

## Introduce Us to Your Child

*We are excited to learn more about your Family!*

Date \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

What would you like us to call your child?: \_\_\_\_\_

Siblings' Names & Ages: \_\_\_\_\_

Favorite Play Materials: \_\_\_\_\_

Special Interests: \_\_\_\_\_

With whom does your child reside? \_\_\_\_\_

What opportunities does your child have to play with others the same age? \_\_\_\_\_

### Eating Patterns:

Are there any dietary concerns or restrictions? \_\_\_\_\_

Does your child feed himself or herself? \_\_\_\_\_

Are there any food dislikes? \_\_\_\_\_

Are there any food allergies? \_\_\_\_\_

When eating, uses fingers \_\_\_\_ spoon \_\_\_\_ fork \_\_\_\_ cup \_\_\_\_ Needs assistance \_\_\_\_\_

### Sleeping Patterns:

What time is bedtime at home? \_\_\_\_\_ Arise at? \_\_\_\_\_

What time is nap time? \_\_\_\_\_ How long? \_\_\_\_\_

Does your child sleep in his/her bed? \_\_\_\_\_

Does your child have a special toy/blanket to nap with? \_\_\_\_\_

Please describe your child's go-to-sleep routines (e.g., story time, quiet play, snack)

\_\_\_\_\_

### Eliminating Patterns: (2 yrs. and up)

Not potty trained yet? Yes \_\_\_\_\_ No \_\_\_\_\_

In training? \_\_\_\_\_ If trained, how long? \_\_\_\_\_

Independent—doesn't require help. \_\_\_\_\_

Does your child need to be reminded? \_\_\_\_\_

Does your child have regular Bowel Movements? \_\_\_\_\_

Does your child have problems with diarrhea? \_\_\_\_\_

Does your child have problems with constipation? \_\_\_\_\_

Does your child have certain words to indicate a need to eliminate?

\_\_\_\_\_

### Child wears:

Nap time diaper \_\_\_\_\_ Disposable training pants \_\_\_\_\_

Cloth underwear \_\_\_\_\_ Plastic pants over cloth underwear \_\_\_\_\_



# Biting Policy

## Is it normal for a child to bite?

Most children younger than age 3 bite someone else at least once. Most children stop biting on their own; biting that persists past age 3 or occurs frequently at any age may need treatment. Biting is not always intentional and rarely causes serious injury to another person or poses any health risks.

## Why do children bite?

Children bite for different reasons, depending on their age.

- **Between 5 and 7 months of age**, children usually bite other people when they feel discomfort around their mouths or when they are in pain caused by teething. Most often they bite their caregivers. Sometimes young babies bite their mother while breastfeeding. Children of this age learn not to bite as they see and hear the reaction of the person they have bitten.
- **Between 8 and 14 months of age**, children usually bite other people when they are excited. Most often they bite a caregiver or another child close to them. A firm “no” usually stops these children from biting again.
- **Between 15 and 36 months of age**, children may bite other people when they are frustrated or want power or control over another person. Usually they bite other children; less frequently they bite their caregivers. Children of this age usually stop biting as they learn that biting is not acceptable behavior.

## Reducing biting:

Some ways to help prevent a child from biting include:

- Helping the child put words to his or her feelings, such as, “You must feel angry with Bobby for taking your toy.”
- Encouraging the child to use language to express himself or herself. Say, “Use your words, don’t bite.”
- Teaching your child empathy, which is understanding and being sensitive to the feelings of others.
- Encouraging activities appropriate for a child’s age and abilities. To prevent frustration, avoid activities that are too difficult or competitive.
- Distracting a child who is becoming frustrated with other types of play, such as dancing. Or you may want to suggest a calming activity, such as reading or working on a puzzle.
- Stopping a child who appears ready to bite someone. Get the child’s attention by looking straight in his or her eyes. Use a stern voice and expression and say, “No, we never bite people.”
- Praising a child who handles frustration successfully. Say, “Great job. You used your words when you felt angry.”

### **Steps to handling a bite:**

**Step 1:** Immediately separate the children and tend to the child who has been bit. Check the area and console the child.

**Step 2:** Explain to the child who bit that it hurts to bite.

**Step 3:** Clean bite area with soap and water. (If the bite broke the skin, the Director will notify the parent by phone).

