordance with the bylaws of the society and shall be entitled to a vote in all general meetings of the society and to hold office as a director of the society if elected or appointed pursuant to the bylaws of the society.
  - b) An affiliated membership shall be given to any organization or club interested in the welfare of handicapped persons in the area served by the society. Affiliated members shall pay a membership fee to be assessed in accordance with the by laws of the society, but shall not be entitled to hold any office as a director of the society, but may appoint a representative of the organization or club to vote at any general meeting.
  - c) An honorary membership may be conferred by the board of directors, at any general meeting of the society, for any member who makes an outstanding contribution to the welfare of the handicapped. An honorary member shall enjoy all the privileges of a general member including the right to hold office as a director of the society and the right to vote at any general meeting of the society.
5. The members of the society are the applicants for incorporation of the society, and those persons or affiliates who subsequently become members, in accordance with these bylaws and, in either case, have not ceased to be members.
6. Every member must uphold the constitution and comply with these bylaws.
7. A person employed by the society may not be a member of the society until two years after the date employment ceases.

8. The directors may confer honorary membership upon a person who has been approved by a majority of the members at a general meeting.
9. The amount of the annual membership dues for the fiscal year shall be determined at each annual general meeting of the society.
10. All members are in good standing except a member who has failed to pay his or her or its current annual membership dues, or any other subscription or debt due and owing by the member to the society and the member is not in good standing so long as the debt remains unpaid.
11. A person or affiliate ceases to be a member of the society:
  - a) by delivering his or her or its resignation in writing to the secretary of the society or by mailing or delivering it to the address of the society;
  - b) on his or her death or, in the case of a corporation, on dissolution;
  - c) on being expelled, or;
  - d) on having been a member not in good standing for six (6) consecutive months.
12. If a person or affiliate ceases to be a member of the society, for whatever reason, no fee nor any portion thereof already paid by such person or affiliate shall be refundable by the society.
13. The directors may, by vote of a majority of those present, expel any member whose conduct has been determined by the directors to be improper, unbecoming or likely to endanger the interest or reputation of the society, or who willfully commits a breach of the constitution or the bylaws of the society. The directors shall first notify the member in writing that such member's expulsion is being proposed and such notice shall include a brief statement of the reasons for the proposed expulsion. The directors shall not vote on the proposed expulsion of a member until after the member is given an opportunity to be heard at a meeting of the directors, such meeting to be open to the members of the society and called for the purpose of the proposed expulsion.

### Part 3 – Meetings of Members

14. The annual general meeting must be held at least once in every calendar year and not more than 15 months after the adjournment of the preceding annual general meeting.
15. General meetings of the society must be held at the time and place, in accordance with the Society Act, that the directors decide.
16. The directors may, when they think fit, convene a special general meeting.
17. Not less than 14 days written notice of a general meeting must be given by the secretary to all members of the society. Notice of a general meeting must specify the time and place of the meeting.
18. The accidental omission to give notice of a general meeting to, or the non-receipt of a notice by, any of the members entitled to received notice does not invalidate proceedings at that meeting.
19. A member in good standing present at a general meeting is entitled to one vote.
20. Voting is by show of hands unless the directors decide otherwise.
21. Voting by proxy is not permitted.

22. An affiliated member in good standing may vote by its authorized representative, who is entitled to speak and vote, and in all other respects exercise the rights of a member, and that representative must be considered as a member for all purposes with respect to a general meeting of the society.
23. Eight members shall constitute a quorum at a general meeting.
24. A special general meeting shall be convened by the directors within a reasonable time from receiving a written request for such meeting from at least five members in good standing.

Part 5 – Directors and Officers

25. Subject to:
  - a) all laws affecting the society;
  - b) these bylaws; and
  - c) rules, not being inconsistent with these bylaws that are made from time to time by the society in a general meeting;

the directors may exercise all the powers and do all the acts and things that the society may exercise and do.
26. The number of directors shall be not less than 5 and not more than 15. All directors shall serve a two year term.
27. All directors must be members in good standing of the society at the time of their election and must remain members in good standing throughout their term.
28. All directors must retire at the annual general meeting that occurs concurrently with, or immediately after, the conclusion of their two year term. If a successor is not elected, the person previously elected continues to hold office.
29. A retiring director shall be eligible for re-election.
30. A rule, made by the society in a general meeting, does not invalidate a prior act of the directors that would have been valid if that rule had not been made.
31. The directors shall from amongst their number elect by show of hands, or if requested by one of their number, by secret ballot, the following offices:
  - President
  - Vice-President
  - Secretary
  - Treasurer

32. Nominating committees shall be appointed by the president two months prior to an annual general meeting. The duty of the committee shall be to prepare a list of suitable persons to serve as directors for the ensuing year. Such list shall be presented by the president at the annual general meeting. All nominees must be members of the Society in good standing in the current fiscal year and must consent to serve if elected. Candidates may also be nominated from the floor at an annual general meeting provided the member nominated is eligible and would be willing to serve as director.
33. Every member entitled to vote at an election of directors has the right to cast thereat a number of votes equal to the number of directors to be elected, and he must distribute them among the candidates provided that he may not give more than one vote to any one candidate. The member need not exercise all of his votes.
34. The members may, by special resolution, remove a director, before the expiration of his or her term of office, and may elect a successor to complete the term of office.
35. Any director absent from three consecutive meetings of the directors (the "Absentee Director") will be proposed to the members for removal, unless, by the date which is sixty (60) days after the third missed meeting or the date of the next annual general meeting, whichever comes first, the Absentee Director offers to the directors a valid written reason for his absence and that reason is accepted by the directors.
36. So long as a quorum of directors remains in office, the directors may, if they see fit to do so, appoint from among the qualified members of the society persons to fill vacancies on the board of directors, however caused, provided that the persons so appointed shall retire from office at the next annual general meeting. However, if there is not a quorum of directors, the remaining directors shall forthwith call a meeting of the society to fill the vacancy.
37. An act or proceeding of the directors is not invalid merely because there are less than the prescribed number of directors in office.
38. No director shall be remunerated for being or acting as a director but a director must be reimbursed for all expenses necessarily and reasonably incurred by the director while engaged in the affairs of the society.
39. No person under the legal age of majority shall hold any office of the society.

#### Part 6 – Proceedings of Directors

40. Meetings of the directors shall be held at least three times a year and at such other times as the president may decide upon. A meeting of the directors may be convened by the president or any two (2) directors at any time. Notice of the meeting shall be communicated to each director not less than two (2) days [excluding the day on which the notice is communicated, but including the day of the meeting] before the meeting is to take place; PROVIDED that meetings of the directors may be held at any time without formal notice if all the directors are present or those absent have waived notice or have signified their consent in writing to the meeting being held in their absence. Notice of any meeting or an irregularity in any meeting or notice thereof may be waived by any director. Any resolution in writing signed by all the directors shall be as valid and effectual as if it has been passed at a meeting of the directors duly called and constituted and such resolution shall be reported to and entered in the minutes of the next or some subsequent meeting of the directors.

41. Any five directors present at a director's meeting shall constitute a quorum of the board of directors.
42. The president is the chair of all meetings of the directors, but if at a meeting the president is not present within 30 minutes after the time appointed for holding the meeting, the vice president must act as chair, but if neither is present the directors present may choose one of their number to be the chair at that meeting.
43. Questions arising at any meeting of the directors shall be decided by a majority of votes and in the case of an equality of votes the chairman, in addition to his original vote, shall have a second or casting vote.
44. The board of directors may appoint an executive committee and a finance committee. The directors may appoint other committees of directors or members from time to time for special purposes.
45. The members of a committee may meet and adjourn as they think proper.
46. An executive committee shall be made up of the president, the vice-president, the secretary and the treasurer. The president shall be the chairman of the executive committee.
47. A finance committee shall be made up of the treasurer, and one or more other directors. The treasurer shall be the chairman of the finance committee.
48. If necessary, the directors may empower any two or more members of the executive committee to deal with specific matters between director's meetings using the authority granted to the directors pursuant to bylaw 24.
49. The directors shall have the power to hire employees as may be necessary for the supervision of the society's programs. Persons employed by the society may not be directors and shall not have the right to vote.
50. The directors may appoint an executive director.
51. The executive director, when appointed, shall be directly responsible to the board of directors or to a committee appointed by the board of directors and, wherever possible, he shall attend all general meetings, meetings of the directors, and meetings of any committees.
52. The directors shall prescribe the rules and regulations which shall govern the actions of the executive director. A written copy of such rules shall be given to the executive director on appointment.

#### Part 7 – Duties of Officers

53. The president presides at all meetings of the society and of the directors.
54. The president is the chief executive officer of the society and must supervise the other officers in the execution of their duties.
55. The vice president must carry out the duties of the president during the president's absence.
56. The treasurer shall be responsible for:
  - a) ensuring that a true and just account of all monies received and paid out by the society, all assets and liabilities of the society and of all financial transactions of any kind whatsoever are kept;

- b) ensuring that all funds of the society are deposited in an account to be kept in the name of the society in a chartered bank selected by the directors;
- c) ensuring that all monies in excess of Five (\$5.00) Dollars payable by the society are paid out by cheque only, signed by such officers elected by resolution from time to time, and never signed in blank unless a defined maximum amount is endorsed clearly on the cheque;
- d) providing for the safe keeping of all books and records of the society;
- e) keeping the financial records, including books of account, necessary to comply with the Society Act; and
- f) rendering copies of the latest financial statements to the members or to the holders of debentures of the society when required.

57. The secretary shall be responsible for:

- a) ensuring that a record of the proceedings of all meetings, whether of the society or of the executive committee be kept in a special book to be kept for that purpose;
- b) bringing to every meeting the proper minutes and record books, and all necessary books and correspondence which he may have in his possession relevant to the business likely to be transacted at the meeting;
- c) custody of the seal of the society;
- d) keeping the members at large informed of the activities of the society; and
- e) ensuring that a register of the members of the society is kept together with the names of the subscribers of the constitution and by-laws and the name of every other person who is admitted as a member of the society, together with the following particulars:
  - (i) full name, address and occupation of every such subscriber;
  - (ii) the date on which each person is admitted as a member;
  - (iii) the date on which every person ceases to be a member; and
  - (iv) whether the member is a voting or non-voting member.

58. In the absence of the secretary from a meeting, the directors must appoint another person to act as secretary at the meeting.

#### Part 8 – Seal

59. The directors may provide a common seal for the society and may destroy a seal and substitute a new seal in its place.

60. The signing officers of the society shall be any two of the following: president, vice-president, treasurer, secretary and executive director.

61. The use of the seal of the society shall not be valid without the accompanying signature of any two of the above mentioned officers.

62. Upon the appointment of an executive director, the books of the society and seal may be placed in his custody in a place designated by the directors for the carrying on of the work of the society.

#### Part 9 – Borrowing and investments

63. The directors may from time to time borrow money in such manner and on the credit of the society and in such amounts as they may think proper and may cause to be executed mortgages and pledges of the real and personal property and rights of the society and may cause to be signed bills, notes, contracts and other evidence of security for moneys borrowed or to be borrowed, such moneys to be borrowed from any person, firm or corporation or bank, on such terms as the lender may be willing to advance the same. No debenture will be issued without the authorization of a special resolution.
64. The members may, by special resolution, restrict the borrowing powers of the directors, but a restriction imposed expires at the next annual general meeting.
65. The Society may make any investments which, in the uncontrolled discretion of the directors, are considered advisable, without being limited to investments authorized by law for trustees. The directors shall not be liable for any loss that may occur in connection with any investment authorized by them so long as such authorization was made in good faith.

#### Part 10 – Auditor

66. The directors may from time to time appoint an auditor to conduct an audit of the books of account of the society and submit their audit to the annual general meeting of the society.

#### Part 11 – Notices to Members

67. A notice may be given to a member, either personally or by mail to the member at the member's registered address.
68. A notice sent by mail is deemed to have been given on the second day following the day on which the notice is posted, and in proving that notice has been given, it is sufficient to prove the notice was properly addressed and put in a Canadian post office receptacle.
69. Notice of a general meeting must be given to every member shown on the register of members on the day notice is given.
70. No other person is entitled to receive a notice of a general meeting.

#### Part 12 – Inspection of Books and Records

71. Any member of the society shall be entitled to examine the books and records of the society at an annual or general meeting provided three days notice of intent is given to the secretary before such meeting.

#### Part 13 – Bylaws

72. On being admitted to membership, each member is entitled to, and the society must give the member without charge, a copy of the constitution and bylaws of the society.

73. These bylaws must not be altered or added to except by special resolution.

Part 14 – Rules of Order

74. All meetings provided for herein shall be conducted where possible in accordance with rules of order adopted by the directors from time to time.

Part 15 –The Fiscal Year

75. The fiscal year of the society and the year for the purposes of membership in the society shall run from the 1<sup>st</sup> of April until the 31<sup>st</sup> of March.

## **300 Financial Administration**

### ***Budgeting and Accounting***

**301**

*Approved March 21, 1996*

#### ***Policy***

The Finance Committee and the Board approve the Association's annual operating budget. Financial statements are prepared monthly, showing how budgeted amounts compare to actual amounts. The Association uses accrual accounting and allocates expenditures to appropriate programs. An audit is prepared annually, as well as a report regarding the Association's charitable status.

#### ***Procedures***

- 1. Annual operating budget:*** The annual operating budget is prepared with input from senior staff. The Finance Committee reviews the budget. If the Finance Committee is satisfied with the budget, the Committee recommends the budget's approval to the Board. The Board reviews and, if the Board members agree with the budget, approves the budget.
- 2. Monthly reporting and monitoring:*** The finance staff prepare monthly financial statements. The statements are presented to the Finance Committee. If the Finance Committee is satisfied with the statements, the Committee recommends the statements' approval to the Board. The Board reviews and, if the Board members are satisfied with the statements, approves the statements.
- 3. Unbudgeted expenditures:*** The Executive Director will present requests for unbudgeted expenditures to the Board through the Finance Committee prior to the expenditure being made. There is flexibility to manage expenditures within budgeted amounts.
- 4. Annual financial audit:*** The Auditor undertakes annual financial audits. The Finance Committee review the Audit. If they are satisfied with the Audit, they recommend acceptance to the Board. When the Board is satisfied with the Audit, they accept the Audit for presentation at the Annual General Meeting. The members approve the Audit and they appoint a firm to undertake next year's financial audit at the Annual General Meeting.
- 5. Accrual accounting:*** Financial statements are prepared on an accrual basis. Accruals are calculated monthly.
- 6. Allocations:*** Revenues and expenses which apply directly to specific programs are applied to them. Remaining amounts are allocated to departments or programs based on criteria such as percentage of contract and percentage of space used.
- 7. Charitable status report:*** A report of the society's activities as a charitable society and tax receipts issued shall be prepared annually in accordance with the requirements of Canada Revenue Agency.
- 8.*** All new contracts and all substantially revised contracts will be brought to the Finance Committee for approval before being signed off by the Executive Director.

**Policy**

Appropriate measures are used to ensure cash control from any fundraising activities. All cash is receipted using pre-numbered receipts or vouchers; tax receipts for tax purposes are issued for donations over \$20 or if requested. Licenses are obtained for gaming events as outlined by the B.C. Gaming Commission. Staff and volunteers will comply with procedures outlined by the Commission to ensure proper monitoring of funds.

