

A PUBLIC HEALTH GUIDE FOR CHILD CARE PROVIDERS

Protecting and Promoting Health in Child Care



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**The Regional Municipality of York
Community and Health Services
Health Protection Division**

Introduction

Child care providers are entrusted with the important task of caring for young children. Children depend upon child care providers to provide a safe and healthy environment in which to grow and develop. Child care providers, parents/legal guardians and York Region Public Health all share the common goal of protecting and promoting health in child care. York Region's Public Health Guide For Child Care Providers has been designed to assist child care providers in achieving this goal.

Who is this guide for?

A Public Health Guide For Child Care Providers is a resource specifically aimed at giving child care providers the most up-to-date information and resources on how to provide child care in a safe and healthy environment. As new information becomes available, it is the responsibility of the child care provider to keep this resource updated using information found online at york.ca

What is the guide about?

The guide is organized into six colour coded sections and includes information on:

- Preventing Illness
- Outbreak Management
- Immunization and Health Records
- Safe Environments
- Healthy Growth and Development
- Glossary, Resources and References

Who do I call if I have questions about the guide?

If you have any questions, please call York Region *Health Connection* at 1-800-361-5653 or TTY: 1-866-512-6228

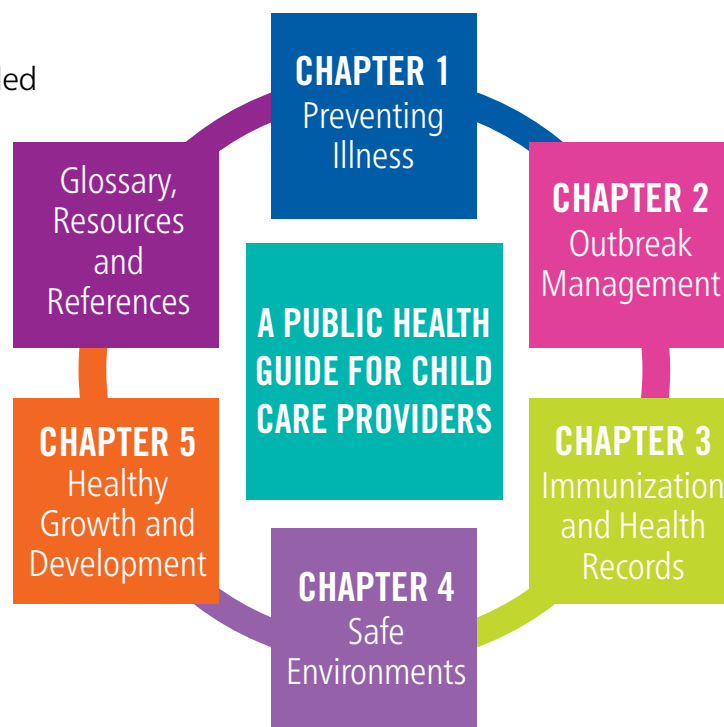


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Chapter 1
**PREVENTING
ILLNESS**

Protecting and Promoting Health in Child Care

Infection Prevention and Control



Child care providers play a vital role in protecting children from infection and illness. A good infection prevention and control program can help prevent the transmission and spread of illness in the child care setting.

When developing an infection prevention and control program, child care staff are encouraged to consult with York Region Public Health to ensure their program is comprehensive and addresses the following areas:

- Routine practices, including hand hygiene and proper use of personal protective equipment
- Cleaning and disinfection
- Diapering and toileting
- Sensory play activities, including water play tables and sandbox safety
- Personal items including toothbrushes, combs/brushes, and skin care creams
- Laundry and sleeping equipment
- Animals in the setting and visitation of animal farms or petting zoos
- Pest control and general sanitation
- Safe food handling practices
- Safe drinking water practices
- Immunization and staff health records
- Outbreak management
- A communication plan for providing information to parents/legal guardians and staff on the infection prevention and control practices in the child care setting
- Policies and procedures for the infection prevention and control practices

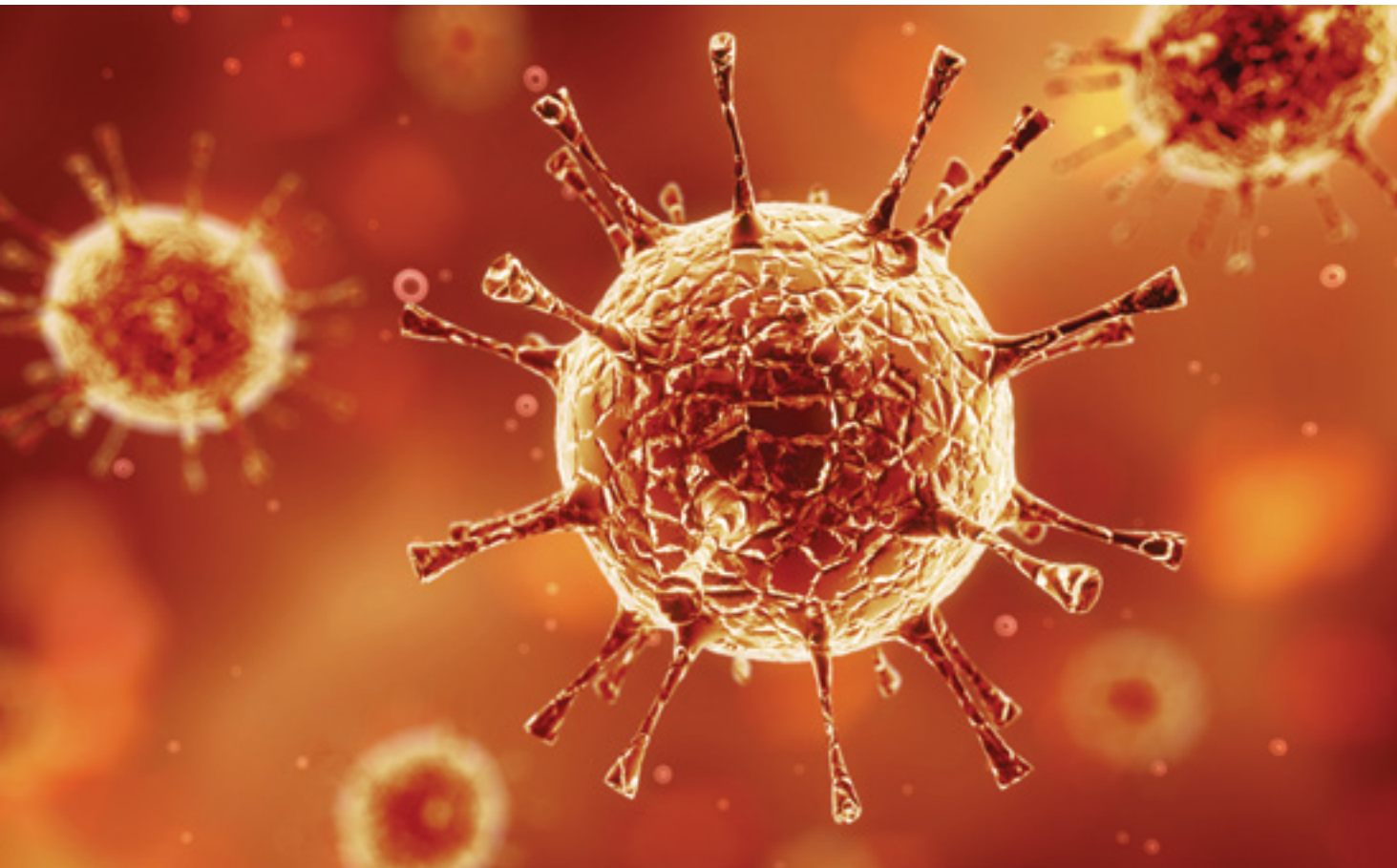
Ensuring all child care staff are trained on these components is the key to the success of the program.

What causes illness?

*Micro-organisms, commonly referred to as germs, are organisms that are too small to be seen with the naked eye. They are everywhere in the environment and are found in food, water, animals, air and soil. Viruses, bacteria, mould and parasites are types of micro-organisms. Some micro-organisms are harmful; those that cause diseases in humans are called **pathogens**.*

Pathogens are found in body fluids, such as saliva, stool and mucous, including the tiny droplets that are generated from sneezing or coughing. Pathogens cause a variety of illnesses such as the common cold, chickenpox and food-borne illness. For information on infectious diseases affecting young children, refer to York Region's *Guidelines for Common Childhood Communicable Diseases* at york.ca

When a child care provider helps children in the bathroom, changes diapers, wipes noses, or applies first aid to cuts, there is a potential of coming into direct contact with pathogens that the children might carry. If proper infection prevention and control practices are not followed, child care providers are at risk of becoming infected and/or spreading the pathogen throughout the child care setting, possibly resulting in children and other staff members becoming ill.



Why do infections spread so quickly in a child care setting?

Enteric (gastrointestinal) and respiratory illnesses spread at a high rate in child care settings. Reasons for this include:

- Children are at a higher risk of acquiring infections because their immune systems are not fully developed
- Although children undergo a series of immunizations to prevent infectious diseases, depending on their age, they may not have received the complete series and therefore will not have full protection
- Children spend a significant amount of time together in one place, in large numbers and are exposed to a wide range of pathogens that their immune systems do not recognize
- Young children frequently put toys and their hands in their mouth, which increases the opportunity for the spread of pathogens from one child to another
- Children have not yet developed strong hygienic practices. Failing to cover their noses and mouths when they cough or sneeze, or to properly wash their hands allows for the spread of pathogens from one person to another

Following proper infection prevention and control measures is the simplest and most effective way to prevent infections and serious outbreaks from occurring in the child care setting.

How and when are infections spread in child care settings?

In order to control the spread of infections in the child care setting, it is important to understand how and when infections spread amongst children and staff.

All infections have **an incubation period**. This is the time from the moment of exposure to the infectious pathogen, to when the first symptom of illness appears. Incubation periods range from a few hours to several weeks, depending on the disease. For some diseases, it is possible for an infected child or staff member to spread the disease during the incubation period and before there are any symptoms. With these diseases, the child or staff member could look and feel well, yet still spread the pathogen to others. Infections also have a **period of communicability**. This is the time frame when a person with an infectious disease is contagious (capable of spreading the disease to others). For some diseases, the period of communicability can overlap with the incubation period.

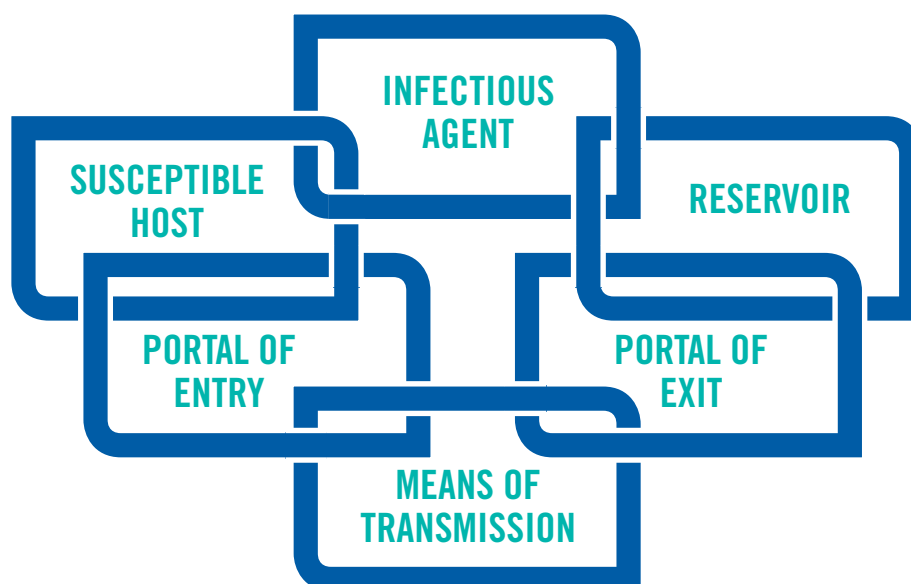


Example: A child care provider, infected with influenza virus (the flu), is capable of infecting others with the virus one day before symptoms begin, so the period of communicability of the flu starts during the incubation period. However, this person is still able to infect others five to seven days after symptoms begin. Therefore, the flu can be passed onto someone else before a person even shows signs of illness and after symptoms begin.

This example helps to emphasize why it is important to understand and use infection prevention and control measures at all times, not just when symptoms begin.

The chain of “transmission”

The process of the spread of infections can be represented by a chain, along which pathogens are spread from person to person. The chain of “transmission” has six links.



The links include the infectious agent, reservoir, portal of exit, means of transmission, portal of entry and susceptible host. All six links must be present for an infection to occur. If one of the links in the chain is missing, or is deliberately broken, the infection will not spread. Handwashing is the single most effective way to break the chain of transmission and prevent the spread of illnesses in the child care setting.

Infectious agent (Pathogen)

An infectious agent is any micro-organism that is capable of causing a disease. Common examples include the flu virus, E. coli and salmonella. This link in the chain of transmission can be broken through various methods including cooking food to the proper internal cooking temperature, chlorination of drinking water and cleaning and disinfecting toys, equipment and surfaces.

Reservoir (Where the pathogen lives)

Reservoirs such as food, water, toilet seats, diaper change tables and toys, are places where pathogens reside, thrive and reproduce. This link can be broken through cleaning and disinfection, water chlorination and proper food storage.

Portal of exit (How the pathogen exits)

The portal of exit is the means by which a pathogen leaves the reservoir. For example, enteric pathogens leave the ill person by causing vomiting or diarrhea, or both. Pathogens that cause the common cold and flu may cause people to cough and sneeze allowing the pathogen to spread through the air to other people. This link can be broken by using a mask or with proper respiratory etiquette (covering your cough or sneeze).

Means of transmission (How the pathogen spreads)

It is important to understand how pathogens spread to prevent further transmission of the infectious pathogen. Common illnesses children are exposed to in the child care setting can be categorized depending on how they spread. Pathogens can spread through direct or indirect contact, droplets, by particles in the air or through a vector.

1. Contact transmission

Direct contact occurs when pathogens are transferred from person to person by direct physical contact through touching, coughing, sneezing or kissing. Skin infections such as impetigo and ringworm are spread by this method. Hepatitis B and hepatitis C are infectious diseases that can be spread by direct contact with the blood and/or body fluids of an infected person.

Indirect contact occurs when objects like toys, doorknobs, food, water or equipment are contaminated with a pathogen and a person acquires the pathogen by coming into contact with one of these objects. An example of indirect contact is when an ill child mouths a toy that is later picked up and mouthed by another child without first being cleaned and disinfected. Another example is when a child care provider does not properly wash his/her hands after diapering a child and fecal matter on his/her hands contaminates food or other objects, which a child puts into his/her mouth.

2. Droplet transmission

Respiratory illnesses such as colds and flu can be spread by droplets that are created when coughing or sneezing into the air. These droplets can be propelled up to two metres through the air, and enter the mucous membranes of the new host.



3. Airborne transmission

Pathogens can be carried by dust or other small particles floating in the air. These pathogens remain suspended in the air and are carried by air currents. Children or staff could be some distance away from the original source, inhale the infectious particles and become ill. Chicken pox, measles and tuberculosis can be spread this way. Due to the high risk of infection in child care settings, it is crucial for child care providers, children and all others entering this environment to perform respiratory etiquette by covering their mouths and noses when they sneeze or cough. This is the best way to prevent the spread of respiratory secretions to others.

4. Vector-borne transmission (insects)

An insect that transmits a disease is known as a vector. Vectors can spread pathogens to humans. Lyme disease and West Nile virus are vector-borne diseases spread through the bite of an infected insect.

Portal of entry (How the pathogen enters)

The portal of entry is the means by which the pathogen gains access into the new host. Pathogens can enter a person through a cut, mouth, lungs, eyes and/or nose. Each pathogen has its own way of entry. For example, intestinal pathogens generally enter through the mouth. Respiratory pathogens enter through the mouth, nose or eyes. This link in the chain of transmission can be broken by procedures such as handwashing and the use of personal protective equipment.

Susceptible host (A person who is at risk of infection)

A susceptible host is a person who is at risk for developing an infection from a pathogen. Several factors make a person more susceptible to infection. These include age (children and the elderly are more at risk) or people with underlying chronic diseases or conditions that weaken their immune system. Immunization is one way to help break this link in the chain of transmission.

Break the chain of “transmission” and stop the spread of infectious diseases:

1. Practice frequent and proper handwashing
2. Exclude ill children and staff
3. Practice efficient environmental cleaning and disinfection
4. Follow proper cough and sneeze etiquette
5. Use personal protective equipment properly including gloves, gowns and masks
6. Ensure immunizations are up-to-date

Remember: The goal of an infection prevention and control program is to reduce the transmission and spread of pathogens.

Routine Practices

Routine practices are a set of infection prevention and control practices designed to protect staff from exposure to potential sources of infectious diseases. Routine practices are based on the assumption that all blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items are potentially infectious. These practices apply to child care staff who may become exposed to pathogens through contact with blood and body fluids.

In a child care setting, a child care provider may be faced with the following situations:

- Cleaning and disinfecting areas contaminated by body fluids such as bloody nose or episodes of vomiting
- Daily cleaning and disinfecting of areas such as washrooms and diaper change tables, that may be contaminated with body fluids including washrooms and diaper change tables
- Handling soiled clothing and other items such as soiled diapers, soiled toys, etc.
- Attending to unwell children, such as those blowing their noses or wiping their eyes
- Outbreaks of illness

Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) refers to protective clothing or equipment such as gloves, gowns, eye protection and masks that are used to prevent the transmission of pathogens from children to child care staff by placing a barrier between the source of infection and the staff.

When selecting the appropriate PPE, it's important for child care staff to perform a risk assessment. The purpose of the risk assessment is to assess the potential for exposure to body fluids and to select the appropriate PPE to prevent disease transmission.

It is the responsibility of the child care centre to ensure there is an adequate, accessible supply of PPE at all times for staff to use when needed. It is important that child care staff are trained on the proper use of PPE.

ROUTINE PRACTICES =



Hand Hygiene +

Gloves  **+**



Eye Protection +

Mask  **+**



Gown

Routine Practices – Hand hygiene

Handwashing – Soap and water

The purpose of handwashing is to physically remove soil, organic material and pathogens (micro-organisms that cause disease) from the hands and underneath the fingernail area. Chipped nail polish, artificial nails, and the crevices in jewelry can harbour micro-organisms. It is recommended that child care staff keep their nails short and clean. The use of soap, warm running water and friction is an effective way to remove micro-organisms.

Handwashing is the single most important infection control measure staff and children can do to prevent the spread of infections.

Alcohol-based hand rub (ABHR)

Handwashing with soap and water is the preferred method for hand hygiene. If soap and water are unavailable, ABHR containing 60 to 90% alcohol can be used, only if hands are not visibly soiled.

ABHR is commonly referred to as hand sanitizer. Apply enough ABHR on hands to effectively cover all surfaces, including the backs and under nails. Be sure to rub until your hands are dry. If ABHR is used by staff they must ensure the product has not expired and is kept out of reach of children.

If ABHR is used on children **they must be supervised**. To ensure proper use, follow the manufacturer's directions.

Is regular soap or antibacterial soap better?

Studies indicate there is no added benefit to using antibacterial soap. Regular soap and warm running water is all that is needed to wash hands effectively. Bar soap should not be used as it may support the growth of micro-organisms. Always use liquid soap from a dispenser.



When to wash your hands

- When you arrive at work
- Before and after handling food
- Before and after eating
- After using the washroom
- After you cough or sneeze into your hands
- After changing/checking diapers
- Before and after wearing gloves
- Before giving any medication
- After handling garbage
- Any time your hands feel dirty
- Any time your hands are visibly soiled



How to wash hands

To properly wash hands use soap and warm running water. Use a sink that is dedicated for the purpose of handwashing.

1. Wet hands

Remove jewellery and watches.
Wet hands with warm water

2. Apply soap

Be sure to use liquid soap from a dispenser

3. Lather well

Lather for 15 seconds. Clean wrists, palms, back of hands, between fingers and underneath nails

4. Rinse

Rinse with warm water

5. Dry

Dry hands completely with a disposable paper towel

6. Turn off tap with disposable paper towel

Use the disposable paper towel to turn off the tap. This will prevent hands from becoming contaminated

Keeping hands healthy

Keeping hands healthy is the first line of defence against infection. Remember these simple tips to keep your hands free from cracks and irritation:

- Use warm water and soap to wash hands to prevent micro-organisms from getting trapped underneath your nails. For persons with long nails, a nail brush may be needed. If nail brushes are used, only use those with bristles that are made of plastic. Nail brushes should be for personal use and not shared by staff members
- Pat hands dry using a disposable paper towel. This helps to prevent your hands from chapping and cracking
- Use hand lotions on a regular basis to help keep skin healthy
- Don't use hand lotions that are petroleum-based as they can cause some gloves to break down

Remember: Some children and staff have allergies and/or sensitivities to fragrances found in hand lotions. It is best to use products that are scent-free.

Routine Practices – Glove use

There are different types of gloves that can be used in a child care setting depending on the task taking place. Gloves can be either single-use or multi-use. Multi-use gloves can be used for housekeeping, equipment cleaning and disinfection. When cleaning and disinfecting with multi-use gloves, follow the manufacturer's directions for use.

Single-use disposable gloves are task specific and are not meant to be washed or reused. Single-use gloves should be worn by staff when diapering or toileting children. They should also be used when it is expected staff will come into contact with broken skin, blood, body fluids, secretions and excretions including vomit, diarrhea and fecal matter.

