Child Care Health Resource
Part II: Healthy Child

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Introduction

This manual is a resource for people who care for children in licensed child care programs. It includes recommendations and general guidelines to maintain a safe and healthy environment for young children as well as various legal requirements. Relevant legislation that applies to licensed child care programs are listed below.

We recognize that some of the information in this resource may be familiar to you. However, in order to maintain the comprehensiveness of the resource, we have maintained the overall scope of this resource. We have opted for 'user friendly' language where possible. This resource is periodically reviewed and updated; and is as current as the date of publication.

Please note that this manual is divided into two sections:

- **Part I** – Child Care Health Resource Manual: Immunization, Healthy Environments and Communicable Disease
- **Part II** – Child Care Health Resource Manual: Healthy Child

The reference section includes telephone numbers & web addresses, if available, of the agencies, groups and websites mentioned within the text.

Relevant Legislation

There are a number of legal requirements related to the operations of child care settings. Legislation includes:

- *The Child Care and Early Years Act and Regulations*
- *The Hazardous Products Act*
- *The Health Protection and Promotion Act and Regulations*
- *The Ontario Building Code and Regulations*
- *The Ontario Fire Code*
- *Smoke-Free Ontario Act*
- *The Safe Drinking Water Act*
- *The Ontario Food Premises Regulation*
- *Halton Region Dinewise By-Law No. 90-09*

Acknowledgements

This *Halton Region: Child Care Health Resource* is a joint project of Halton Region Health Department and the Children's Services Division of the Halton Region Community and Social Services Department. It was originally published in 1996.

Portions of the original Child Care Health Resource were adapted from materials included in the *Thunder Bay District Health Unit Day Care Manual* and the *Regional Niagara Health Services Department Guidelines for Child Care Centres*. We thank these health units for generously sharing their resources.
Growing and Changing

The first six years of life are a critical time in a child’s growth and development. This is a time when parts of the brain that control how a child listens, sees, talks, moves, and expresses emotions are formed. Healthy eating, being active, getting enough sleep and staying safe optimizes healthy child development.

Early experiences in the first few years of life also help to shape a child’s social-emotional well-being. These early experiences provide the foundation for how children learn, think, feel and behave as they transition into adulthood.

**How Does Learning Happen? (HDLH) Ontario’s Pedagogy for the Early Years** is a research based resource developed for educators who work in child care and family programs.

HDLH focuses on relationships and the four foundations of learning: Well-being, Expression, Engagement and Belonging. This pedagogy is to be embedded in all aspects of programs for young children and the document can be used to support your work with colleagues, parents and children.

Developmental Assets

“Developmental Assets is what Halton professionals strive to provide and instill. They are the positive experiences and personal qualities that children and youth need to grow up to be healthy, caring, responsible and productive adults. Learn more about why it works and why OKN adopted it as its framework for positive child and youth development.


**Social-Emotional Development in the Early Years: A Common Message Paper (2nd Ed.)** is a resource for practitioners working with families during the prenatal period and/or with children from birth to six years.

It provides:

- A list of evidence informed common messages related to healthy social and emotional development of infant/young children
- Support and information related to each message
- Resources and links for further learning

The resource can be found at: [https://www.ourkidsnetwork.ca/Public/Home.aspx](https://www.ourkidsnetwork.ca/Public/Home.aspx)
HALTON EARLY YEARS MENTAL HEALTH TOOLKIT

8 Areas of Focus
For Healthy Social-Emotional Development of Infants/Young Children

Brain Development & the Environment

Nurturing environments help to shape the developing brain.

The foundation for healthy brain development starts prenatally and is influenced by genes, experiences and the child's environment. Positive caring relationships and healthy, stimulating environments help to shape the developing brain and influence gene expression with positive outcomes seen through to adulthood.

Stress & Brain Development

Toxic stress interferes with healthy brain development.

Stress is a normal part of healthy development. However, toxic stress in childhood has the potential to interfere with healthy brain development. Supportive and caring relationships help to buffer the effects of stress for children.

Executive Function & Self-regulation

Executive function and self-regulation are a child’s ‘air traffic’ control systems.

Executive function and self-regulation help children to manage emotions, control impulses, plan and prioritize, stay on task, problem solve and master new skills such as numeracy and literacy skills. A child’s capacity to develop these ‘systems’ is dependent upon caregivers who can model these skills within safe and supportive environments.

Temperament

A child’s ‘temperament’ can change over time.

A child’s emerging dispositions such as their activity level, emotional expression, attention and self-regulation are the result of complex interactions between genes, biology and environmental factors. It is important for caregivers to understand their child’s natural strengths and adopt caregiving strategies that build on those strengths so they can thrive in different environments.
Resiliency

Resilience in infants/young children is fostered through healthy relationships, supportive communities and the prevention of adversity.

Resilience is not a ‘fixed trait’; it can be promoted, strengthened and compromised throughout the lifespan. A person’s ability to remain resilient in the face of adversity is dependent upon the presence of protective factors within themselves, their relationships and the society in which they live.

Positive Caring Relationships

Positive, caring relationships in the early years are the ‘building blocks’ for a child’s social-emotional development.

In the early years, responsive adult relationships affect brain architecture through reciprocal serve and return interactions. Warm and responsive caregivers lead to greater social competence, fewer behavioural problems and enhanced thinking and reasoning in a young child.

Attachment

Consistent and responsive caregiving fosters secure attachment in infants/young children and sets the stage for healthy child development.

An infant/child who is securely attached to their caregiver(s) feels safe, secure, and confident, promoting their exploration of the environment and ability to take on new challenges and experiences necessary for healthy development.

Play

Play is the work of children. Learning happens through play.

Play positively supports children’s social-emotional, fine motor, gross motor, cognitive, language and literacy skills. Play has an essential role in building children’s resilience across adaptive systems; pleasure, emotion regulation, stress response systems, peer and place attachments, learning and creativity. Integrating play into everyday moments fosters critical skills for learning.

For more detailed information go to Social-Emotional Development in the Early Years: A Common Message Paper (2nd Ed.), published by the Halton Early Years Mental Health Committee (EYMHC) to provide professionals with common messages on early social-emotional development.

Our Kids Network (OKN) and EYMHC work in partnership to manage the Early Years Mental Health Toolkit at ourkidsnetwork.ca.
A Closer Look at Child Development

How well a child is growing is not just a measure of their height and weight but takes into consideration all areas of development, such as the following skills and abilities:

- **Large-motor skills** (i.e. coordination of large muscles such as those used when running and jumping)
- **Fine-motor skills** (i.e. coordination of small muscles such as those used when holding a pencil or using a fork to eat)
- **Speech and language skills** (i.e. use of words and forming sentences)
- **Emotional skills** (i.e. how they communicate needs and/or feelings)
- **Thinking/learning** (i.e. how they problem solve such as doing puzzles)
- **Social skills** (i.e. how they interact with others)
- **Self-help skills** (i.e. how they become independent such as getting dressed by themselves)

Key points about children’s development:

- Development occurs on a continuum and usually follows a sequence.
- Earlier skills are typically mastered before more complex skills are learned.
- Children develop at their own rate. For example, a child may take a long time to master a new skill or may develop quickly, even skipping over skills in an expected sequence.
- All areas of development are interconnected. For example, learning to talk involves many skills that include motor, social, emotional and thinking skills.
- Delays in a child’s development that are not addressed can lead to behavioural and/or social-emotional concerns.

Through careful observation, assessment and communication with the child’s family, caregivers can:

- Learn about the unique needs of each of the children in their care.
- Plan activities that support healthy child development.
- Identity and respond early when concerns about a child’s development are noted.
- Support a child in staying on track with their development.
- Improve key skills to support learning.

The F-words framework developed from CanChild is a practical tool that can be used to observe and assess how a child functions in their world.

It focuses on six key areas of child development, recognizing that no one area is more important than another. Caregivers are encouraged to adopt this way of thinking and apply these concepts in their work with children and their families.