**Procedures**

1. **Cash control:** Funds are counted at the beginning and end of each volunteer shift for fundraising events. Where possible, two people are present when funds are being received. All cash is receipted using pre-numbered duplicate receipts or vouchers such as ticket stubs. Deposits are made daily.
2. **Gaming procedures:** Licenses are required for any gaming event not involving skill. Staff and volunteers must comply with the procedures required by the provincial regulations. Reports are completed within 30 days after a specific license has expired. The Fundraising Department gathers the input and finance staff prepare the report.
3. **Donations:** Individuals or organizations that make donations over \$20 will be given a tax receipt for income tax purposes. Receipts will also be issued for lesser amounts by request.
4. **Ticket sales:** Sales of items such as raffle tickets and cash calendars are tracked closely. The Fundraising Department keeps a record of all sales. All tickets are kept for two years after the event.
5. **Dutch auction:** At this annual event, local businesses are asked to donate items for a televised auction. The starting price for bids is the retail price of the item, which decreases until a bid is received. A deposit is made on the day of the event.
6. **Bingo:** Bingo Affiliation licenses are applied for as needed.
7. **Gaming Licenses:** Additional gaming licenses are obtained as required. Reports are also completed as required.
8. **Gift Wrap Booth:** A gift wrap booth at Pine Centre Mall is set up annually. A mix of volunteers and paid staff operate the booth.
9. **Other events and activities:** Other activities may be held.

***Policy***

All incoming cash is receipted. The Executive Director and the Director of Resource Development or designate(s) are authorized to sign receipts for income tax purposes. Deposits will be made at least once per week or when amounts warrant (over \$500). Funds not being deposited will be kept in the safe overnight. Temporary surpluses of funds in the bank will be invested.

***Procedures***

1. ***Receipts:*** All incoming cash is receipted and recorded in a cash journal using Adagio. Each entry will show the reason for the income, and type of funds (cash, cheque, credit card, etc.).
2. ***Donations (over \$20, or by request)*** are provided with a receipt for income tax purposes. The Executive Director or designate(s) are authorized to sign these receipts. A duplicate will be kept.
3. ***Fundraising revenues:*** Funds received are recorded, reconciled, and may be deposited directly. Finance staff prepare gaming reports. The Fundraising Department track the receipt of these funds.
4. ***Deposits:*** Deposits are made as needed, when amounts warrant (over \$500.00). Night deposits are made when required after banking hours.
5. ***Safe:*** The safe is kept locked at all times. Only the Finance staff, the office manager, and the Executive Director have access to the safe. Funds not being deposited will be retained in the safe at the end of the day.
6. ***Excess cash invested:*** Temporary surpluses of cash will be invested in short-term bank certificates to maximize revenues.

**Policy**

Each department has a petty cash fund for small purchases. One person within the department is responsible for the fund. All other disbursements are made by cheque. Two signatures are required on each cheque. Payroll is prepared every two weeks. Suppliers are paid at least once per month, but not later than thirty days after the invoice is received. The Executive Director signs purchase orders for all major purchases (over \$500, unless previously authorized); all other purchases must be authorized by the Section Head or Department Director.

**Procedures**

- 1. Petty cash:** Each department has a petty cash fund for small purchases. One person within the department is responsible for the fund. This person reconciles the fund approximately once per month when it needs to be replenished, preparing a written report including all receipts.
- 2. Cheques:** All disbursements (except petty cash) are to be made by cheque. Two signatures are required for each cheque. Supporting documentation such as price quotations and purchase orders shall be kept for each disbursement.
- 3. Payroll:** Salary payments are made every two weeks. An external agency provides a payroll service. The Accountant supervises the data entry, which is sent by modem. The agency prepares and signs the cheques and handles all remittances; the Centre covers the payroll with a single payment. The Executive Director signs the completed payroll register.
- 4. Payments to suppliers** are issued twice per month. In any case, payments are to be made within thirty days of the date the invoice is received.
- 5. Purchase orders:** Each department is responsible for its own ordering. Major purchases are to be signed by the Executive Director (over \$500 unless previously authorized). All other purchases must be authorized by the Section Head or Department Director.
- 6. Contractual Relationships:** The Association may from time to time enter into contractual relationships to secure additional services that are not available within the Society. The Society will maintain formal written contracts for these specific projects or services

***Policy***

Invoices are issued monthly. Finance staff will review accounts receivable monthly to identify outstanding amounts for reminder or collection action. The Executive Director is the only person authorized to write off accounts receivable. GST qualifies as a receivable as 50% of all GST paid is refunded.

***Procedures***

- 1. Invoicing:** Invoices are issued monthly. Not all receivables require invoicing. Many funding agencies pay by direct deposit without an invoice being issued.
- 2. Tracking receivables:** Finance staff will review receivables monthly to identify outstanding accounts for reminder or collection action. An Aged Trial Balance will be prepared.
- 3. Write-off of receivables:** The Executive Director is the only person authorized to write off accounts receivable. Write-offs shall be identified in the accounts.
- 4. GST:** As a qualifying non-profit organization, the Centre is eligible for a refund of 50% of all Goods and Services Tax paid. The refundable portion of GST paid is recorded as a receivable at the time invoices are processed for payment. The refund is requested and paid quarterly.

**Policy**

The Board approves purchases of fixed assets. Proposals for purchase are made based on input and discussion of all departments. Once approved, purchase is subject to the receipt of applicable moneys. An inventory of fixed assets is to be maintained and updated annually once a base inventory has been completed. Costs of fixed assets are reflected in the Society's accounts, without considering depreciation.

**Procedures**

1. **Definition:** A fixed asset (or capital expenditure) is an item having a life expectancy extending into future years, and valued at \$500 or more.
2. **Approval of fixed asset purchases:** Annually or as needed, the Executive Director will present to the Board for approval a list of fixed assets proposed for purchase. The list will be developed with input and discussion of all departments. Once approved, purchase of the items is subject to receipt of applicable moneys.
3. **Inventory:** A record of fixed assets is to be maintained and an inventory taken annually, once a base inventory has been completed. (Note: This activity is in progress)
4. **Accounting:** The cost of the new asset will be added to the asset accounts. If the new item replaces an old asset, the original asset will be removed from the asset accounts, using the original cost if known or an estimate.
5. **Depreciation not included:** Because donations are solicited to finance the purchase of fixed assets, depreciation is not included in the Society's accounts.

**Policy**

There are several security systems in place at the Centre:

- All computer data is backed up daily and stored off-site. Passwords restrict access to financial and other applications where needed.
- A safe is used for secure temporary storage of cash; access to the safe is limited to the finance staff, Office Manager, and Executive Director.
- A master key system is used to control access to the Centre's facilities, with individuals issued keys only to those areas they need to access.
- An alarm system protects the Centre against unauthorized entry; individual security codes are issued to personnel who need to enter after hours.

Security systems will be reviewed at least once a year or after a breach or potential breach.

**Procedures**

1. **Computer security:** All computer data including accounting records is backed up daily and stored off-site. Passwords are also used to restrict access to different types of information within the computer network. Only the Accountant and Assistant Accountant have access to financial applications.
2. **Safe:** The safe is located in the Accounts office. The combination is set by and kept in confidence at Prince George Lock and Key. The Executive Director and Accountant are the only staff aware of the combination. The safe is used for temporary storage of cash.
3. **Master key system:**
  - **Keys:** Staff are issued with keys to access only those areas they regularly use. Department Directors are issued with keys for their personal regular use plus sub master keys for other areas their department uses regularly.
  - **Sign-in/sign-out:** All keys issued are signed out by the Office Manager, and signed back in when returned. Recipients are responsible for their own key security and must report all losses immediately to the Office Manager.
  - **Key storage:** Keys for the entire Centre are stored in a key cabinet. The key to the cabinet and the key book are stored in the Centre's safe.
  - **The integrity of the key system** will be reviewed at least annually and after any questionable entry to the building or loss of keys by individual staff members.

#### **4. Alarm System:**

- *A master code* for the system is maintained by Curtis Elite Security Systems and the Executive Director or designate.
- *Changes to the system* must be authorized by the Executive Director on a purchase order.
- *Individual security codes:* All regular staff and casual frequently working in the building that require entry to the building after regular work hours will be issued an individual security code. A temporary security code may be issued to contract workers who temporarily require after hour access.
- *The integrity of the system* will be reviewed at least annually or after a breach of security or major staff turnover.

## **400 Operations of Centre**

### ***Referral to the Child Development Centre***

**401**

*Revised June 9, 2009*

#### ***Policy:***

The Child Development Centre shall respond to referrals in a timely, caring, accessible manner.

#### ***Procedures:***

- 1. Initial Referral:** Anyone can refer a child, with the consent of the parent/guardian. After a referral form is completed, it will be entered in our client database and forwarded to the appropriate department. The departments then follow their intake procedures.

If the referral does not fall within our service mandate, the referral source will be informed of the reasons why, and alternative service providers will be suggested.

- 2. Registration:** The first involved staff are to ensure that the parent/guardian completes a Consent to Treat form, and an Authorization to Collect & Release form.

If the Ministry for Children and Families is the child's guardian, they must sign the registration form.

- 3. Statistics:** Statistics are maintained by each department.
- 4. Chart opened:** Administrative staff open a chart for each child who is registered to receive services.
- 5. Tracking:** Section Heads are informed weekly of incoming referrals.

***Policy:***

Some services at the CDC require a fee. Parents/guardians are responsible for these costs, unless their financial circumstances prevent it. The Executive Director may waive or reduce costs for reasons of financial need.

***Procedures:***

1. ***Financial need:*** The CDC provides some assistance to help families/guardians access funds to support their children. The Executive Director may waive or reduce costs for reasons of financial need.

**Policy:**

A chart will contain all pertinent information about a child's care. The chart will be maintained in good order, in a timely manner, confidentially, and securely.

**Procedures:**

1. **Organization:** The chart contains all pertinent information about the child's care:
  - Organized in a 3-ring binder divided into sections.
  - Each section may be arranged into subsections (e.g. assessments, correspondence, progress notes).
  - Includes originals of all forms: referral form, registration/consent forms, etc.
  - Charts are filed alphabetically in the chart room.
  
2. **Confidentiality:** Centre staff are to maintain confidentiality of charts. Access to charts is as follows:
  - *Staff:* Centre staff are only to access charts for children that are on their caseload, or as required in attaining their positions' responsibilities.
  - *Family:* A parent/guardian may read their child's chart in the presence of the Family Service Worker or Department Director. An older child with sufficient understanding may read his/her own chart similarly. Adequate notice to the Centre is required through the use of the appropriate application form.
  - *Students:* Practicum students may have restricted access to charts during their placements at the discretion of the Department Director.
  - *Funding agencies:* The Ministry of Health and the Ministry for Children and Families has access to charts within programs which they fund. Consent of the parent/guardian is not required but parents are informed as a courtesy when the child is registered.
  - *Other agencies:* The parent/guardian must provide written consent before other agencies see the charts, or receive copies of information prepared by the Centre. Material received from other agencies is not released to other outside agencies.
  - *In case of reported abuse:* The Ministry for Children and Families has access to any requested materials if child abuse is reported; consent of the parent/guardian is not required or obtained.
  
3. **Security:** Charts are stored securely in a chart room, which is kept locked. No one is permitted to remove charts from the Centre.

Staff working with charts must not leave them in areas to which the public has access, and must return them to the chart room at the end of the working day. When preparing reports to be added to charts, staff will ensure the security of the information until it is added to the chart.

4. **Frequency of updating:** Staff actively involved with a child are responsible to keep the chart up-to-date. Significant changes in the child's condition are to be recorded within 24 hours. Other information should be recorded as soon as possible, but not later than two weeks after it occurs. Staff working with a child are expected to update the chart a minimum of every six months, with formal reports completed yearly.

5. ***Making entries in a chart:*** Information shall be recorded legibly as follows:
  - Identify the child's name, date of birth, and the page number on each page.
  - If an entry spans two pages, write "continued" at the bottom of the page. When a progress page is not completely filled in but a new page is started, draw a line through the empty space.
  - All entries are to be written clearly and signed by the writer, identifying their discipline.
  - Entries must be permanent. Handwritten notes must be in ink. Use the same colour ink for each individual entry.
  - Do not use correction fluid or other material to cover up errors. Instead, draw a straight line through each part of an inaccurate entry, leaving it legible, and initial the error.
  - Abbreviations, symbols, and terminology used should be standard to the respective profession.
  
6. ***Attendance:*** Attendance records for Early Childhood Education are maintained separately. Attendance records for the current month are kept in the classroom; past records of the current year are stored in the Early Education office. The previous years are stored in the Archives. Any significant attendance issues are recorded in the child's chart in the general information section (e.g. family vacations, transportation issues, any absence longer than two weeks, or any other unusual absences).
  
7. ***Change of information:*** Staff members who become aware of an uncharted change in a child's personal information (e.g. address, telephone, parent/guardian, physician) are to prepare a Change of Information Form. The form is circulated to each department, whose staff will amend any applicable records.
  
8. ***Old records:*** Closed charts are kept in a secure area until the child reaches age 25 or seven years after closure, whichever is later. When records have been identified for destruction and the Executive Director has granted permission, a summary of information is completed and transferred to an individual card as a permanent record and the remaining materials are destroyed. Paper materials are destroyed by effective shredding; computer files, audiotapes or videotapes are erased.
  
9. ***Minimum documentation:*** The minimum documentation for a chart includes:
  - Initial consultation report completed by therapist within two weeks of Initial Consultation.
  - Progress notes, handwritten or typed every six months for active caseload
  - Formal reports, typed annually for active caseload.
  - Documentation of significant events.
  - Discharge summary.
  
10. ***Re-Opening Charts:*** Copies of selected information from a closed chart may be placed into a new chart if a child has been re-referred.
  
11. ***Thinning of charts:*** The decision to thin charts will be made by section heads during chart audits. They will decide on a date prior to which documents in all sections of the chart will be removed and placed in a supplemental file. Discharge Summaries will remain in the chart.

**Policy:**

Parents or guardians must give their permission in writing on a consent form before their child is assessed or treated at the Centre. Consent is also required to obtain or release information from/to another agency or professional about a child (except for funding agencies or where abuse has been reported), to take a photograph or videotape of a child, or for special activities such as administering medication or field trips.

In limited circumstances, a child can consent on their own behalf. Legal requirements must be met to ensure the child is fully knowledgeable about the treatment and that the treatment is in the child's best interest. Documentation of all the above will be included in the chart.

**Procedures:**

- 1. Consent to Treat form:** The parents or guardians complete and sign a Consent to Treat form when first admitted, which gives their permission for the child to be assessed and treated at the Centre.
- 2. Consent to obtain or release information:** Parents or guardians must sign a consent form if the Centre wishes to obtain or release information from/to another agency or professional about a child. (Exception: Ministry for Children and Family Development do not need consent to see charts for programs they fund or where abuse has been reported.) A note is added in the chart about each agency receiving a copy of a particular report.
- 3. Consent to photograph:** Photographs or videotapes of a child may be obtained to aid in assessment and treatment, or for public relations/advertising. A consent form must first be obtained and the purpose clearly stated on the form.
- 4. Other consent forms:** Consent will be obtained to administer medications, to go on field trips, and other unusual activities where consent has not otherwise been obtained as part of the regular registration process.
- 5. Validity of consent forms:** Consent forms are valid until consent has been withdrawn in writing by parent/legal guardian. Written confirmation will be requested. A Change of Information Form will be completed and circulated.
- 6. Where filed:** All forms are kept in the child's chart.