Gloves should be comfortable, durable and fit well. Gloves that are too small may rip more easily and not provide adequate protection. Gloves that are too large may allow for entry of pathogens or chemicals. If you have any cuts or sores on your hands they should be covered with a waterproof bandage before placing on gloves.

Hands must be cleaned before putting on gloves. A staff member's hands may become contaminated when removing gloves; therefore hands must be washed after gloves are removed.

Gloves must be changed between between tasks. Remember to check the expiration date on the box of gloves. Once expired, gloves may begin to lose integrity and are more prone to tearing when in use. The integrity of gloves may be affected by petroleum-based hand lotions or creams. Ensure staff and children are not allergic or sensitive to the types of gloves that are being used at the centre.

The use of gloves does not replace proper handwashing!

Putting on gloves

1. Remove all jewelry from hands and wash your hands
2. Put on gloves; be careful not to tear or puncture them
3. Perform the task



Removing gloves

It is important to use proper glove removal techniques to prevent contaminating hands when taking off gloves. Proper technique is referred to as “glove-to-glove/skin-to-skin” removal. This technique prevents hands from coming into contact with pathogens on the outside of the gloves.

1. Grasp the palm of one glove near the wrist. Peel the glove away from one hand, turning glove inside out

2. Hold the glove in the opposite gloved hand. Slip one or two ungloved fingers under the wrist of the remaining glove. Pull the glove until it comes off inside out
3. The first glove should end up inside the glove that was first removed. Dispose of the gloves safely
4. Always wash your hands after removing gloves

Routine Practices – Masks, eye protection and gowns

Masks

A mask is worn to protect a child care provider from pathogens that may enter the mucous membranes of the mouth and nose. Appropriate mask use includes the following:

- Wash hands prior to putting on the mask
- The nose and mouth should be securely covered by the mask
- Change the mask if it becomes wet
- Do not touch the mask when wearing it
- Do not allow the mask to hang or dangle around the neck
- Do not reuse single-use disposable masks
- Wash your hands after removing the mask

Eye protection

Eye protection should be worn to protect the mucous membranes of the eyes when there is a chance of generating splashes or sprays of body fluids. Eye protection that is disposable is to be discarded after each use. If eye protection such as goggles can be reused, they must be cleaned and disinfected after each use.

Gowns

Gowns must be worn by staff to protect uncovered skin and prevent the soiling of clothing during activities likely to generate splashes or sprays of body fluids. If gowns are single-use they must be discarded after each use. If gowns are multi-use they should be laundered after each use to ensure they are maintained in a clean and sanitary manner.

Proper use of PPE is everyone’s responsibility and is the most effective way to minimize the chance of pathogens entering the body.



Cover Your Cough or Sneeze

Sneezing helps protect your body by clearing the nose of pathogens. A sneeze that starts at the back of the throat can produce thousands of droplets. If you are ill and sneeze, you can potentially make others ill. Reduce the risk by covering a cough or sneeze.

Respiratory illnesses like influenza, the common cold and fifth disease are spread by coughing or sneezing. Child care settings should encourage children, staff and visitors to cover their coughs and sneezes to help prevent the spread of pathogens.

To help prevent the spread of respiratory illnesses:

- Staff and children should stay home if they are sick
- Sneeze or cough into your sleeve or a tissue
- Throw away used tissues after each use

- Wash hands often
- Avoid coughing or sneezing directly into your hands. If unavoidable, wash your hands immediately
- Clean and disinfect high touch, shared surfaces such as toys, doorknobs and light switches

Keeping hands clean through proper and frequent handwashing is one of the most important steps you can take to avoid spreading pathogens. Proper handwashing involves the use of soap and warm running water. If soap and water are unavailable, use an alcohol-based hand rub, containing 60 to 90% alcohol, to clean hands.



Cleaning up Blood and Body Fluids

Personal protective equipment (PPE) should be worn when cleaning up blood or body fluids such as vomit, feces or urine. Child care staff must protect their eyes, nose and mouth when cleaning up spills by wearing gloves, a mask and eye protection.

Follow these steps when cleaning up blood and body fluids

1. Immediately isolate the area around the spill
2. Assemble cleaning and disinfecting supplies
3. Put on gloves; if there is a possibility of splashing, wear an apron/gown, mask and eye protection
4. If broken glass or other sharp objects are present, put on a pair of heavy duty multi-use gloves. Otherwise, single-use gloves should be satisfactory
5. Use a dust pan and brush to pick up sharp pieces
6. Soak up the blood and/or body fluids with disposable paper towels and discard into a plastic lined garbage container with a tight fitting lid
7. Clean the entire contaminated surface with soap and water. Ensure all blood/body fluids are thoroughly cleaned from surface before starting disinfection
8. Rinse area with clean water. Dry area with disposable paper towels prior to applying disinfectant
9. Disinfect the area using a 5000 parts per million (ppm) bleach solution for a 10 minute contact time
10. Wipe up any excess disinfectant with a disposable paper towel and discard
11. Remove gloves (followed by gown, hand hygiene, eye protection, then mask if used) and dispose in a lined garbage container with a tight fitting lid. Refer to the *Personal Protective Equipment* poster at york.ca/infectionprevention
12. Wash hands for 15 seconds using soap and warm water

A 5000 ppm bleach solution can be used to disinfect a surface contaminated with blood and body fluid. To make this disinfectant:

- Add one part bleach to nine parts water. For example, 100 ml of bleach with 900 ml of water
- Ensure undiluted household bleach with a chlorine concentration of 5.25% is used
- Bleach should not be used together or mixed with other household chemicals as this reduces its effectiveness in disinfection and could result in a dangerous chemical reaction



Cleaning and Disinfecting

Cleaning and disinfecting are the building blocks of an infection prevention and control program in a child care setting. Some pathogens (micro-organisms that cause disease) can live for hours, days, or even weeks on toys, equipment and other surfaces, like diaper change tables. To reduce the spread of pathogens in the child care setting, adhere to a daily two-step cleaning and disinfecting process.

Cleaning

Cleaning must always be done before disinfecting. Cleaning is the physical removal of visible dirt and organic matter from toys, equipment and surfaces. There are three steps in the cleaning process: **wash**, **rinse** and **dry**. All three steps must be done properly before toys, equipment and/or surfaces can be considered clean and ready to be disinfected.

STEP 1 – Wash

To wash properly, you need detergent, warm water and scrubbing action. Detergents are chemicals that break down dirt and grease and facilitate cleaning. Scrubbing helps remove the visible dirt and debris and allows the disinfectant to work properly.

STEP 2 – Rinse

The rinse step uses clean water to remove the dirt and detergent. If the item is not rinsed before it is disinfected the presence of organic matter may prevent the disinfectant from killing the pathogens.

STEP 3 – Dry

The dry step requires toys, equipment and surfaces to be air dried or dried with a disposable paper towel. If the toys, equipment and surfaces are not completely dried, the presence of water will dilute the disinfectant and it will not effectively destroy pathogens.





WHEN TO CLEAN

Clean when children are not present in the area. Prepare cleaning solutions according to the manufacturer's directions and do not mix them with other chemicals. Cleaning should be carried out starting from the least soiled areas to the heaviest soiled areas and from low touch to high touch surfaces.

High touch surfaces are surfaces that are in frequent contact with hands. Examples include doorknobs, faucets, light switches, computer keyboards and toys. Clean and disinfect high touch surfaces frequently.

Low touch surfaces are those that have minimal contact with hands. Examples include floors, walls and windows. Low touch surfaces require cleaning on a regular basis (but not necessarily daily) to ensure they are maintained in a clean and sanitary manner at all times.

CLEANING TOOLS

Multi-use gloves

Multi-use gloves (commonly referred to as rubber gloves) should be worn to protect the child care provider's hands from cleaning solutions. Multi-use gloves can be reused, but must be properly cleaned and disinfected after each use. All gloves must be replaced if torn, cracked or showing signs of wear.

Eye protection

Eye protection should be worn to protect the child care provider's eyes from chemical splashes. Eye protection, such as goggles can be reused, but must be cleaned and disinfected after each use.

Disposable paper towels and cloths

Use disposable paper towels and cloths for cleaning the surfaces of furniture and equipment such as tables, chairs, countertops, phones and doorknobs. Use disposable paper towels only once and then discard. Cloths can be reused if they are laundered after each use.

Mops

Mops are used to clean large surfaces such as floors. Mop heads should be detachable, machine washable and replaced when they are showing signs of wear. Mops should be stored inverted to allow for proper drying.

Clean and disinfect mop buckets after each use, then dry and store upside down in a designated area.

Disinfecting

The purpose of disinfecting is to destroy most pathogens on objects or surfaces by using chemical solutions. Disinfecting does not destroy bacterial spores.

Disinfectants are chemical products used for the process of disinfecting. These chemicals are applied to surfaces or objects, such as work surfaces, diaper change tables, toys, potty chairs or toilet seats, to kill most pathogens. These products are often purchased in a concentrated form and are diluted with water to the correct strength required for proper disinfection. Some disinfectants are designed for specific surfaces. Read the label and follow the manufacturer's directions to ensure the product is appropriate for the items that will be disinfected.

Disinfectants are only effective if the surfaces, equipment, or toys are thoroughly cleaned first. Disinfectants must be applied for the correct period of time (**contact time**) and at the correct strength (**concentration**) to achieve proper disinfection. Toys and pacifiers/teething rings are the only items that should be rinsed thoroughly with water following disinfection. Surfaces and equipment should always be air dried after cleaning and disinfecting.

Disinfectants used in child care settings should have a Drug Identification Number, (DIN); the exceptions are common household bleach and ethyl/isopropyl alcohol.

Disinfection levels

The required disinfection levels for child care settings are categorized as: "**Everyday Use**" (non-outbreak) and "**Outbreak Situation**".

“Ensure that chemicals are properly labelled.”

Everyday Use (non-outbreak)

The "**Everyday Use**" disinfection level is to be used daily to disinfect toys, equipment and surfaces including doorknobs, chairs, tables, telephones, toys, sink faucet handles, shared play equipment, vinyl mattress covers, floor mats and diaper change stations. This disinfection level can be used to clean up minor drops of blood/body fluid.

"Everyday Use" disinfection level can kill some bacteria, fungi and viruses such as hepatitis B, hepatitis C, human immunodeficiency virus (HIV), salmonella, influenza virus and staphylococcus.



Outbreak Situation

The “**Outbreak Situation**” disinfection level is to be used during outbreaks. It must also be used to clean up major blood/body fluid spills or when there is a confirmed viral or bacterial infection present in the child care setting. For this reason, the “Outbreak Situation” disinfection level is used during an outbreak of norovirus or confirmed cases of hepatitis A or pertussis.

Often during an outbreak the causative pathogen is unknown. Some pathogens are harder to kill than others. To ensure that disinfection is effective, “Outbreak Situation” disinfection level is required. This disinfection level kills all vegetative bacteria, enveloped and non-enveloped viruses and fungi. It does not kill bacterial spores.

Refer to the *Proper Cleaning and Disinfecting Practices* chart at york.ca for disinfectant mixing directions.

Storage of chemicals

All chemicals, including cleaning products and disinfectants, must be stored in a locked cupboard or in a manner that ensures children cannot gain access to them. Chemicals must be labelled and stored in a designated area away from food preparation and food storage areas.

How to choose a disinfectant

When choosing a disinfectant, ensure the following information on the product label is reviewed.

Product label

The product label must always have the product’s name and the manufacturer’s name, location and contact information. If this information is not on the label do not purchase the product.

Drug Identification Number (DIN)

A DIN is an eight digit number assigned by Health Canada that permits the manufacturer to market the product in Canada. Health Canada looks at the testing, chemistry and safety data and approves the label wording, product name and active ingredients.

Only products with a DIN can make claims such as “Disinfection”, “Fungicide”, “Sanitize” or “Kills Germs”. Any product intended for disinfecting that is sold in Canada without a DIN is not in compliance with Canadian law. Products without a DIN may not be effective at killing pathogens.

Active ingredients

Active ingredients are the components of a chemical product that help directly in achieving its performance objectives. Examples of active ingredients are sodium hypochlorite, isopropyl alcohol, quaternary ammonium compounds and hydrogen peroxide. Make sure the disinfectant is compatible with the surface or item being disinfected. Sodium hypochlorite (bleach) may be corrosive to some equipment and surfaces. The composition of the disinfectants and how rapidly the ingredients evaporate will determine how long the disinfectant is required to remain on the surface to achieve disinfection.

Mixing directions

Always follow the mixing directions indicated on the label. You cannot determine by smell, colour or looking at the product if you have mixed it to the proper concentration. Potential toxicity can occur if too much of the chemical is used. All disinfectants have a concentration that maximizes their ability to disinfect. Using higher concentrations does not mean the product will work quicker or more effectively. In fact, it can increase the likelihood of injury or damage to surfaces and equipment. If too little is used, the disinfectant will not be effective at killing the pathogens. Using the proper concentration and application of the product for the correct contact time ensures that the disinfectant is effective at killing the pathogens. Provide a proper measuring tool to measure the product consistently. This will help ensure the disinfectant is prepared to the proper concentration. Pre-mixed products can be used directly from the container. Make sure health and safety training on the safe and proper use of the chemicals is provided to the child care staff.

Contact time

Contact time is the length of time surfaces of the toys and equipment are exposed to a chemical to achieve the appropriate level of disinfection. Some pathogens are harder to kill and require a longer contact time. Disinfectant contact times can range from one minute to 30 minutes or more. Contact time depends on the type of disinfectant used, strength of the product and type of pathogens to be killed. Disinfectants are only effective when applied for the correct contact time. If a surface disinfectant requires five minutes to be effective, it will not do its job if it dries on the counter or is wiped off in three minutes.

Expiry date

Disinfectants should have an expiry date. After the expiry date, the disinfectant may not effectively kill pathogens.

Test strips

Test strips are used to determine whether effective concentrations of the active ingredients are present in the disinfectant. Most chemicals must be stored at room temperature. Many cannot withstand high heat or freezing temperatures, which may affect their strength and effectiveness. Test strips are not considered a way of extending the use of a disinfectant solution beyond its expiry date.

First aid and precautionary statements

Appropriate personal protective equipment, such as gloves, gowns, eye protection and masks are to be provided when using the disinfectant. Read the label to determine which first aid measures to follow in case of accidental exposure or ingestion.

Other considerations

When choosing a disinfectant, think about cost, ease of storage and use, staff tolerance and safety.

Remember: In the child care setting a disinfectant is required for “**Everyday Use**” and for “**Outbreak Situation**”. Depending on the disinfectant that is selected, more than one product may be required.

Safety Data Sheets

Safety Data Sheets (SDS), distributed by product manufacturers, list the ingredients, health and safety requirements such as required personal protective equipment when using a chemical, and first aid measures for the chemical. It is a requirement of Ministry of Labour to have an on-site copy of the SDS sheets for all chemicals being used in the workplace.

Diapering Routine



Pathogens (micro-organisms that cause disease) are everywhere, including body fluids such as urine and stool. Due to their presence, child care providers are at risk of becoming ill if they do not take appropriate precautions when changing diapers. Improper diaper changing can also result in an increased spread of disease among children.

To prevent disease transmission, child care staff need to ensure proper infection prevention and control practices are in place when changing diapers. It is important to have a written policy and procedure in place that clearly identifies the proper diapering routine. Ensuring staff follow the instructions outlined in the policy will reduce the opportunity for the spread of diseases.

Diaper change **area and equipment**

To minimize the opportunity for the spread of pathogens during diaper changing, special consideration should be given to the area where diaper changing occurs. The set-up of the diaper change area is as important as how the diapering process is carried out.

It is important that the diaper change area is separate from the children’s activity area, feeding area and the food preparation area. This will help prevent the opportunity for contamination of these areas by the activities carried out in the diaper change area. This area is only to be used for the purpose of changing diapers.

In order to allow for proper cleaning and disinfection of the diaper change area, the floor around and underneath the diaper change table must be non-absorbent, smooth and designed in a manner that it can be easily cleaned and disinfected. For the same reason, these criteria are also important for the diaper change pad. Pads that are absorbent and/or quilted cannot be properly cleaned and disinfected. Absorbent pads can harbour micro-organisms permitting the spread of infection. If a pad is torn or worn out, it should be replaced. Mending the pad with tape or glue is not acceptable as the surface will no longer be smooth and easily cleanable.

If the products used in the diaper change procedure are not handled in the proper method, they too can provide an opportunity for an infection to spread from one person to another. Personal items such as creams, lotions and disposable wipes, dedicated to one child used for diaper changing must be clearly labelled with the child’s name on each product. These products need to be stored properly so as to prevent cross-contamination with another child’s products. Personal items must not be shared between children. Products that are considered communal (shared between children), such as petroleum jelly and diaper cream, must be dispensed properly to prevent contamination. A disposable applicator must be used for each application of the communal product. Double dipping is NOT allowed. Each time the product is dispensed from the communal container, a new applicator must be used.

“One of the most important features of the diaper change area is the handwashing sink which helps prevent the spread of infection. It must be in the same area as the diaper change table. This sink should only be used for the purpose of handwashing.”

The set-up of the diaper change area also plays an important role in safety. Diaper change supplies, such as disposable gloves, cleaner and disinfectant need to be kept near the diaper change table so the child care provider can easily access them. To prevent any accidental contact with these products, the supplies should be kept out of children’s reach. Having products easily accessible also allows the child care provider to stay in close proximity to the child on the change table. The change table should be equipped with safety features such as side rails, while still keeping in mind that a child should never be left unattended on the table.

The diaper change area should be equipped with a garbage container that has a tight fitting lid and disposable liner, for the disposal of soiled diapers. Make sure it is stored out of reach of children to prevent them from coming into contact with its contents. Empty, clean and disinfect the garbage container frequently.

One of the most important features of the diaper change area is the handwashing sink which helps prevent the spread of infection. It must be in the same area as the diaper change table. This sink should only be used for the purpose of handwashing. This sink must always have a supply of liquid soap in a dispenser, disposable paper towels and hot and cold running water.

Diapering procedure

To minimize disease transmission, child care staff should assemble all supplies including, cream, ointment, disposable wipes, clean diaper, disinfectant, disposable gloves and disposable applicators, prior to the diaper change. Disposable gloves must be worn for all diaper changes. Clean hands before putting on gloves. Place and secure the child on the change table. For safety reasons, the child must not be left unattended on the change table at any time. When cleaning the child's skin, staff should use disposable wipes to remove all soil from the skin and its creases. Discard the disposable wipes and soiled diaper in the garbage container equipped with a tight fitting lid and disposable liner. Staff should avoid any unnecessary handling of the soiled diaper because this increases the risk of hand contamination. If the child's clothing is soiled, place the soiled clothing in a securely tied plastic bag and send it home with child's parent/legal guardian. Soiled clothing must not be rinsed and/or washed at the setting. Prior to diapering and dressing the child, staff should remove and discard soiled gloves in the garbage container and wash hands. If cream or ointment is needed, ensure the skin care products used are labelled with the child's name and are dispensed in a manner that does not contaminate the original batch. Apply skin product with a new pair of disposable gloves or use a clean, disposable applicator. Fasten the diaper, dress the child and remove the child from the change table. Staff should help the child wash their hands immediately as they may have been contaminated during the diaper change. Return the child to a supervised area.

During the diaper change, the change pad can be contaminated with body fluids. The change pad should be cleaned and disinfected properly after each diaper

change. For more information about cleaning and disinfecting, refer to the *Proper Cleaning and Disinfecting Practices* chart at york.ca/infectionprevention. In order to effectively disinfect the change pad, apply the appropriate disinfectant for the required contact time.

If a disposable paper liner is used and the change pad is not visibly soiled, the change pad does not need to be cleaned and disinfected after the diaper change. However staff must ensure the liner is discarded after each diaper change and a new liner is provided. The diaper change pad must be cleaned and disinfected when it is visibly soiled. If a disposable paper liner is used, the change pad must be cleaned and disinfected at the end of each day, at a minimum. The frequency of cleaning and disinfecting of the change pad is changed when an outbreak is declared by York Region Public Health. Child care setting is required to clean and disinfect the change pad after each child even if a disposable paper liner is used.

If the child care provider notes any abnormal skin conditions, rash or stool condition such as unusual stool consistency, colour, odour and/or frequency during the diaper change, it should be recorded for the purpose of identifying a possible outbreak and reported to the child's parent/legal guardian.



Child care staff must ensure the **nine-step diapering procedure** is followed:

STEP 1

Gather needed supplies

STEP 2

Clean your hands and put on a new pair of disposable gloves

STEP 3

Clean child's bottom

STEP 4

Discard soiled diaper and wipes

STEP 5

Remove and discard gloves.
Wash your hands

STEP 6

Diaper and dress the child

STEP 7

Help the child wash their hands.
Return the child to a supervised area

STEP 8

Put on a new pair of disposable gloves.
Clean and disinfect the diaper pad, if disposable paper liner is not used.
Ensure disposable paper liner is discarded after each diaper change

STEP 9

Remove and discard gloves. Wash your hands

Cloth diapers

Some child care settings or parents/legal guardians may choose to use cloth diapers due to environmental, health and/or cost reasons.

If the child care setting accepts the practice of using cloth diapers, the soiled diapers should be properly handled and stored to minimize the risk of disease transmission. Child care settings should provide the following information to York Region Public Health:

- Name of cloth diaper service
- Address of the service
- Telephone number of the service

By providing the contact information of the diaper service, a public health inspector can assess the service to ensure it meets infection prevention and control requirements.

“Always wear disposable gloves when changing diapers. If safety pins are used for cloth diapers, close each pin immediately and place them out of the child’s reach. Staff should never place the diaper pins in their mouth.”