**Step 4:** A bite report will be filled out for both children.

### **Course of Action:**

After all preventative steps have been tried by the staff members, if the child continues to bite routinely, the director or designee will call the parent to pick up the child for the remainder of the day. Chronic biting may require that a child be suspended from enrollment for a period of time (days, weeks, etc.). If a child is suspended, the parent will be informed that the child may return to the center as soon as the biting is abated.

If the child returns to the center, continues to bite, and is endangering the other children, the child may be terminated.

Please sign below acknowledging Policy on Biting:

---

Parent/Guardian Signature

---

Date

\*A copy of this policy will be provided to each parent



\_\_\_\_\_ January      \_\_\_\_\_ February      \_\_\_\_\_ March      \_\_\_\_\_ April      \_\_\_\_\_ May      \_\_\_\_\_ June

July      August      September      October      November      December



## CACFP INFANT MEAL APPROVAL SECTION

Center:      -Songsmith      -Porter      -Dover      - School Bell      -Smyrna      -Milford

Dear Parent,

As part of the Child and Adult Care Food Program, we are going to supply the following foods for your infant when they are developmentally ready, following the CACFP Meal Pattern. Please check (✓) the foods that you have already introduced to your child at home. **As time progresses, the parent should date (mm/dd/yy) and initial individual food items as they are to be introduced.** When your child becomes of age to eat table foods from the Child's menu, food items will replace baby food items.

Please check (✓) the appropriate food items that you would like us to serve to your child. You may check (✓) more than one item in a group.

### BREASTFEEDING/FORMULA *(Indicate choice and specify type of formula)*

\_\_\_\_\_ Breast Milk or Iron Fortified Formula *(Parent provided)*  
\_\_\_\_\_ Iron Fortified Formula *(Center provides formula)(Kidz Ink provides Similac)*

### IRON FORTIFIED DRY CEREAL *(check, initial and date)*

\_\_\_\_\_ Rice      \_\_\_\_\_ Oatmeal  
\_\_\_\_\_ Barley      \_\_\_\_\_ Other *(Breads/Crackers)*: \_\_\_\_\_

**FRUITS/VEGETABLES** *(check, initial and date)*-Infant juice, desserts, and dinners are disallowed.

#### Vegetables

\_\_\_\_\_ Carrots  
\_\_\_\_\_ Green Beans  
\_\_\_\_\_ Sweet Potatoes  
\_\_\_\_\_ Peas  
\_\_\_\_\_ Squash

#### Others:

#### Fruits

\_\_\_\_\_ Applesauce  
\_\_\_\_\_ Bananas  
\_\_\_\_\_ Peaches  
\_\_\_\_\_ Pears  
\_\_\_\_\_ Plums

#### Others:

### PROTEIN/POULTRY/MEAT ALTERNATE *(check)*

\_\_\_\_\_ Chicken      \_\_\_\_\_ Turkey  
\_\_\_\_\_ Beef      \_\_\_\_\_ Other *(Meat Alternates)*: \_\_\_\_\_

**SPECIAL REQUIREMENTS:** *(list, if any).* Any modification from the infant meal pattern must be accompanied by a medical statement which explains the food substitution or modification. This would include infants eating a regular center diet.

\_\_\_\_\_ Parent Signature      \_\_\_\_\_ Date

\_\_\_\_\_ Staff Signature      \_\_\_\_\_ Date

\_\_\_\_\_ Infant's Name      \_\_\_\_\_ DOB

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)





**Swaddling Agreement**

Dear Infant Parents/Guardians:

Per Child Care Licensing Regulation 42, section iv, under Sleeping Accommodations it states: Swaddling of infants requires written parent/guardian consent. The use of blankets for swaddling shall not be used when laying an infant down to sleep; swaddle-blanket sleepers may be used.

I \_\_\_\_\_ the parent  
of \_\_\_\_\_  
Give written permission for my infant to be swaddled. I understand written permission is being required by the Office of Child Care Licensing.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Directors Signature

\_\_\_\_\_  
Date

**Cot Agreement**  
**12-18 month old children only**

Dear Parents/Guardians:

The office of Child Care Licensing requires that all children, ages 12 to 18 months, who rest/sleep on a cot have written permission from their parent(s)/legal guardians(s). The permission slip below must be filled out in order for BrightPath to follow these standards. Please fill out the form and return it to the front desk.