7. ***When child can consent on their own behalf:*** In limited circumstances, an older child with sufficient understanding may provide their own consent without involvement of the parent or guardian. In this case, the service provider is required by law to:
- explain the nature and consequences and reasonably foreseeable benefits and risks of the treatment or lack of treatment, and be satisfied that the child understands;
  - make reasonable efforts to determine that the treatment is in the child's best interests.

Documentation of all the above will be included in the chart.

(Reference: *Infants Act* section 16; amendment effective January 1, 1993.)

***Policy:***

Every reasonable effort will be made to assist individuals requesting information and to respond to them openly, accurately, completely, and in a timely manner; without disclosing information of a private nature that is not appropriate for release. The privacy of those receiving services will be protected by ensuring that information is only released in accordance with provincial and federal protection of personal Information privacy legislation and with the clients written consent (cases of reported abuse will take exception as required by law).

***Procedures:***

1. ***Informal or formal requests:*** Requests for information will be met to the extent possible on an informal level. If an individual or organization prefers, they may request information under the *Freedom of Information and Privacy Act*, if the information relates to a program carried out for a provincial government department.
2. ***Protection of privacy:*** Information about a child will not be disclosed outside of the Centre unless the parent/guardian consents in writing.
3. ***Notification & deadline:*** A Ministry office may notify the Child Development Centre requesting information about a client. There is a 30 day deadline for a response, which may be extended only for specified reasons.
4. ***Locate & review records:*** The Centre immediately locates the records requested and conducts a preliminary review for information that would not be appropriate to disclose (e.g. certain types of personal information relating to a third party).
5. ***Fees:*** Fees can be assessed for the costs involved in obtaining the information, but only where the request does not relate to personal information about an individual. If fees are involved, the Ministry prepares an estimate in consultation with the Centre, and staff will keep track of time and costs involved.
6. ***Review by Ministry:*** The Centre forwards the requested records to the Ministry. The Ministry office completes the review of the records, working jointly with the Centre on any areas of concern. The package is prepared for approval by the Minister or Deputy Minister.

7. ***Information released:*** The Ministry sends a response to the applicant and releases the appropriate information.
8. ***Corrections to personal information:*** Individuals have the right to corrections of errors in their personal information. Errors should be corrected as soon as they are drawn to the Centre's attention.

*References:* Freedom of Information and Protection of Privacy Act  
Information and Privacy Branch, Ministry of Health Guidelines, April 1994

***Personal Information Protection Act, October 23, 2003***

**Policy**

Initial Consultation to determine whether a child is deemed to require services will take place in a timely manner. A service coordinator may be appointed, if more than one discipline is involved. An initial consultation report is prepared by the referred discipline.

**Procedures**

1. **Time frames:** After receiving the initial referral it is dispersed to the appropriate department(s). Each department maintains their own procedure for intake, waitlist, consultation, etc.
2. **Planning Initial Consultation:** Therapy department assigns new referrals to staff for an individual initial consultation, or if more than one discipline is involved, a meeting may be held to plan a joint initial consultation. The initial consultation may be done at the Centre, in the community or at home. Early Childhood Education will contact the family, place the child on the waitlist until there is a space available. Supported Child Development will make initial contact through a consultant, and services will be provided as available.
3. **Service Coordinator:** Upon parents' request a service coordinator will be appointed to help support the family.
4. **Consent and other forms:** The service or discipline will ensure that consents and other forms are completed.
5. **Initial Consultation:** During the initial consultation, parents' concerns are discussed: goals are set in partnership, and findings and recommendations are prepared in a report. The staff send the initial consultation report to those as approved by the parent/guardian.

***Policy***

Assessment and goal-setting are ongoing, and are conducted using a family-centred approach. Goals are to be reviewed at least annually for children on active caseloads, and/or by parent request.

***Procedures***

1. ***Purpose of assessment:*** An assessment is an in-depth evaluation and accomplishes the following:
  - Evaluates the child's developmental level (if applicable) and areas of strengths and challenges.
  - Identifies the family's strengths and concerns.
  - Discusses with the family options for treatment and desired outcomes.
  - Provides a baseline to monitor progress of the treatment.
2. ***Child/family receives services:*** Following discussion with the child's parent/guardian, the child/family is scheduled to receive services or placed on a waiting list. The assessment begins once the child is on active caseload. As more information becomes available, treatment strategies may be planned and modified.
3. ***Referrals:*** If information or services are required from another agency, appropriate referrals are made (e.g. paediatrician, psychologist, audiologist). Additional CDC services may also be referred.
4. ***Goal-setting:*** The entire team may be involved in setting goals for the child or goals may be set by each discipline.
5. ***Assessment report:*** An assessment report is completed by each involved discipline. The report is forwarded to the parent/guardian and others if appropriate (e.g. family physician).
6. ***Annual reassessment:*** Goals are to be reviewed at least annually for active caseloads.

**Policy**

Team members within the Child Development Centre work together to provide family-centered, inter-disciplinary service.

**Procedures**

- 1. Client and Families:** To actively participate as an integral part of the child's developmental team. To communicate concerns, observations, goals, and priorities with other team members.
- 2. Speech Language Pathologists:** Encourage positive communication interactions in children and their families. Addresses speech production, voice, fluency, understanding and using language, discourse, listening and attention, play and social skills, and alternative or augmentative ways to communicate.
- 3. Occupational Therapists:** Assist children and families with how the child functions in the home, school and community. Addresses fine motor function, development of eye-hand coordination, play skills, problem-solving and concentration, self-care skills, sensory-motor integration, positioning and seating. May involve the use of adapted toys and specialized equipment.
- 4. Physical Therapists:** Encourage development of gross motor skills by instructing parents/caregivers in handling and positioning their child in everyday family, school, and leisure routine; specific exercises and play exercises; the use of a variety of equipment; hydrotherapy; and adapted sports.
- 5. Early Childhood Educators:** Assist in development of children, by assisting family in knowledge of general child development and behaviour management; and providing early education at the Centre. Design and provide curriculum to facilitate the child's physical, social, emotional and intellectual development based on individual assessments and goals.
- 6. Paediatricians:** Provides medical expertise and support to children and the CDC staff. Participate in some case conferences, make referrals, and may see children on-site.
- 7. Family Services Worker:** Provides many support services for the region's children and their families, and is an advocate for them at the Centre. The FSW liaises between the families, Centre staff, external agencies and the Ministry of Children & Family Development. He/she also advise families regarding other related regional services. The FSW also helps to build community capacity, including parenting skills.

- 8. Director of Community Relations:** To improve the financial base of operations through public relations activities that will include resource generating events, Child Development Centre profile enhancement as well as proposals to secure funding to support the operations of the Association. The Director of Community Relations is also responsible for accurate and timely communication activity with all media.
- 9. Supported Child Development Program (SCDP):** Supports children with challenges in community child care programs of parents' choice. Children who require extra support are children with developmental delays, exceptional health care needs, challenging behaviours, mental, physical, communication, or emotional challenges.
- 10. Administration:** Provides clerical support services including data/word processing, records management, database administration, and reception of all clients and other contacts as well as the coordination of volunteer applications and criminal record checks.\
- 11. Director of Programming:** Is responsible for overseeing all CDC programming, including ensuring programming is offered in an accessible, efficient and effective manner.
- 12. Executive Director:** Conducts the overall direction and coordination of the Association, reporting directly to the Board. Responsible for overall service delivery, quality assurance, financial management, human resources management, maintenance, public and internal relations, safety and security.

### **Team Member Reporting Structure**

Reporting structures are as per the Board approved organizational chart..

The Executive Director reports directly to Board of Directors.

**Policy**

The operations of the Centre shall include opportunities for inter-disciplinary meetings which foster the team approach and family-centred philosophy in the care of children.

**Procedures**

1. **Individual Service Plan (ISP):** Parents/guardians or staff can call a meeting at any time. The purpose should be clearly identified, and may include discussing team assessment results, goal-setting, or problem-solving. The meeting may include family, staff, and outside agencies. The facilitator will prepare an agenda and make every effort to distribute it prior to the meeting to those scheduled to attend. The facilitator will ensure that minutes are taken and are placed in the child's chart. ISPs can also be created by individual disciplines with family input.
2. **Paediatrician conferences:** Conferences are held regularly in coordination with each paediatrician. Staff have input into which children will be discussed; children are reviewed as needed. A designated staff member (or the Paediatrician) will ensure that notes are placed in the chart of each child discussed. The meeting will be used to:
  - bring forward parent concerns.
  - bring forward new clients, or discharge a client from all or part of the services.
  - do problem-solving relating to evaluation, diagnosis or management.
  - provide routine updates on progress.
  - discuss significant change in status or reassessments by staff or outside agencies/professionals.
  - make major decisions regarding referrals elsewhere.
3. **Inter-agency case conferences:** Case conferences called by other agencies are attended as needed by the primary staff member working with the child. The chart stays behind if the meeting is held outside the Centre. Those attending are responsible for updating the chart upon their return. Attendance at out-of-town conferences must be approved by the Executive Director.
4. **ECE parent/teacher conferences:** Formal ECE parent/teacher conferences are offered twice per year. They are an opportunity for Early Childhood Education staff members to review with parents or guardians the progress of each child, and to discuss any goals. The meeting may be held at the Centre or in the home. If parents/guardians cannot attend, a telephone meeting is held and a report is mailed. Family physicians and others involved with the child may attend the conference if desired by the parents/guardians.

## Child Safety:

### Supervision, Transportation, and Release from Centre

411

Revised June 9, 2009

#### *Policy*

Children will be supervised at all times when at the Centre or involved in Centre programs. Criminal record checks and other measures will be taken to ensure staff are suitable to care for children. Children will not be released to anyone without authorization by the parent/guardian, and will not be released to anyone where Court documents on file prohibit their contact with the child. Parents/guardians are responsible for transportation of the child to and from the Centre, and if they neglect to pick up a child, the child will be placed in the charge of the appropriate Ministry.

#### *Procedures*

1. **Supervision of children:** Children will be supervised at all times when at the Centre. Staff are responsible for the care and safety of children left in their charge.
2. **Criminal record checks:** All individuals expected to be in the presence of children must undergo a criminal record check. This includes staff, volunteers, and students, but not parents or guardians participating in the program. Relevant criminal activity will be considered in deciding whether the person is suitable to work around children.
3. **Transportation of children:** Parent/Guardians are responsible for the transportation of the child to and from the Centre. If staff are transporting children from one program to another, or on a fieldtrip, permission in writing shall be obtained from parent/guardians. Adequate liability insurance and licensing shall be in place for vehicles used, and that the Driving Policy Confirmation form has been signed. All staff/parents/volunteers that provide transportation for children must provide the Association with copies of their drivers licence, current automobile insurance as well as a current drivers licence abstract. Drivers abstracts will only be deemed valid for a period of one year. Parent drivers must also complete a criminal record check. For the purposes of continuity all drivers abstracts will be subject to renewal by the first of April each year.

In addition to written permission, proper insurance and proper licensing, staff are required to ensure children are properly secured in safe, age-appropriate car seats, boosters, or seat belts.

Please read the pamphlets Doing It Up Right and Choose a Car Seat to inform yourself of the law and the safety precautions you need to take. The standards outlined in these pamphlets are considered CDC standards. **Do not take a child who requires a car seat if you do not have one that is in good condition and has all the proper attachments** including the tether straps. Even if a parent tells you they never use the tether strap or other safety features on the car seat and don't expect you to, you must use all features. A parent's written or verbal permission does not override this policy.

If staff vehicles are not equipped with proper safety equipment and car seat tether straps, they are not to transport children in their vehicles. Alternate transportation arrangements must be made.

4. **Releasing children from the Centre:** Parents/guardians must notify the Centre in writing if babysitters, friends, or other individuals are authorized to pick up the child from the Centre.
5. **Custody/access issues:** If there is a change in custody of the child, or if there is a court order for a person to stay away from the child, a copy of the legal document is required for the chart and involved staff will be advised. The child will not be released to a person in these circumstances. If an individual attempts to abduct a child, such as when a court order prohibits their contact with the child, staff should call the police.

Parents/guardians of preschool children are requested to fill out a card saying who may pick up a child and who may not. Their wishes will be respected.

A foster parent has custody of a child, but the Ministry is a foster child's guardian. The foster parent will usually pick up the child but decisions about the child are made by the guardian.

6. **If a child is not picked up,** staff are not permitted to take the child home or leave the building with the child (as it may constitute abduction). After a reasonable waiting period and attempts to contact the parent/guardian, staff are to call the Ministry's child protection unit, and complete a call to MCFD form, found in the Chart Room.
7. **When person picking up the child appears impaired:** If it appears to staff that the person picking up the child is impaired, staff should offer to call a relative, friend or cab to pick them up. If the person insists on driving, staff should inform them that doing so would be breaking the law and endangering the child, and that the police will be called. If they enter the vehicle, staff are to call the police, giving a description of the vehicle. If there is a concern that the child may be at risk, it must be reported to the Ministry for Children and Families.
8. If a person under the age of twelve is sent to pick up a child, please let him/her know we cannot let him/her take the child. An adult needs to take responsibility for picking up the child. If no adult is forthcoming and it is time to close the Centre, please call the Ministry for Children and Families as per Item 6.

***Policy***

All Society facilities shall be operated and maintained safely and in a way that minimizes any health hazards. The removal of dangerous items is the responsibility of all staff. If a staff person identifies a dangerous item, he/she should take appropriate action to see that it is removed from the facility or off the facility grounds.

***Procedures***

1. ***WHMIS:*** The Workplace Hazardous Materials Information System shall be followed to identify hazardous materials and explain the risks and procedures for incidents. Training shall be provided in accordance with regulations.
2. ***Storage of hazardous materials and equipment:*** Toxic materials must be stored safely and in a place not accessible to children. Flammable materials such as gasoline must be stored in a secure area outdoors.  
Sharp implements are to be stored out of reach and proper (*sharps*) disposal methods to be utilized. The splinting room is to be locked at all times.
3. ***Ventilation:*** Noxious materials shall be used only in well-ventilated areas.
4. ***Reporting hazards:*** Broken furniture or equipment or other hazards shall be reported to the Executive Director or person in charge of the facility, and should be removed until repaired or discarded.
5. ***Electrical outlets*** shall be covered with protective plates when not in use.
6. ***Areas free of clutter:*** Exits and corridors shall be kept free of obstacles. Storage areas should be uncluttered. No items are to be stored in the furnace room.
5. ***Inspections:*** The Association safety committee shall inspect all facilities on a quarterly basis, and provide a report to the Executive Director for action.
6. ***Dangerous Items in and around the Centre:*** Dangerous items not permitted inside the facility include weapons of all types. Dangerous items that may be encountered outside on the facility grounds may include syringes, used condoms, broken glass, etc.  
Wear thick, protective gloves and use tools such as a pan and brush to sweep up the item. Sharp items must be disposed of safely and needles are to be disposed of in a sharps container. Other items are disposed of in the garbage bins.

***Policy***

A staff member trained in first aid shall be present in each area serving children. Emergency contact numbers and other emergency provisions will be kept in an accessible emergency kit. All significant incidents will be reported to parents/guardians (if children involved) and to the Executive Director through the Department Director.