**Function**

Function refers to what people do; their role, job, or task. For children, their job is to learn by exploring and playing in their environment. How children first do things is not important as each child will learn to do things in their own way and their skills will develop over time. Through play and daily routines children will become more independent and effective at interacting with people and their surroundings.
Family
Family represents the essential environment of all children as it is the most intimate context for nurturing and protection as they develop their personalities and mature physically, cognitively, emotionally, and socially. The child must have a caregiver who is available, warm and responsive, reliable, and able to set appropriate rules and boundaries so they feel cared for and safe. Families equip children with the skills and resources to succeed as adults while also passing on basic cultural values.

Fitness
Children need to be active every day and engage in a variety of activities indoors and outdoors that move their bodies. Physical activity in childhood is essential for a healthy brain and body and leads to improved: early brain development, self-esteem, heart, lung, muscle and bone strength, physical coordination, flexibility, balance, sleep and eating habits and overall mental well-being.

Fun
Children show a wide variety of emotions and will have regular moments of observable joy and happiness especially during play. They enjoy different activities and different types of toys and display shared enjoyment when engaging with friends and caregivers.

Friends
Social development is a fundamental part of growing up. Children learn as much from interacting with other children as they do from interacting with family members and other caregivers. Encouraging, empowering and enhancing opportunities to develop and nurture meaningful peer connections is essential.

Future
Future refers to parents and children’s expectations and dreams for their future.

A comprehensive toolkit that will help providers working with young children identify concerns with a child’s development and support them in identifying where to go for help will be available soon at https://thrc.ca/.

Looksee Checklist
The Looksee Checklist (formally known as the Nipissing District Developmental Screen™ or NDDS) is an easy-to-use, one-page developmental tool to be completed by a parent or professional that follows a child from 1 month to 6 years of age.

The areas of development covered by the screen include:

- Learning and Thinking
- Communication
- Gross and fine motor
- Social/emotional
- Self-help skills

There are 13 screens that coincide with immunization schedules as well as key developmental stages from one month to six years of age. If a child falls between two ages,
use the earlier screen (e.g. for a four and a half year old child use the four year old checklist).

All 13 screens are available free of charge by:

- Calling 311
- Ordering online for mail delivery (for Halton residents only) at: Request Look See checklist
- Accessing the Looksee website: https://lookseechecklist.com/en/

The Looksee is a simple checklist asking for yes or no answers. Each screen includes key skills most children should have mastered at the age noted on each screen. A child may benefit from extra help if you and/or a parent have checked one or more "No" responses.

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**Don't take a ‘Wait and See’ approach. Early identification can lead to early intervention.**

Children benefit when multiple strategies as used to screen for children’s development:

- **Many eyes** – engage multiple assessors such as healthcare providers, parents, child care providers etc.
- **Many interactions** – observe the infant/child with different people in different contexts, inclusive of the parent-child relationship.
- **Many times** – development is dynamic in nature therefore routine screening and assessments should be repeated throughout early childhood.
- **Many domains** – Include screening of cognition, fine/gross motor, communication as well as social emotional development as they are interrelated and interdependent processes.
- **Many measures** – use a variety of validated, reliable screening and assessment instruments such as: ASQ: SE-2™, Looksee checklist®(formerly NDDS) and/or any other validated, reliable screening tool.

Undetected hearing and/or vision loss can cause delays in a child’s development and can lead to behavioural and/or emotional problems. Learn more about:

- Comprehensive eye exams are free under OHIP for those 19 years and younger.
- To schedule an eye exam, families can contact a doctor or optometrist.
- The Ontario Ministry of Children and Youth hearing screening programs: http://www.children.gov.on.ca/htdocs/English/topics/earlychildhood/hearing/index.aspx
- Ontario Association of Optometrists Eye see Eye Learn program: http://www.optom.on.ca/OAO/ESEL/aboutESEL.aspx
The 18 month Enhanced Well-Baby Visit

Eighteen months is a key milestone in a child's development and a visit to a healthcare provider at this time is especially important. Many skills such as speech and language are starting to emerge. When a child is approximately 16 months, parents should receive a package from Halton Region which includes the 15 and 18 month Looksee checklist and information on the 18 month enhanced well-baby visit. If you have a child of this age in your care and families have not received this package, please encourage them to contact Halton Region by calling 311.

When concerns about a child’s development are identified

Occasionally a child’s special needs may start to show/develop while he/she is in your care. If you are concerned about a child and the parent(s) or guardian(s) are receptive to seeking help:

- Encourage them to call Halton Region at 311 for further assessment.
- Consult with Halton Region. We can provide you with information and resources to support the children in your care.

If parent(s) or guardian(s) is/are not comfortable with accessing support right away, you can connect them to an ASK clinic.

ASK Clinic (formally known as DEIPP)

What is ASK?

ASK is designed for families with preschool children who live in the Halton Community. The purpose of ASK is to provide a quick 15 minute consultation for parents who have questions about their child’s development. If it is evident to a parent or professional that there are existing developmental concerns ASK is not appropriate. Instead, a referral for a full assessment should be made directly to the appropriate services. For example: speech, hearing and/or developmental organizations.

What does ASK offer?

ASK offers consultations with professionals from community agencies in the following areas:

**Speech**
A Speech Language Pathologist will briefly screen the child in the area of speech and language.

**Hearing**
A consultant will conduct a brief hearing screen. For infant hearing call ErinoakKids

**Behaviour**
A Consultant will briefly discuss concerns and answer questions regarding parenting and the child's behaviour.

**Development**
A Consultant will talk about concerns and will answer questions about the child’s overall development.
A Public Health Nurse will also be available at the clinics to provide information on nutrition, safety, immunization, parenting, and answer questions on a variety of topics.

How Halton Region can help:

Where educators have checked 0 or 1 “No’s” on the Looksee but have questions or concerns about the child’s health or development, they can call 311 to speak with Halton Region staff about these concerns.

Calls will be directed to Public Health Nurses (PHNs) who will assess the situation, answer questions and provide advice regarding activities that support the development of skills in specific areas. If concerns require further follow-up, PHNs will link the caller to appropriate programs and/or services.

Where educators have checked 2 or more “No’s” on the Looksee, they can call 311 to speak with Halton Region staff about their concerns.

Calls will be directed to Children’s Services Intake (CSI) who will assess the situation, answer questions, provide advice to support development in the specific area of concern and complete an intake for the appropriate service(s) for the child. If there is more than one area of concern, CSI may refer to multiple agencies.

Support for families

Visit Halton.ca/haltonparents to find out more about community services available to children and families and to access resources for parents.
Separation Anxiety

Healthy child development occurs in the context of trusting and secure relationships. Parents and/or guardians set the foundation for early learning by providing an environment that is warm, nurturing and encourages trust. Child care providers are in a wonderful position to continue to foster a child’s sense of trust and security by helping them feel confident in their ability to explore their new environment, build on their skills, and develop a sense of competence so that they feel good about themselves and enjoy learning.

However, a child may have difficulty separating from their parent and/or guardian when they first start attending your centre. You can support children during this transition by encouraging parents/guardians to:

- **Practise.** Practise being apart from each other, and introduce new people and places gradually. Visit the centre with their child for one or two days before having their child stay there alone.
- **Prepare their child ahead of time.** Read stories to their child about saying goodbye such as Owl Babies by Martin Waddell.
- **Be calm and consistent.** Parents need to convey trust in their child care provider and confidence in their child’s ability to separate through their actions, tone of voice, and facial expression.
- **Tell their child what to expect.** ‘You’ll have circle time, then have snack, play outside on the playground and then Mommy comes back!’
- **Help their child settle.** Set their child up in an activity before they leave.
- **Have a goodbye routine.** Establish a goodbye ritual that is pleasant and consistent, yet firm.
- **Maintain the parent-child connection.** Help the child choose a transitional object to comfort them such as a family picture, a special doll, or a favorite blanket. Have parents share ideas about what they will do when they are back together again at the end of the day.
- **Maintain communication with their child care provider.** Encourage regular check-ins by phone or email to learn how their child is doing. For children having a difficult time adjusting, keeping a daily journal of events that happen throughout the day and/or at home may give valuable clues as to how to better support the child.
- **Acknowledge their child.** At the end of the day acknowledge their child’s feelings and congratulate them for being brave and managing so well in their absence.
- **Be patient.** A child’s unwillingness to leave their caregiver is a good sign that healthy attachments have developed between them. With patience and support, the child will also discover that their parents/guardian will always return after they leave and in the process will develop healthy coping skills and a little independence.
Children with Special Needs

Your child care centre will have children at differing levels of abilities. Children with special needs are children who have developmental delays, or are at risk of future developmental delays. Risk of future developmental delays may be due to prematurity, difficult delivery, illness in the early days of life, or other medical problems. Delays can be in one or more of the following areas of development:

- Gross motor
- Fine motor
- Cognitive
- Self-help
- Social/emotional/behavioral
- Receptive or expressive language

All children have the potential to learn and acquire skills essential to their self-esteem, growth and development in a safe and stimulating setting. Early detection of developmental delays by families and caregivers makes early intervention possible, allowing children the opportunities to meet their potential.