I \_\_\_\_\_ the parent  
of \_\_\_\_\_  
Give written permission for my child to rest/sleep on a cot while he/she attends BrightPath I understand written permission is being required by the Office of Child Care Licensing for toddler's age 12 to 18 months.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Directors Signature

\_\_\_\_\_  
Date



## Homework Assistance

As we enter a new school year, we are excited about seeing each child enter a new grade with enthusiasm. The school age and administration team welcomes our new students in addition to the returning students.

This school year our homework time will be from 4:30-5:00 p.m. (depending on the school arrival time). We will assist your child with their daily homework assignment for 30 minutes only. Completion of assignments will be encouraged but not forced. Please indicate your preference below

Child's Name \_\_\_\_\_

\_\_\_\_\_ I want my child to get homework assistance

\_\_\_\_\_ I do not want my child to get homework assistance

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Student Code of Conduct Policy

Parents: Please review this with your child and make sure that he/she understands what is expected of them while at Beyond the Bell.

- I will show respect for my instructors and teachers.
- I will show respect for my fellow students.
- I will show respect for myself by behaving in an appropriate manner.
- I will help to clean up the areas I work in.
- I will work to resolve problems with instructors and fellow members in a positive manner.
- I will follow all instructions given to me by teachers and instructors
- I will cooperate with fellow students and instructors in all activities.
- I will participate constructively in all activities.
- I will seek help from teachers to solve disputes with others when needed.
- I will be responsible for my actions.

Any behavior that threatens the health or safety of another student or staff member or the continuous inability to follow the rules and guidelines of our program may result in a family conference, behavior plan, suspension or disenrollment from the program.

By enrolling my child in Beyond the Bell, I understand and agree that my child will follow all rules and regulations of BrightPath as a condition of enrollment.





# Transportation Consent Form

Child's Name: \_\_\_\_\_

School Year: \_\_\_\_\_

\*Please check off one of the following:

\_\_\_\_\_ My child will use the BrightPath Bus for transportation to and from \_\_\_\_\_ Elementary.

I give BrightPath permission to transport my child in the Brightpath Bus.

\_\_\_\_\_ My child will use a Colonial School District bus for transportation to and from \_\_\_\_\_ Elementary School.

\_\_\_\_\_ I will provide my child with transportation to and from BrightPath

\_\_\_\_\_ Other (please explain)

---

Parent Signature: \_\_\_\_\_





## BrightPath Supply List

### **Preschoolers (3 years - 4 years of age):**

Back Pack or bag to store blanket and sheets

1 Sheet (Crib or twin size)

1 Small Blanket (No Sleeping bags please)

1 Small Travel pillow, if necessary

1 Smock or old long sleeve shirt for art activities

1" Binder for Portfolio



## BrightPath Supply List

### Infant Classroom (0-12 Months):

- ☐ Labeled Bottles Labeled Formula or Breast Milk (If applicable)  
BrightPath does provide Enfamil
- ☐ Diapers and Wipes
- ☐ 2 Sets of labeled change of clothes
- ☐ 2 Bibs
- ☐ 2 Labeled Crib Sheets
- ☐ 1 Swaddle (No Crib Blankets due to State Regulations)
- ☐ Labeled Baby Food (If applicable)

2024 - 2025 Delaware Prototype Income Eligibility Form
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information.
Child's First Name MI Child's Last Name DOB Enrolled? Yes No Foster Child Homeless, Migrant, Runaway

STEP 2 ENROLLMENT INFORMATION

Start Date: Arrival Time: AM/PM Departure Time: AM/PM Shift Work: Yes/No
Normal days of week Participant(s) is/are in care (circle all that apply): Mon Tues Wed Thurs Fri Sat Sun
Meals eaten at Providers/Center: (Circle all that apply. CACFP provides reimbursement for up to 2 approved meals and one snack per day/participant):
Breakfast AM Snack Lunch PM Snack Supper Evening Snack

STEP 3a CHILD CARE PROGRAM PARTICIPANTS ONLY: Do any Household Members (including you) currently participate in any of the following assistance programs: SNAP or TANF?

