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| **Compliance and Contravention Monitoring** | | | | | |
|  | | | | | |
| Employee/Student/Volunteer Name | | |  | | |
| Date |  | | | | |
| Position |  | | | | |
| Program |  | | | | |
|  | | | | | |
| 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) | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |
| 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. | | | | | |
|  | | | | | |
|  | | | | | |
| Person Completing the form | |  | | | |
| Date | |  | | | |
| Action taken as per Monitoring, Compliance & Contraventions Policy: | | | | | |
|  | | | | | |