Families may need assistance to access services and skilled staff. There are many agencies and organizations in Halton that provide support for children with special needs, including financial assistance, educational and recreational programs, assistance with behavioural issues, in-home and in child care developmental support, respite and transportation.

Halton iParent identifies services available for children with developmental delays. For more information about supports available for children with special needs, please contact Halton Region by calling 311.

Toilet Learning

Learning to toilet is part of a child's natural development. While some children are ready to start as early as 18 months, most will start between the ages of two and four years.¹

Signs that a child is ready to start using the toilet are:

- The child remains dry for at least two hours at a time during the day or is dry after naps.
- The child's bowel movements become regular and predictable.
- The child lets you know through facial expression, posture or words that urination or a bowel movement is about to occur.
- The child can follow simple, verbal instructions.
- The child can walk to and from the bathroom, pull down pants, and pull them up again.

¹ Extracted from Canadian Pediatric Society: Well Beings, A Guide to Health in Child Care 2008
• The child becomes uncomfortable with soiled diapers and wants to be changed.
• The child asks to use the toilet or potty chair.
• The child asks to wear grown up underwear.

(A child need not show all of these signs to be ready)

Parents and caregivers need to discuss what words they will use and routines they will follow at home and in child care. Encouragement and verbal praise from adults encourages children to continue the learning process. At times, a child who has learned to use the toilet goes back to diapers, possibly due to stress factors, such as a new baby in the family. A child should never be forced to use the toilet – this can lead to a power struggle and more problems in the future.¹

**Building Relationships and Guiding Children’s Behaviour**

Children develop a sense of belonging through feeling connected and valued, by building relationships and making connections with others. Supporting children through challenging behaviour is important to the relationship with the child. A plan needs to be developed to support the child who is struggling. We need to understand and determine what is challenging behaviour and what are the reasons/function behind the behaviour and why it occurs.

According to Meeting the Challenge from the Canadian Child Care Federation, challenging behaviour is defined as any behaviour that:

• Interferes with children’s learning, development and success at play.
• Is harmful to the child, other children or adults.
• Puts a child at high risk for later social problems or school failure.

Meeting the Challenge also states that challenging behaviour typically occurs for three reasons:

1. The child is looking for something.
2. The child is trying to avoid something.
3. The child is trying to change the level of stimulation in their environment.

In order to identify the reason for a behaviour we need to start by observing the child. One way to do your observations is to look for the **ABC functions** of behaviour:

“**A**” stands for Antecedent. This requires the educator to look at what happened prior to the behaviour. This might be demands, requests, transitions, peer or educator interactions.

“**B**” refers to the Behaviour. It’s important the observer clearly describes what happened using objective language for the situation, i.e. Alyssa took Tyler’s block, Tyler bit Alyssa.

“**C**” looks at the Consequence. What did the educator do to help the child work through the situation? Did the educator inadvertently reinforce the behaviour e.g. give a treat to Tyler who is now crying after biting Alyssa.

Through these observations and conversations the team can determine what is triggering the child’s behaviour and a plan can be developed to support the child.
Behaviour Guidance Strategies

Prevention:
- Create an inviting, play-based learning environment.
- Establish clear, consistent limits.
- State limits and expectations in a clear and positive way.
- Allow time for children to respond to expectations.
- Offer straight-forward or simple explanations.
- Reinforce positive behaviour.
- Ignore minor incidents.
- Encourage children to use you as a resource.

Intervention:
- Gain child's attention respectfully.
- Use proximity, stay close to the child to help guide positive behaviour.
- Use simple reminders.
- Acknowledge feelings.
- Distract, divert attention or redirect to a more positive activity.
- Model problem-solving skills.
- Offer two or three appropriate choices.
- Use natural and logical consequences.
- Be consistent, fair and firm.
- Provide opportunities for children to make amends and take responsibility

Often, you will have to use several strategies together to respond to children's behaviour. No one strategy is effective with every child or in every situation.

If parents or caregivers are seeking more information on health or parenting please contact Halton Region at 311.

If classroom support is needed, call centralizedintake@thrc.ca or call 905-875-4600 ext. 133
Sexuality

Children are continually learning and as part of their normal, healthy development they will often be curious and ask questions related to sexuality. The following tables can help you and your teams determine developmentally appropriate practice.

Matching Children’s Sexuality Development With Best Teaching Practices

Infants and Toddlers

<table>
<thead>
<tr>
<th>Developmental Expectations</th>
<th>Recommended Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explore body parts, including genitals</td>
<td>Adults express healthy, accepting attitudes about children’s bodies</td>
</tr>
<tr>
<td>Develop positive or negative attitude about own body</td>
<td>Adults are attentive to infants during routines such as diaper changing and explain what is happening; caregivers consistently respond to infants to keep them comfortable so they learn security</td>
</tr>
<tr>
<td>Experience genital pleasure</td>
<td>Adults express healthy, accepting attitudes about children’s body functions</td>
</tr>
<tr>
<td>Encouragement to develop male or female identity</td>
<td>Adults praise accomplishments and help children to feel competent; parents are primary source of affection and care</td>
</tr>
<tr>
<td>Learn expected gender behaviours</td>
<td>Adults respect children’s developing preferences as a healthy indicator of self-esteem; caregivers plan for active and quiet play for all children</td>
</tr>
</tbody>
</table>

Preschoolers

<table>
<thead>
<tr>
<th>Developmental Expectations</th>
<th>Recommended Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aware of and curious about gender and body differences</td>
<td>Adults use children’s natural curiosity to make sense of their world</td>
</tr>
<tr>
<td>Masturbate unless taught not to</td>
<td>Adults facilitate the development of self-control, use redirection, and have expectations which match child’s developing capabilities</td>
</tr>
<tr>
<td>Engage in various forms of sex play</td>
<td>Adults use redirection and have age-appropriate expectations of child’s behaviour; interactions are designed to promote positive self-esteem; adults design the play environment so supervision of children is possible at all times</td>
</tr>
<tr>
<td>Establish firm belief that they are either male or female</td>
<td>Adults facilitate opportunities to develop positive social skills; adults provide opportunities for children to gain understanding about themselves through observing and interacting with others</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Enjoy bathroom humour</td>
<td>Adults use positive guidance techniques and have expectations which match child’s development</td>
</tr>
<tr>
<td>Repeat curse words</td>
<td>Adults facilitate the development of self-control in children by using positive guidance such as modeling appropriate language</td>
</tr>
<tr>
<td>Curious about where they came from</td>
<td>Adults use children’s natural curiosity to make sense of their world; adults help children to understand themselves through interacting with other people</td>
</tr>
</tbody>
</table>

### Kindergarten and Primary Children

<table>
<thead>
<tr>
<th>Developmental Expectations</th>
<th>Recommended Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue sex play and masturbation</td>
<td>Adults promote self-control through problem solving and redirection; adults try to prevent over stimulation and under stimulation based on child’s development; adults change activity centers frequently so children have new things to do</td>
</tr>
<tr>
<td>Curiosity about pregnancy and birth</td>
<td>Adults build on children’s internal motivation to make sense of the world; teachers and parents are partners in the educational process</td>
</tr>
<tr>
<td>Strong same-sex friendships</td>
<td>Adults facilitate the development of social skills at all times; adults ensure time spent with close friends; adults model and expect acceptance and appreciation of differences and similarities</td>
</tr>
<tr>
<td>Strong interest in stereotyped gender roles</td>
<td>Adults plan and implement activities and materials to enrich the lives of children</td>
</tr>
<tr>
<td>Have a basic sexual orientation</td>
<td>Adults view each child as a unique person; adults facilitate positive self-esteem</td>
</tr>
<tr>
<td>Choose gender-stereotypical activities</td>
<td>Adults provide a variety of activity choices, with children helping to select some topics; adults guide child’s involvement in projects by extending their ideas and challenging their thinking</td>
</tr>
<tr>
<td>Tease and call names</td>
<td>Adults promote pro-social behaviour and facilitate the development of social skills; adults set clear limits and involve children in establishing rules for the classroom or the home</td>
</tr>
</tbody>
</table>
Abuse Prevention

Abuse prevention and detection are important components of child safety.

