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| **Compliance and Contravention Monitoring** |
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| Employee/Student/Volunteer Name |  |
| Date |  |
| Position |  |
| Program |  |
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| Policies Monitored/Observed (Check off applicable) |
|  | Playground Safety Policy |
|  | Anaphylactic Policy |
|  | Sanitary Practices Policy including Infection Prevention Control |
|  | Sleep Supervision Policy |
|  | Serious Occurrence Policy |
|  | Medication Policy |
|  | Supervision of Volunteers and Students Policy |
|  | Program Statement Implementation Policy |
|  | Staff Training and Development Policy |
|  | Criminal Reference Check/Vulnerable Sector Check Policy |
|  | Fire Safety/Evacuation Policy |
|  | Individualized Support Plan |
|  | Other Policies or Procedure(s) |
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| Was the individual in compliance of the above policies, procedures and support plans? | Yes | No |
| If no, please describe how the individual was not compliant with the legislated policies, procedures and individualized plans referencing the CCEYA and/or applicable section of the policy/support plan. Please attach supporting documentation and/or statements.  |
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| Person Completing the form |  |
| Date |  |
| Action taken as per Monitoring, Compliance & Contraventions Policy: |
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