***Procedures***

1. ***First aid:*** Each classroom must have first aid certificates posted. All childhood educators and supported child care staff have current first aid as well as designated administration and therapy staff.
2. ***Injuries:*** For injuries requiring more than first aid treatment, in an emergency, call 911 to have an ambulance take the person to the hospital emergency department. Ask a staff member to meet the ambulance when they arrive at the Centre and direct them to the location of the injured person. Parents/guardians of injured children shall be notified immediately.

If it is not an emergency, the family physician may be able to see the child; give the parents or guardians the option of making arrangements.

3. ***Emergency contact number and emergency kit:*** Emergency telephone numbers (parents or guardians and one to two alternates) shall be recorded on file, and in an easily accessible emergency kit. The emergency kit will contain other emergency provisions, and will be removed in case of fire or evacuation.
4. ***Incident Reports:*** All significant incidents shall be reported to a child's parent/guardian and the Department Director, who will inform the Executive Director. A written report shall be completed within 24 hours, as well as a notation in the chart, giving date, time, details, and action taken. A significant incident includes the following:
  - emergency transfer of child to hospital or family physician;
  - lost child (includes when the child is found later);
  - serious injury, fractures, burns, poisoning, loss of consciousness, food poisoning, medication errors, alleged physical or sexual abuse, allergic reactions, choking episodes requiring abdominal thrusts, electrical shock;
  - any disruption of essential services which affect child care;
  - any injury of staff, a parent/guardian or a visitor.For serious incidents in ECE, a Serious Incident Report shall also be completed and forwarded to the Ministry of Health and Protection (licensing). Reportable incidents include the first four categories listed above.
5. ***Related topics:*** See Emergency Evacuation and Incidents Involving Body Fluids for specific policies/procedures relating to these situations.
  - For alleged physical or sexual abuse see Policy 416

***Policy***

All staff will follow the "Universal Precautions" against spreading of disease at all times. Incidents involving body fluids will be handled with requisite caution using disposable gloves and cleaning/disinfecting the area. All such incidents are to be reported to the respective Department Director and the Executive Director.

***Procedures***

1. ***Universal precautions:*** All staff shall follow the "Universal Precautions" against spreading of disease, including frequent hand-washing and general cleanliness, and extreme care with treatment of body fluids (see Appendix A).
2. ***Disposable gloves:*** Staff shall wear disposable gloves when handling or touching any blood or body fluid. Do not reuse disposable gloves.
3. ***Cleaning and disinfecting:*** Spills of body fluids shall be cleaned and disinfected with a bleach solution (2 tbsp. bleach to one litre of water), or other approved product.
4. ***Bites:*** All bites are to be taken seriously. In the case of a child where broken skin has resulted, the parent will be advised to contact the family physician. In the case where a staff member has broken skin, the family physician should be contacted. Otherwise bites should be washed with soap and water. A report must be completed and documented in each child's chart.
5. ***Reporting incident:*** Blood incidents will be recorded in the chart. Parents will be encouraged to contact the family physician working with the child. The physician will determine if any medical follow-up is required.

Serious incidents will also be reported to the respective Department Director and the Executive Director according to the general incident reporting procedure. In the case of a staff member, blood and body fluid incidents will be reported in the Daily Accident Book.

**Policy**

Fire drills will be carried out at least four times per year at each facility. During a drill or a real emergency, everyone will be evacuated quickly and safely, along with emergency contact numbers and first aid supplies. Staff are to familiarize themselves with fire orders and emergency equipment. Children will be removed from situations where they may witness violence or abusive behaviour.

**Procedure**

**1. Preparatory measures:** A fire drill shall be carried out at least four times a year at each facility to test evacuation procedures. Fire orders are posted in each facility, indicating the nearest exit for each area. Staff are to familiarize themselves with the locations of exits and fire extinguishers. ECE programs will include teaching about what to do in an emergency.

**2. For drills, advise fire department & security company:** In a drill, the receptionist calls the city fire department and the security company advising that there will be a fire drill. In an actual incident, the security company automatically calls the fire department when the alarm is activated.

**3. Activate alarm:** Anyone, including a child, can activate the alarm in an emergency. In a drill, the receptionist activates the alarm. The fire doors in the daycare and preschool automatically close.

**4. Evacuate building:** Staff will assist children to leave the Centre immediately using the nearest exit door according to the posted fire orders. Staff not with children are to assist those with children. Emergency packs with emergency telephone numbers and emergency supplies are removed from the building at the same time. ECE and therapy staff will check their rosters to ensure that all children are present.

The group will assemble in the far side of the parking lot. The group from the basement will assemble at the far side of the playground.

Other buildings will be evacuated according to posted fire orders for those buildings.

Duplicate sign-in sheets for staff and visitors, along with walkie talkies will be taken to the mustering stations. One sign-in sheet and walkie talkie is given to Therapy Receptionist and the other sign-in sheet and walkie talkie is taken by administration to mustering station.

Mustering Station is located at the back of the playground along the fence.

**5. Confirm everyone is out of the building:** Department directors will check their areas to ensure everyone is out. Doors of all rooms are closed but not locked after checking. They then join the rest of the group outside. The Director of Early Childhood Education, or Executive Director, or designate confirms with all groups that all individuals are accounted for.

**6. Extreme weather:** In extremely cold weather, for drills or suspected false alarms, children may assemble by the exit door at the west end of the main corridor or the playground exit door downstairs instead of going outside (per Fire Marshall), until the cause of the alarm has been checked out by administrative staff. For an actual evacuation, children may be taken to the public facility opposite the Centre.

**7. *Wait until notified it is all clear to return to building:*** Staff and others are not to return to the building until the Executive Director, or Director of Early Childhood Education, or designate advises it is safe.

**8. *Recording drills:*** A record of each fire drill is kept in a file at the front desk, indicating the date and time of the drill and the length of time taken to empty the building. The note is initialled by two staff members.

**9. *Protection from abusive behaviour:*** Care will be taken not to expose children to violent behaviour or abusive language. If a person begins to exhibit abusive behaviour, staff will remove the children from the area and then deal with the person. Staff members feeling a threat to personal safety are to remove themselves as well and call 911.

**Policy**

Staff who have reasonable grounds to believe a child is in need of protection shall report the circumstances to the Ministry for Children and Family Development in consultation with the departmental director and/or the Family Service Worker.

**Procedure**

1. **An offence not to report:** It is an offence not to report a situation when a child is believed to be in need of protection or suffering abuse. Each staff person has the responsibility to report when circumstances require it.
2. **Examples** of when to report (see *Child, Family and Community Service Act* for precise wording):
  - evidence of possible or potential physical harm by the parent/guardian.
  - evidence of possible or potential sexual abuse or exploitation by the parent/guardian, or by another person when the parent/guardian is unwilling or unable to protect the child.
  - evidence of emotional harm due to the conduct of the parent/guardian, by the child showing severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour.
  - the child has been absent from home in circumstances that endanger the child's safety or well-being, or has been abandoned, or the parent/guardian is unwilling to care for the child and hasn't made adequate provision for the child's care.
  - the child is deprived of necessary health care, or the child's development is likely to be seriously impaired by a treatable condition and the parent/guardian refuses to provide or consent to treatment.
3. **Staff prepares report** with assistance from the Family Service Worker. Staff are not to interview the child or take photographs in order to prepare the report. If there is a disclosure, record this in the child's own words. Do not ask leading questions (e.g. did you get that injury because x hit you) (See Appendix C).
4. **Support child:** If a child is interviewed by MCFD at the Centre, the child should be supported as needed by their classroom teacher, therapist, and/or familiar adult.
5. **Confidentiality:** Parents/guardians do not have to be notified about the report. Reports are kept in a confidential book in the Chart Room.
6. **Ministry assesses & takes action:** The Ministry for Children and Families assesses the report and takes action as deemed necessary by them. The appropriateness of the response is from a MCFD prospective. We do not dictate what constitutes an issue of protection to the Ministry.

## 7. Guidelines for Communication with MCFD Social Workers:

***Protocol for Urgent MCFD Matters*** -- Child Protection concerns must be reported immediately to an (Duty) Intake Worker at (250) 565-6876. A written report to the Ministry must be completed. These forms are found in the red binder, located in the chart room on top shelf.

***Protocol for Non Urgent MCFD matters:***

- a) CDC staff member will speak to MCFD Social Worker. Document date, time and a brief synopsis of the conversation in chart, working file or logbook. Inform your department director.
- b) If the Social Worker in step one did not deal with the matter appropriately<sup>1</sup>, contact their Team Leader. Once again document the date, time and a brief synopsis of the conversation. Inform your Department Director.
- c) If a resolution has not been made with the MCFD Team Leader, speak to your Department Director. The Director, in consultation with the Executive Director, will determine if the issue should be forwarded to the Community Service Manager.
- d) If the issue is still unresolved at this point, Department Director and the Executive Director will determine if the concern should be forwarded to the Regional Complaints Resolution Manager.

As service providers our role is to be aware of, and alert to signs of child abuse and neglect. If you have reason to suspect that a child has been, or is likely to be, at risk for abuse and neglect, you have a duty to report your concern to a child welfare worker. If the child is in immediate danger, call police first. In British Columbia, the Ministry of Child and Family Development (MCFD) has lead responsibility for responding to suspected child abuse and neglect. Child Welfare workers are delegated under the Child, Family and Community Service Act (CFCSA) to assess reports, provide support services, investigate as needed and collaborate with other service providers.

Handbook on Child Abuse and Neglect

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<sup>1</sup> The appropriateness of the response is from a MCFD prospective. We do not dictate what constitutes an issue of protection to the Ministry.

**Policy**

Preventive measures will be taken to preserve or improve the health of children. Sick children are expected to remain at home. No smoking is permitted in CDC facilities. Medication will be administered only according to a physician's or parent's instructions, and with a signed consent form.

**Procedures**

1. **Air quality:** The CDC facilities are non-smoking.
2. **Food handling:** All staff handling food, including snacks, must have a Foodsafe certificate. Safe procedures must be used for all food handling.
3. **Universal precautions:** All staff shall follow the "Universal Precautions" against spreading of disease, including frequent hand-washing and general cleanliness, and extreme care with treatment of body fluids (See Appendix A).
4. **Sick children:** Parents/guardians are required to follow the CDC Sickness Policy. If symptoms of illness appear in children while at the Centre, parents or guardians will be called to take the children home. Until that time, if possible they will be removed from contact with other children and kept under supervision.
5. **Bowel, bladder, or vomiting accidents:** When children have bowel, bladder or vomiting accidents, staff in charge of the child at the time are responsible for care of the child.
6. **Medication and medical procedures:** If required, prescriptions will be administered according to physician's instructions if parents or guardians complete a consent form. All medications must Community Care Licensing Facilities regulations. Non-prescription medication may be given as directed in writing by parent. Medication dosages must never exceed recommended dosage on original container.

Medical procedures (e.g. oxygen) shall be handled according to instructions of a health care professional and part of the child's care plan and/or ISP.

7. **Seizures:** If a child has a seizure, make sure the child is safe, removing any obstacles that might hurt them. Take other children out of the area. Call the Department Director to assess the seizure. If seizures are unusual for the child, or if the intensity or length of the seizure warrants, call 911 for emergency assistance.
8. **Severe weather:** Children will be kept indoors if temperatures drop below -20 degrees Celsius. The Centre will remain open regardless of weather, unless it is not possible or it is unsafe to provide a service.

### ***Policy***

The Centre is a "no-smacking zone." It does not use corporal punishment or deprive children of meals, snacks, or toilet use as a form of discipline. Instead, positive strategies are used, recognizing that each child is unique. Guidance strategies used to prevent or address behaviour difficulties will encourage children to gain confidence, competence and social problem-solving skills.

### ***Procedures***

1. ***No-Smacking Zone:*** The Centre is a "no-smacking zone"; it shall not use corporal punishment such as slapping, shaking, spanking, etc. Children will not be humiliated or deprived of meals, snacks or toilet use as a form of discipline. Instead, positive strategies are used.
2. ***Respect for each child:*** Each child is a unique individual. Care will be given to accept and understand the differences in children and offer guidance appropriate to each child. Caregivers will offer verbal explanations and guidance to help the child gain confidence, competence and social problem-solving skills.
3. ***Guidance strategies used for prevention:*** Several strategies are used to prevent behaviour difficulties:
  - Supervision within close physical proximity.
  - Assess physical environment to ensure children's developmental needs are met.
  - Establish clear, consistent and simple limits.
  - Offer straight-forward explanations for limits.
  - State limits in a positive way.
  - Focus on the behaviour rather than the child.
  - Make statements of expectations.
  - Allow time for children to respond to expectations.
  - Reinforce appropriate behaviour, both with words and gestures.
  - Ignore minor incidents.
  - Observe children, anticipate potential difficulties and intervene to prevent problems.
4. ***Guidance strategies used for intervention*** when required:
  - Approach children individually, state their name, establish eye contact and use a calm, controlled voice in a respectful way to gain the child's attention. Use reflective listening skills.
  - In situations where children may be losing self-control, physical closeness can serve as effective guidance and intervention.
  - Clarify and reinforce limits with a simple reminder.
  - Acknowledge feelings before setting limits.
  - Distract or divert when appropriate. Redirect the child to other activities.
  - Model problem-solving skills.

**5. *Guidance strategies used for intervention*** when required:

- Offer appropriate choices.
- Use natural and logical consequences.
- Limit the use of equipment that a child may be having difficulties using in a positive way.
- Quiet time - allow the child the opportunity to be alone (although supervised) to gain self-control.
- Holding techniques are only to be used by staff with Therapeutic Crisis Intervention or equivalent training.

**6. *Violent behaviour:*** When a child exhibits violent behaviour, strategies are taken to defuse the situation and protect the child and others.

- Talk to your supervisor while the situation is in its infancy (i.e. happens more than three times).
- Get observational package.
- Observe and record child's behaviour for at least two weeks.
- Report back to your supervisor. A decision will be made regarding the importance of setting up a team meeting.
- Plan and implement strategies.
- Refer to outside agency as needed.

**7. *Supervisors, Family Service Worker, and other staff members*** are here to support and encourage guidance strategies. Your supervisor requires a working knowledge of all classroom issues to ensure safety and licensing standards are maintained.

***Policy***

Visitors will be greeted cordially. Parents/guardians are especially encouraged to visit, as they are part of the team. Tours will be given to community groups at pre-arranged times. All visitors will be accompanied by a staff member while at the Centre, and the needs of children, families, and confidentiality of information will be respected. Observation rooms will be used only with the permission of involved staff.

***Procedures***

1. ***Greeting/Name tags:*** Visitors shall be greeted cordially. Staff are encouraged to wear name tags to aid in identifying themselves to visitors. All visitors to the Centre must sign in.
2. ***Tours:*** Tours will be given to community groups, service organizations, or any interested persons for educational purposes. Tours will be pre-arranged at a mutually convenient time, with the approval of the Department Director in the area of interest or the Executive Director. Similarly, arrangements will be made for groups wishing to visit the centre as a community service to the children.
3. ***Visitors accompanied by staff member:*** Visitors will be accompanied by a staff member at all times while at the Centre.
4. ***Confidentiality and needs of child/family:*** Confidentiality of all information will be maintained. Visitors are to respect the need for confidentiality of all children and families.
5. ***Observation rooms:*** Involved staff will be asked before persons are admitted to observation rooms. Parents/guardians observing their child, where possible, will be accompanied by a staff member who can answer questions and comment on what is happening. Observation rooms are also used as offices, and observation time will be accommodated where possible.
6. ***Parents/guardians:*** As parents/guardians are an integral part of the team, they are encouraged to visit the Centre, observe their child, and meet with staff. Appointments should be made. Parents/guardians will be accompanied by a staff member while at the Centre and confidentiality needs must be respected.