When changing children who use cloth diapers, child care providers should follow the nine-step diapering procedure and take the same precautions previously outlined for diaper changing. Ensure soiled cloth diapers are put into a securely tied plastic bag with the diaper contents undisturbed. Send the bag home for laundering at the end of each day. Soiled clothing and diapers must not be rinsed and/or washed at the child care centre. Routine practice should always be taken when there is a potential risk of coming into contact with body fluids. Always wear disposable gloves when changing diapers. If safety pins are used for cloth diapers, close each pin immediately and place them out of the child’s reach. Staff should never place the diaper pins in their mouth. The child care centre must store the soiled diapers in a separate diaper container, equipped with a tight fitting lid and disposable liner. The diaper container with soiled cloth diapers should be cleaned and disinfected regularly. The diaper container must be stored in a well-ventilated room not used for food preparation or food storage and in an area where the children will not have access to it.



Toileting Routine

Learning to use the toilet is part of a child's natural development. Usually between the ages of two and three years, a child is both physically and emotionally ready to use the toilet. Often, child care settings play a large role in this part of the child's development, with programming structured to assist the child in the transition from diapers to the toilet. It is important to remember that toilets and/or potty chairs are potential sources for disease transmission within a child care setting. Child care providers need to ensure that the appropriate infection prevention and control measures are in place in the toileting routine to prevent disease transmission.

Toileting area and equipment

The toileting routine should only take place in the washroom. A handwashing sink must be located in the washroom so staff and children can wash their hands after completing the toileting routine. Hot and cold running water, liquid soap in a dispenser and disposable paper towels must be provided at the handwashing sink.

Choose potty chairs and toilet seat inserts made of smooth, non-absorbent and easily cleanable materials. Regularly check toilet seat inserts that have a padded vinyl cover for any tears, cracks or damage. If there is any damage, discard and replace the toilet seat insert before the next use. It is not acceptable to patch the insert with tape, as the surface is no longer smooth and easily cleanable.

Based on the stage of the child's development and on the policies of the child care setting, children learning to use the toilet might be wearing a disposable training pant or cloth, training underwear. If cloth, training underwear are permitted to be worn, they must be covered with a waterproof pant that prevents leaks.

Toileting procedure

Prior to assisting the child to use a toilet/potty chair, gather all required supplies, such as disposable gloves, disposable wipes, toilet paper and disinfectant. Staff are to clean hands and put on disposable gloves before removing the child's disposable training pant or cloth underwear and placing the child on the toilet or potty chair.

To prevent contaminating environmental surfaces, discard soiled disposable training pants directly into a garbage container tight fitting lid and disposable liner. Ensure soiled cloth, training underwear and waterproof pant are put into a securely tied plastic bag with the contents undisturbed. Send the bag home for laundering at the end of each day. Soiled clothing/underwear must not be rinsed and/or washed at the child care setting. After helping to clean the child's bottom, staff should immediately discard soiled gloves in a garbage container and wash their hands. Help the child to put on a new disposable training pant or cloth underwear and dress the child. Staff should help the child to wash their hands, as they may have been contaminated during toileting. Return the child to a supervised area immediately.

Child care staff should ensure the **nine-step toileting routine** is followed.

STEP 1

Gather needed supplies

STEP 2

Clean your hands and put on a new pair of disposable gloves

STEP 3

Help child to remove disposable training pant and place child on the toilet or potty chair. Discard soiled disposable training pant. If necessary, help child with cleaning

STEP 4

Remove and discard soiled gloves. Wash your hands

STEP 5

Help the child get diapered and dressed

STEP 6

Help the child wash their hands. Return the child to a supervised area

STEP 7

Put on a new pair of disposable gloves. Clean and disinfect toilet ring/insert if visibly soiled. For potty chair, empty contents into the toilet and flush. Clean and disinfect the potty chair

STEP 8

Remove and discard gloves. Wash your hands

STEP 9

Store toilet seat insert/potty chair in a sanitary manner

Staff should put on a new pair of disposable gloves. Empty the potty's contents into the toilet and flush the toilet immediately. Routine practices must be taken to prevent contact with body fluids. Clean and disinfect toilet ring or toilet seat insert, when visibly soiled. For more information about cleaning and disinfecting, refer to the *Proper Cleaning and Disinfecting Practices* at york.ca. Once cleaning and disinfection is done, staff must remove gloves and wash their hands.

Potty chairs and toilet seat inserts should be stored in washrooms. They should never be stored in the children's activity areas,

feeding areas or food preparation areas. To prevent possible cross-contamination, store toilet seat inserts off the floor and away from other toilet seat inserts, such that they do not come into contact with each other.

It is important the child care setting has a written policy and procedure in place that clearly identifies the proper toileting routine. Ensuring staff follow the instructions outlined in the policy will reduce the spread of infectious diseases.

Personal Items

Many children keep personal items such as toothbrushes, combs, creams and lotions at the child care setting. Although these items are essential to maintaining good hygiene, if not stored properly, they can contribute to the spread of pathogens from one child to another.

Personal items must be clearly labelled with the child's name and stored in a sanitary manner to prevent cross-contamination. A child's personal items must not be shared with other children.

It is important that written policies and procedures are in place that clearly identify proper infection prevention and control practices for the use, handling and storage of personal items.

Toothbrushes

Clearly label all toothbrushes with the child's name. Do not allow sharing or borrowing. Toothbrushes must be stored separately so they do not touch one another. Toothbrushes should not be disinfected. If a child mistakenly uses another child's toothbrush or if two toothbrushes come into contact, throw them away and replace with new ones.

Children should wash their hands before and after brushing their teeth. Toothpaste should be dispensed to avoid contamination of the entire container. This can be done by placing a small drop of toothpaste on a clean paper towel for each child. The child can then use their toothbrush to scoop up the toothpaste from the paper towel. Ensure toothbrushes are rinsed, air dried and stored in an upright position after each use.

Toothbrush holders should be non-absorbent and cleaned and disinfected regularly. To avoid possible cross-contamination, arrange holders such that



toothbrushes are not stacked on top of each other and in a manner that prevents them from coming into contact.

Creams and Lotions

Products that are considered communal (shared between children) must be dispensed properly to prevent contamination. Creams and lotions must be dispensed in a manner that prevents contamination of the original batch. When dispensing cream or lotion from a pump or squeeze style container, leave space between the container and your hands. Coming into contact with the container can transfer pathogens that are on your skin to the product, resulting in its contamination. If the product is dispensed from a jar, a new applicator must be used every time. Double-dipping is NOT allowed.



If the child care setting provides sunscreen or other lotions such as diaper cream, to children, it must obtain permission from the parent/legal guardian before applying these products.

Pacifiers/teething rings

Pacifiers/teething rings should be clearly labelled with the child's name. Sharing of pacifiers/teething rings is not allowed. If these items fall on the floor, they should be properly cleaned, disinfected and rinsed with water before being returned to the child. If teething rings are stored in a refrigeration unit, they must be stored in individually labelled containers to prevent potential contamination.

Face cloths

Face cloths, used to wipe a child's face after meal time, must be used only once per child and laundered after each use.

Combs and brushes

Sharing items such as combs and brushes that are in direct contact with hair is not permitted. Combs and brushes must be labelled with the child's name. If the comb or brush is accidentally used by another child, it must be properly cleaned and disinfected before being used again. To avoid possible contamination, combs and brushes are to be stored in a manner that prevents them from coming into contact with each other.

Hats

Children's personal items such as sun and winter hats should be labelled with the child's name and not shared. If a hat is accidentally used by another child, it should be laundered before being used again.

Cubbies and storage units

Child care settings often use cubbies or storage units to store children's personal items such as coats, hats, shoes and extra clothing. These units must be labelled with the child's name and be large enough to permit proper storage of the child's items. Items stored in these units should not overflow and come into contact with the adjoining storage unit. These units must be emptied on a routine basis and properly cleaned and disinfected. They are to be maintained in a sanitary manner at all times.

Toys

Toys and play-based learning are essential to a child's growth and development and are an integral part of a child care program. When toys become contaminated with pathogens (micro-organisms that cause disease) from dirty hands and saliva, they can be excellent vehicles for the spread of common childhood diseases, including pink eye, hand, foot and mouth disease and the common cold.

It is important the child care setting has a written policy and procedure in place that clearly identifies the frequency and method for toy cleaning and disinfection. Ensuring staff follow the instructions outlined in the policy will reduce the risk of spreading diseases in the setting.

Provide children with toys that can be cleaned and disinfected or laundered. Toys should be able to withstand frequent cleaning and disinfection. Ensure toys are not damaged or broken, or have cracks or missing parts, as this will compromise the effectiveness of proper cleaning and disinfecting.

Always clean toys prior to disinfection. Using dishwashers to clean and disinfect toys is not a preferred method. Ensure designated storage containers and cupboards used to store toys are frequently cleaned and disinfected.

Immediately remove dirty toys from children, as well as toys that have been in their mouths. Clean and disinfect these toys before another child handles them. Children must wash their hands before and after playing with toys. When a toy is mouthed, contaminated by a child's cough, sneeze or running nose, or appears dirty, it must be removed from use and not returned for play until it has been properly cleaned and disinfected.

Toys in infant rooms are frequently mouthed and are therefore more likely to be contaminated. These toys must be cleaned and disinfected daily. Toys in toddler, preschool and other rooms must be cleaned and disinfected, at a minimum, on a weekly basis.

Cleaning and disinfecting of toys

Before cleaning toys, child care staff must inspect the toys to ensure there are no loose parts or broken/jagged edges that could pose a safety hazard. Proper cleaning is made up of three important elements: wash, rinse and dry. All toys must be scrubbed with soapy water to remove any visible dirt and debris. Use a brush when cleaning toys with small parts. Washed toys must be rinsed with potable water and then air dried or dried with disposable paper towels. Disinfect dried toys with an approved disinfectant, for the required contact time. Rinse toys with potable water following disinfection.



Child care staff must ensure the **four step toy cleaning and disinfecting procedure** is followed:

STEP 1 – Inspect

Inspect all toys to ensure there are no loose parts or broken/jagged edges that could pose a safety hazard

STEP 2 – Clean

Wash – With soap and water using a scrubbing action

Rinse – Using clean potable water

Dry – By air or with disposable paper towels

STEP 3 – Disinfect

Apply a disinfectant in one of the following ways:

1. Immersion – Fully immerse toys in the disinfectant for the required contact time
2. For large toys that cannot be immersed – Spray disinfectant directly on the surface for the required contact time or use a cloth, saturated with disinfectant, and apply directly to the surface of the toy for the required contact time

For more information refer to the *Proper Cleaning and Disinfection Practices* chart

STEP 4 – Rinse

After the required contact time with the disinfectant has been achieved, rinse toys with clean potable water



When an outbreak is declared by York Region Public Health, all toys must be cleaned and disinfected daily or when visibly soiled. An “Outbreak Situation” level of disinfectant must be used to disinfect toys when an outbreak is declared.

Follow the *Proper Cleaning and Disinfecting Practices* chart at york.ca for information on proper disinfectant use during an outbreak.

Sensory Play



Many child care settings provide sensory play as part of their programming. Sensory play allows children to experience textures and improve their manual dexterity through contact with various materials. Sensory play items may include water, dry pasta, sand, gravel, play dough, pompoms, shells, beads and feathers.

Sensory play activities are fun for children, but items and equipment can become easily contaminated and provide a source for pathogens to spread from one child to another. Proper cleaning, disinfection and handwashing are important ways to stop the spread of infection during sensory play activities.

It is important that written policies and procedures are in place that clearly identify proper infection prevention and control practices for sensory play activities.

Play dough

Play dough must be made from non-toxic materials and discarded weekly. If the play dough is mouthed or if an outbreak is declared by York Region Public Health, it is to be discarded immediately. Handwashing by both staff and children should be done before and after handling play dough.

Sand play tables

Sand used for sensory play is potentially capable of supporting the growth of microorganisms. Some types of sand can cause respiratory problems due to the presence of silica. When sand is purchased for a sand play table, it should be labelled as play sand, and must indicate that it is silica-free. Otherwise it must not be used.

For proper maintenance, sand in play tables must be discarded at least weekly. When sand becomes wet it can allow for the growth of pathogens. If sand becomes wet from water, it should be allowed to thoroughly dry before the play table is covered. If it becomes wet from a substance other than water, it must be immediately discarded. When the sand from the play table is emptied, the play table must be properly cleaned and disinfected before being refilled with new sand.

Water play tables

Water play tables are fun, but special care is required to ensure they do not become contaminated.

The following practices will help ensure that water play tables are safe and fun for children in the setting:

- Use fresh potable water for each play session
- Ensure staff and children wash their hands before and after using the water play table
- Empty water play tables daily. Once emptied, clean and disinfect the table
- All toys used in the water play table must be cleaned and disinfected at least once a day or more often if necessary
- Keep water play tables covered when not in use
- Individual water play stations are recommended as the smaller containers can be easily cleaned and disinfected between uses and are less likely to contribute to the spread of infections





Gardening activities

Gardening activities must use a gardening soil that is safe for children. Do not use soil that contains manure and/or fertilizer. If tools, such as gardening gloves, shovels and rakes are provided, ensure they are made for children and properly sized for their use.

Children must be well supervised to prevent them from placing their hands in their mouth, touching their face or eating the soil/plants. Plants must not be poisonous and special care should be taken in selecting those that do not cause allergic reactions for children and staff. Ensure children and staff wash their hands after gardening activities.

Sensory play during an outbreak

If the child care setting is experiencing an outbreak, all communal sensory play must be terminated until the outbreak is declared over by York Region Public Health. Any sensory play items, such as play dough and dried food items, prepared and in use before an outbreak is declared, must be discarded.

Food sensory play tables

Many food products such as dry pasta, rice, dry beans and grains are used in sensory play activities. Food being used for sensory play must be stored in labelled containers with tight fitting lids. Food used for sensory play should not be stored with food intended for consumption.

Dried food products must be discarded weekly. If the dry food becomes wet or contaminated, it must be discarded immediately. If wet food products, such as a gelatin products or cooked pasta are used in the play table, they must be discarded after each use. When a food sensory play table is emptied, it must be properly cleaned and disinfected prior to being refilled.

“ Plants must not be poisonous and special care should be taken in selecting those that do not cause allergic reactions for children and staff. ”

Materials for arts and crafts

When materials for arts and crafts are purchased for children, special precautions need to be taken to ensure the products are safe for use.



Products labelled “non-toxic” are misleading because this can refer to the immediate poisoning by the product if ingested, inhaled or absorbed by the skin, but is not reflective of the dangers of long-term use. In order to determine if the arts and crafts materials used at the child care setting are safe for children, refer to the following Health Canada resource:

Information for Art Class Teachers at hc-sc.gc.ca

The following tips should be considered when selecting materials for arts and crafts:

- Styrofoam packing material and balloons are not recommended for crafts because they can present a choking hazard
- Used toilet paper rolls are not recommended for crafts due to the possibility of contamination
- Egg cartons, Styrofoam meat trays and other containers that were used to store hazardous food items should not be used for crafts
- Avoid craft materials that have any scent as they may affect children or staff with allergies or sensitivities
- Crafts materials should be kept in their original containers whenever possible. If materials are transferred to new containers, they should be properly labelled
- Craft based materials, such as pompoms, feathers and felt, used in sensory play tables must be discarded weekly. If the items become wet or contaminated, they must be discarded immediately
- All arts and crafts materials should be stored separately from food and drink
- Staff and children should not drink or eat during arts and crafts time
- Materials used for arts and crafts should be stored out of reach of children when not being used
- Children should wash their hands in a handwashing sink, not in the crafts utility sink, before and after participating in arts and crafts

Sleeping Equipment



Sleep is very important for children’s health and well-being. Most child care settings schedule quiet time or sleep time and provide sleep equipment, such as cribs, crib mattresses, sleeping cots and mats) for the children. Sleep equipment in child care settings must be properly cleaned and disinfected to ensure these items are not potential sources for disease transmission.

If sleep time is provided for children, it is important to provide sleep equipment that is made of smooth, non-absorbent and easy to clean materials. To minimize respiratory disease transmission, child care settings should arrange cots at least 46 cm (18 inches) apart. For the same reason, an alternating head and feet arrangement for cribs, cots and mats is recommended. Some settings may allow children to wear shoes during sleep time. Their sleep equipment should be labelled/identified with a “head end” and “feet end” to prevent contamination.

When not in use, sleeping cots and mats should be stored in a manner that prevents the contamination of the sleep surfaces. The sleeping surfaces of the mats should not touch each other. For safety reasons, the storage area for the cots and mats should be away from the children’s play areas and in a manner that prevents children from climbing on them.

Sleep equipment and bedding/linens should be assigned to each child to prevent disease transmission. If children are not provided with designated sleep equipment and bedding/linens, these items should be cleaned and disinfected or laundered after each use. If the sleeping equipment and bedding are designated and not shared, cleaning and disinfection or laundering of linens can be done weekly or when visibly soiled.

When an outbreak is declared by York Region Public Health, all cots, mattresses and mats must be cleaned and disinfected immediately. As well, all bedding and linen must be laundered. During the outbreak, these items will need to be cleaned and disinfected more frequently—a minimum of twice a week or when visibly soiled. This frequency could increase based on the assessment of the York Region public health inspector at the time of the outbreak investigation.

Laundry

Dirty linens and clothing can potentially allow infections to spread within a child care setting. If soiled and dirty items are not stored and handled in a sanitary manner, children and child care staff are at risk of coming into contact with pathogens.



To reduce the chance of infections spreading in the child care setting, laundering of dirty items must be carried out in a designated area that is inaccessible to children and separate from the food preparation area.

The laundry area should be equipped with a washing machine and dryer. Laundry detergent must be used in each load of wash, in an amount that is in accordance with the manufacturer's directions. A handwashing sink should be located in the laundry area to allow child care staff to immediately wash their hands after handling dirty and soiled laundry. Staff should not eat or drink in the laundry area.

Clean laundry and dirty laundry should be kept in separate baskets that are properly labelled. Always store clean laundry in a clean, dry area away from the soiled laundry.

Procedure for **laundering linens and clothing**

- All dirty laundry should be collected in containers/baskets that are designated for dirty laundry
- Bedding and linens used for sleeping, and clothes used for dress-up, must be laundered in separate cycles from environmental cleaning items such as cleaning cloths and mop heads
- Minimize shaking and/or any unnecessary handling of dirty laundry to prevent contamination of air, surfaces and people



- Items soiled with blood and/or body fluids should be placed directly into the washing machine
- Do not rinse, soak or wash linens and clothing soiled with feces. Solid stool can be carefully emptied into the toilet and the soiled clothes should be placed in a sealed plastic bag, labelled with a child's name, for pick up by the parent/legal guardian
- Sealed bags containing soiled linen and clothes should be stored in an area that is inaccessible to children and separate from the food preparation area
- After dealing with soiled laundry, ensure personal protective equipment is removed using the proper removal method. First, remove gloves using "glove-to-glove/skin-to-skin" method and then discard
- Second, peel disposable gown/apron off away from body, turn inside out, roll into ball and put in garbage. If multi-use gown/apron is used, it must be cleaned after each use and stored in a clean and sanitary manner
- Finally, wash hands with soap and water
- Ensure washing machines, dryers, laundry baskets, storage areas and working surfaces are routinely cleaned and disinfected

If the laundering of linens is done off-site, the child care setting should ensure that linens are properly collected, handled, transported and stored. Ensure bags used to store dirty items are not over filled and are tied securely to ensure they remain properly sealed when picked up by the commercial laundry service. Child care staff should ensure that clean laundry is transported to their centre in a sanitary condition that protects it from dust and soil.

Child care staff should periodically view the inside of the delivery vehicle to ensure it is maintained in a clean and sanitary manner. Once clean laundry arrives at the centre it should be sorted immediately and stored in covered containers or linen closets designated for clean laundry, to ensure it remains clean. Clean laundry should only be accessible to staff and staff should wash hands before handling it.

Outdoor Activities



Outdoor activities such as play pools and sandboxes are fun and can stimulate children’s minds. These outdoor items are often used by a large number of children at the child care setting and, unless properly maintained, can be a way for pathogens and infections to spread from one child to another. Following proper infection prevention and control practices will ensure that outdoor activities are safe and enjoyable for the children.

Play pool requirements

Outdoor water play toys such as a play pool is a great “cool down” activity during the warm weather. Although a play pool can be fun, it may also be a source of disease transmission if it is not properly maintained. For this reason, play pools are not recommended for children who are not fully toilet trained. Children in diapers must wear a waterproof pant that prevents leaks when using the play pool. Sprinklers, hoses or individual buckets are safer and are preferable alternatives for outdoor summer water activities.

If the child care setting has play pools, the following requirements must be met:

- Use small hard plastic pools which can be easily emptied by one or two persons
- Water used to fill the play pool must be potable and emptied after each use
- Play pools must be cleaned and disinfected after each use
- Play pools must be stored in a clean and sanitary manner when not in use

- If a fouling should occur, remove children immediately from the pool. Put on disposable gloves and use a scoop to remove any solid fecal matter. Dispose of fecal matter in a sanitary manner. Empty water, clean and disinfect the pool
- Clean and disinfect the items, such as scoops, used to remove the fecal material
- Remove gloves and wash hands when cleaning and disinfection are complete
- Always ensure children’s hands are washed before and after using the play pool

For more information about cleaning and disinfecting a play pool, refer to the *Proper Cleaning and Disinfecting Practices* chart at york.ca

Outdoor sandbox safety

Children love to spend time playing in a sandbox. By following the proper infection prevention and control practices, a sandbox can be a safe play environment.