Often it is the child who discloses the abuse. When this happens, it is important to respond appropriately to the child's disclosure. Respond by saying:

"I believe you."
"I'm sorry it happened to you."
"I'm glad you told me."
"It's not your fault."
"We can get help."

Other times, suspicions of abuse or neglect arise from the child care provider's observations. Indicators of child abuse (physical and sexual) and neglect are listed at the end of this section.

Legal Responsibilities of Adults

By law, "every person who has reasonable grounds to suspect, in the course of the person's professional or official duties that a child has suffered or is suffering from abuse that may have been caused or permitted by a person who has or has had charge of the child shall forthwith report the suspected abuse to the Children's Aid Society."

The law imposes penalties on people who fail to report abuse or suspected abuse. If you would like to know more about reporting child abuse and your duty, please call the Program Support Services Team at Halton Region to see when the next session is being held for "Duty to Report". Call 905-875-4600 ext. 133 or email: centralizedintake@thrc.ca

Reporting Abuse

Reporting abuse is stressful, but knowing how to report removes some of the stress. Halton Children’s Aid Society encourages you to call and give them an overview of the suspected abuse. Intake social workers will guide you through the process of reporting in cases of abuse and/or suspected abuse. Call the Children's Aid Society 905-333-4441 or 1-800-465-2145.

Following a report to Children's Aid, be prepared that the family may be upset, angry and even hostile. You can support the family by:

- Avoiding blame
- Being non-judgmental
- Demonstrating empathy and listening
- Using helpful phrases like "I know you're upset", "It's OK to be angry", "I'm here to help", "I care."
A family may need ongoing support to deal with the abuse. In addition to the Children's Aid Society, there are a number of community agencies and organizations that can provide support. Family service and counseling agencies can be accessed through local community information centres whose numbers are included at the end of this document in the Services and Agencies chapter.

**Indicators of Child Abuse and Neglect**

**Physical Abuse**

<table>
<thead>
<tr>
<th>Child’s Appearance</th>
<th>Child’s Behaviour</th>
</tr>
</thead>
</table>
| • Bruises and welts  
  • in various stages of healing  
  • on the face, lips, or mouth  
  • on large areas of the torso, back, buttocks, or thighs  
  • in unusual patterns - clustered or reflective of the instrument used to inflict them, e.g., belt buckle, cord  
  • on several different areas of the body especially multiple bruising on both arms  
  • Human bite marks  
  • Burns  
  • cigar or cigarette burns  
  • glove or sock-like burns  
  • doughnut shaped burns on the buttocks or genitalia indicative of immersion in hot liquid  
  • rope burns on the arms, legs, neck or torso  
  • patterned burns that show the shape of the item used to inflict them  
  • Cuts and scrapes  
  • to the mouth, lips, gums, or eye  
  • to the external genitalia  
  • Glassy and white eye (A shaken retina separates)  
  • Head injuries  
  • absence of hair due to pulling  
  • bleeding  
  • Fractures  
  • any fracture in a child under the age of two  
  • skull, jaw, or nose fractures  
  • multiple fractures  
  • fractures in various stages of healing  
  • spiral fractures of the long (arm and leg) bones | • Wary of physical contact with adults  
• Seems frightened of parents  
• Fearful of adults, not trusting*  
• Apprehensive when other children cry  
• Demonstrates extremes in behaviour (e.g., extreme aggressiveness or withdrawal)  
• Seems uptight, anxious*  
• Short attention span*  
• Seems sad, unhappy and has poor self-esteem*  
• Evidence of developmental lags*  
• Frequently absent - returns with healing signs of abuse  
• Takes caretaking role of parent or adult in family  
• Reports injury by parents  
• Poor social relationships with peers* |

*These may be due to reasons other than abuse, e.g. attention deficit disorder or developmental delay.
Neglect

<table>
<thead>
<tr>
<th>Child's Appearance</th>
<th>Child's Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Failure to thrive due to problems in the home, for example, alcohol problems,</td>
<td>• Consistently hungry. Begs or steals food.</td>
</tr>
<tr>
<td>financial problems, promiscuity, illness, etc. (There are no medical reasons</td>
<td>• Consistently dirty, unwashed or inappropriately dressed for weather conditions</td>
</tr>
<tr>
<td>found for the failure to thrive.)</td>
<td>• Injuries are inappropriately treated</td>
</tr>
<tr>
<td>• Consistently dirty, unwashed or inappropriately dressed for weather conditions</td>
<td>• Vomit burns on face and shoulder area from vomit not being cleaned up right</td>
</tr>
<tr>
<td>• Has unattended physical problems or lacks routine medical care (i.e., eyeglasses)</td>
<td>away</td>
</tr>
<tr>
<td>• Injuries are inappropriately treated</td>
<td>• Severe diaper rash/cradle cap</td>
</tr>
<tr>
<td>• Vomit burns on face and shoulder area from vomit not being cleaned up right</td>
<td>• Malnourished</td>
</tr>
<tr>
<td>away</td>
<td></td>
</tr>
<tr>
<td>• Severe diaper rash/cradle cap</td>
<td></td>
</tr>
<tr>
<td>• Malnourished</td>
<td></td>
</tr>
</tbody>
</table>

Sexual Abuse

<table>
<thead>
<tr>
<th>Child's Appearance</th>
<th>Child's Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Has torn, stained or bloody underclothing.</td>
<td>• States he/she has been sexually assaulted by someone.*</td>
</tr>
<tr>
<td>• Has bruises or bleeding of external genitalia, vagina or anal areas.</td>
<td>• Complains of pain or itching in the genital area.</td>
</tr>
<tr>
<td>• Has venereal disease.</td>
<td>• Appears withdrawn or engages in fantasy or infantile behaviour.</td>
</tr>
<tr>
<td>• Has swollen or red cervix, vulva or perineum.</td>
<td>• Has poor peer relationships.</td>
</tr>
<tr>
<td>• Has semen around mouth, genitalia or on clothing.</td>
<td>• Is unwilling to participate in physical activities.*</td>
</tr>
<tr>
<td></td>
<td>• Is engaging in delinquent acts or runs away.</td>
</tr>
<tr>
<td></td>
<td>• Sad, unhappy, poor self-esteem.</td>
</tr>
</tbody>
</table>

* Of the different types of abuse, this behaviour is unique to sexual abuse.

Sometimes, care providers are uncertain if a child's sexual behaviour is normal or a sign of sexual abuse. A description of normal sexual behaviour of children is included earlier in this section.
Oral Health

Good oral health habits should begin at an early age. Baby teeth are important for chewing solid foods, learning to speak properly, holding the space for adult teeth, appearance and overall well-being. The following information will help the children you care for develop good oral health which is important to their overall health and development.