***Policy***

Activities of volunteers and students are encouraged and appreciated. Persons wishing to serve must complete an application form, and if they will work within the Cerebral Palsy Association, must undergo a criminal record check. New volunteers/students will be provided with a full orientation and supervision. Confidentiality of information will be maintained.

***Procedures***

1. ***Positive contribution:*** The Centre encourages individuals who would like to serve as volunteers and students. It is a way of helping people in the community to learn about the Centre, and of allowing them to contribute and improve their skills and abilities.
2. ***Initial Consultation:*** An application form will be completed by each applicant. Each person wishing to work within the Cerebral Palsy Association shall also undergo a criminal record check.
3. ***Insurance requirements:*** The Association will ensure that adequate liability insurance and any applicable worker's compensation insurance is in place.
4. ***Orientation:*** The director of the involved department will ensure a complete orientation is provided to the new student or volunteer. The orientation will include clear direction on the scope and limitations of the person's responsibilities, and the requirement for confidentiality.
5. ***Confidentiality:*** Volunteers and students must agree in writing to uphold confidentiality. Volunteers do not have access to children's charts. Students may see charts or attend child conferences at the discretion of the Department Director.
6. ***Criminal Record Check:*** Volunteers and students working within the CDC are required to have a current and clear criminal record check. The CDC will cover any related costs for volunteers.
6. ***Supervision:*** Volunteers and students work under supervision. The person with the role of their direct supervisor will be clearly identified. Students may also be evaluated.
7. ***Appreciation/Compensation:*** There is no financial compensation for volunteers, but appreciation is expressed through letters of thanks, small gifts, etc. Depending on the program, students may be paid or may work on a volunteer basis as part of a practicum.

***Policy***

All communications should be courteous and professional. Confidentiality will be respected at all times. Personal communications are to be kept to a minimum and appropriate reimbursement made for any costs.

***Procedures***

1. ***Incoming calls:*** Administrative staff respond to all incoming calls. The greeting used is: "Good morning (or afternoon), Child Development Centre (or name of facility), (your name) speaking." Identifying oneself personalizes the conversation immediately.
2. ***Courtesy:*** Staff are to present a positive, friendly tone. Calls are to be answered promptly. Explain what you are doing if you are transferring a call or putting it on hold. Before putting a call on hold, ask for the person's permission, and explain any delays. If you don't know the answer to a question, offer to find out or to have someone call the person back.
3. ***Long distance calls:*** Keep long distance calls to a reasonable length. Consider the most efficient way to communicate.
4. ***Confidentiality:*** Confidentiality applies to all communication.
5. ***Personal calls/faxes*** are to be kept to a minimum. Staff making outgoing personal long distance calls and faxes are to record them and advise Finance staff, who will notify of the cost when bills are received.
6. ***Abusive calls:*** Staff are not required to tolerate abusive calls. Staff are required to be courteous. Let the caller know that their behaviour that is making it difficult to communicate, and say that you will hang up if they continue. Do hang up if your request isn't heeded; or if the situation warrants, hang up immediately. If the situation relates to a child or family being served by the Centre, advise the appropriate Department Director or Executive Director.
7. ***New staff:*** All new staff are to be trained on telephone procedures and equipment.

***Policy***

Incoming mail will be handled efficiently, date-stamped, routed and eventually filed in a way that it can be easily retrieved. Material relating to children will be filed immediately on the child's chart and recorded in a log book for staff information. External communications shall be conducted in a professional manner and signed by the appropriate staff person.

***Procedures***

1. ***Incoming mail:*** The receptionist opens and date stamps all incoming mail, unless it is marked personal and confidential. All mail is routed to the applicable staff member. For any material relating to children, an entry is also made in a log book, the original is to be placed in the child's chart, and copies may be passed to those staff involved.
2. ***Staff folders:*** In the reception area, folders are kept for each staff member for external or internal mail. Staff members are expected to check their folder in a timely manner.
3. ***External correspondence:*** Correspondence to other agencies should be typed. Mail should be signed by the appropriate staff person responsible for the matter. The Executive Director should sign any items relating to Centre-wide management issues or those establishing new policies or precedents.
4. ***Photocopies*** should be double-sided where practical, to save paper. Staff may make photocopies for personal use as long as they pay for them at current rates.
5. ***Filing:*** All documentation, correspondence, reports, etc. are to be filed appropriately in a way that they may be retrieved when needed. Children's charts are used for any confidential documentation relating to services to individual children, except for some extraneous material which can be retained briefly on working files (e.g. ongoing language samples, the results of which are summarized on the chart). Appropriate filing systems are used to store administrative, financial, human resources and other material.

***Policy***

Records shall be retained for the period required by law or other needs, according to the retention schedule provided. Before destroying files, a permanent summary will be made of pertinent information. The Executive Director must approve destruction of charts. Records identified for disposal will be destroyed in a secure manner.

***Procedures***

**1. Retention periods:** Records shall be retained for the period required by law or other needs. The following are minimum retention periods. Documents not listed should be kept for seven years unless approved by the Executive Director for destruction.

*One year:*

- Routine correspondence (congratulations, greetings, etc.)
- Staffing files for vacant positions, job applications
- Student files of unpaid practicum students
- Minutes of staff meetings and ad hoc committees

*Two years:*

- Day planners
- Gaming documentation (ticket stubs etc.)

*Five years:*

- Project documentation (e.g. building permits)
- Department meeting minutes
- Equipment inventory

*Seven years:*

- All financial records: Bank deposits/statements, purchasing documentation, budgets, pay and benefits data, funding proposals, donation receipts, fundraising reports, contracts, invoices, tenders, financial correspondence
- Employee files (after employee leaves)
- Program records: program statistics, program monitoring/evaluation
- Correspondence relating to planning, research, projects
- Legal correspondence or documents
- Safety and health correspondence or meeting minutes
- Early Childhood Education attendance records

*Until children reach age 25 (or 7 years, whichever is later):*

- Primary documents in children's charts, i.e. consents and registration forms, referral form, initial consultation and assessment reports, update reports, discharge summaries, and typed conference reports (family, conference, etc.).

*Permanently:*

- Archival information: annual reports, audited financial statements, Centre-wide audits, Board minutes, bylaws, mission/goal statements
- Property information: building plans, surveys, title
- Insurance policies
- Summary records of destroyed documents

2. ***Summary of files destroyed:*** Before disposing of files, a summary of pertinent information is completed and transferred to an individual card as a permanent record and the remaining materials destroyed.
3. ***Approval of Executive Director:*** Approval of the Executive Director is required for destruction of charts or documents not listed above.
4. ***Destruction methods:*** Destruction of files must be done in a secure manner. Paper materials are destroyed by effective shredding; computer files, audiotapes or videotapes are erased.

**Policy**

The Executive Director or designate will be the contact for discussion with the media. Staff may provide factual information in limited circumstances. Board members may also speak to the media. Departments should be notified of any upcoming media events. Staff should present a professional, caring image in their dress and behaviour. The Association will conduct itself in a non-partisan, non-religious manner.

**Procedures**

1. **Media:** The Executive Director is the contact for all discussion with the media. Staff who are approached by media should refer them to the Executive Director or designate for comment. Where the situation warrants, staff may provide factual information but not opinions. It is also the prerogative of the Board Chair/members to conduct discussions with the media.
2. **Promotion:** Promotion of services should be planned and discussed jointly by all Department Directors to obtain a consistent approach that serves all areas well.
3. **Public image:** Staff should be conscious of the need to project a professional, caring image at the Centre, in their dress and behaviour. Dress should be appropriate to the context. Staff must be ever vigilant regarding the maintenance of confidentiality both in and out of the Centre.
4. **Non-partisan, non-religious approach:** The Association is not affiliated with any political party or religion and will conduct itself in a non-partisan, non-religious manner.

***Policy***

Each department is responsible for ensuring that their material are cleaned, safe, and maintained. Contractors may be hired to handle general facility cleaning, grounds maintenance, painting, furniture maintenance, snow removal, and general repairs. Volunteers may provide assistance.

***Procedures***

1. ***Equipment and materials:*** Each department is responsible for ensuring that their materials are cleaned, safe, and maintained.
2. ***Facility cleaning:*** A janitorial contractor handles all general cleaning. Requests for attention to special areas can be written in a book in the reception area, which the contractor's staff reviews every day.
3. ***Staff room:*** Staff are responsible for washing their own dishes and removing their own food or spills. A person is designated weekly to ensure the staff room is kept clean.
4. ***Facility maintenance:*** Contractors are hired for grounds maintenance, painting, snow removal, and general repairs. Volunteers may provide some services.
5. ***Plant Mechanical:*** All mechanical equipment within the physical plant will have regularly scheduled maintenance intervals. Fire extinguishers will also be included in the plant maintenance schedule.

***Policy***

The Family Resource Library is available to families receiving services at the Centre, and to others at the discretion of the Library Committee. The Library Committee is a staff committee which handles the management of the library.

***Procedures***

- 1. Management:*** The library is managed by a committee of staff members, who handle decisions regarding purchases, cataloguing, circulation arrangements, stock-taking, the overall appearance of the library, and public relations regarding library matters.
- 2. Use of library:*** The library is available to families who are receiving services from the Centre. Materials may be made available to other members of the community at the discretion of the library committee. Materials may be used by staff members for their personal use.

***Policy***

Discharge of a child from all or part of the Centre's services will be documented in a discharge notice. Charts will be reviewed, dated, closed and secured until the child reaches age 25 or in seven years (whichever is later).

***Procedures***

1. ***Reasons for discharge:*** A child may be discharged from all or part of the Centre's services, for any of the following reasons:
  - The child is assessed as no longer requiring services.
  - The child no longer requires early education care as is entering school.
  - The child is eligible to receive services at another agency.
  - The child is no longer attending public school (for school-aged therapy services).
  - The parent/guardian no longer desires services.
  - The family has moved out of the Centre's service region.
  - The child has passed away.
  - All efforts to make contact with the child and family have failed.
  
2. ***Discharge notice:*** Each discipline prepares a report for discharge from its services. The parent or guardian is sent a copy if appropriate. The report includes:
  - Summary of services may be provided.
  - Reason for discharge.
  - Further details as necessary.
  
3. ***Notice of discharge from Centre:*** If the child is being discharged from the Centre, the last staff involved or service coordinator prepares a notice indicating the reason for discharge. The notice is sent to the family physician provided consent has been obtained. A copy is sent to the parent/guardian. A copy is kept in the closed chart.
  
4. ***Copies to other agencies if consent:*** If appropriate and if the parent/guardian consents, copies of the discharge notice and other relevant information may be provided to other agencies (e.g. if the child is being transferred to a Child Development Centre at another location).
  
5. ***Chart closed:*** Staff involved with the child will review the chart including any working files, video/audio tapes, etc. for any information that should not be retained (e.g. duplicate copies of documents). Information not to be retained will be destroyed in a secure manner. Office staff then close the chart, date it on the outside indicating when it can be destroyed (when the child reaches age 25 or in seven years, whichever is later), and file it in a locked secure area for closed charts.

***Policy:***

The Cerebral Palsy Association will respond to all concerns and/or complaints about service in a fair, objective, and timely manner. The Cerebral Palsy Association subscribes to a “No Reprisal” approach in dealing with complaints.

***Procedure:***

1. Families will receive written information about the complaint resolution process in the Welcome Package.
2. Families will be encouraged to first take their concerns/complaint to the staff member involved, where appropriate. They will also be informed that expressing concerns, complaints, and grievances will not result in any form of retaliation or barrier to service.
3. If the client and staff member are unable to resolve the matter, the family should speak with the immediate supervisor or departmental director. *Clients will be asked to complete the Client Concern/Complaint Registration form, however inability or unwillingness to submit the complaint in written form will not be a barrier to dealing with the complaint* The supervisor/director will discuss the matter with the staff member involved, where appropriate, and will report back to the family *within 7 working days*. If the matter cannot be resolved in this manner, the family may take their complaint to the Executive Director. The Executive Director will discuss the complaint with the staff member and supervisor involved and report back to the family *within 7 working days*. Complaints thought to have a potential for legal action should be taken to the *next meeting of the Board of Directors* by the Executive Director.
4. The Association will attempt to resolve a client’s complaint within two weeks *unless it goes to the Board level or beyond*. Once resolution has been achieved a written report will be developed and distributed to all involved *within 2 weeks*. This report will include recommendations and actions to be taken.
5. If the matter is still not resolved to the client’s satisfaction, an appointment will be scheduled for the client with the Parent Liaison Committee of the Board of Directors. Should the client still not be satisfied they will be referred to the external complaint resolution process of the appropriate Ministry.
6. Departmental directors will document the nature and date of the complaint, as well as the steps taken to resolve it. This will be placed in the client’s chart. Department directors will keep a copy for the purpose of annual review of complaint trends.
7. Allegations of physical or sexual abuse involving a staff member or volunteer will be reported to the appropriate Ministry and, where required, to the police.

8. Complaints involving the Executive Director should be taken directly to the Board of Directors.
9. Complaints involving a member of the Board of Directors should be taken to the President of the Board. Complaints involving the President should be taken to another senior Board member.
10. Departmental directors will review complaints annually and provide a report to the Executive Director. Trends will be identified and action plans developed if required. If a department has not received any complaints, this needs to be reported also.

***Policy:***

The Cerebral Palsy Association will respond to all internal concerns and/or complaints from staff in a fair, objective, and timely manner. The Cerebral Palsy Association subscribes to a “No Reprisal” approach in dealing with complaints.

***Procedure:***

1. Employees will receive written information about the complaint resolution process in their orientation process. Unionized staff members are also free to follow the grievance resolution process from their respective collective agreements to address their concern(s).
2. Employees will be encouraged to first take their concerns to the staff member involved, where appropriate.
3. If the concern or complaint is not resolved in Procedure 2, the employee should speak with their immediate supervisor or departmental director. The supervisor/director will discuss the matter with one of the following and report back to the complainant within 7 working days:
  - a) the staff member involved (where both the staff member and complainant fall under the same supervisor), or
  - b) the supervisor of the staff member involved (where the supervisor does not have authority over both employees).
4. If the matter cannot be resolved in the above steps, the complainant may take her/his concerns to the Executive Director. The Executive Director will discuss the complaint with the employees involved and report back to the complainant *within 7 working days*. The Executive Director will notify the Board of complaints that are believed to offer the potential for legal action.
5. Allegations of physical or sexual abuse involving an employee or volunteer will be reported to the appropriate Ministry and, where required, to the police.
6. Complaints involving the Executive Director may be taken directly to the Board of Directors.