Placement of the sandboxes

The sandbox should be located in an area that is well shaded. If this is not possible, provide a protective shade cover over the sandbox.

Selection of sand

Some types of sand can cause respiratory problems due to the presence of silica. Use clean, silica-free play sand in the sandbox. When sand is purchased for sandboxes, it should be labelled as play sand and must indicate that it is silica-free; otherwise, it must not be used.

Sand used for sandboxes is potentially capable of supporting the growth of microorganisms. Treating sand with a disinfectant in an attempt to clean and/or disinfect the sand is not effective. Sand must be replaced on a regular basis. The frequency of sand replacement will depend on the amount of use the sandbox receives.





Sandbox maintenance

Outdoor sandboxes must be covered with a tight fitting, non-absorbent cover or lid when not in use. The sandbox cover should be securely fastened to prevent children, animals, insects, water and debris from getting under it. When the sandbox is in use, the cover should be stored in a safe manner.

Sandboxes must be visually inspected for signs of contamination and safety hazards such as animal feces, insects, sharp objects or other foreign objects before each use. It is important to use a rake to inspect the sand under its surface, because hazards can be easily hidden.

If the sand becomes wet, ensure it is dried thoroughly before the cover is replaced, as wet sand can harbour bacteria.

Children should not consume any food while playing in the sandbox as it can lead to them ingesting the sand and other contaminants. Ensure children wash their hands thoroughly after playing in the sandbox.

Toxoplasmosis is an illness caused by a parasite which can spread from animals to humans. Cat feces can contain this parasite. The consumption of contaminated sand by children may lead to toxoplasmosis. Symptoms of this disease can range from brain infection to pneumonia and death. Children must be well supervised while playing in the sandbox to ensure they do not ingest any sand or put their hands in their mouths. Ensure pregnant child care staff do not change the sand or remove feces from the sandbox because the parasite can harm their unborn child.

Safe Water

Drinking water

Ontario's Safe Drinking Water Act identifies a child care centre as being a "designated facility". Under this Act and its associated regulations, the child care centre's drinking water is regulated by the Ministry of the Environment and Climate Change. Testing, treatment and reporting requirements are detailed in these regulations and apply to designated facilities using municipal water or private wells.

The operator of a designated facility is responsible to provide safe and potable water to users, staff and children of the system. If there are any questions regarding the testing, treatment and reporting requirements, please contact the Ministry of the Environment and Climate Change at ontario.ca/contact-us

What is an adverse drinking water quality incident?

Adverse drinking water quality incidents are listed in the reporting requirements of the *Safe Drinking Water Act* and its associated regulations. Contact the Ministry of the Environment and Climate Change for further information.

What happens if the water isn't safe to drink?

A Boil Water Advisory or Drinking Water Advisory may be issued by York Region Public Health to any child care setting where the drinking water is deemed to be unsafe. If an advisory is issued, York Region Public Health will contact you and let you know what actions you must take.

Who do I contact if the water isn't safe to drink?

When you become aware of any adverse drinking water quality incident, you must contact:

- The Ministry of the Environment and Climate Change, Spills Action Centre at 416-325-3000 or 1-800-268-6060 **and**
- York Region *Health Connection* at 1-800-361-5653

Make a contingency plan

Have a contingency plan in place for when you experience a Boil/Drinking Water Advisory, or in the event of a water shortage.

The contingency plan should include:

- Identifying possible sources/supplies of alternate safe water, such as bottled water or municipally treated water
- Information related to the amount of water needed for the setting, including water for drinking, cooking, cleaning, handwashing and operating toilets
- What to do if the setting is closed due to a prolonged water outage

Food Safety

It is important to make food safety a top priority in your child care setting. Parents/legal guardians expect that the food served at the child care setting is safe for their children to consume. When food is not handled properly it poses a risk of spreading disease and illness.

Child care staff must fully understand the risks involved in food service and the need to adhere to food safety requirements, such as avoiding food contamination and keeping foods at safe temperatures. Child care staff that handle food must comply with personal hygiene requirements, including proper washing of hands, wearing clean clothing and ensuring head and facial hair are covered.

The responsibility for safe food belongs to everyone in the child care setting.

The Ontario Food Premises Regulation 493/17 requires every operator of a food service premises to have at least one food handler on the premises who has completed food handler training, at all times. For more information on food handler certification, refer to york.ca/foodsafety

YorkSafe
Food Handler
Certification

**FOOD HANDLER
CERTIFICATION IS
NOW MANDATORY**

York Region

Food allergies

Food allergies are a serious problem for many people. The Canadian Food Inspection Agency (CFIA) has identified the following foods as causing the most common and severe allergic reactions: eggs, milk, mustard, peanuts, seafood, including fish, crustaceans, and shellfish, sesame, soy, sulphites, tree nuts and wheat.

To protect children from allergic reactions, child care staff must make every effort to prevent allergen cross-contamination. It is the responsibility of the centre to ensure that any food provided by staff or parents/legal guardians is appropriate for consumption by children who have food allergies.

Posting of food allergies

If a child at the centre has allergies, obtain as much detail as possible from the parent/legal guardian regarding the food items that cause the allergies and the child's reaction to them. Arrange for the parent/legal guardian to provide their own substitute food when it is the safest option. Posting a child's allergy information in the cooking, serving and other relevant areas of the setting is required.

To promote the safety of children, each child care setting must have an anaphylaxis policy. The policy must include strategies to reduce the risk exposure to the allergen, communication plan for sharing information on allergies, and staff training on procedures. Child care settings must also develop individualized plans for each child with an anaphylactic allergy.

Food recalls

A food recall is an action taken by a company to remove potentially unsafe food products or products that do not comply with relevant laws, from the market. The CFIA makes recall information available on its website through email and social media. York Region Public Health monitors the CFIA's web-based Food Recall and Allergy Alerts and notifies child care centres of recalled food product(s). For more information and to sign up for *Food Recall Warnings and Allergy Alerts*, visit CFIA's website at inspection.gc.ca



Food from an inspected source

All food served to the children in a child care setting must be from an “inspected source”. Inspected sources are food premises such as restaurants, supermarkets and bakeries. For premises located in York Region, inspection reports can be viewed at york.ca/yorksafe. Food products prepared at the homes of staff and parents/legal guardians are not considered to be from an inspected source, and are not permitted to be served in child care settings.

Exception

- Parents/legal guardians may provide food for their own child if there is a special dietary restriction. Ensure all food is clearly labelled with the child’s name, date of delivery and ingredients. Document all food that is brought in for special dietary restrictions
- Breastmilk supplied for a child must be clearly labelled with a child’s name, mother’s name, date of expression/delivery. Store breastmilk in a refrigerator or a freezer when received and keep it separate from other foods. Document when breastmilk is brought in. Please visit york.ca/breastfeeding for more information

For all food brought and served to the children in the child care settings, logbooks should be maintained to document the source of the food and any other pertinent information.

“Food products prepared at the homes of staff and parents/legal guardians are not considered to be from an inspected source, and are not permitted to be served in child care centres.”

Catered food

Child care settings that receive catered food should record the temperatures of hazardous foods in a logbook when they arrive at the setting and again prior to serving. Food is classified as either hazardous or non-hazardous. Non-hazardous food is food that does not require refrigeration or heating, such as whole grain muffins, uncut fruit or vegetables. Hazardous food is food that is capable of supporting the growth of harmful organisms and requires proper refrigeration. Examples of hazardous foods include, but are not limited to, cut fruits or vegetables, milk, cheese, chicken burgers, meatballs and yogurt. It is the responsibility of the child care setting to ensure that potentially hot hazardous food is delivered and kept at 60°C (140°F) or above, and potentially cold hazardous food is delivered and kept at 4°C (40°F) or lower. Food must be kept at the proper cold hold or hot hold temperature until it is served. This helps prevent the potential food that can cause a food-borne illness.

Ensure the caterer is an inspected premises by checking with your local health department. If you change caterers, notify your public health inspector immediately.

When creating a chart to document catered food in the child care premises, the following criteria should be recorded:

- The date when the food was brought into the child care setting
- The time of arrival
- A name/description of the food item(s)
- The temperature of the food item(s) at arrival
- The time the food was served
- The temperature of the food item(s) at service
- Any additional comments

Food brought in from other sources

If the child care setting permits parents/legal guardians or staff to bring in outside food for a special event, such as birthday parties and holiday celebrations, it must be a non-hazardous food product from an inspected source. Hazardous food products brought in by parents/legal guardians or staff poses too great a risk to serve to children, because there isn't a way to track if the food was properly stored and maintained, at the required temperatures, prior to its arrival at the child care setting.

When creating a chart to document food brought into the child care setting for a special event or holiday, the following criteria should be recorded:

- The date when the food was brought into the child care setting
- The name of parents/legal guardians or staff who brought in the food
- The name of the restaurant, supermarket or bakery where the food was purchased
- A name or description of the food item(s)
- Any additional comments

Records

It is recommended the child care setting maintain records for all food products purchased from an inspected source. Keep a binder with all of the information. These records will assist the health department in the event of a food-borne illness investigation and/or food recall. For meat products, the *Ontario Food Premises Regulation* requires records to be maintained at the premises for not less than one year from date of purchase.

Ensure your records reflect the following:

- The date when the food was brought into the child care setting
- The name of staff member who purchased the food
- The name of the restaurant, supermarket or bakery where the food was purchased
- A copy of receipt or invoice
- A name/description of the food item(s)
- The name of children to whom the food was served



Pest Control

Pests are insects or animals that can contribute to the spread of pathogens (micro-organisms that cause disease) in the child care setting.

Pests such as cockroaches, flies, mice and rats can contaminate food supplies, cause electrical fires and potentially cause structural damage to the facility. Pests survive and thrive only if they have access to food, water and shelter. Exposure to pests, pest residue and the chemicals used to control them can aggravate or cause health problems for children and staff.

When a public health inspector conducts an inspection at the child care setting, they will look for any evidence of an infestation to ensure the child care setting does not have pests. The best way to control a pest infestation is to prevent it from happening in the first place.

Integrated pest management system

An integrated pest management (IPM) system is an effective and environmentally sensitive approach to pest management. In an IPM system, the child care setting works closely with a licensed pest control operator.

The principles of IPM include:

- Deny pests food, water and shelter by following good cleaning and disinfecting practices
- Keep pests out of the child care setting by pest-proofing the building
- Work with a licensed pest control company
- Keep all pest control records on-site for one year

Tips to develop a IPM system

- Provide screened and tight-fitting doors and windows to protect against the entry of insects and rodents

- Ensure clutter and accumulation is reduced inside and outside the building to eliminate potential shelter sites for rodents
- Inspect all deliveries for signs of infestation such as rodent droppings, cockroaches and insects
- Have a cleaning schedule to eliminate food debris. Clean under stoves, refrigerators and dry storage areas on a regular basis
- Inspect the exterior of the building and eliminate everywhere else pests' can access the building by sealing gaps, cracks and openings
- Store garbage in pest-proof containers with lids
- Inspect dried food for the presence of pests such as moths, beetles and worms. If pest or rodent droppings are found in food products, throw out the entire product
- Use care when cleaning surfaces that have been contaminated with urine or rodent droppings. Ensure that all contaminated surfaces are properly cleaned and disinfected
- If pest control requires the application of pesticides or rodenticides, it must be carried out by a licensed pest control company

Pest control companies can be used for emergencies when the child care setting is infested with pests. They should also be used for pest prevention. When contracting a pest control company, ensure their pest control program includes a combination of sanitation, non-chemical controls (such as traps, glue boards, poison baits, destroying nests and breeding places), building maintenance and, as a last resort, chemical treatments. Ensure the contract includes an inspection system, treatment procedures, record keeping and follow up. Always arrange for the pest control services at a time when children are not present in the facility.

Rabies

Rabies is a disease that affects warm blooded animals, including humans. It is almost always fatal if treatment is not provided. The rabies virus is spread by contact with saliva from an infected animal, generally from a bite, scratch or a lick on broken skin. In Ontario, the most common animals that carry the virus are bats, raccoons, skunks and foxes; however, domestic animals such as dogs and cats are also at risk.

York Region Public Health offers an Animal Safety and Rabies Education Program for children in child care centres. Presentations take place during the months of May and June. Public health inspectors provide children with tips and information on how to stay safe around unfamiliar animals and what to do if bitten by an animal.

Animal bites and scratches

In the event a child is exposed to the saliva of an animal through a bite, or is scratched or licked on an area of broken skin, follow these steps:

- Put on disposable gloves
- Immediately wash the wound thoroughly with soap and water for several minutes. Avoid splashing the water into the child's eyes, nose and mouth
- Apply an antiseptic
- Call the parents/legal guardians to take the child to the family doctor or to the nearest hospital
- Report the incident immediately by calling York Region *Health Connection* at 1-800-361-5653 and speaking to a public health inspector

Child care settings are required by law to report all animal exposures to York Region Public Health. Where possible, provide the following information:

- Name of the victim and parent/legal guardian, address and phone number
- Animal owner's name, home address and phone number
- Description of animal including species, breed, colour, size and pet name
- Description of circumstances leading up to the incident



Animals in Child Care Settings

Providing opportunities for children to interact with animals that reside in the child care setting or visit for a short time contributes to children's mental, physical and emotional well-being. However, animals can pose a risk of exposure to infectious diseases, particularly for infants and children under the age of five. While there are measures that can be taken to reduce the risks, some animals may present a higher risk of disease transmission and are therefore not recommended for the child care setting.

The following animals are **NOT** recommended for child care settings:

- Animals that are ill
- Birthing or pregnant animals
- Dangerous animals
- Predatory birds
- Venomous or toxin-producing spiders or insects
- Reptiles such as turtles, snakes and lizards
- Amphibians such as frogs, toads and salamanders
- Live poultry or farm animals
- Aggressive animals
- Wild animals
- Exotic animals and non-human primates
- Animals less than one year old
- Stray animals

Infection prevention and control recommendations

Prior to animals visiting or residing in the child care setting all staff should be educated on infection prevention and control measures related to animal contact. Supervise children when they are handling animals. Do not allow children to kiss or put their faces close to an animal. Never allow a

child near an animal while it is eating, drinking or sleeping. Ensure proper handwashing after animal contact by both staff and children.

All animals visiting the child care settings should be healthy and have up-to-date rabies vaccinations. Dogs and cats, three months of age or older, are legally required to be immunized against rabies. A copy of the certificate of immunization must be readily available.

Animals should be kept away from all food preparation and sleeping areas in the child care settings. Staff should be assigned to ensure pet enclosures are maintained in a clean and sanitary manner at all times. Pet enclosures should be part of the child care setting's routine cleaning and disinfection schedule.

It is important the child care setting has a written policy and procedure in place that clearly identifies infection prevention and control practices related to animals in the child care setting. Ensuring staff follow the instructions outlined in the policy will reduce the risk of exposure to pathogens.

For more information, refer to Recommendations for the Management of Animals in Child Care Settings, 2018.

Petting Zoos

Petting zoos, agricultural fairs and mobile animal education programs provide an enjoyable way for children to interact with animals. If proper infection prevention and control measures are not followed, children can become very sick from diseases that can spread from animals to people.

If you are planning on visiting a petting zoo take the following precautions:

- Bring a supply of hand wipes and hand sanitizer (60 to 90% alcohol) to use in case handwashing stations are not available. Hand wipes are to be used to clean hands prior to applying the hand sanitizer as it cannot work effectively if hands are visibly soiled. Hand wipes alone do not kill pathogens
- Supervise children while they are in the animal areas. Discourage activities that could result in hand-to-mouth contact such as using pacifiers, eating or drinking
- Ensure staff and children perform proper hand hygiene before eating and drinking
- Ensure children and staff perform proper hand hygiene after visiting farms and/or petting zoos



Mobile petting zoos visiting the child care setting

If animals from a mobile petting zoo are visiting the child care setting the following precautions must be taken:

- Ensure hand hygiene stations are located where the animals will be handled
- Provide an adequate supply of potable running water, liquid soap, disposable paper towels and/or hand sanitizer
- Child care staff must ensure children wash their hands after handling the animals
- High risk animals such as birds, reptiles and amphibians should be excluded

Before animals visit the child care setting confirm the animals are:

- Groomed and free of fleas or ticks
- Transported in a clean carrier or on a clean leash
- Healthy and not showing signs of illness or distress on the day of the visit
- Up-to-date with required vaccinations. A proof must be provided upon request

If anyone is bitten or scratched by an animal report the incident to York Region *Health Connection* immediately at 1-800-361-5653.

YorkSafe

YorkSafe is York Region Public Health's inspection reporting program. YorkSafe can be used to look up the most recent licensed child care centre inspection reports.

York Region Public Health conducts food establishment inspections and infection prevention and control audits in child care centres. The minimum inspection frequency for the food preparation area in a child care centre is determined through a risk assessment conducted by a York Region public health inspector. This risk assessment takes the following factors into consideration:

- The primary population being served
- The number and complexity of steps required to prepare the food
- The child care centre's history of food-borne illnesses and/or compliance with the *Ontario Food Premises Regulation*
- The implementation of a food safety management plan
- The presence of a certified food handler on-site at the time of inspection

On average, the number of food safety inspections at a child care centre varies from two to three times a year, while the infection prevention and control audits are conducted at least once a year.



At the time of the food safety inspection, the York Region public health inspector ensures that the food premises portion of the licensed child care centre is in compliance with the requirements set out in the *Ontario Food Premises Regulation*.

At the time of the infection prevention and control audit, the York Region public health inspector focuses on several criteria including:

- General child care centre maintenance and sanitation
- General health and safety requirements
- Infection prevention and control criteria, including proper cleaning and disinfection of items such as diaper change areas, toys and equipment
- Proper hand hygiene
- Operational policies and procedures
- Outbreak response policies and procedures

Child care centre inspection reports are available on YorkSafe at york.ca/yorksafes

The green YorkSafe “Proof of Public Health Inspection” sign indicates that a routine food safety inspection or re-inspection was conducted in the food preparation areas of the child care centre and minimum standards of the *Ontario Food Premises Regulation* were met. The sign acknowledges if there was at least one certified food handler on-site in the child care centre at the time of inspection. With each routine food safety inspection and re-inspection, child care centres will receive a new YorkSafe sign.

For more information on the YorkSafe Food Handler Certification program and YorkSafe, please contact York Region *Health Connection* at 1-800-361-5653 or visit york.ca

York Region **YorkSafe**
Community and Health Services Department

PROOF OF PUBLIC HEALTH INSPECTION

Name

Address

A York Region Public Health Inspector inspected this establishment in accordance with Ontario's *Health Protection and Promotion Act* and applicable Regulations.
This establishment passed the inspection.

Date of inspection


Dr. Karim Kurji, MBBS, MSc, FPPHM, FRCPC
Medical Officer of Health,
The Regional Municipality of York

AT LEAST ONE CERTIFIED FOOD HANDLER ON SITE AT TIME OF INSPECTION

AT LEAST ONE CERTIFIED FOOD HANDLER ON SITE AT TIME OF INSPECTION

To access inspection reports:

- Visit our website at york.ca/yorksafes
- Call York Region *Health Connection* at **1-800-361-5653, TTY 1-866-512-6228**

18-5582

Self-Auditing Checklist for Child Care Settings



Public Health is required to conduct annual inspections in licensed child care centres to determine and recommend applicable infection prevention and control measures and assess compliance with legal requirements, including food safety and environmental issues.

At the time of the food safety inspection, the York Region public health inspector ensures that the food premises portion of the licensed child care centre is in compliance with the requirements set out in the *Ontario Food Premises Regulation*.

At time of the infection prevention and control audit, the public health inspector ensures that proper infection prevention and control measures are implemented and that the necessary policies are in place, to reduce the risk of disease transmission in the licensed child care centre.