Tooth Eruption of Primary teeth

<table>
<thead>
<tr>
<th>Upper Teeth</th>
<th>When Teeth Come In</th>
<th>When Teeth Fall Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central incisor</td>
<td>7 – 12 months</td>
<td>6 – 8 yrs.</td>
</tr>
<tr>
<td>Lateral incisor</td>
<td>9 – 13 months</td>
<td>7 – 8 yrs.</td>
</tr>
<tr>
<td>Canine (cuspid)</td>
<td>16 – 22 months</td>
<td>10 – 12 yrs.</td>
</tr>
<tr>
<td>First molar</td>
<td>13 – 19 months</td>
<td>9 – 11 yrs.</td>
</tr>
<tr>
<td>Second molar</td>
<td>25 – 33 months</td>
<td>10 – 12 yrs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lower Teeth</th>
<th>When Teeth Come In</th>
<th>When Teeth Fall Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central incisor</td>
<td>6 – 10 months</td>
<td>6 – 8 yrs.</td>
</tr>
<tr>
<td>Lateral incisor</td>
<td>7 – 16 months</td>
<td>7 – 8 yrs.</td>
</tr>
<tr>
<td>Canine (cuspid)</td>
<td>16 – 23 months</td>
<td>9 – 12 yrs.</td>
</tr>
<tr>
<td>First molar</td>
<td>12 – 18 months</td>
<td>9 – 11 yrs.</td>
</tr>
<tr>
<td>Second molar</td>
<td>20 – 31 months</td>
<td>10 – 12 yrs.</td>
</tr>
</tbody>
</table>

Information courtesy of the Ontario Ministry of Health and Long Term Care

Early Childhood Tooth Decay (ECTD)

Early Childhood Tooth Decay (ECTD) is a type of tooth decay that can affect baby teeth, especially the upper front teeth. ECTD is caused by food left in the mouth from feeding including drinks such as milk and juice. The sugars found in food combines with the bacteria in plaque to create an acid that damages the enamel of a tooth. The longer and more often food is left in the mouth, the greater the chance of developing ECTD. A child with ECTD may experience pain, trouble eating, problems with speech and poor self-image. Baby teeth that are lost too early may cause adult teeth to come in crooked and crowded.

Ways to Prevent ECTD

- Clean the child’s mouth and teeth after each feeding.
- If a soother is used, do not dip it in honey, sugar or any other sweet liquid and do not lick the soother.
- If a sippy cup or bottle is used, do not fill with sugary liquids, water is best.
Dental Emergencies

Dental injuries happen; knowing what to do when one occurs can mean the difference between saving and losing a tooth.

Toothache

- If any swelling is present place a cold pack on the outside of the cheek on the area of the toothache. Do not use heat.
- Do not place pain medication against the gums near the aching tooth. It could burn the gum tissue.
- The child should be seen by a dentist as soon as possible.

Broken tooth

- Wipe the injured area with warm water.
- Place a cold pack or ice to keep the swelling down on the area of the injury.
- The child should see a dentist as soon as possible.

Knocked-out permanent tooth

- Find the tooth and pick it up by the crown, which is the part of the tooth that is normally exposed.
- If the tooth is dirty, rinse in cold milk or the child’s saliva. Do not scrub.
- If possible, put the tooth back or keep in the cheek or put tooth in a container of milk.
- See the dentist immediately.

Knocked out or banged baby tooth

- If the child bangs a baby tooth and it is loose or knocked out, a dentist should be seen to determine damage.
- Cold compresses on the face will reduce swelling.

Bitten tongue or lip

- Apply direct pressure to the bleeding area with a clean cloth.
- Apply a cold pack if lip is swollen.
- If bleeding does not stop go immediately to the hospital.

Objects wedged between the teeth

- Try to remove the object carefully with dental floss.
- Do not try to remove any object with a sharp or pointed instrument.
- If you cannot remove the object, go to the dentist.
Possible broken jaw

- Immobilize the jaw by tying a handkerchief, tie, or towel around the head.
- If swelling is present, apply a cold pack to area of injury.
- Immediately go to hospital.

Financial Assistance for Dental Treatment

If a child from a family experiencing low-income requires dental treatment, financial assistance through the Healthy Smiles Ontario Program may be available. Parents/caregivers can call 311 to find out more information or visit [Halton.ca](http://Halton.ca).
Head lice

Children get head lice and anybody who has head-to-head contact with another person can get them. The presence of head lice can be frustrating for parents, children and caregivers. However, with accurate information and reassurance, as well as a centre policy that guides actions when head lice make a visit, care providers can help parents know how to treat and prevent their spread.

In conversations about head lice, here are some important points to remember:

- Head lice are not related to personal cleanliness. Anybody can get head lice.
- Head lice do not cause illness.
- Head lice prefer clean hair to dirty hair and short hair to long hair.
- Head lice are present throughout the community and are spread by head-to-head contact only.
- Head lice can be treated. A pharmacist can recommend a product that kills head lice and their eggs.

How to tell that head lice are present

The sight of live lice in the hair confirms the presence of head lice. However, head lice are tiny, wingless, greyish or brown insects that are difficult to see as they move away quickly when you part the hair. You are more likely to see the eggs or nits of the head louse. The eggs are glued to the shaft of the hair, less than 1/2 inch away from the scalp. They are pinhead sized and grey to brown in colour. Favourite spots for egg laying are the nape of the neck and behind the ears. Anything more than 1/2 inch away from the scalp are empty white shells of eggs that have hatched.

An itchy scalp can also be a sign of head lice but head lice can be present for a long time before the scalp gets itchy. An adult louse can live about thirty days and in those thirty days, a female can produce 50-150 eggs. Therefore, the sooner that action is taken, the better.

What to do if head lice are present

Notify parents of the presence of head lice in the classroom so that their children and other family members can be checked.

Inform parents that there is treatment for head lice and a pharmacist can recommend a product that kills the head lice and their eggs. Advise parents to ask the pharmacist about any special precautions required while using the product. It is important to note that some products may not be recommended for young children, people with allergies, and pregnant or breastfeeding mothers. If unsure, families should consult their health care provider.

Remind parents that only those family members who have head lice should be treated.
**Alternative or natural treatments**

Alternative treatments, including natural products and home remedies such as mayonnaise, oil, vinegar, and wet-combing have not been scientifically proven to effectively eliminate head lice. Products labeled as natural should be used with caution and can even be toxic if used in full strength.

**How to prevent head lice from spreading**

Head lice are spread by direct head to head contact only. They are not spread by hats, brushes, combs, bedding, carpets or pets therefore, when head lice is found normal routine household cleaning is sufficient.

A few simple things that can be done to prevent head lice from spreading:
- Children should be taught to brush and comb their hair vigorously every night. This will injure any head lice and prevent them from breeding.
- Parents should check their children's heads once a week, especially around the ears and the nape of the neck. Children should also be checked for head lice after group activities such as sleepovers and camps, where head to head contact could have occurred.
- Children should be taught to tell parents if their scalp is itchy.

More information from the Canadian Paediatric Society:

- [Head lice infestations: A clinical update](#) (position statement, February 2018)
- [Caring for Kids](#)

For further information, resources, or suggested policies for child care centres, call Halton Region at 311 and ask to speak to a Public Health Nurse or visit [Halton.ca](#)
Healthy Eating: A Priority during the Toddler & Preschool Years

Healthy eating is important for toddler and preschool children to:
- Provide the energy and essential nutrients they need to grow and develop.
- Develop their sense of taste, acceptance and enjoyment of different foods.
- Contribute to their sense of well-being and feeling good about themselves.
- Develop attitudes and practices that form the basis for lifelong health.

Healthy Eating Guidelines

On August 31, 2015, the nutrition section of the Child Care and Early Years Act (CCEYA) (section 42 of Ont. Reg. 137/15) came into effect. The nutrition section instructs that all snacks, meals and beverages must meet the recommendations set out in the following documents: Canada’s Food Guide and Nutrition for Healthy Term Infants.

These new nutrition requirements are linked on page 82 of the 2016 Child Care Centre Licensing Manuals and provide information to help support with interpretation and implementation of Canada’s Food Guide and Nutrition for Healthy Term Infants recommendations. The goal is for child care providers to promote healthy eating habits, provide optimal food and nutrition, and manage special feeding instructions (i.e. allergies), and proper food storage and preparation.

Menu Planning and Supportive Nutrition Environments in Child Care Settings

Practical Guide (English)
Guide pratique (Français)

Follow this link to take part in the learning modules produced by the Ontario Dietitians in Public Health specifically for child care operators, supervisors, cooks and staff.