***Policy:***

When there is a large number of staff away due to sickness, scheduled time off, or special leave, steps will be taken in the following order:

***Procedures:***

*Daycare/Pre-school/Supported Child Development:*

1. Call in available casuals.
2. Re-shuffle existing staff. May use SCDP support staff in an ECE program.
3. Schedule SCDP consultants and ECE Director to cover class / preschool.
4. Combine groups as per Community Care Licensing guidelines.
5. Cancel preschool classes. Re-shuffle preschool staff.
6. Contact non-working parents to keep children home.
7. Contact remaining parents to pick up or keep children home.
8. Close programs.

***Therapy Services:***

1. Families contacted and child's appointment is rescheduled.

***Policy:***

All Society owned vehicles will be properly insured, properly maintained, and only operated by employees of the Society who have a valid class 5 driver's license.

***Procedure:***

1. Vehicle must be adequately insured through ICBC.
2. Vehicle must comply with the Canadian Motor Vehicle first aid supplies, road warning hazard equipment, shovel, candles, blankets and emergency Safety Standards.
3. Vehicle must carry roadside safety kit, which will include emergency food. Drivers will report any need to replenish supplies and administration will review every 6 months.
4. Vehicle will be reserved and signed out in front office and arrangements made for obtaining and returning keys.
5. All drivers must be licensed to drive in British Columbia.
6. Driver's abstract will be reviewed regularly by Administration and standards must comply with criteria set by the Cerebral Palsy Association of Prince George.
7. Optimum tires for weather conditions will be in place.
8. Regular maintenance schedule:
  - a. Winter / Summer services.
  - b. Yearly over all routine maintenance inspection
  - c. Monthly interior cleaning (winter) bimonthly interior cleaning (summer)
  - d. Exterior wash after each outreach visit as required.
9. Pre Trip Safety Inspection:
  - a. Drivers will assess road conditions before departure. If conditions are unsafe, the trip will be postponed.
  - b. Driver will examine the vehicle prior to departure . This will include, all fluid levels ( oil, coolant & windshield washer ), all lights, windshield and tire condition.
  - c. Driver will make the employer aware of destination, route, and departure time and will confirm arrival by phone.
  - d. A list of emergency phone numbers in outreach communities will be kept in the vehicle.
  - e. Mobile/cell phone will be installed and kept in the vehicle.
10. In case of a motor vehicle accident:
  - a. Attend to safety and comfort of any clients that may be with you.
  - b. Obtain information from other driver(s) and any witnesses. Use the form provided with the insurance documents in the vehicle. Provide your information to the other driver.
  - c. Report to police if required (guidelines provided with insurance documents in vehicle).
  - d. Advise your Supervisor as soon as possible.
  - e. Complete an Incident Report upon return to the Centre.

***Policy:***

*The Centre welcomes research that will increase the knowledge base around children and youth with special needs and their families. The benefits of research are recognized, including the determination of epidemiological data, improved understanding of developmental issues, and improved clinical processes, all of which may have a positive impact on clients and families, either directly or indirectly.*

***Procedures:***

1. Who may do research? Staff members or outside researchers with appropriate professional training may apply to conduct research on Centre clients/families. Students in relevant tertiary education training programs may apply to conduct research provided that they are adequately supervised.
2. Application process: Prospective researchers may submit proposals in writing to be considered by the leadership group. They may also meet in person with the group.
3. Ethical guidelines:
  - 3.1 Caregivers must give informed consent before their names will be released to researchers. They must also give informed consent before participating in a study. Informed consent includes knowledge of the purpose of the study and methods to be used. Participants will have the right to withdraw from the study at any time without prejudice.
  - 3.2 Procedures to be conducted will not be harmful to clients, their families, or staff.
4. Staff publications:
  - 4.1 Staff publishing the results of research conducted at the Centre will acknowledge the Centre and their affiliation.
  - 4.2 Credit will be assigned to those who have contributed to a project or publication, with the contributors' consent.
  - 4.3 An abstract of articles, posters, or papers to be presented at scientific meetings will be reviewed by the leadership group prior to submission.

***Policy:***

Surveys may be used to gather information pertaining to operations of the Centre and to services provided by the Centre; e.g. the Measures of Process of Care (MPOC).

***Procedures:***

1. Any survey conducted must have the approval of the Executive Director or designate.
2. Information gathered will comply with the British Columbia Personal Information and Privacy Act, and will be used only for the stated purpose of the survey.
3. The information gathered by these surveys will be compiled in a typewritten report and will be available to the staff and the stakeholders of the Association.
4. Survey information will become an integral part in the organization's program development to ensure that programming is evolutionary and continues to meet the needs of the persons served by the Association.

***Policy***

All information generated within our organization is private in the sense that it is for the sole purpose of supporting the operations of the Child Development Centre. Confidential information is information that if disclosed might prejudice the interests of the Employer or the privacy rights of the children and families we serve.

***Procedures***

1. All employees have a duty of confidentiality that is in effect during the term of their employment and indefinitely following the termination of their employment.
2. Any employee who utilizes or inadvertently access confidential information in the normal process of performing the job has the responsibility of not disclosing the information to any unauthorized person(s).
3. Any employee who for any reason deliberately accesses confidential information not needed for performing the job, is breaching confidentiality whether or not the information is disclosed to another person.
4. Any person who uses confidential information for personal use or gain is breaching the duty of confidentiality and the duty to avoid conflicts of interest.

***Identification of Confidential Documents:***

5. All documents containing information that if disclosed might prejudice the interests of the organization or its clients, are confidential, including, but not limited to:
  - Any document which identifies or could identify a client, family, or caregiver by name, or their personal information.
  - Any document which contains personal physician or employee information beyond a name and title.
  - Any document containing personal information which can be traced back to a particular physician or employee through the presence of a position title, Social Insurance Number, etc.
  - Any document which contains physician or employee performance information.
  - All incident reports.
  - In-camera minutes or other minutes marked confidential.
  - All un-audited financial statements and other internal financial documentation.
  - All human resources documentation and/or payroll materials.
  - Incoming and outgoing faxed documents marked confidential, including cc's.
  - Any other document marked confidentiality by the sender.

### ***Distribution of Confidential Information:***

6. Hard copies of confidential documents must always be properly secured. For instance, copies of confidential information must never be left unattended at the photocopier.
7. When distributing hard copies of confidential documents, they are to be distributed in envelopes marked confidential.
8. When faxing confidential information, the fax form must note the information as confidential, including a notification such as the following:

Information contained within this fax is intended for the use of the individual or institution to which the message is addressed. It may not be copied, distributed or disclosed to other person(s) without expressed written consent. This message may contain confidential information that is protected under the Personal Information Act. If you receive this message in error, please notify us immediately by telephone at (250) 563-7168. Thank you for your cooperation.

9. *Exception:* For the sake of efficiency, internal documents need not be distributed in envelopes as long as the confidentiality of the clients is maintained.

### ***Disposal of Confidential Documents:***

10. Unless shredded, confidential documents must never be disposed of in a publicly accessible location
11. Confidential documents being stored for later shredding and disposal must always be stored in a secure location.

### ***Release of Confidential Information:***

12. (a) Client Disclosure:  
Client information (regarding a child, family, or care giver) will not be disclosed outside of the Center unless the parent/guardian consents in writing, or where the disclosure is legally required. Where confidential information is requested, employees not authorized to release information concerning clients should refer the individual to their supervisor. Further information regarding information requests are found under Policy 405 of the Policy and Procedure Manual.

(b) Staff Disclosure:

Confidential payroll/employee information may not be released without the staff member's consent, unless the release is legally required.

(c) Verbal Disclosure:

Confidential CPA information shall only be discussed by staff between individuals that are authorized to receive such information.

Confidential matters will not be discussed by staff in areas where these discussions may be overheard by individuals not authorized to hear the information.

***Confidentiality Statement:***

13. All employees must sign a Confidentiality Statement Form upon employment. This pledge will remain in effect throughout the employment relationship and indefinitely after the termination of the employment relationship. It will be filed in the confidential personnel file of the staff member.

***Breaches of the Duty of Confidentiality***

14. Alleged breaches of confidentiality will be reported to the employee's manager. Employees who have breached the duty of confidentiality will be disciplined which may involve termination for cause.

# The Cerebral Palsy Association of Prince George and District

(OPERATING THE CHILD DEVELOPMENT CENTRE)

## Confidentiality Statement Form

### Pledge of Confidentiality

I, \_\_\_\_\_ (please print name) have read the confidentiality policy. I understand that all confidential information to which I may have access is not to be accessed, used or disclosed except as outlined in the Confidentiality Policy. I understand that breach of the duty of confidentiality may lead to discipline, including termination of employment.

Signed: \_\_\_\_\_

Department: \_\_\_\_\_

Witnessed: \_\_\_\_\_

*Department Head or Delegate*

Date: \_\_\_\_\_

**Policy**

The Cerebral Palsy Association of Prince George and District (CPA) respects the need to keep its employees and the public safe during the provision of services. This policy is designed to help ensure this safety when CPA employees operate motor vehicles while undertaking CPA business. This policy covers the use of private vehicles, rental vehicles, and CPA owned vehicles.

**Procedures**

1. All new employees that will either drive on behalf of the CPA, or supervise an employee that will drive on behalf of the CPA are required to sign the attached Confirmation Form.
2. Employees that drive a vehicle while on CPA business are required to drive in a responsible and safe fashion at all times, and to be legally entitled to operate the vehicle they are driving, including abiding by any related licensing requirements/restrictions. When driving private vehicles on CDC business, staff and volunteers are responsible for ensuring that the vehicle they are driving is ensured for business use, if necessary. In addition, these employees will be required to provide an annual driver's abstract to the Centre.
3. Staff must never be in operation of a vehicle on CPA business while impaired. Impairment under this policy includes any situation that causes a potential loss of cognitive abilities, or motor function that results in a decreased ability to operate a vehicle. Impairments include but are not limited to the following:
  - Driving while under the effects of any drugs (including prescription medication, over-the-counter medication, and narcotics) where there is a related loss of function;
  - Driving after consuming alcohol;
  - Driving while in a compromised state of health, including not taking required medication, where there is a related loss or potential loss of function;
  - Driving while highly fatigued.
4. Employee safety is the responsibility of all CPA employees, including management and staff.
  - Staff members are responsible for informing management of breaches of this policy that they witness, and any related failure to inform management in itself constitutes a breach of this policy. In addition, while on CPA business, CPA employees have the right to refuse to travel in a vehicle where they have a reasonable belief that their safety is being compromised.
  - The CPA's management and supervisors will work proactively to help ensure vehicle/driving related safety issues that are brought to their attention are addressed in a timely manner, and they will restrict the driving privileges of any staff member that they believe poses a reasonable and potential safety concern.
5. Breaches of this policy may result in a revocation of CPA driving privileges and/or other disciplinary action.

# The Cerebral Palsy Association of Prince George and District

(OPERATING THE CHILD DEVELOPMENT CENTRE)

## Driving Policy Confirmation

I, \_\_\_\_\_ (please print name) have read, understand, and agree to abide by the Motor Vehicle Operation Policy. I understand that breach this policy may lead to discipline, including termination of employment.

Signed: \_\_\_\_\_

Department: \_\_\_\_\_

Witnessed: \_\_\_\_\_

*Department Head or Delegate*

Date: \_\_\_\_\_

**Policy**

The Cerebral Palsy Association of Prince George and District (CPA) provides staff with access to its Computer System as a business tool to assist them to perform their work.

**Procedures**

1. The Computer System, including all hardware, software and records/data contained therein, is the property of the CPA. Staff are not permitted personal use of the Association's computer equipment during their scheduled hours of work (lunch breaks and after hours use is acceptable). Staff may not use the computer system for personal business purposes, and any personal use must not affect employees' productivity, disrupt the system or harm the Association's reputation. Staff also may not install software on any CPA computer for personal use.
2. Usage of the Computer System, including internet and email usage, must be able to withstand public scrutiny. Users must comply with all applicable legislation, regulations, policies and standards. Users must:
  - comply with copyright and license provisions with respect to both programs and data;
  - protect personal or confidential information from inappropriate access or disclosure;
  - avoid accessing internet sites that carry offensive material, including but not limited to, pornography, hate literature or any material that may contravene the Human Rights Code; and
  - not use email to distribute hoaxes, chains, or advertisements and/or to send rude, obscene or harassing messages.
3. Use and content of the Computer System may be audited by persons so authorized by the CPA without notice to the user, including but not limited to internet sites visited (including networking sites), e-mail traffic, and the content of data stored, including documents and email.
4. Any inappropriate use of the computer system may be investigated by the Organization and any user may, as a result, be subject to discipline, up to and including termination.

**Applies to:** All Personnel, Volunteers and Service Recipients

**PREAMBLE**

The Cerebral Palsy Association of Prince George recognizes the importance of protecting the organization, its operations, its employees and its assets against financial risks, operational breaches and unethical activities. Therefore, it is incumbent upon the CPA Board of Directors and management to institute and clearly communicate this policy both internally and externally in order to prevent occurrence.

CPA recognizes a zero tolerance policy regarding fraud and corruption. All matters raised by any source will be taken seriously and properly investigated.

This policy covers all CPA employees, volunteers and service recipients. Additionally, this policy covers all CPA vendors, customers and partners to the extent that any resources are involved or impacted.

Fraud is defined as an intentional deception, misappropriation of resources or the manipulation of data to the advantage or disadvantage of a person or entity. Examples of fraud include:

- Falsification of expenses and invoices.
- Theft of cash or fixed assets.
- Alteration or falsification of records.
- Failure to account for monies collected.
- Knowingly providing false information on job applications and requests for funding.

Corruption is defined as the offering, giving, soliciting or accepting of an inducement or reward that may improperly influence the action of a person or entity. Examples of corruption include:

- Bribery
- Conspiracy
- Extortion.

**POLICY**

Allegations and concerns about fraudulent or corrupt activity may come from various sources including employees, volunteers, services receipts, vendors, and members of the public or as a result of internal or external audit reviews or service evaluations.

All employees, volunteers and service recipients have a duty to report concerns they have or information provided to them about the possible fraudulent or corrupt activity of any officer, employee, service recipient, vendor or any other party with any association with CPA. Any person who has a reasonable basis for believing fraudulent or corrupt acts have occurred has a responsibility to report the suspected act immediately following the prescribed procedures.

Retaliation and retribution will not be tolerated against any employee or officer who reports suspected fraudulent or corrupt activities. However, if an employee is determined to have acted maliciously or with deceit, the employee will be subject to disciplinary action.

All reports will be taken seriously and will be investigated by internal staff, directors and/or external audit staff. If deemed necessary, CPA will notify and fully cooperate with the appropriate law enforcement agency. Any investigation resulting in the finding of fraud or corruption will be referred to the Board of Directors for action through the executive director.

CPA has established internal controls, policies and procedures in an effort to deter, prevent and detect fraud and corruption.

All employees and volunteers are subject to background investigations including a criminal record check. CPA will also verify all applicants' employment history, education and personal references prior to making an offer of employment.

All vendors, contractors and suppliers must be active, in good standing and authorized to transact business in the Province. Vendors, contractors and suppliers are subject to screening, including verification of the individual or company's status with the Better Business Bureau of British Columbia.

Final determination regarding action against an employee, vendor, recipient or other person found to have committed fraud or corruption will be made by the Executive Director and/or the Board of Directors.

Offenders at all levels will be treated equally regardless of their position or years of service with CPA. Determinations will be made based on the following criteria:

- The finding of facts in each case.
- Actual or potential damage to the society.
- Cooperation by the offender.
- Legal requirements.