Food safety inspection

During the food safety inspection, the York Region public health inspector will look for the following:

Refrigerated, Frozen, Storage and Cooling of Hazardous Food

- Food is cold held at 4°C (40°F) or less
- Food is kept frozen at -18°C (0°F) or less
- Food is properly cooled
- Food is properly defrosted

Cooking, Hot Holding and Reheating of Hazardous Food

- Thermometers are used to verify food preparation and storage temperatures
- Hot holding equipment equipped with thermometer
- Hazardous food is maintained at an internal temperature between 4°C (40°F) and 60°C (140°F)
- Food is hot held at minimum of 60°C (140°F) after cooking and/or reheating
- Food is properly reheated

Handwashing and Personal Hygiene of Food Handlers

- Washing hands thoroughly before and after handling food
- Separate handwashing basin provided for food handlers
- Handwashing basins equipped with soap and paper towels
- Food handler shall be clean and wear clean outer garments
- Food handler shall take reasonable precautions to ensure that food is not contaminated by hair
- Food handler is free of infectious disease while working with food. Submit medical test/examination as required



Equipment and Utensils

- Proper storage of clean utensils (including single-service utensils)
- Food contact surfaces properly designed, constructed, installed, maintained, located (smooth, non-absorbent, cleanable, corrosion resistant and non-toxic)
- Equipment, non-food contact surfaces and linen are maintained, designed, constructed, installed and accessible for cleaning
- No room with food is used for sleeping purposes

Protection of Food from Adulteration and Contamination

- Separate raw food from ready-to-eat food during storage and handling
- Food protected from potential contamination such as food covered, labelled, off floor, stored on racks, and if catering is offered, during transport
- Constant supply of potable hot and cold running water under pressure
- Toxic/poisonous substances, such as chemicals and pesticides to be stored separately from food

Food Sources – Approved Supply of Meat, Eggs, and Milk Products

- Meat obtained from an animal inspected under the *Meat Inspection Act*. Manufactured meats: processed properly to destroy pathogens
- Operator maintains records of manufactured meat for at least one year. Manufactured meat labelled and provided with proper plant identification



- Only Grade A or B eggs permitted
- Premises does not sell or use foods from an uninspected food premises

Manual dishwashing

- Use a 2-compartment sink method for pots and pans
- Use a 3-compartment sink method for multi-service articles (e.g., re-useable cutlery, plates, and cups)
- Manual dishwashing followed: wash, rinse and sanitize for at least 45 seconds
- Approved sanitizer used: hot water at 77°C, chlorine/ bleach 100 ppm, quaternary ammonium 200 ppm, iodine 25 ppm

Mechanical dishwashing:

- Use commercial dishwasher that bears a certification from NSF International
- Wash temperature 60°C to 71°C (or 140°F -160°F); rinse temperature at least 82°C (or 180°F), clean wash water used; proper timing cycle for rinse (at least 10 seconds) and correct sanitizer concentration used
- Wash and rinse temperatures may vary for different NSF International certified dishwashers; follow manufacturer's temperature ranges
- Thermometer readily available for verifying dishwashing and sanitizing temperatures
- Food contact surfaces washed/rinsed/sanitized after each use and following any operations when contamination may have occurred

Washroom Facilities

- Sanitary maintenance of washrooms. Provision of required supplies including: hot and cold running water, liquid soap in a dispenser, paper towels and toilet paper, in both staff/public washroom facilities

Garbage and Waste Management

- Frequency of garbage removal adequate to maintain the premises in a sanitary condition
- Liquid wastes handled and collected in sanitary manner

Pest Control

- Adequate protection to prevent the entrance of insects, vermin, rodents, dust and fumes
- Records of pest control measure are retained for one year

Sanitary Maintenance and Construction of Premises

- Floors clean and in good repair
- Walls clean and in good repair
- Ceilings clean and in good repair
- Mechanical ventilation operable where required
- Lighting adequate for food preparation and cleaning
- General housekeeping is satisfactory
- Exclusion of live animals on the premises, subject to exemptions
- The premises is maintained free from every condition that may be a health hazard, adversely affect the sanitary operation of the premises or adversely affect the wholesomeness of the food

Food Handler Certification

- At least one certified owner/operator present at the time of inspection including persons in management or supervisory positions
- At least one certified food handler present at the time of inspection including food handlers with no supervisory responsibilities

Infection control audit

During the infection prevention and control audit, the York Region public health inspector will look for the following:

General Maintenance and Sanitation

- Floors, walls and ceilings are clean and in good repair
- Surfaces, equipment, furniture are clean and in good repair

- Frequency of garbage removal is adequate to maintain the premises in a sanitary condition
- Adequate protection to prevent the entrance of insects, vermin, rodents, dust and fumes

No Smoking on Premises

- Child care setting is 100% smoke-free. Child care staff refrains from smoking while at work

Water Supply

- Potable, hot and cold running water provided

General Infection Prevention and Control

- All handwashing sinks are fully equipped with hot and cold running water, liquid soap in a dispenser and paper towels, and accessible
- Handwashing sink maintained in good repair and sanitary manner

Cleaning and Disinfection Requirements

- Approved disinfectants are maintained and adhere to appropriate contact times
- Toys/teaching materials are cleaned and disinfected
- Sensory play items are properly maintained
- Cribs, cots, mats, high chairs, booster seats and tables are cleaned and disinfected
- Toilets and toilet seat inserts/potty chairs are cleaned and disinfected

Diapering Requirements

- Proper diaper change procedure is followed

Personal Item Requirements

- Personal items are stored in a sanitary manner to prevent cross-contamination
- Sleeping equipment is properly maintained and arranged

Linen Requirements

- Linens are laundered frequently and stored in a sanitary manner

General Maintenance and Safety

- Outdoor play equipment is well maintained

Routine Practices

- Staff follow proper routine practices
- Staff follows proper hand hygiene and practice infection prevention and control policies and procedure requirements
- Emergency response, illness, outbreak, cleaning and disinfection policies and procedures are developed and implemented

Animal Management

- Pets are in good health and cage is well maintained

Overall Condition of Premises

- The premises is maintained free from every condition that may be an immediate health hazard

Chapter 2

OUTBREAK MANAGEMENT

Protecting and Promoting Health in Child Care

Management of Outbreaks

Guidelines for child care centres

All child care centres are required to report a suspected outbreak to their local public health unit. This requirement is outlined in the Health Protection and Promotion Act, R.S.O. 1990, c.H.7, Regulation 135/18. Child care centres must develop and maintain written policies and procedures in preparation for responding to infectious disease outbreaks. A public health inspector will review these written policies and procedures on an annual basis during the Infection Prevention and Control Audit.

Surveillance

Daily surveillance of symptoms in the children and staff will give the child care centre a clear picture of the baseline rate of illness in a centre. An outbreak may occur when there are an increased number of children and/or staff with similar symptoms such as diarrhea and vomiting. Keeping a daily logbook will assist in knowing if there

is an increase in illness in the centre. Early reporting of the suspected outbreak, as well as practising proper infection prevention and control measures, will decrease the number of children and/or staff who become ill and reduce the duration of the outbreak.

York Region Public Health's role in outbreak control

When an outbreak is declared, the child care centre will work closely with York Region Public Health staff to manage the outbreak.

An outbreak investigator (public health nurse or public health inspector) will assist in assessing the outbreak, establish the case definition, declare the outbreak, and manage cases and contacts. They will also assist in reviewing line lists, creating exclusion recommendations for children and staff, collecting stool specimens and

submitting them to the Public Health Ontario Laboratory, interpreting laboratory reports and declaring the outbreak over.

A public health inspector will also assist with the environmental control measures needed, such as the review of cleaning and disinfection procedures, outbreak consultation and on-site inspections.

A child care centre's role in outbreak control

The child care centre is legally responsible for reporting outbreaks to the local public health unit. Once the outbreak has been reported, the child care centre is required to:

- Follow all health unit recommendations and requirements
- Provide York Region Public Health with the necessary information relating to children and staff
- Facilitate the collection of stool specimens from ill children after obtaining consent from parents/legal guardians
- Immediately report changes associated with the outbreak and provide updated information about the outbreak daily using the line list
- Communicate the necessary information to families of children attending the centre

Identifying a potential enteric outbreak

Early detection of signs and symptoms through observation of children's health, as well as good record keeping, are crucial to the control of an outbreak.

What is an enteric outbreak?

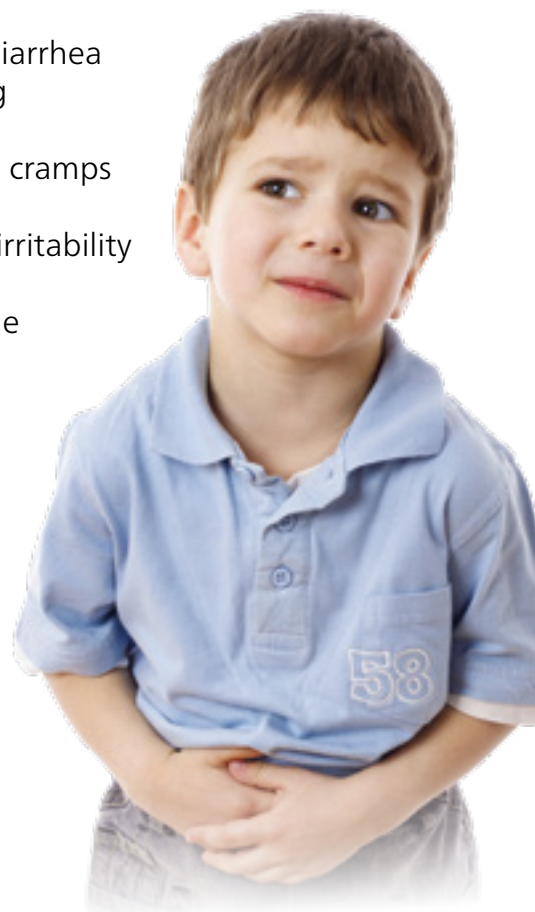
An enteric outbreak may be in effect when there are two or more related children, either in the same room or the same age group, or staff with similar signs and symptoms of enteric infection:

- Occurring within 48 hours in the centre **or**
- When the number of ill staff/children exceeds what is normal in the child care centre or school within a short period of time

Typical symptoms of enteric illness are:

- Diarrhea
- Bloody diarrhea
- Vomiting
- Nausea
- Stomach cramps
- Fever
- General irritability
- Malaise
- Headache

NOTE: Symptoms such as cough, runny nose, sneezing, nasal congestion, sore throat, and hoarseness **are not usually associated with enteric illness and may be due to respiratory illness.** York Region Public Health provides information on respiratory illnesses and makes recommendations on appropriate control measures to prevent spread of illness to others.



Who do you call if you suspect there is an enteric outbreak at your centre?

If you suspect an enteric outbreak, notify York Region Public Health, Infectious Diseases Control Division immediately.

Monday to Friday, between 8:30 a.m. and 4:30 p.m.: 1-877-464-9675 ext. 73588.
After hours, including weekends and holidays: 905-953-6478.

How to control the outbreak

Child care providers are encouraged to view outbreak related resources available at york.ca/outbreakmanagement

The web page provides resources updated with the latest information, including:

- Diseases of Public Health Significance List
- Infectious diseases information/fact sheets
- Guidelines for Common Childhood Communicable Diseases

STEP 1

Notify York Region Public Health and create a line list

The line list is a tool that allows the York Region Public Health outbreak investigator to evaluate the extent of the outbreak by monitoring the number of new cases each day. Only new cases that fit the case definition should be added to the line list each day. Ensure there are separate line lists for children and staff.

Obtain the *Enteric Outbreak Line Listing* form from the outbreak investigator or online at york.ca/outbreakmanagement

- List all ill persons chronologically in order of when the illness started
- Complete all information required on the line list. You may have to contact the parents/legal guardians to obtain accurate information
- Update the line list daily and report new information to the outbreak investigator
- Do not remove names of resolved cases from the line list; simply add each new case to the existing line list

Establish a case definition

A case definition helps the outbreak investigator identify who is included as a case in the outbreak. A case definition will contain information including the start date of the illness, the symptoms and the location of the outbreak. At the start of the outbreak the case definition may be general; however, as the outbreak continues, a pattern of illness may be observed and the definition may be narrowed. The outbreak investigator will assist the child care setting with the case definition using information from the line list.

Identify the source of the outbreak

In order to identify the source of an enteric outbreak, it is important to collect stool, water and/or food specimens. The outbreak investigator will assist you in getting the appropriate samples. Occasionally, other specimens may be required and the outbreak investigator will provide information on how these specimens should be collected.

Parents/legal guardians of the children must be notified if samples are being collected from their child. Consent must be received prior to submission of the sample to the Public Health Ontario Laboratory for testing. Results from lab specimens will always be released to the parents/legal guardians of the child.

Collect stool samples

- Encourage all people who meet the case definition to give a stool sample for testing
- Obtain stool kits and instructions from the outbreak investigator. Contact the outbreak investigator if more kits are needed
- If ill children or staff are at home, contact parents/legal guardians or staff to arrange for stool kit drop-off and pick-up by the outbreak investigator
- Fill out all information on each vial within the kit and the information required on the outside packaging of the kit
- Store the specimens in the refrigerator until they are ready for pick-up. It is very important to make sure that filled kits are not stored in a fridge that is used for food

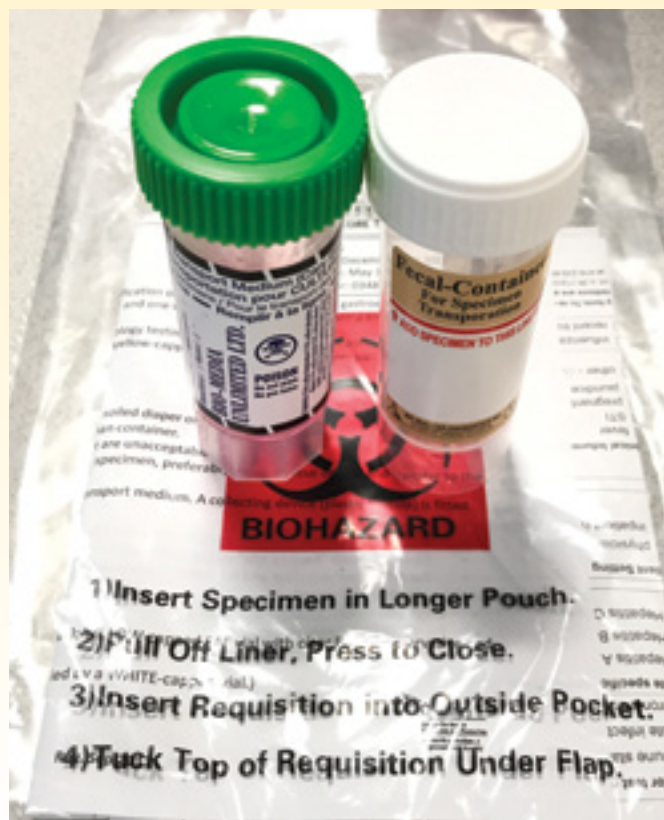
Collect food samples

- If an enteric outbreak is suspected, keep leftover food samples for the public health inspector who may send them for testing
- Store all leftover food in the refrigerator. The food must be dated and labelled

NOTE: All menus must be made available in the event of an outbreak

Collect water samples

In the event of an enteric outbreak, a water sample will be collected by a public health inspector and sent for testing if the child care centre is on private well water. Ensure the well water sampling records are kept on-site and available for the public health inspector to review.



STEP 2

Establish control measures

The child care centre operator must communicate to all staff and parents/legal guardians the necessary control measures to manage the outbreak.

Separate ill children from well children

- Move all children who are ill, with similar symptoms, to a separate area away from those who are well until they can be picked up by a parent/legal guardian
- Assign a staff member to provide care to the ill children

Exclusion

- If a child is ill, contact the parent/legal guardian to take the child home and advise them to see a physician. Exclude ill children or staff from the child care centre until they have been **symptom-free for a minimum of 48 hours** (for most situations)
- Ill staff should be advised they are not allowed to work at the centre or any other child care centre, until they have met the criteria as defined by York Region Public Health
- If the outbreak is not under control, the exclusion period may be extended. The outbreak investigator will provide direction as more information becomes available



NOTE: Some pathogens can continue to be shed by children or staff even as they are getting better. If there is laboratory confirmation that a specific pathogen is the cause of the outbreak, this may affect the exclusion period. Ill children or staff must be excluded until they are no longer able to pass the illness onto others. **The outbreak investigator will decide the length of the exclusion period.**

Additional control measures

Personal hygiene

- Encourage good personal hygiene practices with children, their parents/ legal guardians and staff
- Practice proper and frequent handwashing, especially before eating and after using the toilet

Cleaning and disinfecting

- Increase the concentration level of the disinfectant used in the centre to “Outbreak Situation” level for the duration of the outbreak
- Increase the frequency of cleaning and disinfecting of common areas and high touch surfaces such as door handles, handrails, sink and toilet handles
- Clean and disinfect toys on a daily basis. Toys that are mouthed should be immediately removed from use, cleaned and disinfected prior to reuse

Diapering area

- Ensure the diaper change table is cleaned and disinfected after each use. Even if the diaper change is taking place on a change pad that is covered with a disposable paper liner, the change pad must still be cleaned and disinfected after each diaper change during an outbreak

Sensory play activities

- Stop communal sensory play activities such as water play tables and food sensory play tables. Any sensory play items, such as play dough, prepared and in use prior to an outbreak being declared should be discarded

Sleeping equipment

- When an outbreak is declared, all sleeping equipment, such as cots, mattresses and mats, must be cleaned and disinfected immediately. During the outbreak these items should be cleaned and disinfected a minimum of twice per week or when visibly soiled
- Bedding and linen should be laundered immediately upon declaration of an outbreak. During the outbreak, these items should be laundered a minimum of twice per week

Staff cohorting

- Staff should be assigned to dedicated rooms and not move between rooms

Routine Practices

- Routine practices should always be taken when there is a potential risk of coming into contact with body fluids. Child care providers must ensure that personal protective equipment is worn during activities when there is potential for exposure to pathogens. This may include diapering, toileting and cleaning up vomit
- If a child’s clothing is soiled, place the soiled clothing in a securely tied plastic bag and send home with the child’s parent/legal guardian. Soiled clothing must not be rinsed and/or washed at the centre
- Encourage parents/legal guardians to take extra infection prevention and control measures at home to help limit the spread of illness to other family members. Suggest that during the outbreak period, disposable paper towels are used to dry hands after handwashing at home. An alternate to paper towels is the use of separate hand towels for each family member

STEP 3

Declaring an outbreak over

The outbreak will be declared over by the York Region Public Health outbreak investigator when the child care centre is clear of new cases (which meet the case definition) for a specified period of time. The outbreak investigator will determine this period of time based on the causative micro-organism in the outbreak and on the risk of transmission of disease to others.



Chapter 3

IMMUNIZATION AND HEALTH RECORDS

Protecting and Promoting Health in Child Care

Immunization

Immunization information

Child care providers need to ensure that a child is fully immunized according to Ontario's Routine Immunization Schedule before being admitted to a licensed child care setting. While influenza immunization is encouraged, providers do not need to ensure that children have received annual influenza immunization.

Consult the following for more information:

- Requirements to attend a child care centre – *Child Care and Early Years Act, 2014* at ontario.ca/laws/statute/14c11
- Requirements to attend a school – *Immunization of School Pupils Act, 1990* e-laws.gov.on.ca
- For information on immunization visit york.ca/immunization, or call 1-877-464-9675 ext. 73452

Immunization is one of the most successful and cost-effective ways to prevent illnesses related to vaccine preventable diseases. Immunizations help protect children in our community.

Keeping accurate, up-to-date records for both staff and children in the child care centre is an important part of the job of a child care

operator. It helps to ensure a healthy environment for everyone.

Each child's health record should contain a current immunization record, emergency and health history information, a consent form and a medication record (if a child is to receive medication while in the child care centre).

Health history

Occasionally, a child becomes ill at the child care centre. Information on the child's immunization record helps the child care centre and York Region Public Health determine the cause of the illness and handle the situation effectively.

Reviewing immunization information

The role of child care operators is to collect, keep and regularly update the immunization records for each child who attends the child care centre and to provide these records to York Region Public Health. These records are confidential, and must be stored in a safe, locked location.

York Region Public Health, under the authority of the *Child Care and Early Years Act*, will ask you to provide personal and immunization information for the children who attend the centre. Each record will be reviewed by York Region Public Health

Immunization Services to ensure children have received all age-appropriate immunizations. If there is an incomplete immunization record, York Region Public Health will contact the child's parent/legal guardian directly.

Requirements to attend a child care centre or school

The Child Care and Early Years Act and the Immunization of School Pupils Act require that students attending a child care centre and school in Ontario be up-to-date with required vaccines. Children who are not up-to-date may be suspended from school. For more information on required vaccines, visit Immunization of School Pupils Act, 1990.

It is the responsibility of the parents/legal guardians, not the health care provider, to maintain a record of their child's immunization and inform York Region Public Health of these immunizations.

Immunization exemption

Occasionally, parents/legal guardians choose not to vaccinate their child(ren) due to medical reasons.

Exemptions from immunizations can be obtained through completion of a 'Statement of Medical Exemption' or a 'Statement of Conscience or Religious Belief'.

These forms are available at forms.ssb.gov.on.ca

York Region encourages annual influenza immunization to protect against the flu; however, parents who choose not to immunize their child for influenza are not required to obtain an exemption.



For questions about the *Child Care and Early Years Act* or the immunization status review process, please call York Region Public Health Immunization Services at 1-877-464-9675 ext. 73452.

Exemptions must have been obtained on or after August 29, 2016. Exemptions obtained prior to this date expire on September 1, 2017.

For more information on exemption forms and the process, please visit york.ca/immunization

If an outbreak of a vaccine preventable disease occurs, children who are not immunized may be excluded from attending the child care centre to reduce their risk of getting the disease.

Staff Health Records



The Child Care and Early Years Act, 2014, Reg. 137/15 s.57 (1) states, “every licensee of a child care centre shall ensure that, before commencing employment, each person employed in each child care centre it operates has a health assessment and immunization as recommended by the local medical officer of health”.

When hiring, make sure that prospective staff members have recommended immunizations and tuberculosis screening, and all relevant health information is on file. If staff have medical reasons for not being immunized, a medical exemption is required from a health care provider using the form *Statement of Medical Exemption*. When staff object to be immunized on the grounds of conscience or religious beliefs, they must provide a completed *Statement of Conscience or Religious Belief* signed by a Commissioner for Taking Affidavits.

Exemptions must have been obtained on or after August 29, 2016. Exemptions obtained prior to this date expire on September 1, 2017. *Child Care and Early Years Act, 2014, Reg. 137/17 s.57 (5)*. Update staff health records on a regular basis and keep exemption documents in the employee’s personnel file. Encourage staff members who are ill to stay home. Have a plan ready for coverage when staff members are off sick.

Recommended immunizations and tuberculosis screening for child care staff

In York Region, the Medical Officer of Health recommends that all staff and volunteers are up-to-date with their immunizations and are screened for tuberculosis as described below. If there are questions, please call York Region Public Health's Immunization Program at 1-877-464-9675 ext. 73452.