Menu and Nutrition Environment Self-Assessment Tool

Menu and Nutrition Environment Self-Assessment Tool (English)
Outil d’autoévaluation des menus et de l’environnement alimentaire dans les services de garde d’enfants (Français)

For more information and support visit the following websites:

Nutrition Screening for Toddlers and Preschoolers – Nutri-eSTEP®
Halton Region: Early Learning & Child Care Professionals
Canada’s Food Guide
Health Canada: Nutrition for Healthy Term Infants from Birth to Six months
Health Canada: Nutrition for Healthy Term Infants from Six to 24 Months
Dietitians of Canada – UnlockFood.ca

Speak to a Registered Dietitian for free by calling Telehealth Ontario at 1-866-797-0000
For more information, call 311 to contact the Halton Region
The Importance of Supporting Continued Breastfeeding

The World Health Organization (WHO), Health Canada and the Canadian Paediatric Society recommend babies are exclusively breastfed for the first six months and that breastfeeding is continued to two years of age and beyond with the introduction of complementary solid foods at six months old. The right to breastfeed is protected under the Ontario Human Rights Code.

Breastfeeding is good for children and results in:

- Fewer illnesses (including ear, chest and bladder infections)
- Fewer hospital visits
- Healthier stomach and gut, therefore less likely to have diarrhea and other stomach upsets
- Lower risk of allergies, diabetes, obesity, some childhood cancers, and other chronic diseases
- Lower risk of Sudden Infant Death Syndrome (SIDS)
- Increased closeness with parent
- Proper jaw development
- Healthy brain development
- Healthy eating habits
- Lower risk of obesity

Breastfeeding is good for parents and results in:

- Lower risk of ovarian cancer, breast cancer, type 2 diabetes and postpartum mood disorders for breastfeeding parent
- Increased closeness between parent and child
- Saved money

Breastfeeding is good for the community and results in:

- Decreased costs to the healthcare system
- Less waste going to the landfill and recycling depots

Breastfeeding is good for child care providers and results in:

- Breastfed children getting sick less often (fewer ear infections, colds and flu)
- Easing transition to childcare by providing reconnection time when child is picked up
Breastfeeding-Friendly Child Care Centres

Child care centres are busy places and space is often in high demand. A room designated for breastfeeding is not needed (and not always possible). While breastfeeding parents can feed their children anytime and/or anywhere, some parents might enjoy having access to a quiet corner in a room or use of a semi-private room. Making these available to parents is helpful.

Basic ideas to make breastfeeding welcome for families

- A facility breastfeeding policy known by staff
- A public breastfeeding policy displayed in a visible location
- Window decals with the international breastfeeding symbol at building entrances
- A comfortable, adult-sized chair
- A place to breastfeed in a quiet location with potential for greater privacy (if requested)
- Access to a sink with hot and cold running water
- Access to a garbage can

Information for parents sending in breastmilk

(Please use this information within a parent handout or include in parent handbook)

- Expressed breastmilk in a closed container that is clearly labeled with the child’s name and the date will be stored in the refrigerator.
- Breastmilk should be brought in daily. Only send the usual amount needed for one day.
- Ideally, the breastmilk should be provided in the container (eg. cup or bottle) that the child will use to drink it.
- Containers of breastmilk must be refrigerated upon arrival at the centre.
- Breastmilk must be warmed in a bowl of warm water. It should not be heated in the microwave.
- Breastmilk that the child does not drink will be sent home daily.

More information

Additional resources/tools available:

- Breastfeeding-Friendly Child Care Centre Self-Assessment Tool
- Breastfeeding in Public Spaces
- Child Care Centre Breastfeeding Policy (sample)
- Public Breastfeeding Statement (sample)
- Storage and Preparation of Breastmilk (see part I of this resource)

To access these resources, please call 311.
Active children

Early childhood is the ideal time to lay the foundation for toddlers and preschoolers to be physically active. This is a time when children learn basic motor skills such as running, jumping and climbing. Young children love to move and need many opportunities to be physically active. Child care settings need to provide regular opportunities for children to meet the daily recommended levels of physical activity.

**Benefits of physical activity:**

- Assists early brain development, learning, and attention
- Improves self-esteem and self-confidence
- Strengthens the heart, lungs, muscles and bones
- Develops physical coordination, flexibility, strength and balance
- Improves sleeping and eating habits
- Maintains a healthy body weight

**How much physical activity do they need?**

- Infants should be physically active several times during the day. This can be achieved through interactive floor play (tummy time, crawling, reaching for objects playing and rolling around).
- Toddlers (one to two years) and preschoolers (three to four years) should be active every day, indoors and outdoors, in both structured and unstructured activities.
- Toddlers and Preschoolers should get at least 180 minutes (3 hours) of activity at any intensity spread throughout the day. This activity should include a variety of different environments and help to develop movement skills (crawling, running, dancing, climbing etc.).
- By the age of five, daily activity should include at least 60 minutes of energetic play (hopping skipping, jumping and bike riding).
- Allow toddlers and preschoolers the opportunity to have daily unstructured physical activity. Unstructured physical activity is supervised free time for children to play on their own or with other children.
- Physical activity requirements can be reached by adding up several short periods throughout the day.
- Play is the primary form of physical activity for children up to school age. Toddlers and preschoolers are naturally active, so encourage this as much as possible.
How much sedentary time (sitting) should young children have?

- Minimize the amount of time children spend being sedentary during their waking hours. This includes prolonged sitting or restraint (high chairs, strollers, car seats etc.) for more than one hour at a time.
- Toddlers should not have screen time (TV, computer, electronic games).
- Preschoolers screen time should be limited to less than one hour per day, less is better.
- By the age of five, screen time should be limited to no more than two hours per day, although less screen time is better.

Tips

- Make physical activity part of the daily routine just like lunch and naptime.
- Praise children for participating in an activity.
- Emphasize fun rather than competition.
- Encourage parents to dress their child in comfortable clothing that does not restrict physical play.
- Be an active role model by participating in games, dancing, action songs and outdoor play.

Physical Activity Resources

Moving and Growing Series
Series of three books that outlines physical activities and games for children from birth to six years of age.  [http://www.cccf-fcsge.ca/topics/physical-activity/](http://www.cccf-fcsge.ca/topics/physical-activity/)

Canadian Physical Activity and Sedentary Behaviour Guidelines for the Early Years 0-4 and Children 5-11 Years
Guidelines that provide recommendations for the amount and types of physical activity that offer substantial health benefits to children and recommendations for the amount of time that children should spend inactive. The Canadian Society for Exercise Physiology (CSEP), 2011. [http://www.csep.ca/guidelines](http://www.csep.ca/guidelines)  Call toll-free: 1-877-651-3755 ext.226

Early Learning Resource that promotes healthy active living available through OPHEA:
- Suitable for kindergarten teachers, early childhood educators or early learning teams.
- Activity cards and additional support materials available for free in English and French. [https://teachingtools.ophea.net/activities/early-learning-resource](https://teachingtools.ophea.net/activities/early-learning-resource)

Let Me Move...Watch Me Grow
This is a fact sheet for parents and caregivers that looks at the importance of laying the foundation for healthy active living at an early age. This resource outlines the physical activity requirements for young children, the benefits of physical activity, as well as the development of key motor skills for toddlers and preschoolers. Paper copies of this fact sheet can be ordered at [www.halton.ca/health_resources](http://www.halton.ca/health_resources).
Providing a Safe and Healthy Indoor Environment

Indoor Air Quality

Contaminants can build up in the indoor air as a result of both indoor and outdoor sources. These contaminants can include those associated with dust (e.g. lead), mould, and volatile organic compounds (VOCs). VOCs are carbon-based chemicals that readily evaporate in air.

Recommendations to Reduce Indoor Air Contaminants

1. **Minimize dust in the environment.**
   - Remove and store outdoor footwear at the entrance and use indoor footwear.
   - Wash entrance mats frequently.
   - Damp mop floors instead of dry sweeping.
   - Install smooth flooring instead of carpeting, where possible.
   - Vacuum carpeting frequently; a high efficiency particulate air (HEPA) filter vacuum is recommended.

2. **Prevent mould growth.**

   Mould is found everywhere, in both the indoor and outdoor environments. Most types of mould routinely encountered in homes and buildings are not a health concern for healthy individuals. However, some health effects have been linked to mould exposure, depending on the circumstances. Therefore, mould should be minimized in the indoor environment.