Depending upon the seriousness of the offence and the facts of each individual case, action against an employee can range from written reprimand and probation to legal action – either civil or criminal. In all cases involving monetary losses to the CPA, the CPA will pursue recovery of losses.

## **PROCEDURE**

For the following procedures, if the alleged offender is the Executive Director, the President of the Board of Directors replaces the Executive Director.

1. Any employee, volunteer or service recipient who witnesses, discovers, suspects or has fraudulent or corrupt activity reported to them, will report the information immediately to the Executive Director or designate.
2. The person reporting will prepare a written statement detailing the incident or suspicion immediately.

3. The Executive Director or designate, will notify the president of Board of Directors.
4. The president, in consultation with the Executive Director will take protective steps. If the person is:
  - An employee, that employee shall be immediately suspended with or without pay, pending the results of an investigation. Society keys and credit cards will be returned, the person's name removed from credit accounts and all security codes changed.
  - A volunteer, that volunteer will be required to stay away from the facility. Society keys will be returned and all security codes changed.
  - A visitor, that visitor may have visiting times restricted to allow full supervision during visits.
  - A service recipient, that person may be required to stay away from the facility and/or have their attendance restricted to allow full supervision.
5. The president in consultation with the Executive Director will determine the type of investigation that will occur:
  - An internal investigation to be completed by the President, Executive Director or their designates.
  - An external investigation, which could include an auditor, the RCMP or the organization's funding body.
6. Their findings will be reported to the Board of Directors and, if appropriate the funding body. If there are recommendations for actions the executive director or designate will implement the recommendations within 5 working days and report the information to the board of directors.
7. If there are findings of fraudulent or corruptive activity, the following will occur if the person is:
  - An employee, further action, including disciplinary measures and employment termination, will be taken as deemed appropriate by the CPA and as per the collective agreement and CPA's contractual requirements. Charges may be laid and full restitution sought.
  - A volunteer, the volunteer will have their position with the organization discontinued and refused further entry to any of the organizations facilities. Charges may be laid and full restitution sought.
  - A visitor, the visitor will be refused further entry to any of the organization's facilities. Charges may be laid and full restitution sought.
  - A service recipient, that person may be discharged from service. Charges may be laid and full restitution sought.
8. If there are no findings of fraudulent or corruptive activity, the following will happen if the person is:
  - An employee, that employee will be reinstated with full back pay and a letter will be put in their file stating there was no evidence of misconduct.
  - A volunteer, that person may resume previous position.
  - A visitor, that visitor will be allowed to visit freely.
  - A service recipient, that person will be reinstated and a letter will be put in their binder stating there was no evidence of misconduct.

**Applies To:** All Personnel, Volunteers and Service Recipients

## **PREAMBLE**

The CPA is committed to resolving workplace grievances and formal complaints fairly and openly. Where the circumstances surrounding a grievance or complaint are unclear, the CPA will ensure a thorough and impartial investigation is conducted into the matter in the interests of a fair and timely resolution. The purpose of this policy is to outline the requirements for internal investigations.

## **POLICY**

Formal complaints or grievances will be handled as outlined in the most recent collective agreement and/or through an investigation process. The process will be thorough, fair and impartial. The overriding purpose of any investigation is to inquire into the truth of the matter, to report on the evidence in relation to matters alleged to have occurred and to take remedial action to prevent the complaint or grievance from reoccurring.

The Executive Director and/or the Board President will appoint investigators. Investigators will not have a relationship with the complainant or those alleged to be parties to the complaint. Investigators are to have no presumption regarding the complaint or grievance. Investigators may be a CPA employee or an appointee.

External investigators will be used where;

- The matter is regarded as sufficiently serious,
- Impartially is difficult, or
- The expertise to adequately investigate the issue does not exist.

Investigators will be presented with applicable Terms of Reference, which will include the name of the person responsible for overseeing the investigation.

The complainant will be advised in writing of the appointment of an investigator and the process of enquiry outlined. They will be reminded that they may seek representation at any stage.

Individuals and or witnesses mentioned in the complaint will be advised of the appointment of an investigator and the process of enquiry outlined. They will be reminded that they may seek representation at any stage.

Employees who have been implicated and whose actions or behaviours could bring into question their capacity or conduct, may be transferred to a different service area or be suspended with or without pay from duty.

Volunteers or service recipients who have been implicated and whose actions or behaviours could bring into question their capacity or conduct, may be transferred to a different service area or be suspended.

All persons will be reminded that the matter is confidential and should not be discussed outside the involved parties.

The investigator will prepare a written report, with recommendations for action. All relevant parties will review the report and the actions implemented.

## **PROCEDURE**

1. An investigator will be appointed and presented with applicable written Terms of Reference.
2. The complainant will be advised in writing of the appointment of an investigator and reminded that the matter is confidential between the parties. They will be informed that they may seek representation at any stage.
3. Persons mentioned in the complaint will be advised of the appointment of an investigator and reminded that the matter is confidential between the parties. They will be informed that they may seek representation at any stage.
4. Employees whose actions or behaviours could bring into question their capacity or conduct may be transferred to a different service area or be suspended with or without pay from duty.
5. Volunteers or services recipients, whose actions or behaviours could bring into question their capacity or conduct may be transferred to a different service area or be suspended.
6. All parties will be advised that the investigator may meet with them to discuss the complaint. The meeting place will be private and agreed with the individual.
7. The investigator will provide the CPA management and Board with a completed written report of their findings.
8. The CPA management and Board will review and implement relevant recommendations.

**Applies to:** All Personnel and Volunteers

**PREAMBLE**

A “Court” is a judicial body such as the BC Supreme Court. For the purpose of this policy, the word “Court” also includes administrative tribunals or an arbitrator whose position is governed by law. It also refers to any proceeding or activity in a court, including proceedings or activities other than trials.

An employee or volunteer may be “compelled” (legally required under law, regardless of their own wishes), to appear and testify in court. The documents requiring such appearance and testimony are called “Summons” or “Subpoena”.

Alternatively, an employee or a volunteer may volunteer to appear and testify in Court. One example of voluntary testimony is of an expert witness who is hired to assist the Court by providing special knowledge or judgement. Another is of a person who has information about an accident, a crime, or business dealing and feels obliged to “do the right thing”.

An employee or a volunteer may be compelled to act as witness or an expert witness to provide information considered to belong to the Society or to be confidential under the terms of the employee’s employment.

Compelled Witness

An invitation or summons to testify in Court raises special questions, places an employee in unusual circumstances, and imposes very serious legal obligations to the Court, as well as to the Society.

When employees are compelled under the law, to testify in court, they do not have a choice about attendance or on how much they will say. They must testify according to their legal obligations and they must tell the truth. The evidence that they give may or may not be in the best interests of the CPA of PG & D or of a person with a disability. However, depending on the circumstances, individuals and the Society have a right, within the law, to ask to not testify or ask to not answer some questions or parts of some questions. These rights are part of the Law of Evidence under our system of law.

Voluntary Witnesses

When employees are asked to voluntarily act as witnesses or expert witnesses in a Court, their testimony may or may not be in the best interest of the Society or a person with a disability. The Society may decide to require the employee to not testify under those circumstances. Providing it is legal to do so, the Society may decide to not permit the employee to provide such information under those circumstances.

**POLICY**

Employees of the CPA have a duty, both during and after work hours, to act in a manner consistent with the best interests of the society and people with disabilities.

An employee who receives a summons or a subpoena has a public legal duty to the Court. Employees who are requested to provide information, or are requested or required to testify in court, in any matter related to or arising out of their employment or to the business or purposes of the society, must notify the Executive Director. The Executive Director will inform the Board of Directors.

Employees who become aware that information has been subpoenaed or otherwise compelled from the society, as evidence in court or by the police, must inform the Executive Director immediately. Only the Executive Director must notify the Board of Directors of all such requests before providing any information or delegating the provision thereof, where at all possible.

All employees have responsibilities as citizens to testify when required to tell the truth. Employees must be aware that they:

- Have rights and can exercise their rights with respect to testifying in court.
- Have a duty to the society as their employer.
- Must disclose any request or summons to testify to the CPA, well before any scheduled court date.
- Emphasize that the purpose of the CPA is to act in the best interest of people with disabilities.

Wherever legally possible, employees of the Society;

- Do not consent and are not required to testify in court regarding any question that might compromise the Society's purpose and duty to act in the best interests of people with disabilities.
- Ensure that any information that is the property of the society is not utilized in court without the society's written permission.
- Ensure that any information is not used in a manner inconsistent with the best interests of people with disabilities unless required by a court of law.

## **PROCEDURE**

1. Upon being served or asked to voluntarily testify, notify the Executive Director. The Executive Director will notify the Board of Directors.

**Applies To:** All Personnel and Volunteers

**PREAMBLE**

A “Search Warrant” is a written court order entitling law enforcement to search a defined area and seize property, which constitutes evidence of commission of the alleged crime described in the warrant. A search warrant is available only in criminal actions.

**POLICY**

It is the aspiration of the CPA as a corporate citizen to adhere to and comply with all provincial and federal laws pertaining to criminal investigations. All employees are required to assist investigators when served with a search warrant following the procedure listed below.

The Executive Director and Board of Directors will be notified when a search warrant has been issued.

**PROCEDURE**

1. All law enforcement personnel should be escorted to a private office.
2. Immediately contact the Executive Director or designate. The Executive Director will designate an on-site staff person to implement procedures.
3. Identify the officer in charge of executing the warrant. Ask for a business card or record the name, title, RCMP detachment and telephone number of the officer.
4. Ask for a copy of the warrant and any affidavit submitted to the court to obtain the warrant. Have the officer identify the prosecutor by name and phone number, if that person is not indicated on the document (the officer is acting at the direction of the prosecutor).
5. Inform the officer in charge that you have contacted the Executive Director or their designate and that he/she is on their way. Request the officer in charge not to proceed until the Executive Director or their designate has arrived.

If the officer will not wait, take the following steps to monitor the search:

1. Carefully read the warrant.
2. Make sure a judge or magistrate has signed the warrant. If there is any discrepancy, notify the officer in charge.
3. Determine the scope of the warrant, the area to be searched and type of evidence to be seized. A search warrant permits the designated officer to search and seize property. If there is any

discrepancy between the scope of the search document and the search actually conducted by the officer, notify the officer in charge. Attempt to assist the officer in retrieving the items that are the subject of the search.

4. Identify those essential employees that are knowledgeable and can assist in retrieving the documents, computer information, etc. Notify the officer in charge that key employees are here to ease the search with minimal disruption of business and that other employees are permitted to leave.
5. Advise employees that persons executing the warrant may ask them questions. Advise employees it is their choice whether or not they want to speak with an officer, they are not required to do so.
6. Monitor the search, but do not impede or obstruct.
7. Complete an incident report.
8. The Executive Director will notify the President of the Board of Directors.

## **500** *Human Resources*

Several policies contained within this section are derived directly from the collective agreements held between The Cerebral Palsy Association of Prince George and District and the Health Sciences Association of British Columbia (HSA, the union).

The Cerebral Palsy Association of Prince George and District holds a single certification with two separate bargaining units under the auspices of the Health Sciences Association of British Columbia. The bargaining units are:

1. Health Services and Support — Community Subsector Association of Bargaining Agents
2. The Paramedical Professional Bargaining Association

***Policy***

Current human resource policies and procedures must remain in compliance with all applicable legislation including the *Employment Standards Act*, the *Human Rights Act*, and the *Collective Agreements* held between the Health Employers Association of British Columbia (The Employer) and the Health Sciences Association of British Columbia (The Union).

***Procedures***

- 1. Legislation:*** The Society complies with applicable legislation including the *Employment Standards Act* and the *Human Rights Act*. The current *Guide to the Employment Standards Act* discusses relevant provisions of both Acts and is included as Appendix B.
- 2. Collective bargaining:*** The Health Sciences Association of British Columbia was certified as the exclusive bargaining agent for the employees of the Cerebral Palsy Association of Prince George and District in August of 1994. Employees are represented by two bargaining associations under the umbrella of the Health Sciences Association of British Columbia. The bargaining associations are The Paramedical Professional Bargaining Association and The Health Services and Support Community Subsector Association of Bargaining Agents.

***Policy***

The recruitment and employment of staff is the responsibility of the Executive Director, in consultation with the Society's leadership team. The Board and the Executive Director are responsible for the selection of management personnel.

***Procedure:***

1. After internal posting, as per the respective collective agreement if applicable, vacant positions are advertised in appropriate media. The advertisement will comply with the guidelines of the collective agreement.
2. Applicants must apply in writing and provide a resume giving details of their training and experience. Two references are required. Evidence of professional qualifications is required. Refer to the Policy on Credentials of New Applicants and Existing Employees.
3. Selected applicants must be interviewed.
4. Prior to the offer of employment to the successful candidate, a clear Federal Criminal Records check must have been obtained by the Society. All criminal record checks are to be updated every three years.
5. At the time of employment, the Executive Director or designate shall issue a letter outlining the terms of employment with a copy of the job description and will ensure that the hiring package has been completed.
6. A planned orientation program for each new employee shall be carried out by the departmental director or designate.

***Policy:***

It is the responsibility of the Executive Director or designate to contact references provided by the applicant to verify background information. The credentials of new applicants will be verified in the following manner:

***Procedure:***

1. The Executive Director or designate will scrutinize the original certificates if they can be produced, or Executive Director or designate will contact the licensing body, with permission of the applicant. Once employed, copies of resumes and credentials are placed in personnel file.
2. Existing Employees:
  - 2.1 Those whose license to practice/registration is renewed periodically must furnish evidence to the section/department head that this has been done, where such licensing/registration is required by the job description.
  - 2.2 All information regarding an applicant's credentials must be treated confidentially.

***Policy:***

Staff of the Child Development Centre are expected to follow the ethical guidelines laid down by their licensing body or professional association. Allegations of ethical violations will be investigated and appropriately dealt with.

**Procedures:**

Allegations of violations of a staff member's ethical codes will be dealt with in the following ways:

1. If a staff member believes that a colleague has violated the ethical guidelines of his/her licensing body/professional association, he/she should first check those guidelines. If he/she is satisfied that an ethical violation has occurred, the matter may be brought to the attention of the supervisor of the person of whom the allegation has been made. The supervisor will also check the guidelines and, if the allegation appears justified, will discuss the issue with the person against whom the allegation is made. The person against whom the allegation was made will be given an opportunity to hear the allegation and to provide an explanation. If necessary, corrective actions will be taken or the internal disciplinary process may be started.
2. If the person making the allegation is a member of the public, that person will be encouraged to speak to the accused person's supervisor, who will investigate the matter as above.
3. The supervisor will report back to the person making the allegation regarding what steps are being taken to deal with the matter. The person will also be informed that, if they are dissatisfied with the steps taken, they have the right to complain to the relevant licensing body/professional association.
4. Should the staff member against whom the allegation is made not be governed by a professional body, the normal Centre process for dealing with complaints will be followed.
5. Program directors will track such allegations and, if it appears that there is a systemic problem, will establish whether additional staff training or policies are required.

***Policy:***

Often service occurs outside the Child Development Centre, for example at the child's home or school. When a staff member leaves the building in order to provide CDC services, it is important that the CDC knows his/her whereabouts and is aware when he/she has returned to work or home safely. To ensure this, the following process shall be followed.