If NO > Go to STEP 4. If YES > Write a case number here, then go to STEP 5 (DO NOT COMPLETE STEP 4) Case Number:

STEP 3b ADULT DAY CARE PROGRAM PARTICIPANTS ONLY Name of Adult Participant:

Do any Household Members (including you) currently receive one or more of the following assistance programs: SNAP, TANF, SSI, or Medicaid?
Circle one: Yes / No
If NO > Go to STEP 4. If YES > Write a case number here, then go to STEP 5 (DO NOT COMPLETE STEP 4). Case Number:

STEP 4 Report Income for ALL Household Members (Skip this step if you answered "Yes" and provided a case number in STEP 3a or 3b)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.
Child income How often? Weekly Bi-Weekly 2x Month Monthly
B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.
Name of Adult Household Members (First and Last) Earnings from Work How often? Weekly Bi-Weekly 2x Month Monthly Public Assistance/ Child Support/Alimony How often? Weekly Bi-Weekly 2x Month Monthly Pensions/Retirement/ All Other Income How often? Weekly Bi-Weekly 2x Month Monthly
Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X X Check if no SSN

## STEP 5 An adult household member must sign and date this form before it can be approved.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)	
<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>	
Printed name of adult signing the form	Signature of adult		Today's date			

### OPTIONAL Racial and Ethnic Identities

We are required to ask for information about your race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your eligibility for free or reduced-price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Asian ☐ White

**The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms.** We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number'. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number.

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
- fax:**  
(833) 256-1665 or (202) 690-7442; or
- email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

### Do not fill out For SPONSOR Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

<b>Total Income</b>	How often?	<b>Household Size</b>	<b>Categorical Eligibility (If Yes, Check One):</b>	<b>DATE WITHDRAWN:</b>	<b>Eligibility</b>						
<input type="text"/>	Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/>	<input type="text"/>	<input type="checkbox"/> SNAP (Food Stamp) Household <input type="checkbox"/> TANF Household <input type="checkbox"/> Head-Start <input type="checkbox"/> ECAP <input type="checkbox"/> Foster <input type="checkbox"/> Homeless/Migrant/Runaway <input type="checkbox"/> SSI (adult participant only) <input type="checkbox"/> Medicaid (adult participant only)	<input type="text"/>	<table><tr><td>Free</td><td>Reduced</td><td>Paid</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Free	Reduced	Paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free	Reduced	Paid									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<b>Determining Official's Signature</b>	<b>Date</b>										
<input type="text"/>	<input type="text"/>										

## **Closed Circuit Television System Policy**

### **Purpose**

Select Busy Bees North America (BBNA) centres operate a Closed-Circuit Television System (CCTV) which makes video and potential audio recordings. BBNA values the confidentiality and privacy of its staff and the families that we serve, and therefore provides this CCTV policy (this Policy) to outline the purposes and uses of these CCTV devices and recordings.

As a provider of early learning and child care services, from infant to pre-kindergarten and older children on a before and after school basis, BBNA is responsible for the most vulnerable population and, therefore, maintains the highest standards in care and safety to provide exceptional early years services.

The CCTV System is operated to ensure these highest standards in care and safety of the children. After careful consideration of the positive impact of CCTVs in other environments, both in relation to prevention and investigation of incidents, the CCTV has been adopted in the interest of the children, their families and of BBNA employees. The CCTV System will play an important role in the delivery of our services considering we have young children in our care.

The CCTV system will be used for the purposes of reviewing room activity, staff and child interactions and behaviour where there is suspicion or allegation of a significant incident, when there has been a complaint or concern voiced by parent, guardian or staff member, or as otherwise provided in this policy.

The use of CCTV is not intended to replace appropriate management practices and procedures in supervising and coaching staff.

### **Scope and Responsibilities**

BBNA will respect local privacy laws. Please refer to our Data Protection Policy which sets out in detail how we process this information.

### **Security and Protection of Privacy**

The video/audio recorder will be kept secure in either its own locked cabinet or a locked room which has restricted access. BBNA implements security safeguards to protect the CCTV equipment and recordings at the level appropriate to the sensitivity of the information. . Access to the system's controls and reception equipment, and to the recordings it captures, will be limited to authorized persons.

Recordings will be securely held, and access within the organization limited to the purposes described in this Policy. Cameras should be positioned as best they reasonably can to reduce the likelihood of capturing individuals not intended to be filmed, while achieving the objectives of this policy.

Authorized persons will only access the recordings in the case of suspicion or allegation of a significant incident or complaint, for supporting training regarding program delivery, or for reasonable maintenance, installation, or configuration of the CCTV systems.