Immunization (Source: *Canadian Immunization Guide, 2012*)

Diseases	Immunization
Measles, Mumps, Rubella (MMR)	<p>One dose of MMR for adults born in 1970 or later.</p> <p>A second dose of MMR for post-secondary students and young adults (18 to 25 years of age).</p> <p>One dose of rubella for susceptible adults born prior to 1970. Adults born before 1970 are considered immune against measles and mumps.</p> <p>Laboratory-confirmed proof of immunity against these diseases is acceptable.</p>
Tetanus, Diphtheria, Pertussis	<p>One dose of Adacel (dTap) in adulthood.</p> <p>Tetanus and diphtheria (Td) vaccine every 10 years.</p>
Varicella (chickenpox)	<p>If there is unknown or a negative history of chickenpox, a blood test can be performed to determine the need for immunization.</p> <p>Varicella vaccine (two doses) for susceptible staff.</p>
Hepatitis B	<p>Hepatitis B vaccine series if there is a child or worker at the centre who is a hepatitis B carrier or has acute hepatitis B.</p> <p>Laboratory-confirmed proof of immunity is acceptable.</p>

NOTE: The child care operator must inform employees with immunization exemptions that exposure to a vaccine preventable disease may result in exclusion from work until York Region Public Health determines that the risk of infection has passed.

Tuberculosis screening

Children are susceptible to serious disease if they are infected with tuberculosis (TB) bacteria. To reduce the risk, ensure all staff, students who are on educational placement and volunteers are screened for TB before initial employment or placement.

Tuberculin Skin Test (TST)

A two-step tuberculin skin test (TST) is recommended prior to employment or placement. The TST can be done anytime within 12 months before the start of employment.

If there is evidence of a documented two-step TST at any time in the past, only a single TST is needed.

A positive TB skin test does not mean that a person has active (infectious) disease, only that they have been exposed to TB sometime in the past. If a person knows that they are a tuberculin positive reactor (they have had a positive skin test in the past), they should **not** have another skin test. This person should have a chest x-ray or provide proof of a chest x-ray done in the last year. Health care provider should provide documentation that the individual with a positive tuberculin skin test is free of disease **before** starting work.

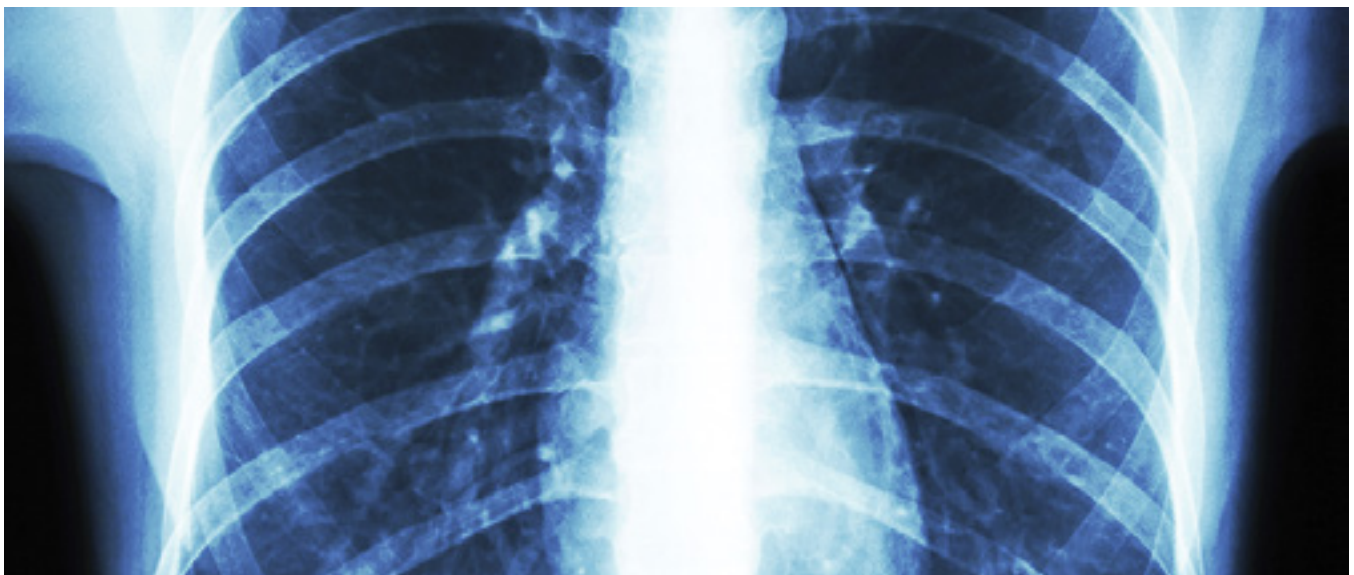
Anyone with a positive TB skin test should be aware of the following signs and symptoms of active disease:

- A cough that lasts longer than 3 weeks
- Fever, chills, night sweats
- Unexplained weight loss or loss of appetite

If any of these signs and symptoms are present, the individual should seek **immediate** medical attention.

The TST or chest x-ray does not need to be repeated in subsequent years of employment unless there is a medical reason to do so.

If you have questions about screening child care staff for TB, please call York Region Public Health's TB information line at 1-877-464-9675 ext. 76000.



Staff Health

Special considerations for pregnant women

Chickenpox, fifth disease and rubella (German measles) are diseases which have the potential of harming a pregnant woman's unborn child.

When a case of chickenpox, fifth disease or rubella is identified in the child care setting, all pregnant women (staff, students or volunteers) who may have had exposure to the case must be advised of that exposure and referred to York Region Public Health for appropriate follow-up. Contact York Region *Health Connection* at 1-800-361-5653.

York Region Public Health will advise pregnant women about their risk of exposure to fifth disease, chickenpox or rubella cases by determining the extent of contact with the case, discussing the mode of transmission, and in the case of chickenpox, the availability of prophylactic treatment.

It is essential that pregnant women be advised immediately of their contact with a case of chickenpox, fifth disease or rubella.

For information about immunizations recommended in pregnancy view our Healthy Pregnancy guide. Visit Healthy Pregnancy: http://patienteducationonline.info/york-region-public-health/the-gift-of-motherhood-canada/CourseAttachments/Healthy_Pregnancy_R1.pdf



The Influenza Vaccine

To protect the health of the children they care for, one of the best things a child care provider can do is avoid getting sick themselves. The best way they can avoid the flu is to get the influenza vaccine, commonly referred to as the flu shot. Since the viruses that cause flu change frequently, child care providers need to get a flu shot each year.

The flu vaccine:

- Reduces the risk of serious flu complications
- Results in production of antibodies against both influenza virus types A and B (both types contribute to influenza illness)
- Prevents the flu in about 70 to 90% of healthy adults and children
- Takes about two weeks after it is administered to start working
- Provides protection that may last up to one year
- Is recommended for all persons six months of age or older
- Is provided at no cost to anyone who lives, works or attends school in Ontario
- **Does not cause the flu because the vaccine does not contain live virus**
- For more information on the flu, the flu vaccine, and where to find York Region's Flu Shot Clinics visit Flu Shot Clinics at york.ca/flu



Chapter 4

SAFE ENVIRONMENTS

Protecting and Promoting Health in Child Care

Indoor Air Quality



Canadians spend close to 90% of their time indoors. The quality of indoor air affects a child's ability to breathe easily. Poor indoor air can cause symptoms such as headaches, fatigue, shortness of breath, worsening of pre-existing allergies and asthma, sinus congestion, coughing, sneezing, eye, nose, throat and skin irritation, dizziness and nausea. In order to minimize the risks associated with exposure to indoor air pollutants, it is important to recognize and control potential sources of pollutants.

Major indoor air pollutants and their sources include:

- By-products of combustion such as carbon monoxide from unvented gas heaters, wood and gas burning fireplaces
- Cleaning products
- Volatile organic compounds from paints, solvents and air fresheners
- Asbestos from building materials, such as tiles and insulation, if damaged or not intact
- Bio-aerosols from pets such as pet dander
- Bio-aerosols such as airborne mould spores from outdoors and humidifiers
- Mould from excessive humidity, inadequate ventilation and flooding

Tips to reduce and control children's exposure to indoor air pollutants:

- Clean carpets with a good quality vacuum
- Use a damp mop to clean floors
- Use non-toxic cleaning products more often
- Ensure that rooms are well ventilated
- Reduce the amount of dust by minimizing clutter and storing toys in closed containers
- Ensure that outdoor shoes are not worn inside

Mould

Mould growth in child care settings may pose a health hazard. Health risks depend on exposure and individual sensitivity. To reduce exposure it is important to remove mould, regardless of the mould species found to be growing, and eliminate the source of moisture that leads to mould growth. Moisture can occur due to leaks, running taps or high humidity. Mould can release spores that, if inhaled, may cause health effects such as asthma and asthma-like symptoms, upper respiratory tract symptoms, coughing and wheezing.

Where mould is identified in a specific room, relocate children to another room until the mould has been removed and the room has been properly cleaned. For specific information on mould removal and clean-up, refer to the Health Canada's website hc-sc.gc.ca

Tips to prevent mould growth:

- Look around the building structure for damage
- Repair leaks and structural deficiencies that can lead to moisture problems
- Reduce condensation indoors
- Increase air circulation
- Clean and dry wet surfaces immediately

Surfaces, such as drywall, that have been damp for more than 48 hours should be inspected for mould growth and replaced if they cannot be dried completely.

Questions pertaining to mould and/or indoor air quality can be directed to York Region *Health Connection* at 1-800- 361-5653 or visit York Region's Indoor Air Quality Page



Hazardous Substances

From common household products to indoor house plants, there are many different hazardous substances that can affect the indoor environment of a child care setting.

Children are at a greater risk than adults from exposure to hazardous substances because their bodies are not fully developed, they breathe more air relative to body size and they have more hand-to-mouth contact. Examples of hazardous substances that may be found in child care settings include rubbing alcohol, cleaning products, paint and varnish remover, pharmaceuticals, arts and crafts supplies, mercury in seafood, dust and poisonous plants.

Questions on exposure to hazardous substances at your child care setting can be directed to the public health inspector at York Region *Health Connection* at 1-800-361-5653.

Not sure about the safety of a product? Check Health Canada's Recalls and Safety Alert at healthycanadians.gc.ca for information on food, consumer and health products.

“Children are at a greater risk than adults from exposure to hazardous substances because their bodies are not fully developed, they breathe more air relative to body size and they have more hand-to-mouth contact.”

Search recalls and safety alerts

A search interface with a large white input field on the left. Below the field is a link for "Search tips". To the right of the input field is a blue button labeled "Search alerts". Below the button is a link for "Advanced search".



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Poisonous Plants

Children can encounter poisonous plants from indoor house plants or through their activities in parks, gardens and outdoor play areas. Ingestion of plant parts and contact with the skin are common routes of exposure for children. It is important to note that many native plants, shrubs and trees in York Region may have poisonous parts that should not be ingested.

Some of the most common outdoor poisonous plants found in York Region include wild parsnip, cow parsnip, poison ivy and giant hogweed. Many common garden plants are also poisonous including: crocus, daffodil, lily-of-the-valley, holly, yew, unripe tomatoes, all green parts of potatoes, oak and horse chestnut. Several of the most common houseplants, including caladium (also known as elephant’s ear), Dieffenbachia, Jerusalem cherry and philodendron are poisonous.

Inspect outside play areas for poisonous plants and wild mushrooms before children go outdoors. Remove and properly discard all wild mushrooms and remove or restrict access to poisonous plants.

Tips to consider:

- Plants that are known to be poisonous should be removed from the child care setting
- Teach children at an early age about the dangers of certain plants and how to recognize these plants
- Do not allow children to taste or eat the nectar from flowers, as it can be poisonous

For more information on plant safety refer to the Ontario Poison Control fact sheet at ontariopoisoncentre.ca

For more information on specific poisonous plants or weeds refer to the Canadian Poisonous Plants Information System at cbif.gc.ca

Pesticides

A pesticide is any substance used to repel, destroy or prevent the development of a pest.

Pesticides, if misused, can be poisonous to humans, especially to children. People can be exposed to pesticides by inhaling them, by absorption through the skin or by ingestion. It is important to store all pesticides out of reach of children.

Indoor pesticide products should be used only as a last resort. Follow an Integrated Pest Management (IPM) approach. If a pesticide is required, contact a pest control company licensed by the Ministry of Environment and Climate Change.

Never apply pesticides when the children are in the centre. Seek immediate medical attention if a child has been accidentally exposed to a pesticide. Refer to the *Pest Control* section in Chapter 1 of this guide for more information on the IPM approach.

Tips about other common hazardous substances

- Read the label on any chemical products and follow the instructions for handling, storage and use
- Do not mix chemical products such as bleach and ammonia as this can create toxic fumes
- Ensure the cap of any chemical product is on tightly after each use
- Keep chemical products in their original containers
- Keep chemical products in a locked cupboard or in a location inaccessible to children
- Consider teaching children, of appropriate age, about the warning symbols found on chemical containers and to avoid such hazardous chemicals
- Notify parents/legal guardians if a hazardous chemical will be used in the centre
- For arts and crafts activities use paints labelled “safe for children’s use”. Do not let children use copper enamel, powdered clay and paint, ceramic glaze and solder for stained glass (may contain cadmium or lead). Check Health Canada’s *Information for Art Class Teachers: Chemical Safety* at hc-sc.gc.ca
- Treat items containing mercury such as broken thermometers and compact fluorescent light bulbs (CFLs) as hazardous waste. See Environment Canada’s website for instructions on how to properly clean and dispose broken mercury thermometers and CFLs ec.gc.ca/mercure-mercury/default.asp?lang=En&n=D2B2AD47-1_ and York Region’s Household Hazardous Waste site for more information.

For more information about poison control and safety, visit ontariopoisoncentre.ca



A Smoke-Free and Vape-Free Environment

Under the direction of the *Smoke-Free Ontario Act, 2017 (SFOA)*, all child care centres, including licensed private home child care must be 100% smoke-free and vape-free. Vaping is the use of an electronic smoking device such as an e-cigarette.

The law applies 24 hours per day, seven days per week, whether or not children are present. Any outdoor play areas used by children must also be smoke-free and vape-free at all times. Signage must be conspicuously posted informing child care staff, parents/legal guardians and visitors of this requirement. York Region Public Health encourages unlicensed private home child care settings to keep their facility 100% smoke-free and vape-free as well.

Numerous studies have demonstrated that children are at greater risk than adults from exposure to second-hand smoke. Children have smaller airways and breathe more rapidly which means they inhale more pollutants relative to their total body weight. Children exposed to second-hand smoke are at risk for coughs, pneumonia, asthma, ear infections and Sudden Infant Death Syndrome. They are also at an increased risk for cancers and cardiovascular disease in adulthood.

Children learn by example and may witness habits that can last a lifetime. As a child care provider you are in an excellent position to encourage a smoke-free and vape-free lifestyle.

For more information on the *Smoke-Free Ontario Act, 2017*, please visit the Ministry of Health and Long-Term Care's Smoke-Free Legislation at ontario.ca/page/where-you-cant-smoke-or-vape-ontario or contact York Region Health Connection at 1-800-361-5653 and ask to speak to the Tobacco and Electronic Cigarette Control team.



Protection from Air Pollution

Children are at a higher risk from exposure to air pollution because their lungs are still developing and they breathe at a faster rate.

Signs and symptoms associated with air pollution include coughing, wheezing, difficulty breathing, chest tightness and eye irritation. Air pollution has also been linked to increases in asthma symptoms, hospital admissions and premature death.

The air quality health index: Be air aware

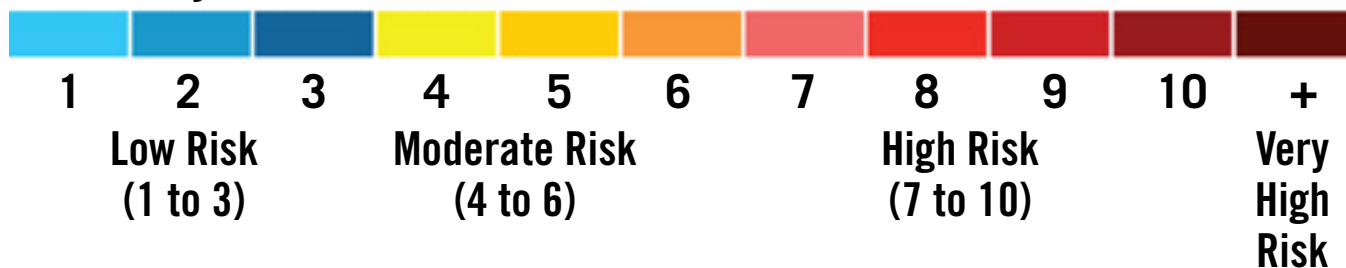
The Air Quality Health Index (AQHI) is a tool that can help child care providers protect the health of children by limiting their exposure to air pollution.

Tips to consider:

- Check the AQHI each morning at airhealth.ca
- Schedule outdoor activities during periods of the day when air pollution levels are low
- Avoid strenuous exercise or activities during times of poor air quality
- Monitor children who have medical conditions (e.g., asthma, respiratory allergies, heart or lung diseases) that make them more sensitive to air pollution, especially during periods of moderate to high air pollution
- Seek medical attention for children who are experiencing chest tightness, wheezing or difficulty breathing
- Keep children away from high traffic areas to reduce their exposure to vehicle exhaust
- Designate the child care setting as an idle-free zone
- Sign up for Air Quality Alert email notifications from airqualityontario.com

Child care settings can help reduce emissions that contribute to local air pollution and climate change by reducing their environmental footprint and conserving energy whenever possible.

Air Quality Health Index



Extreme Temperatures

Although extreme temperatures can affect everyone, infants and children are more at risk for health impacts. It is important to think about children's indoor and outdoor environments and take steps to keep them healthy and safe throughout the year.

Extreme heat

Heat related illnesses range from heat rash and muscle cramps, to more dangerous situations like heat stroke and heat exhaustion. During extreme heat, it is important to keep children cool and avoid additional stress on their bodies.

Tips to stay safe and keep cool:

- Check the local weather forecast at weather.gc.ca for the temperature, humidex, heat warnings, the Air Quality Health Index and Ultraviolet (UV) index
- Stay indoors in cool, well-ventilated areas
- Keep children hydrated; they should drink plenty of water before they feel thirsty
- Reduce outdoor activities or reschedule them until a time when it is cooler
- Reduce children's activity in areas with direct sun exposure and rest often in shady areas
- Promote the use of lightweight, light-coloured, loose fitting clothing, wide brimmed hats, sunglasses with both UVA and UVB protection and sunscreen with an appropriate Sun Protection Factor (SPF)
- Ensure outdoor play areas have sufficient shade. Consider planting trees or using built shade structures
- Know the symptoms and treatment of heat related illness

For more information visit york.ca/extremeheat or call York Region *Health Connection* at 1-800-361-5653.

Extreme cold

Serious health problems can result from prolonged exposure to the cold, such as frostbite and hypothermia. Many factors play a role in how children's bodies react to the cold. These include environmental factors such as temperature, wind and sun, as well as individual factors such as clothing and level of activity.

Tips to stay safe and warm:

- Check the local weather forecast at weather.gc.ca for the temperature, wind chill and cold warnings
- Limit exposure to extreme cold weather. If it's too cold outside, consider staying indoors or rescheduling outdoor activities
- Ensure children are dressed appropriately for the weather conditions. Frequently check that they remain appropriately dressed
- Make sure that children's head, face, ears, neck, hands and feet are well protected. Use hats, scarves, gloves, mittens and warm socks to prevent heat loss and protect from frostbite
- Promote the use of layered, windproof and waterproof clothing
- Check children's hands, feet and face frequently. Children may be too distracted or may not have the ability to tell an adult they are cold
- Know the symptoms and treatment of frostbite and hypothermia

For more information visit york.ca/extremecold or call York Region *Health Connection* at 1-800-361-5653.

Sun Safety

Protecting children from the harmful effects of the sun can greatly reduce their lifetime risk of developing skin cancer. The risk of skin cancer today is greater than it was 20 years ago and continues to increase. The most harmful effects of sun exposure occur during early childhood.

It is important to protect children by following these sun safety guidelines:

- Reduce sun exposure between 11 a.m. and 3 p.m. or when the UV Index is three or more
 - Seek shade or create your own shade. Keep children protected in a covered stroller or look for shaded areas under trees or an umbrella
 - Ask parents/legal guardians to dress or provide their children with clothing that covers their arms and legs. Have them provide a wide-brimmed hat or baseball cap with flaps that cover the head, neck and ears and close fitting/wrap around sunglasses with UV400 or 100% UV protection
 - Clothes that are sheer or wet offer little protection from the sun
 - Encourage parents/legal guardians to provide written permission to apply sunscreen on their children and invite them to provide their own bottles of sunscreen. Label the sunscreen bottles with the child's name
 - Apply sunscreen and lip balm with SPF 30 or higher and labelled "broad spectrum" and "water resistant" if swimming. Reapply when needed, such as after swimming, sweating, or toweling
 - Keep babies under one year of age out of direct sunlight. Babies need extra protection because their skin is very sensitive and will burn easily. Sunscreen may be used on babies over six months of age; avoid the eyes and mouth areas
- 
- Be aware of the sun's harmful rays which can be reflected back from sand, water, concrete and snow. It also can go through light clouds, mist and fog
 - Ask parents/legal guardians if their child is on any medication that may cause them to have an adverse reaction to sunlight
 - Check Environment Canada's UV Index each day
 - Post the index daily and ensure staff are taking the appropriate safety measures
 - Distribute sun safety information to staff and parents/legal guardians
 - Reinforce and role model sun safe practices every day. Children will copy your behaviour

Recreational Water

York Region Public Health routinely inspects public swimming pools, spas, splash pads and wading pools, and samples and monitors all public beaches.