***Procedures:***

1. Before leaving, the staff member will document where he/she is going, his/her expected time of return and afterwards indicate that he/she has in fact returned.
2. If the staff member plans to go home directly from his/her last visit they must call the Centre to say he/she is leaving his/her last appointment.
3. If at the end of the day there is no indication he/she has returned either to work or home, the receptionist will call the home. If he/she is unable to confirm the staff member's safety, that staff member's supervisor will be contacted.

***Appendix A:***

***Universal Precautions  
Against Spreading of Disease***

- Follow general health care procedures of frequent and thorough hand washing and cleanliness.
- **Always treat blood as a potentially dangerous fluid.**
- Wear disposable gloves when assisting a bleeding client.
- Wear disposable gloves when handling or touching items or surfaces soiled with blood or body fluid.
- Do not reuse disposable gloves.
- Disinfect contaminated items and surfaces with a bleach solution (two tbsp. bleach to one litre of water).
- Store clothing, bedding, etc. that has been soiled with blood or bodily fluid in a separate plastic bag. Ask parents/caregiver to wash and bleach these articles.
- Do not allow the sharing of personal items which may become contaminated with blood or body fluid.
- It is theoretically possible that a bite by any client (infected or non-infected) could result in the transmission of disease if mucous membrane are contacted through broken skin. This has a very low potential of occurrence in a client care setting, however proper precautions against the spreading of disease must always be taken. All bites are to be taken seriously, and if the skin is actually broken, it is recommended that the family physician be contacted.

Reference:: *AIDS in the 90s, the New Facts of Life*, Canadian Public Health Association, February, 1991.

***Appendix B:***

***Guide to the  
Employment Standards Act – June 09***

***Minimum Wage***

The minimum wage in British Columbia is \$8 per hour.

Minimum wage applies to all employees regardless of how they are paid — hourly, salary, commission or other incentive basis. Salespersons on straight commission must be paid at least minimum wage for all hours worked in a pay period.

The First Job/Entry Level minimum wage is \$6 per hour. This only applies to employees with no paid work experience before November 15, 2001.

After they have worked for a total of 500 hours with one or more employers, these employees are entitled to the regular minimum wage rate.

Minimum wage rates for live-in home support workers, resident caretakers and farm workers who hand harvest certain fruit and vegetable crops are set out in the Employment Standards Regulation.

Tips or gratuities are not wages. Employees must be paid at least minimum wage in addition to any tips or gratuities they receive.

***Minimum Daily Pay***

An employee who reports for work must be paid for at least two hours, even if the employee works less than two hours.

If an employee who is scheduled for more than eight hours reports for work, he or she must be paid for at least four hours.

If work stops for a reason completely beyond the employer's control, the employee must still be paid for two hours or the actual time worked, whichever is greater.

An employee who reports to work but is unfit for work only has to be paid for time actually worked.

An employee who is not in compliance with WCB health and safety regulations only has to be paid for the time actually worked.

## ***Meal Breaks***

An employee must not work more than five hours in a row without a 30-minute unpaid meal break. An employee who is required to work or be available for work during a meal break must be paid for the meal break.

Employers are not required to provide coffee breaks.

## ***Paydays and Payroll Records***

- All employees must be paid at least twice a month.
- A pay period cannot be longer than 16 days.
- All wages earned in a pay period must be paid within eight days after the end of the pay period.
- Employees must receive a written or electronic pay statement (pay stub) each pay day that gives all details about hours worked, rate(s) of pay, earnings and deductions. Employers must keep payroll records for each employee for two years after employment ends.
- An employee must be paid in full within 48 hours after the employer ends the employment, or within six days if the employee quits. This time is by the clock and the calendar - not business hours or business days.

## ***Overtime***

- Daily overtime pay is time-and-a-half after eight hours worked in a day and double-time after 12 hours worked in a day.
- Weekly overtime is time-and-a-half after 40 hours worked in a week. Only the first eight hours worked in a day count towards weekly overtime.

## ***Averaging Agreements***

An employer and an employee can agree to average scheduled work hours over a period of 1, 2, 3 or 4 weeks. Averaging agreements must be in writing and, have a start date and an end date. Overtime is payable:

- After eight hours in a day if extra hours have been added to an employee's schedule, or
- If the employee works more than an average of 40 hours in a week over the averaging period (e.g. 80 hours over two weeks, 120 hours over three weeks.)

## ***Uniforms and Special Clothing***

If an employer requires an employee to wear a uniform or special clothing, the employer must provide, clean and maintain it at no cost to the employee.

- Special clothing is clothing that is easily identified with the employer. For example, clothing with a company logo or unique company colours.

- Special clothing includes a requirement to wear the garments that the business is currently selling. A dress code (no jeans, no cut-offs, dark clothing, business casual) is not a uniform.
- Employers and employees can agree that the employer will reimburse employees for cleaning and maintaining special clothing.
- Personal safety equipment required by the Workers' Compensation Board is not considered special clothing unless the equipment also associates the wearer with the image or identity of the employer.

## ***Deductions***

- An employer must make deductions from wages required by law (e.g. income tax, EI, CPP). Other deductions may be made if the employee agrees in writing.
- An employer cannot deduct any of the employer's business costs from wages. This includes cash shortages, breakage, damage to company property or when a customer leaves without paying.

## ***Statutory Holidays***

The nine statutory holidays in British Columbia are

- New Years Day
- Labour Day
- Good Friday
- Thanksgiving Day
- Victoria Day
- Remembrance Day
- Canada Day
- Christmas Day
- B.C. Day

Easter Sunday, Easter Monday and Boxing Day are not statutory holidays.

To qualify for statutory holiday pay employees must:

- Have been employed for at least 30 calendar days, And
- Have worked on at least 15 of the 30 days before the statutory holiday.\*\*

\*\*Employees who worked under an averaging agreement any time in the 30 days before the statutory holiday do not have to meet the 15-day minimum.

- Qualified employees who are given a day off on a statutory holiday must be paid an average day's pay.
- Qualified employees who work on a statutory holiday must be paid:

- Time-and-a-half for the first 12 hours worked and double-time after 12 hours Plus
- An average day's pay.
- An average day's pay is the total regular earnings divided by the number of days worked in the previous 30 calendar days.
- Regular earnings includes wages, and vacation pay received for vacations taken, but does not include overtime pay.
- Days worked includes all days where wages were earned as well as any days of annual vacation taken in the 30 calendar days before the statutory holiday.
- Employers and a majority of employees can agree to substitute another day for a statutory holiday. The substitute day must be treated the same as a statutory holiday.

### ***Employing Young People Under 15***

- Before employing anyone under 15 years of age, an employer must have written consent from the employee's parent or guardian.
- If the employee is under 12, the employer must also have permission from the Director of Employment Standards before work begins.
- The Director of Employment Standards does not issue child employment permits for children employed in the entertainment industry.

### ***Compensation for Length of Service***

After three months of consecutive employment an employee may be eligible for compensation, written working notice, or a combination of the two as follows:

- After three months - one week
- After 12 months - two weeks
- After three years - one week for each completed year of employment, to a maximum of eight weeks.

No compensation for length of service pay is required when an employee quits, retires or is terminated for just cause. It is up to the employer to show termination was for just cause.

Additional notice or pay is required if 50 or more employees are terminated within a two-month period at a single location.

### ***Annual Vacation***

After completing one year of employment an employee is entitled to two weeks vacation.

- After five years, an employee is entitled to three weeks vacation.
- Vacation must be scheduled in periods of one or more weeks, unless the employee requests otherwise.
- Vacation must be taken within 12 months of being earned.

## ***Vacation Pay***

- After an employee has completed one year of employment, vacation pay must be at least four percent of the employee's total earnings from the previous year.
- After five consecutive years of employment, vacation pay increases to six percent.
- A person who is employed for less than one year is not entitled to a vacation, but must be paid four percent vacation pay on termination of employment.
- Vacation pay is not payable if the employment is for five calendar days or less.

## ***Leave From Work***

Employers are required to provide the following unpaid leaves:

- **Pregnancy Leave:** A pregnant employee can take up to 17 consecutive weeks of unpaid leave. This leave may be extended by up to six weeks if she is unable to return to work for reasons related to the birth or termination of the pregnancy.
- **Parental Leave:** A birth mother who has taken pregnancy leave is entitled to up to 35 consecutive weeks of unpaid leave. A birth mother who has not taken pregnancy leave is entitled to take up to 37 weeks of unpaid leave.
  - A birth father or an adopting parent is entitled to up to 37 consecutive weeks of unpaid leave. This leave may be extended by up to five weeks if the child requires an additional period of parental care.
  - Birth parents must give their employers at least four weeks written notice of their intention to take parental leave.
- **Family Responsibility Leave:** An employee can take up to five days of unpaid leave in each employment year to attend to the care, health or education of a child in the employee's care, or to the care or health of any other member of the employee's immediate family.
  - Employees are expected to give their employers as much notice as possible and provide sufficient information for their employers to understand the reason for the leave.
  - Employees are not required to give notice in writing or disclose personal or private information.
- **Compassionate Care Leave:** An employee can take up to eight weeks of unpaid leave within a 26 week period to care for a gravely ill family member. The employee must obtain a medical certificate which states that the family member is gravely ill with a significant risk of death within 26 weeks.
- **Bereavement Leave:** An employee is entitled to up to three days of unpaid leave on the death of a member of the employee's immediate family. This leave may be for purposes other than to attend a funeral.
- **Jury duty:** An employee who is required to attend Court as a juror is considered to be on unpaid leave for the period of the jury duty.
- **Reservists' Leave:** An employee who is a reservist is entitled to unpaid leave while deployed to a Canadian Forces operation, including pre-deployment and post-deployment activities, or while deployed to assist with an emergency.

Employees are expected to give their employers as much notice as possible and provide sufficient information for their employers to understand the reason for the leave. Employees are not required to give notice in writing or disclose personal or private information.

An employer may not terminate an employee or change a condition of employment, without the employee's written consent because of a leave or pregnancy

## ***Temporary Foreign Workers***

Temporary foreign workers are covered by the provisions of the Act. They cannot be charged a fee for job placement. Employers cannot require them to stay for a set period of time, nor can they charge business or recruitment costs or deduct these costs from their employees' pay cheques.

## ***Collective Agreements***

Collective agreements must meet certain minimum standards set out under the Act. This includes minimum wage, termination notice, leaves and group termination.

Some areas, such as overtime rates and statutory holidays can be negotiated outside the Act, however, if there is no provision in a collective agreement, the Act applies in these areas.

Any disputes about minimum standards under a collective agreement must be resolved through the grievance process.

## ***Resolving Disputes***

Employers and employees are encouraged to resolve disputes themselves. The Director of Employment Standards can refuse to investigate a complaint if an employee has not taken steps to resolve the problem themselves. This includes using a Self-Help Kit that is available on the Internet and at all employment standards offices.

If a dispute cannot be resolved using the Self-Help Kit, complaint forms are available at employment standards offices and on the Internet.

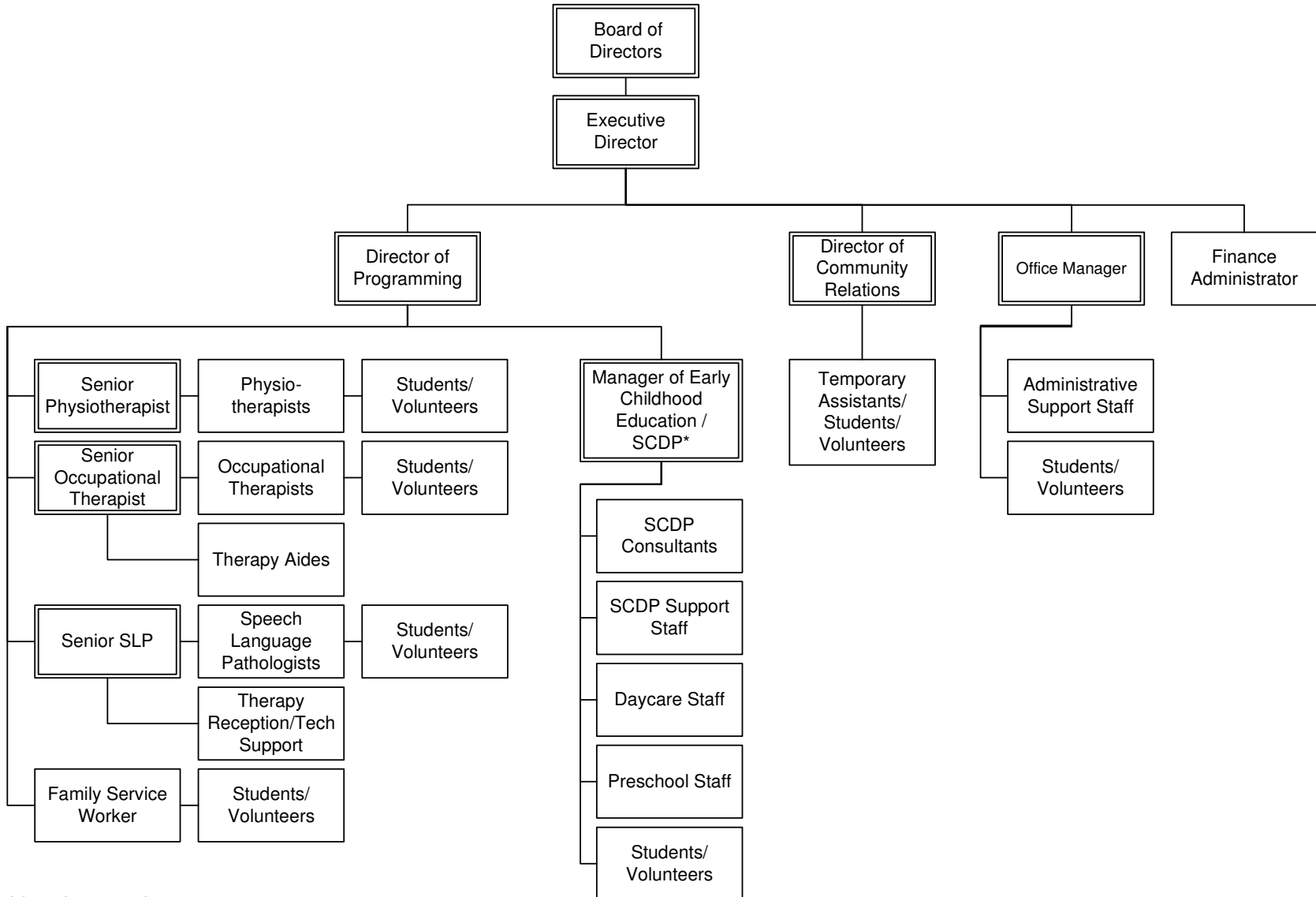
The Employment Standards Branch may help employers and employees try to reach an agreement before the branch issues a decision. If the parties agree, the 'Settlement Agreement' is binding on the employer and the employee.

## ***Contacting the Employment Standards Branch***

For general inquiries, contact the Employment Standards Branch Information Line at: 1 800 663-3316 (toll-free in British Columbia), or 250 612-4100 in the Prince George area.

# Appendix C:

## Cerebral Palsy Association of Prince George and District Organizational Chart



\* SCDP: Supported Child Development Program

Approved June 16, 2009