Authorized persons include the following who will be provided access strictly on the basis of need-to-know:

- Centre Director (CD);
- Area Director (AD);
- Operations Director;
- VP Education and Quality Assurance;
- Chief Operating Officer (COO);
- President;
- Chief Human Resources Officer;
- Director of Safety and Compliance (DSC);
- Chief Executive Officer (CEO); and
- others as allowed by the COO, President, or CEO.

### **Location**

The following areas may be covered by CCTV:

- Classrooms;
- Sleep Rooms;
- Gymnasiums;
- Multi-purpose rooms;
- Hallways;
- Reception area;
- Front door;
- Outside play areas;
- Parking lots;
- Director's office;
- Kitchen; and
- Any other area where coverage is appropriate, except for those locations listed below as not covered.

The following areas will not be covered by CCTV:

- Children's toilet area;
- Staff room; and
- Adult bathrooms.

The CD shall be responsible for reviewing camera locations from time to time and for considering requests from staff, parents, guardians or other persons regarding concerns relating to privacy or confidentiality due to the location of a particular CCTV camera. Cameras should be positioned as best they can to reduce the likelihood of capturing individuals not intended to be filmed.

BBNA will endeavor to post reasonably conspicuous notices of the CCTV recording as appropriate and near CCTV equipment but may not feasibly post notices in every location where video or audio recording is in progress.

### **Access**

Access to the system is restricted to the authorized persons and to the existence of suspicion or allegation of a significant incident or complaint, for supporting training regarding program delivery, or maintenance, installation or configuration of such systems. Audit trails monitor this access to ensure compliance. In accordance with this Policy, recordings may be shared with a third-party service provider for the sole purpose of obscuring or pixelating personal information about individuals prior to use or disclosure of a recording.

### **Individual Right of Access**

Individuals may request access to their personal information, or the personal information of their child, which has been recorded through the CCTV System. An access request must be made in writing to the Centre Director. The CD will provide access within thirty days to any retained and redacted recordings, provided such access would not reveal personal information about another person or otherwise be prohibited by law. However, if the information about the other person is severable from the record, by being obscured or pixelated through commercially reasonable means, or if the other person consents, access will be provided to the requester. This is to protect other children/staff that may be present on the recording. If the recording requested does not relate to the individual making the request, or their child, access will not be provided.

If we cannot give access to a recording of the requestor or their child, we will provide reasons, as allowed by law.



### **Access Requests in the Case of Serious Incidents or Complaints**

If a serious incident or complaint has been received and an access request is made by a parent or guardian of an affected child, or an affected staff member, access will be granted in accordance with applicable law. Where required by law, staff concerned will be informed, with reasonable notification, of the footage being viewed in this way and of the purposes of the viewing and will be given an opportunity to view the same footage in the same or similar manner.

BBNA will only release a copy of any recording as required by law or in response to a valid government or law enforcement subpoena, warrant, or request. Copies of recordings will only be released to third parties on the express authority of the BBNA CEO or President and upon demonstration, by the government or law enforcement agency, of its lawful authority to access it. BBNA will make reasonable efforts to maintain the confidentiality of the recordings, including but not limited to such requirements under data protection legislation or other law or statute.

When the recording is reviewed due to suspicion or allegation of a significant incident, or when there has been a complaint or concern voiced by parent, guardian or staff member, the CD or other authorized person will document the following as applicable:

- the date and time at which the recording was reviewed;
- the date on which disclosure was made;
- the identification of any third party who was allowed access or to whom disclosure was made;
- the reason for allowing access or disclosure and the extent of the information to which access was allowed or which was disclosed; and
- the identity of the person authorizing such access.

As indicated above, where the recordings contain images of individuals other than the subject(s), the recording may need to be altered to disguise or blur those images of other individuals so that they are not readily identifiable. If the CCTV recording system does not have the facilities to carry out that editing, an appropriate competent third party may be hired to carry it out, at the sole discretion of the COO, President, or CEO. In the event that such an editing company is hired, BBNA will ensure that there is an agreement in place with the editing company to protect confidentiality and to ensure compliance with this Policy and data protection legislation in relation to the recordings.