   To help prevent mould growth:
   - Check regularly for signs of moisture (e.g. leaks).
   - Promptly repair moisture problems; mould can become established in as little as 48 hours on damp surfaces.
   - Encourage ventilation.

   If mould is found, the size of the affected area will determine how to address it. While small areas can be removed using a damp cloth and unscented dish detergent, larger areas may require professional assistance. Never use bleach to remove mould.

   For more information on mould, please visit our website at [https://www.halton.ca/For-Residents/Environmental-Health/Indoor-Air-Quality/Mould](https://www.halton.ca/For-Residents/Environmental-Health/Indoor-Air-Quality/Mould) or call 311 and ask to speak to a Public Health Inspector.

3. **Choose and use products carefully to reduce VOCs.**
   - Use appropriate cleaning products and disinfectants for the job, follow manufacturer’s instructions, and seal products when not in use.
   - Disinfectants such as phenols and formaldehyde should not be used in child care settings due to their toxicity.
   - Avoid using air fresheners.
• Whenever possible, choose building products that do not have strong odours; look for quick-drying and VOC-free or low-VOC caulking, paints and glues.
• Avoid choosing furnishings made from unsealed particle-board or medium density fibre-board.

4. Encourage ventilation.

Ventilation helps to reduce levels of indoor air contaminants, and reduces humidity that can promote mould growth.

• Ensure the ventilation system is operating effectively.
• Ventilate with fresh air when possible.

Other Contaminants

Curiosity and hand-to-mouth exploration of the world can put children at risk for illness caused by ingestion or skin contact with other indoor contaminants.

Recommendations to help prevent exposure to contaminants:

• Wash hands often.
• Flush drinking water for lead as required (see drinking water quality section).
• Ensure arts and crafts supplies are non-toxic and age-appropriate.
• Store chemical products (cleaning supplies, medications, pesticides, etc.) out of the reach of children.
• Avoiding heating foods or drinks in plastic containers.
• Get rid of or move out of children's reach toxic home and garden plants.

<table>
<thead>
<tr>
<th>Hyacinth</th>
<th>Calla Lily</th>
<th>Mistletoe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daffodil (bulbs)</td>
<td>Elephant’s Ear</td>
<td>Rosary Pea</td>
</tr>
<tr>
<td>Narcissus (bulbs)</td>
<td>Castor Bean</td>
<td>Arnica</td>
</tr>
<tr>
<td>Oleander</td>
<td>Philodendron</td>
<td>Dieffenbachia</td>
</tr>
</tbody>
</table>

Visit the Canadian biodiversity information facility website for a complete listing of poisonous Canadian plants:
http://www.cbif.gc.ca/eng/species-bank/canadian-poisonous-plants-information-system/?id=1370403265036

Post the telephone number for the Ontario Poison Centre number (1-800-268-9017) with other emergency service numbers (911) at the telephone, should an accidental exposure occur.
Injury Prevention

Recommendations to help prevent safety hazards

General safety:

- Secure tall or top-heavy furniture to the wall, e.g. book cases.
- Place and secure large heavy items to prevent tipping, e.g. televisions.
- Keep cords out of reach of children, e.g. electrical cords, window blind cords.
- Cover electrical outlets when not in use.
- Use child-proof locks where appropriate.
- Check for loose buttons, cords, drawstrings or other small parts on clothing or in children’s pockets that could become a choking or strangulation hazard.
- Inspect pacifiers for damage.
- Maintain hot water temperature below 49°C (120 °F) to prevent scalding.
- Ensure that heat sources or fans do not pose a safety hazard.

Toys

- Ensure toys are non-toxic, age-appropriate and easy to clean.
- Avoid toys with cords.
- Check toys often for loose parts, broken pieces, chipped paint and sharp edges.
- Products with loose small powerful magnets e.g. building toys and science kits, should be kept safely out of the reach of young children. If more than one magnet is swallowed, they can attract one another in the intestines and create a blockage or tear in the intestinal wall.
- Keep batteries out of the reach of children.

Resources:

Canadian Partnership for Children’s Health & Environment (CPCHE)
[www.healthyenvironmentforkids.ca](http://www.healthyenvironmentforkids.ca)

Health Canada – Is Your Child Safe?

Animals and pets

Animals can be exciting and educational; however, careful consideration is required before introducing an animal into a child care centre. If animals will be a regular part of the child care setting’s activities, there should be written infection prevention and control policies and procedures that staff are knowledgeable about. For visiting animals, it is strongly recommended to keep records of visits (date, name of animal owner, owner contact information, animal name and species, proof of animal health documentation (i.e. vaccinations), rooms visited and any guests in attendance). Child care centres are encouraged to consult with the Health Department when considering whether or not to allow visiting or resident animals in the centre, as certain animals may be prohibited.
Injury and illness caused by animals

- Bites, scratches and other animal contacts can cause injury and put a person at risk for diseases like rabies.
- Illness can also result from exposure to bacteria, parasites and viruses carried on an infected animal’s body or in its droppings.
- Examples of illness-causing organisms that can be transmitted to humans include: *Salmonella* bacteria (e.g. reptiles and amphibians) that can cause vomiting, diarrhea, fever, and abdominal cramping, and *Toxoplasma* parasites (cats) that can cause damage to the brain, eyes and other organs in rare occasions. Special precautions are recommended for pregnant women who care for cats.
- Pet food and treats have been associated with outbreaks and illnesses in people and pets.

A number of factors put children at greater risk of injury and illness from animal contact:

- Lack of awareness of disease risk
- Frequent hand-to-mouth activities (pacifiers, thumb-sucking)
- Poor hand hygiene

The following recommendations are provided to help ensure a safe and healthy experience with animals in the child care setting.

Animal Considerations

- Consult with parents prior to introducing any animals into the child care setting, special considerations may be needed for children who are immunocompromised, allergic, asthmatic or phobic.
- The Ministry of Health and Long-Term Care does not recommend the following animals in facilities with children under five (For more information see Ministry of Health and Long-Term Care’s *Recommendations for the Management of Animals in Child Care Settings, 2018*):
  - Stray animals with unknown health and vaccination history (e.g. stray dogs/cats)
  - Ill animals or animals under medical treatment
  - Young animals (e.g. puppies and kittens less than 1 year old)
  - Animals that have been fed raw or dehydrated (but otherwise raw) foods, chews or treats of animal origin within the past 90 days
  - Animals from shelters/pounds unless they have been in a stable home for at least 6 months
  - Birthing or pregnant animals
  - Inherently dangerous animals (e.g. lynx, lions, bears, cougars, tigers, etc.)
  - Predatory birds (e.g. hawks, eagles, owls, etc.)
  - Venomous or toxin-producing animals (e.g. venomous or toxin-producing spiders, insects, reptiles and amphibians (e.g. frogs, toads, salamanders))
  - Aggressive animals (e.g. animals that have demonstrated aggressive behavior in the past)
  - Animals in estrus (i.e. animals in heat)
  - Exotic animals (e.g. hedgehogs, chinchillas, etc.) and non-human primates (e.g. hedgehogs, chinchillas, etc.)
monkeys, lemurs, etc.)
- Wild animals (e.g. squirrels, chipmunks)
- Rabies reservoir species (i.e. bats, skunks, raccoons, foxes)
- Reptiles (e.g. turtles, snakes and lizards such as bearded dragons and geckos)
- Live poultry (e.g. chicks, ducklings, goslings)
- Ferrets
- Farm animals (e.g. calves, goats, sheep)

Animal care

- Ensure animals have appropriate veterinary care (at least yearly examinations). By law dogs and cats must be vaccinated for rabies.
- Animal food and treats should be inaccessible to children. They should be stored off the floor, in a latched cupboard and kept away from where human food is stored, prepared, served or consumed to avoid contamination.
- Do not allow animals or birds in areas where food is stored, prepared, served or consumed (as per the Food Premises Regulation 493/17).
- Birds should be placed in a designated, well-ventilated area away from classrooms and sleeping areas. Use guards under the cages to limit the spread of grit.
- Animals should not be allowed to roam or have contact with wild animals.
- Where possible, keep outside areas used by pets separate from play areas. Maintain the area as necessary to minimize odours and attraction of insects.