If going on an excursion to a beach child care providers should look for beach water quality signs. The blue sign indicates water is safe for swimming; the red indicates the water is not safe.

It is recommended to avoid swimming at the beach within 48 hours after a heavy rainfall.

Unlike public beaches, public pools, such as swimming pools, spas, splash pads and wading pools, are regulated in Ontario Public Pools Regulation 565. York Region’s Public Health Inspectors inspect these pools regularly to ensure proper treatment of water to reduce the spread of infectious disease, and to prevent injury.



Before taking children to any public pools, check with YorkSafe Inspection Reports, at york.ca/yorksafereports or call York Region Health Connection at 1-800-361-5653.



West Nile Virus and Lyme Disease

From spring to fall, when children are active outdoors or on an excursion, there are simple precautions that can be taken to minimize the risk of West Nile virus and Lyme disease. West Nile virus is an illness spread through the bite of an infected mosquito. Lyme disease is spread through the bite of an infected blacklegged tick.

How to prevent mosquito and tick bites

- Cover up and wear light-coloured long-sleeved shirts and pants
- Child care providers are advised to obtain written permission from parents/legal guardians before applying insect repellents on children
- Consider using an insect repellent when outdoors containing no more than 10% DEET. Do not use on children under six months of age
- Follow instructions on insect repellent labels carefully



Clean up standing water

- The best way to keep mosquitoes away is to clean up areas of standing water where mosquitoes like to breed
- Clean up and empty containers where water collects including toys, planters and storage bins
- Clear eaves troughs and roof gutters
- Unclog drainage ditches

Removing ticks

If you find a tick on a child, prompt removal is very important to reduce the spread of Lyme disease.

- Use tweezers to gently grasp the tick as close to the skin as possible. Pull the tick straight out
- After removing the tick, use soap and water to wash the bite area and your hands
- Save the tick in a moistened paper towel in a plastic container and store in a refrigerator. Take care to store the tick away from food or drinks
- Provide the tick to the parent/legal guardian and advise them to contact York Region Public Health to arrange for identification and testing of the tick

For more information about West Nile virus and Lyme disease contact York Region Health Connection at 1-800-361-5653 or visit york.ca/westnile or york.ca/lymedisease

Addressing and Adapting to Climate Change

Climate change poses risks to the health of children and families in various ways because it can affect air quality, heat exposure, transmission of disease by vectors and water and food safety. Climate change may have health impacts on everyone, especially vulnerable populations and children. We can take measures to mitigate climate change by reducing the emissions of greenhouse gases. This includes conserving energy and reducing vehicle emissions.

Action can be taken to make communities and environments safer and more resilient to the impacts of climate change; this is known as adaptation. Adaptation measures can be taken at the child care setting. These could include developing emergency plans, such as extreme heat response or flood preparedness plans or taking action to reduce climate change impacts by incorporating natural and built shade at the child care setting to reduce the health impacts of extreme heat.

To learn more about climate change impacts and how to protect children in the child care setting, visit the Public Health Agency of Canada's website at phac-aspc.gc.ca

“Action can be taken to make communities and environments safer and more resilient to the impacts of climate change; this is known as adaptation.”



Emergency Preparedness



Emergency preparedness is everyone's responsibility. Emergencies can arise at any time and it is important that child care providers are prepared.

- Be informed. Child care providers need to know what to do in different emergency situations such as fires, floods, tornadoes or pandemics. Different hazards require a different approach for being prepared
- Develop an emergency plan with specific roles for the child care staff to follow. Share the emergency plan with local emergency service providers such as the fire or police department, and parents/ legal guardians
- Encourage staff to develop a personal home emergency kit with supplies for at least three days and consider developing a kit for the child care setting

For more information visit york.ca/emergencypreparedness



Car and Booster Seat Safety

Car seat safety

Using the correct car seat for a child's weight, height and developmental ability, installing the car seat tightly and properly harnessing a child in their seat are all vital aspects of safe car seat use.

The *Ontario Highway Traffic Act* includes child care providers in the broader group of drivers who are required to use car seats and booster seats when travelling with babies and children.

When travelling with babies and children (pick up/drop off services and/or day trips/off-site activities) follow the car seat and vehicle manuals for correct installation and use these guidelines:

- If parents/legal guardians are providing the car seat, ask for a copy of the car seat manual
- If the child care setting is providing the car seat, make sure the driver(s) have access to the manual(s) for the car seat(s) that are purchased, as well as the vehicle manual
- Car seats are required by law to have the national safety mark on the car seat (circular sticker with a maple leaf), which shows that the seats meet Canadian Motor Vehicle Safety Standards (CMVSS). Only car seats purchased in Canada will have this sticker



At a minimum, babies should stay rear-facing until **all three** of these criteria are met:

- Have a minimum weight of 10 kg (22 lbs)
- Can walk unassisted **and**
- Are at least one year of age

Even when these criteria are all met, it is safer to keep babies rear-facing for as long as they are within the weight and height limits of the rear-facing stage of their car seat (check the labels on the car seat and/or the manual).

Make sure parents/legal guardians are aware of any changes you plan on making with how you transport their child(ren), such as switching from a rear-facing to forward-facing position, or moving from a forward-facing car seat to a booster seat.



Installing car seats

Depending on the year of the vehicle, car seats can be installed using either the LATCH system **or** the vehicle seat belt. When installing car seats:

- Check the vehicle manual for the option(s) that are available to you. Not every seating position is compatible with car seats (or certain stages of car seats)
- Pull the LATCH or seat belt tight to hold the car seat in place. There should be no more than 2.5 cm (1 inch) of movement where the car seat is belted
 - Some seat belt systems require a locking clip to hold the car seat tight. Refer to the vehicle manual for more information about installation if using a seat belt for installation
 - Especially when installed as a forward-facing car seat, after a certain weight (combined child weight and car seat weight), the LATCH system should no longer be used to install a car seat. Refer to the vehicle and car seat manuals for details about these weight limits



- Forward-facing car seats must also be tethered to one of the designated anchor locations in the vehicle (refer to the vehicle manual), with the tether strap pulled tight

Harnessing babies/children in car seats

When securing baby/children in car seats:

- Make sure the harnessing is snug. Check that only **one** finger can be put between the shoulder harness and the child's collarbone
- Check that the chest clip is at the child's armpit level
- **For rear-facing car seats**, make sure the harness slot location is **at or below** their shoulders
- **For forward-facing car seats**, make sure the harness slot location is **at or above** their shoulders

Booster seat safety

A booster seat works with the seat belt system to raise a child so the seat belt fits correctly across their shoulder, chest and hips. Booster seats provide 60% more protection than seat belts alone, and can reduce the risk of serious injury.

If you travel with children (pick up/drop off services and/or day trips/off-site activities):

- The *Ontario Highway Traffic Act* states that once children reach a minimum weight of 18 kg (40 lbs), they can move from a forward-facing car seat into a booster seat. However, it is safer to keep them in their five-point harness car seat for as long as they are within the weight and height limits of the forward-facing stage (check car seat labels and/or manual for this information)
- Children are required by law to use a booster seat until **one of three criteria is met:**
 - Reached a standing height of 145 cm (4 feet 9 inches)
 - Reached a weight of 36 kg (80 lbs)
 - Are eight years of age and reached a weight of 36 kg (80 lbs)

From a safety point of view, **height is the most important sign that a seat belt alone will properly fit a child.**

Choosing and using booster seats

Read the booster seat and vehicle manuals for correct installation and use.

- If parents/legal guardians are providing the booster seat, ask for a copy of the booster seat manual
- If the child care setting is providing the booster seat, make sure the driver(s) have access to the manual(s) for the booster seats you buy
- Booster seats are required by law to have the national safety mark label (circular sticker with a maple leaf). This shows the seat meets Canadian Motor Vehicle Safety Standards (CMVSS). Only booster seats purchased in Canada will have this sticker
- Booster seats must only be used with a lap/shoulder seat belt (never a lap belt only seat belt system)
- With a backless booster seat, it is important to make sure the vehicle seat and/or head rest are high enough to provide head and neck protection for a child (if the midpoint of their ears are above the top of the vehicle seat/head rest, use a high-back booster seat)
- Be aware that other types of seat belt adjusters/accessories are not regulated for use in Canada. Crash tests in the United States have shown they often increase the chances of injury or death

Make sure parents/legal guardians are aware of any changes you plan on making with how you transport their child(ren), such as moving from a forward-facing car seat to a booster seat.

Once out of booster seats, drivers are responsible for making sure each passenger under 16 years of age wears a seat belt.

Refer to the related car and booster seat safety resources for more information.

Car seat/booster seat regulations and recalls:

Transport Canada

1-800-333-0371

tc.gc.ca/roadsafety/kids

Ontario laws about car seat, booster seat and seat belt use:

Ministry of Transportation of Ontario (MTO)

1-800-268-4686 or 416-235-4686

ontario.ca/transportation (search "car seat")

For information on car seat clinics, visit:

- **St John Ambulance**
sjayork.ca/child-car-seat-safety
- **Ontario Provincial Police**
opp.ca (search "child car seat")
- **Child Passenger Safety Association of Canada**
cpsac.org (see "Find a Tech")



Pedestrian Safety

Walking around the neighbourhood of the child care setting is a great way to teach children about pedestrian safety.

Teach children the “five steps to safely crossing the street.”

1. Stop
2. Look both ways
3. Listen for traffic
4. Wait until the street is clear and keep looking until you have crossed the street
5. Make eye contact with drivers to be sure they see you

Follow the same rules you want children to follow. Don’t cut across the street in the middle of the block if you want children to learn to cross at the intersection. Be a positive role model.

Sidewalks are safest. In areas without sidewalks, teach children to walk as far away from traffic as they can and to walk facing oncoming traffic.

Under nine years of age? Don’t cross alone. Children age nine years of age should be accompanied by an adult, or an older child, when crossing the street.



Cycling and Helmet Safety

Wearing a bicycle helmet reduces the risk of head injury by 85% and reduces the risk of brain injury by 88%. Cyclists under 18 are required by law to wear an approved bicycle helmet.

Make sure the child's helmet fits properly. Use the **2V1 Shake Shake Shake** rule:

- **2** – the helmet should sit two finger widths above their eyebrows
- **V** – the straps should form a V shape under their ears
- **1** – only 1 finger should fit between their chin and the straps
- **Shake Shake Shake.** Make sure their helmet is snug; it should not move around when they shake their head



- Remember to remove anything that could interfere with the way a helmet fits such as baseball caps, big hair clips, ponytails and headphones
- **Make sure the bike fits.** A bike that is too big or small is unsafe. How to check: when a child sits on their bike, their toes should touch the ground on both sides
- **Tricycles.** Children are not physically ready and do not have the basic co-ordination to ride a tricycle until around the age of three. Ride-on toys (without pedals) are more suitable for children under the age of three
- **Ensure supervised riding.** For the preschool cyclist, learning to control a bike while beginning to understand how to be careful is the most important lesson a child of this age can grasp. Most do not have the skills to cycle safely without supervision
- **Sharing helmets is not advised.** Ask parents/legal guardians to provide a properly fitted helmet for their child to use
- Helmets should not be worn when playing on playground equipment as they can get caught on equipment and become a strangulation risk

“Remember to remove anything that could interfere with the way a helmet fits such as baseball caps, big hair clips, ponytails and headphones.”

Childhood Falls Prevention

Injury is the leading cause of death and hospitalization for children in Canada. Everyone has a role to play in keeping children safe – especially child care providers. Make safety your habit. Supervision is the best prevention.

Falls are the number one cause of all childhood injuries. In 2016, there were 3829 visits to the Emergency Department for fall-related injuries for children 0 to 6 years of age, in York Region. Most falls are predictable and preventable.

Young children can be injured by falls when they:

- Fall from a raised surface such as out of a high chair or stroller, off a couch, or from a change table
- Fall down stairs that are not properly guarded with a gate or when unsupervised by an adult
- Fall from play equipment or while using wheeled toys like tricycles
- Fall/slip/trip while running around and exploring their environment

Fall-related injuries can be prevented in child care settings.

Child care centres can consider the following:

- Provide child safety and injury prevention training to staff. Refer to Parachute Canada's free online curriculum Child Injury Prevention (Ages 0-6)
- Refer to Health Canada for any product recall notices
- Complete routine inspections of all harnesses on high chairs, strollers, and other items. The harnesses should be free of debris with the buckles in good working condition



- Ensure all playground structures and toys are in good repair and free from hazards
- Ensure playground surfacing is sand, pea gravel, wood chips or other recommended material to cushion children when they fall
- Implement policies to reduce injury, such as requiring all children to wear appropriate slip-resistant and close-toed shoes (not flip flops) and use helmets whenever engaged in wheeled activities. Provide information to parents about the safety standards of the child care setting and inform them of their role in keeping children safe
- Communicate safety information to parents regularly using bulletin boards, email, print resources, and newsletters

Ensure staff:

- Complete training on child safety and falls prevention
- Complete routine inspections of toys and equipment (e.g. cribs) used by children
- Always use safety straps when children are on a raised surface like a high chair or change table
- Collect all necessary diaper changing items before placing child on raised change table to ensure you always have a hand on them
- Never leave a child unattended on any raised surface
- Never place an infant seat on an elevated surface like a counter or table top
- Put toys away when not in use and keep floors dry and free from spills
- Know the current abilities and temperament of children being supervised. Anticipate their next stage and abilities to ensure appropriate supervision is provided
- Allow children to access toys and use play equipment that is appropriate for their age and developmental stage
- Provide and/or direct caregivers and parents to resources as appropriate:

- York Region Public Health Childhood Falls Prevention Checklist: York.ca/childhoodfalls
- Parachute Canada: parachutecanada.ca

Provide opportunities for parents/caregivers to:

- Learn about the safety standards of the child care setting and understand their role in keeping children safe
- Complete the York Region Childhood Falls Prevention Checklist for their children when at home
- Read their child the Alex at the Playground book to help teach them about safe play and taking turns at the playground

Refer to the related childhood falls prevention resources at york.ca/childhoodfalls for more information.



Concussions

A concussion is a brain injury caused by any direct or indirect hit to the head or body. They are commonly caused by falls or activity injuries, such as running into stationary objects or other children.

All concussions are serious and most occur without the loss of consciousness. Signs and symptoms may occur immediately after the injury, or hours or days later.

Symptoms may be more difficult to recognize in infants and toddlers because they communicate differently than older children.

Look for the following signs and symptoms:

- Headache or persistent rubbing of the head
- Nausea and vomiting
- Unsteady walking, loss of balance (one of the most obvious symptoms)
- Crankiness, irritability or difficult to console
- Changes in eating and/or sleeping patterns
- Tiring easily or listlessness
- Sensitivity to light and/or noise
- Visual problems

If you suspect a concussion:

- Have the child stop the activity right away
- Contact parent/legal guardians and inform them of any injuries/incidents
- Emphasize with parents/legal guardians the importance of a head injury being evaluated by a medical doctor or nurse practitioner as soon as possible
- Monitor the child closely for any physical, mental or emotional changes
- A child with a suspected concussion should not return to any activities on the same day the injury occurred

Upon return to child care after a concussion, the child's activities and play environment may need to be modified. Quiet environments and activities are recommended for the first week. A child who is recovering from a concussion should not return to overly active or rough play until their medical doctor establishes it is safe.

Examples of activities a child can do with adult supervision:

- Playing with blocks or puzzles
- Colouring or painting
- Looking at picture books
- Walking
- Playing in a sandbox

Do not allow:

- Playing on ride-on toys, scooters or bicycles
- Participating in ball games
- Running or climbing
- Playground activities (slides and swings)

Refer to the related concussion resources at york.ca/concussion for more information.



Chapter 5

HEALTHY GROWTH AND DEVELOPMENT

Protecting and Promoting Health in Child Care

Child Growth, Development and Early Identification

The Looksee Checklist (formerly the ndds checklist)

The first six years in a child's life have the greatest influence on future health and development. In fact, more than one million new neural connections form every second in the first few years of life (Harvard University, 2017). Positive and negative experiences during this sensitive period affect the quality of brain development and thus the foundation for lifelong learning, behaviour and health (Council for Early Child Development, 2010). Approximately 25% of Ontario children are entering school with preventable physical, emotional, cognitive or speech/language issues, which hugely impact a child's ability to learn (Government of Ontario, 2013). Therefore, early identification is important as upfront investments made in the early years are more effective than efforts to address resulting problems later in life (Best Start Resource Centre, 2011).

Early identification of developmental delay is critical to ensure the best outcomes for a child. The Looksee Checklist is a simple, easy-to-use developmental tool designed to help monitor a child's development from 1 month to 6 years of age, featuring a short list of "yes" or "no" questions about a child's abilities. The Looksee checklist has been translated into several languages and is free in Ontario. To learn more about the Looksee Checklist please call York Region Health Connection at 1-800-361-5653 or email ChildFamily@york.ca. The checklists are available in a variety of formats. Please visit their redesigned website at lookseechecklist.com

HOW IS YOUR CHILD GROWING AND DEVELOPING?

Register your child today at lookseechecklist.com and you will receive:

- A checklist to find out if your child is developing as expected
- Email reminders when it's time to do the next checklist
- Activities to encourage your child's growth and development

PUBLIC HEALTH
1-800-361-5653
TTY: 1-866-512-6228
childfamily@york.ca
york.ca/earlyyears

The logo for York Region, featuring a stylized star above the text "York Region".

Red Flags A Quick Reference Guide for Early Years Professionals in York Region

The Red Flags Guide can help professionals identify when a child could be at risk of not meeting expected outcomes or developmental milestones. The Red Flags Guide can identify the need for further investigation by the appropriate professional. To download, or print the guide, go to york.ca/redflags

The Enhanced 18-Month Well Baby Visit

Encourage parents with children aged 15 to 23 months to ask their doctor about the *Enhanced 18-Month Well Baby Visit*. For more information visit york.ca/earlyyears

York Region Public Health provides support and services to all expectant parents and families with young children. To learn more please call York Region Health Connection at 1-800-361-5653, email ChildFamily@york.ca or visit york.ca/parenting.

Alternatively you can download a Child and Family Health Referral Form and fax the completed Referral Form to (905) 952-2112.

“In Canada, fewer than five per cent of babies are born with any limits on their ability to develop but, by school age, over 26% of children have fallen behind. They are not as ready for school as they should be. Approximately 25% of Ontario children are entering school “vulnerable” with physical, emotional, cognitive or speech/language issues that could be prevented.” (Government of Ontario, 2013).”



To access the Child and Family Health Referral Form, visit the Announcements and Resources section at york.ca/healthprofessionals, look for “Announcements and Resources” section.

Healthy Eating



Learning healthy eating habits

Adults and children each have roles when it comes to food and eating. Allowing children to do their part will help them build healthy eating habits that will last a lifetime and help prevent feeding difficulties.

The role of a child care provider is to:

- Offer a variety of nutritious and safe foods at regular times
- Offer foods children can feed themselves
- Give children enough time to eat (between 15 to 30 minutes)
- Make mealtimes pleasant and supportive which is how young children eat best
- Do not worry about what, and how much, children are eating. Keep in mind each time a child sees food on the table, or someone eating it, they are learning and will eventually get to the point where they may eat that food
- At the end of a meal or snack, remove any uneaten food without comment

Trust the children to:

- Decide whether to eat
- Choose what to eat from what you have offered
- Decide how much to eat

It is important to respect and honour a child's cues related to hunger and fullness. This will help the child develop positive feelings about food and eating. Let each child decide how much to eat, even if that means they leave food on their plate, don't eat at all or ask for more food. This will help children listen to their bodies and eat the amount that is right for them.

Pressuring children to eat, either through positive or negative pressure, will not help. Forcing a child to eat or depriving a child of food is a prohibited practice in *The Child Care and Early Years Act, 2014*.

Feeding babies (birth to 12 months)

Support parents in their decision to provide expressed breastmilk for their baby/child. For more information on breastfeeding, refer to york.ca/breastfeeding

Feed babies when they are showing signs of hunger, not according to a timed schedule. You can tell a baby is hungry if they are turning their head toward you with an open mouth or sucking on their hand vigorously. Crying is a late sign of hunger. As outlined in *The Child Care and Early Years Act*, each child under one year of age is to be fed in accordance with written instructions from a parent/legal guardian of the child.

When feeding a baby a bottle, hold and engage the baby. Do not prop the bottle to attend to another matter. Do not tilt the bottle too much. Watch the baby's signs (e.g., turning their head away, pushing the bottle and/or fussing) and stop feeding when they indicate they are full, regardless of whether they have finished the bottle or not.

Feed babies solid foods according to their appetite, not according to a pre-set amount of food. Never force babies to finish all the

food or milk that you have prepared. If a baby refuses food, turns their head away or pushes the spoon away, they are either full or not hungry. Babies learn about textures, tastes and colours by handling their food. Encouraging babies to feed themselves helps them learn to eat independently and develop a healthy relationship with food. Babies begin to show interest in self-feeding small pieces of food at different ages; some right away when they are introduced to solid foods at about six months, while others not until several months later. Offer foods they can grasp and that are easy to chew. Place small pieces of food on the baby's high chair tray and let them choose what they want to try. This is a learning process, so give them plenty of opportunities to practice.