### **Role of the CD**

The CD's role in maintaining an effective and secure CCTV environment is critical. They are responsible to:

- ensure the system is always operational and to immediately advise IT support of any system failure/outages;

- ensure that all servicing and repair needs are communicated to IT support and followed through on;
- forward any individual's written request for access to, or a copy of, a recording that exists to the DSC;
- maintain a record of the release of any recordings or any material recorded or stored in the system;
- ensure secure retention and destruction of recordings as appropriate;
- ensure signage is in place that will make individuals aware that they are entering a CCTV area; and
- ensure confidentiality is maintained at all times. Any relevant recordings downloaded shall be stored in a locked secure cabinet or a locked, secure room and will only be available to those directly connected with achieving the objectives of the system. Any copies must be stored in a locked secure cabinet or a locked, secure room until delivered to an appropriate authority, and when returned by them if applicable.

### **Fairness**

BBNA respects and supports every individual's entitlement to go about his/her normal duties. Use of CCTV as outlined in this Policy will be conducted in a professional, ethical, and legal manner and any diversion of the use or processing of CCTV for other purposes is prohibited under this Policy. CCTV will be limited to uses that do not violate a person's reasonable expectation of privacy. The CD will be responsible for ensuring that parents and guardians are informed, when they enroll their child, of the purpose of the CCTV and how it can and cannot be used. A copy of this Policy will be provided and will be available at the centre at all times.

Footage recorded on the CCTV system and viewed under the terms of this Policy may be used to assist in establishing the facts regarding a serious incident, or an allegation thereof, or a complaint. Doing so may give rise to an investigative meeting with any relevant member or members of staff and may result in disciplinary proceedings. Any violations of this Policy by BBNA staff may lead to disciplinary action, including without limitation termination of employment.

### **CCTV Data Retention and Destruction**

CCTV data will remain on the hard drive of the system for up to seven calendar days. At the end of seven calendar days, if no incident is suspected or no complaint has arisen, data will be recorded over. No copies are made in the normal course of operations. Recordings will be retained for longer than seven days in the event that the investigation of a serious incident or complaint is in process, or if BBNA is under a legal obligation to retain the recordings. The ability to export video recording is limited to the

Area Director, Operations Director, Safety and Compliance. Once the investigation concludes and/or the data retention is no longer required under law, the recording will be securely destroyed or recorded over.

Any relevant recordings downloaded or copied shall be stored in a locked secure cabinet or a locked secure room and will only be available to those directly connected with achieving the objectives of the system. Data is retained for seven calendar days in consideration of the time that could pass between an incident occurring, the knowledge that an incident occurred, and the complaint or request being received by BBNA.

### **Biometric Information**

CCTV video and audio recordings will by operation capture and store certain personal and biometric data for individuals who are recorded. Additionally, artificial intelligence tools may be used by BBNA to identify certain individuals, including without limitation the use of facial recognition technology. This technology is used to enable tracking and viewing of one individual across multiple cameras, in order to accomplish the purposes outlined in this Policy.

CCTV recordings, including any biometric or personal data collected through the recordings, will not be shared with any third parties except as elsewhere provided in this Policy.

### **Location of Data Storage**

Recordings through the CCTV systems are stored in the country where the BBNA Centre operates.

By reviewing, agreeing to and signing the Video and Audio Recording Camera Acknowledgement or through the CCTV Acknowledgement – for Existing Staff, you expressly consent to the collection, processing, and storage of personal and biometric information as outlined in this Policy.

You can withdraw consent by contacting the Centre Director. Contact information (including name, email, phone number, and mailing address) for the Center Director of your BBNA facility is under the “Centre Information” tab of the webpage for that facility. If and when you withdraw consent, BBNA will not be in a position to provide you access to its premises in view of the importance of the CCTV for the purpose of the safety of the children. If you have any questions or requests related to this Policy, please contact the Director of Safety and Compliance at [safety@busybeesna.com](mailto:safety@busybeesna.com).

## APPENDIX A

### Video and Audio Recording Acknowledgement

CENTRE/ER: \_\_\_\_\_

CHILD(REN)'S NAME(S): \_\_\_\_\_

I have received and read the Busy Bees North America CCTV Policy in full and understand it, including without limitation the Purpose, Location and Access as outlined. I give consent to BBNA to record the activities of my child(ren) in accordance with the CCTV Policy.

\_\_\_\_\_  
Parent / guardian printed name

\_\_\_\_\_  
Parent / guardian signature

\_\_\_\_\_  
Date Signed