For more information about feeding babies, refer to York Region's website *Feeding Babies and Young Children* at york.ca/feedingkids



Feeding children (one year of age and older)

Trust young children to decide how much and what foods to eat of the food offered. The serving sizes below are guidelines and may help you know how much food to prepare.

Serving sizes for children one year of age and older

Keep in mind, there is a wide variation in how much food each child needs. For example, a two-year old may eat half a slice of bread, whereas a four-year old is more likely to eat a whole slice. Remember to let each child decide how much they want to eat.

Food Group	Ranges of serving size for children 1 to 5 years of age	Range of serving size for children 6 years of age and older
Vegetables and Fruit	<ul style="list-style-type: none"> ¼–1 whole fruit 30–125 ml (2 tbsp–½ cup) vegetables or fruit 60–250 ml (¼–1 cup) raw leafy vegetables 	<ul style="list-style-type: none"> 1 whole fruit 125 ml (½ cup) vegetables or fruit 250 ml (1 cup) raw leafy vegetables
Grain Products	<ul style="list-style-type: none"> ¼–1 slice bread ⅛–½ bagel, pita, bun, tortilla 30–125 ml (2 tbsp–½ cup) cooked pasta, quinoa, couscous, rice 7–30 g (¼–1 cup) cold cereal 60–175 ml (¼–¾ cup) hot cereal 	<ul style="list-style-type: none"> 1 slice bread 1 bagel, pita, bun, tortilla 125 ml (½ cup) cooked pasta, quinoa, couscous, rice 30 g (1 cup) cold cereal 175 ml (¾ cup) hot cereal
Milk and Alternatives (now known as protein foods in 2019 Canada's Food Guide)	<ul style="list-style-type: none"> 60–250 ml (¼–1 cup) milk or fortified soy beverage (if child is over 2 years) 60–175 ml (¼–¾ cup) yogurt 15–50 g (½–1½ oz) cheese 	<ul style="list-style-type: none"> 250 ml (1 cup) milk or fortified soy beverage 175 ml (¾ cup) yogurt 50 g (1½ ounce) cheese
Meat and Alternatives (now known as protein foods in 2019 Canada's Food Guide)	<ul style="list-style-type: none"> 20–75 g (2 tbsp–½ cup) cooked fish, poultry or lean meat 45–175 ml (3 tbsp–¾ cup) cooked legumes such as beans and lentils 45–175 ml (3 tbsp–¾ cup) tofu ½–2 eggs 	<ul style="list-style-type: none"> 75 g (½ cup) cooked fish, poultry or lean meat 175 ml (¾ cup) cooked legumes such as beans and lentils 175 ml (¾ cup) tofu 2 eggs

For additional information on child care nutrition visit york.ca/childcarenutrition

Canada's food guide was released in January 2019. More information about the types and amounts of food is expected to be released in the future by Health Canada.

The nutrition information included in this guide is based on the *Menu Planning and Supportive Nutrition Environments in Child Care Settings Practical Guide* (Practical Guide) from Ontario Dietitians in Public Health. The Practical Guide was released in 2017 and has categorized food based on the 2007 Canada's food guide. The Ministry of Education of Ontario is supportive of child care settings continuing to refer to the Practical Guide. Many changes in the 2019 food guide align with the Practical Guide, such as focusing on vegetables and fruit, whole grains and plant-based proteins.

Total amount of food to offer children in attendance for six to nine hours. For children in attendance for more than nine hours, plan an extra meal or snack depending on needs.

Food Group	Total amount to offer a child one year of age and older
Vegetables and Fruit	4 child size servings
Grain Products	2 child size servings
Milk and Alternatives (now known as protein foods in 2019 Canada's Food Guide)	2 child size servings
Meat and Alternatives (now known as protein foods in 2019 Canada's Food Guide)	1 child size serving

Amount of food to offer each child at meal time

Food Group	Number of servings to provide
Vegetables and Fruit such as cooked peas, green pepper rings and apple sauce	2 servings
Grain Products such as whole grain bread, cereal, pasta and rice	1 serving
Milk and Alternatives such as milk, expressed breastmilk and fortified soy beverage (now known as protein foods in 2019 Canada's Food Guide)	1 serving
Meat and Alternatives such as beef, chicken, egg and kidney beans (now known as protein foods in 2019 Canada's Food Guide)	1 serving

Snacks

Nutritious snacks, offered between meals, help provide the calories and nutrients children need to grow and stay healthy.

- Snacks should include choices from at least two food groups from *Canada's Food Guide*, one of which is always a vegetable or fruit. A serving of milk and alternatives should be offered at lunch and one of the snacks. The other snack should contain also a serving from the grain products
- Offer snacks about two and a half to three hours between meal times so that children are hungry enough to eat when food is served
- Drinking water must be available at all times



Menu planning

Planning nutritious meals and snacks that offer variety can be a challenge. A well-planned menu simplifies shopping and food preparation and gives parents/legal guardians some assurance their child is well looked after.

- Involve child care staff who will be cooking, preparing, serving or shopping for food, as well as parents/legal guardians in developing the menu
- Choose whole grains each day. Include a variety of grains like whole grain brown rice, whole grain pasta, quinoa and whole grain pitas and breads.
- Choose foods children can eat independently

Vegetables and Fruit

- Offer dark green vegetables such as broccoli, green peas and spinach each day. Dark green vegetables are important sources of folate
- Offer orange vegetables and fruit such as carrots, sweet potatoes, apricots, cantaloupe and mango each day. Orange vegetables and fruit are rich in carotenoids such as beta-carotene
- Frozen and canned vegetables and fruit can be healthy and convenient options. Choose unsweetened frozen fruit or fruit packed in juice, not syrup. Canned vegetables usually contain added salt. Choose low-sodium varieties or rinse and drain canned vegetables to lower the salt content
- Offer actual vegetables and fruit instead of juice. Both 100% juice and fruit flavoured drinks are not recommended in child care settings. Fruit-flavoured drinks are mostly sugar and water with some added flavours and do not provide the important nutrients children need to grow
- Buy fresh local vegetables and fruit when in season. See **Foodland Ontario Availability Guide** at ontario.ca/foodland/page/availability-guide

Grain Products

- Make at least half of the grain products on your menu with whole grain each day such as barley, brown rice, whole grain whole wheat bread and whole oats
- Choose cereals that have whole grain listed as the first ingredient. Look for cereals with eight grams or less of sugar per 30 gram serving

Milk and Alternatives

- Milk is still part of the 2019 Canada's food guide and is an important source of certain nutrients
- Serve breastmilk or 3.25% milk fat (M.F.) milk to children aged 12 to 24 months
- Lower-fat milk, such as 2%, 1% or skim, is not recommended for children under two years of age
- Serve 1% or 2% milk or fortified soy beverages to children over two years of age

Meat and Alternatives

- Serve meat alternatives such as beans, lentils and tofu often
- Offer at least one serving of fish each week. Choose fish that are low in mercury. Refer to york.ca/fishguide
- Deli meats, sausages or packaged meats are not recommended because they are high in fat and sodium

Foods and beverages not recommended for child care settings

- Hard margarines, coconut or palm oils
- Fruit flavoured drinks, juice and flavoured waters
- Pop, sports drinks and energy drinks
- Coffee and caffeinated tea-based drinks
- Ice cream treats and popsicles
- Flavoured gelatins
- Cake, cupcakes and doughnuts
- Toaster pastries
- Chocolate or yogurt-covered granola bars or granola bars that contain candy, chocolate or marshmallows
- Candy, chocolate and marshmallows
- Table cream, coffee cream, whipped cream, non-dairy whipped cream and creamers
- High fat, salty snacks such as potato chips, nacho chips, cheese puffs
- Deep-fried foods such as chicken nuggets, French fries, fish sticks, samosas, spring rolls
- Hot dogs, sausages and bacon such as regular side bacon, turkey bacon, chicken bacon
- Cured and deli meats such as salami, ham, pepperoni, bologna
- Instant noodle soups
- Fruit-flavoured candy, gummies, rolls or chews
- Food that has passed the “best before” date
- Home preserves or home canned foods **are prohibited**
- Unpasteurized apple ciders and juices **are prohibited**
- Unpasteurized milk **is prohibited**
- Sweetened spreads such as caramel, chocolate-nut, glazes and icing
- Processed and plant-based meat such as frozen prepared chicken nuggets or fingers, fish sticks, meat patties, vegetarian weiners

These items should only be offered in small amounts:

- Jams, jellies, marmalades, syrup, fruit butters, cream cheese
- Sauces, salsas, dips, gravy, condiments such as relish and mustard
- Soft margarine, vegetable oils such as olive, canola, soybean, butter, salad dressings, mayonnaise

Planning a cycle menu

- A cycle menu is a series of menus planned for a period of time, such as four weeks). The menu is different for each day during the cycle. After you serve the four-week menu, you have completed one cycle. The menus are then repeated in the same order
- Plan to have a different menu for winter and summer, and if possible, spring and fall, using a four-week cycle. Make the most of the colours and variety of vegetables and fruit available in season
- Post menus for the current and following weeks in a noticeable place for parents/legal guardians to see. Keep used menus for at least 30 days after the last day for which it is applicable



Instructions for planning a four-week menu for child care

1. First, plan a menu for one day.
Start with LUNCH
 - Select a meat or meat alternative such as fish, eggs, tofu, lentils, chicken, and beef. Cheese is NOT a meat alternative
 - Select a vegetable. Consider various forms and textures such as raw, cooked, grated, chopped, mashed, sliced, cubed, thin sticks
 - Select another vegetable or fruit
 - Select a grain product such as bread, cereal, rice, pasta. Try interesting grains like brown rice, quinoa, whole grain mini pitas and tortillas
 - Select breastmilk, (provided by the parent for their own child), milk or a milk alternative such as fortified soy beverage, cheese, yogurt
2. Then plan the two SNACKS for the first day. Each snack should include choices from two food groups, one of which is always a vegetable or fruit. Offer a serving of milk and alternatives at one of the snacks. Offer a serving of grain products at the other snack
3. Then use this one-day menu as a guide to build the other four days of the week. Simply substitute foods for others within the same food group to make a one week menu
4. Then develop four weekly menus. Make each of the days in the four weeks unique. Try not to repeat menu items in the four-week menu cycle

For a sample child menu, refer to *Sample Four-week Preschool Menu* at york.ca/childcarenutrition

Menu planning checklist

- There is a variety of food from the four food groups every day
- Finger foods or food which is easy to eat are included
- The food does not contribute to tooth decay
- There are foods with different colours, shapes, flavours, temperatures and textures
- There are new foods along with foods the children already like
- The foods and recipes reflect the cultural preferences of the children
- When possible, there are vegetables and fruits that are in season
- There is a variety of whole grain breads and cereals
- There is enough time and staff to prepare the food
- The menu is within budget

Nutrition guidelines for before and after school programs

Offer a variety of snack choices that help ensure children get the nutrients and energy they need and that will promote good dental health.

Healthy snacks

Each snack should include foods from at least **two food groups** from *Canada's Food Guide* with at least **one food guide serving from the Vegetables and Fruit** food group. Offer a serving of Milk and Alternatives at one of the snacks. Offer a serving of Grain Products at the other snack.

- Vegetables and Fruit and
- Grain Products and/or
- Milk and Alternatives and/or
- Meat and Alternatives

Examples of healthy snacks:

- Orange, cheese strings, water
- Banana, milk
- Apple, dry cereal, water
- Plum, whole wheat crackers, water
- Carrot sticks, yogurt, water

Choking prevention

Although any food can cause choking, some foods are considered to be more unsafe than others.

Foods that can cause choking in children younger than four years of age

High-risk foods	How to make the food safer
Whole grapes	Chop or cut into quarters
Hard vegetables such as raw carrots	Grate or cut into thin strips or cook to soften
Hard fruit such as raw apples	Grate or cut into thin strips or cook to soften
Fibrous or stringy foods such as celery, pineapple or oranges	Finely chop
Fruit with pits such as cherries and plums	Remove pits and cut into small pieces
Hot dogs or sausages (not recommended)	Avoid
Nut butters such as peanut butter	Thinly spread on crackers or toast
Whole peanuts, nuts, or seeds	Avoid
Fish with bones	Avoid
Popcorn	Avoid
Marshmallows	Avoid
Chewing gum	Avoid
Hard candies	Avoid
Snacks using toothpicks or skewers	Avoid

Tips to prevent choking

- Supervise babies and children while they are eating
- Make sure babies and children are sitting upright, not walking, talking, laughing, running or lying down when eating
- Give children time to eat slowly and carefully. Try not to rush a child

Nutri-eSTEP (Nutrition Screening Tool for Toddlers and Preschoolers)

Nutri-eSTEP is an online nutrition-risk screening questionnaire, where parents/legal guardians answer questions based on their toddler (aged 18 to 35 months) or preschooler (three to five years of age). Nutri-eSTEP is a fast and simple way for parents/legal guardians to find out if their toddler or preschooler is a healthy eater.

Nutri-eSTEP is available at nutritionscreen.ca. The online questionnaire has 17 short questions that ask parents/legal guardians about their child's eating and activity habits. The questionnaire takes less than 10 minutes to complete and parents/legal guardians will receive immediate personalized feedback.

Nutri-eSTEP will help parents/legal guardians:

- Find out what is going well for them and their child
- Get tips on how to improve eating and activity habits
- Link to trusted nutrition resources, tools and recipes

Child care providers can print and post the Nutri-eSTEP flyer at the child care setting or email it to families. The flyer can be found at dietitians.ca

For additional nutrition resources, see Nutrition for Child Care Centres at york.ca/childcarenutrition



Physical Literacy is the Gateway to Physical Activity

Young children should be active throughout the day for healthy growth and development, healthy weight, fitness, mental health and reduced risk for chronic diseases. Active kids become active adults.

According to the Canadian 24-hour Movement Guidelines:

Infants should engage in tummy time or interactive floor-based play for at least 30 minutes throughout the day. More is better.

Toddlers and Preschoolers should spend at least 180 minutes in a variety of physical activities at any intensity, including energetic play (at least 60 minutes for preschoolers), spread throughout the day. More is better.

Children should not be restrained for more than one hour at a time, nor sit for extended periods. Screen time is not recommended for infants and toddlers under age two, and no more than one hour per day for children aged two through four. Less is better.

Children who are not active likely do not have the confidence to engage in physical activity because they lack physical literacy.

Physical literacy is the motivation, confidence, physical competence, knowledge and understanding to value and take responsibility for engagement in physical activities for life (Canada's Physical Literacy Consensus Statement, 2015). It is the development of fundamental movement skills, such as throwing, catching, hopping, swimming, etc., that allows individuals to move with awareness and confidence in a wide variety of activities and settings. Children who are physically literate are more likely to be active for life.

Child care settings are great places to provide opportunities for the development of fundamental movement skills in children. Child care settings and staff should:

- Integrate a variety of fundamental movement skills into daily programming
- Be aware of children's growth and development, and encourage age-appropriate physical activities
- Be good role models – children learn from observing people around them
- Encourage and support children to explore their environment, physical limits and boundaries – with reasonable effort made to remove known hazards
- Engage children in active outdoor play, such as jumping in puddles or building a fort
- Share physical literacy information with parents so they can be active with their children at home

For more information on physical activity and physical literacy, visit york.ca/physicalactivity



Dental Safety

Dental injuries are permanent, painful, and costly to repair financially and emotionally. Creating a safe environment for children to play and learn in is important but prevention is the key.

Rules for tooth safety

Children should be encouraged to:

- Avoid placing sharp objects in their mouths
- Not push or shove, especially around stairs and water fountains
- Wear mouth guards when playing sports

Dental emergencies

Unfortunately, accidents and emergencies can happen. Knowing what to do in the event of a dental emergency can mean the difference between saving and losing a tooth. Gloves should be worn if there is a risk of exposure to blood or body fluids during a dental emergency.

Issue	What To Do
Toothache	Rinse the mouth vigorously with warm water to clean out any bits and pieces. Use dental floss to remove any food that might be trapped. If swelling is present, place cold compresses to the outside of the cheek. Do not use heat. Do not place aspirin on tooth or gum tissue of aching tooth. Call the child's parent/legal guardian and ensure the child is seen by a dentist immediately.
Knocked-out tooth	Pick up the tooth by the top only (not by the root) and place tooth in milk, saline, saliva or water. Do not clean the tooth. Call the child's parent/legal guardian and ensure the child is seen by a dentist immediately. The tooth must be taken to the dental appointment.
Broken or bumped tooth	Try to clean dirt or debris from injured area with warm water. Check for broken tooth fragments in lip and cheeks. Place cold compresses on the face next to the injured tooth to minimize swelling. Call the child's parent/legal guardian and ensure the child is seen by a dentist immediately.
Bitten tongue or lip	Apply direct pressure to the bleeding area with a clean cloth. If swelling is present, apply cold compresses. If bleeding does not stop readily or the bite is severe, call the child's parent/legal guardian and ensure the child is taken to the hospital emergency room.
Object wedged between teeth	Try to remove the object with dental floss. Guide the floss in carefully so as not to cut the gums. Do not try to remove with sharp or pointed objects. If unsuccessful, call the child's parent/legal guardian and ensure the child is seen by a dentist immediately.
Possible fractured jaw	Call the child's parent/legal guardian and ensure the child is taken to the hospital emergency room.

GLOSSARY, RESOURCES AND REFERENCES

Protecting and Promoting Health in Child Care

Glossary

Alcohol-Based Hand Rub (ABHR)

A liquid, gel or foam formulation of alcohol which is used to reduce the number of micro-organisms on hands when the hands are not visibly soiled.

Allergen

A substance, such as pollen or a food, that causes an allergy.

Allergy

An abnormally high sensitivity to certain substances, such as pollens, foods or micro-organisms. Common symptoms of an allergy may include sneezing, itching and skin rashes.

Bacteria

Plural of bacterium. Any of a group of single-celled micro-organisms that live in soil, water, the bodies of plants and animals, or matter obtained from living things. They are important because of their chemical effects and disease-causing abilities.

Body Fluid

Human body fluids include blood, saliva, mucous, stool and urine.



Cleaning

The physical removal of foreign material, such as dust and soil, and organic material, blood, secretions, excretions and micro-organisms, accomplished with water, detergents and mechanical action.

Communicable

Capable of being transmitted or carried from one person or item to another.

Communicable Disease

An illness caused by pathogens that are transmitted from an infected person or animal.

Contact Time

The defined time that surfaces are exposed to a chemical to achieve the appropriate level of disinfection and to kill pathogens. For most disinfectants, the surface should remain wet for the required contact time.

Contamination

The unintended presence of “foreign” materials (e.g. pathogens or allergens) on hands or on a surface, such as clothes, beddings, toys, or other inanimate objects or substances including water, milk, and food.

Cross-Contamination

The transfer of micro-organisms from a contaminated source to a non-contaminated source.

Detergent

A synthetic cleansing agent that breaks down oil and soil.

Disinfectants

Products used for the process of disinfecting. They are applied to inanimate surfaces or objects, for example, work surfaces, diaper change tables, toys, potty chairs, and toilet seats, to kill most pathogens.

Disinfecting

The process of destroying most pathogens on objects or surfaces, using high temperatures or chemical solutions.

“Everyday Use” Disinfection Level (Non-outbreak)

The disinfection level to be used on a daily basis to disinfect toys, equipment and surfaces (e.g., doorknobs, chairs, tables, telephones, toys, sink faucet handles, shared play equipment, vinyl mattress covers, floor mats, and diaper change stations). This level of disinfection can be used to clean up minor amounts of blood/body fluid (drops of fluid).

Hand Hygiene

The removal or killing of pathogens on the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub.

Handwashing

The physical action of removing dirt and micro-organisms from the hands using soap and water by scrubbing for at least 15 seconds; then rinsing and drying with paper towels.

Infection

The entry and multiplication of an infectious pathogen in a susceptible person.

Integrated Pest Management (IPM)

A broad based approach to pest control that emphasizes prevention for the effective, economical and environmentally-sound suppression of pests.

Infection Prevention and Control

Evidence-based practices and procedures that, when applied, consistently prevent or reduce the transmission and spread of pathogens.

Micro-organisms

Micro-organisms, commonly referred to as germs, are organisms that are too small to be seen with the naked eye. They are found in food, water, animals, air and soil. Viruses, bacteria, mould, and parasites are types of micro-organisms.

Multi-use Items

Items meant to be used more than once. They must be cleaned and disinfected after each use.

Outbreak (Enteric)

An enteric outbreak may occur when there are two or more related (e.g., same room, same age group) children or staff with similar signs and symptoms of enteric infection occurring within 48 hours in the facility, OR two or more laboratory-confirmed cases, OR when the number of ill staff/children exceeds what is normal in the child care setting or school within a short period of time.

“Outbreak Situation” Disinfection Level

This disinfection level is to be used in an outbreak. It must also be used to clean up major blood/body fluid spills OR when there is a confirmed viral or bacterial infection (non-outbreak situation) present in the child care setting.

Pathogens

Micro-organisms that cause disease in humans.

Personal Protective Equipment (PPE)

Refers to protective clothing or equipment (e.g., gloves, gowns, eye protection and masks) that are used to prevent transmission of pathogens from children to child care staff by placing a barrier between the source of infection and the staff.

Provincial Legislation

Acts and regulations passed by the provincial government that outline legal requirements that must be followed.

Single-use (Disposable) Items

Items that are designed to be used once and then discarded, as they cannot be adequately cleaned and disinfected.

Surveillance

The systematic, on-going collection and analysis of signs and symptoms of infectious disease.



Resources

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York Region Public Health. *General Information on Immunization*. Available from york.ca/immunization

The Influenza Vaccine

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A Smoke-Free Environment

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