Animal handling

- Children should be supervised closely when they are in contact with animals.
- Direct animal contact should be limited to touching and petting with hands. Animals licking, kissing or crawling onto children should be prevented.
- Children should not feed animals directly from their hands.
- Injured or ill animals should not be handled.
- If someone is scratched or bitten by an animal, immediately flush the wound with water and seek medical attention, as required. Bites, scratches or other contact from mammals (regardless of species, health or vaccination status) that may put a person at risk for rabies are reportable to the Health Department.

For more information on rabies, please visit [https://www.halton.ca/For-Residents/Immunizations-Preventable-Disease/Rabies](https://www.halton.ca/For-Residents/Immunizations-Preventable-Disease/Rabies) or call 311 to speak to a Public Health Inspector.

Cleaning and disinfection

- Supervised hand washing should occur after the handling of animals, their food or water, environment (e.g. bedding), toys or equipment (e.g. leashes, cages).
- Surfaces contacted by animals and their belongings should be cleaned and disinfected.
- Clean animal enclosures, food containers, toys, etc. with soap and water, using a scrub brush to remove dirt. Rinse thoroughly with fresh water.
• Small animal cages should be cleaned and disinfected at least weekly.
• Animal enclosures, as well as food and water bowls, should not be cleaned in food preparation, consumption or storage areas or in sinks used by children.
• Dispose of food, droppings, bedding material, etc. in a garbage bag. Avoid disturbing the dust when discarding the bedding materials.
• Children should not be permitted to perform or assist with cleaning and disinfection.
• For specifics see Ministry of Health and Long-Term Care’s Recommendations for the Management of Animals in Child Care Settings, 2018
Children’s safety equipment

Car seat safety

Child car seats and booster seats greatly reduce injury and death from motor vehicle crashes.

To be safe and effective, child car seats must:

- Meet Canadian safety standards. All car seats sold in Canada must have a label stating that it meets Canadian Motor Vehicle Safety Standards (CMVSS). They must have the national safety mark on them.

- It is illegal to use a car seat purchased in the USA or other countries in Ontario (unless you are a visitor).

- Car seats should not be used if they are past the lifespan recommended by the manufacturer.

- Be appropriate for the age and size of the child. There are various types of car seats:
  - Rear facing infant-only car seats
  - Convertible car seats (infant/child)
  - Combination seats (child/booster)
  - Booster seats

Note: Check car seat manufacturer’s instructions for specific weight and height restrictions of seat.

- Be installed correctly and the child harnessed in the seat properly according to both the vehicle and car seat instructions. The most common installation errors when using child car seats are:
  - Infant/child not harnessed correctly in the seat.
  - Seat belt or Universal Anchorage System not tight or used incorrectly.
  - Tether strap not used or used incorrectly in forward facing seats.
  - Child not in appropriate seat for height and weight.


There are also numerous resources available through the Halton Region Health Department for individuals and groups who are concerned with car seat safety. Please call 311 or visit [https://www.halton.ca/For-Residents/Children-and-Parenting/Parenting-Toddlers-Preschoolers/Car-Seat-Safety](https://www.halton.ca/For-Residents/Children-and-Parenting/Parenting-Toddlers-Preschoolers/Car-Seat-Safety) for more information.
Infant equipment

Equipment safety (e.g. strollers, baby gates, cribs and cots):

- Check equipment often to ensure it is in good condition and that all of the safety features are present and working.
- Check with the manufacturer or Health Canada’s website for product recalls and safety advisories: http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/index-eng.php
- Follow manufacturer instructions and restrictions for weight and age.

Toys with wheels

Children’s safety equipment

All children should follow the “Have helmet, will travel” rule. The rule requires that all children, regardless of age, must wear a helmet when playing/riding on equipment with wheels such as tricycle, scooters and bicycles.

- Ensure that all equipment with wheels provided for children to use is in good repair and checked regularly.
- Ensure that helmets meet safety standards such as the Canadian Standard Association (CSA), the Snell Memorial Foundation, the American National Standard Institute (ANSI), the American Society for Testing and Materials (ATSM), the British Standards Institute or the Standards Association of Australia.
- Bike helmets should be replaced after five years or if involved in a crash (a crash can be as simple as the helmet being thrown on the ground).

Ensure that the helmet fits correctly. For more information on helmet fitting and safety visit Parachute Canada.
Providing a safe and healthy outdoor environment

The following information is provided to assist you in maintaining a safe and healthy outdoor environment for children to run and play.

Playgrounds and playground equipment

The Ministry of Education Child Care Quality Assurance and Licensing Branch requires that playgrounds and playground equipment meet the requirements of Ontario Regulation 137/15 under the Child Care and Early Years Act. The regulation outlines general requirements related to sizing, location, fencing and design of the outdoor space for supervision. Ministry approval is required prior to new installations or alterations.

In addition to regulation requirements, new or newly renovated playgrounds, playground equipment, and safety surfacing are required to meet the current Canadian Standards Association (CSA) Standard. The CSA Standard also sets out the requirements for routine maintenance and inspections.

For more information on requirements for playgrounds, play equipment and safety surfacing, please contact the Ministry of Education at 416-325-2929 (Toll free: 1-800-387-5514) or visit their website at: http://www.edu.gov.on.ca/eng/

Injury prevention on the playground and equipment

Proper design, construction, installation and maintenance of the playground, equipment and safety surfacing, can help reduce the risk of injuries such as head injuries, fractures and lacerations.

The following recommendations are provided to help prevent injury on the playground and equipment:

- Remove, tie or tuck in cords, drawstrings and loose clothing to prevent them from catching on playground equipment and fences.
- Check the area for glass, litter, animal droppings and other possible hazards.
- Ensure the equipment is appropriate for the children’s ages.
- Ensure that children are wearing appropriate footwear.
- Teach children how to use the equipment safely.
- Ensure that equipment is clean and in good repair e.g. check for protruding nails, screws, sharp edges and splinters.
- Do not use equipment if the weather has created unsafe conditions.
- Ensure that safety surfacing is maintained beneath the equipment, especially under high use areas like swings and slides.
- Skipping ropes should not be allowed on playground equipment.
- Be aware of toxic garden plants; visit the Canadian Biodiversity Information Facility website for a complete listing of poisonous Canadian plants: http://www.cbif.gc.ca/eng/species-bank/canadian-poisonous-plants-information-system/?id=1370403265036
Wooden structures, fences and picnic tables

Wood structures that were built before 2004, and not made of cedar or redwood, were likely constructed with wood pressure-treated with chromated copper arsenate (CCA). It is recommended that these structures be sealed annually with a penetrating wood sealant to minimize possible exposure to arsenic.

Outdoor sandboxes

Children’s hand-to-mouth exploration can put them at higher risk of exposure to certain infections when playing in sand or soil. Outdoor sand can become contaminated with droppings of animals that may be infected with illness-causing organisms. The following recommendations are provided to help prevent illness from playing in sand and soil:

- Check sand for droppings and foreign items.
- Cover sandboxes to prevent entry of animals including cats and raccoons.
- Wash hands when children come in from outside.

For more information on sandboxes, refer to the Equipment Care and Cleaning section.

Water play

Water tables and sprinklers are a great way to keep cool in the heat.

Keep children safe during water play:

- Supervise children constantly during water play; drowning can occur in less than 1 inch (2.5 cm) of water.
- When using a sprinkler, watch for pooling of water that can cause a slip hazard. If water collects, move the sprinkler to another location or turn it off until the water has drained.
- Do not allow children to run or push others around water.
- Refer to the Water Tables section under Equipment Care and Cleaning.
- Do not use wading or kiddie pools – they are not permitted.

Drowning risks

All children are at risk for drowning, but young children under five years of age are at increased risk because:

1. They are attracted to water but cannot understand the danger.
2. They can walk but they cannot swim.
3. Their lungs are smaller than adults' and fill quickly with water.
4. They can drown in as little as 2.5 centimeters (one inch) of water.
5. Boys are more likely to drown than girls.

To access additional resources and information on drowning prevention visit Parachute Canada.
Weather safety

The Child Care and Early Years Act requires at least two hours of daily outdoor play for young children and at least 30 minutes for school age children. However, there may be circumstances that make outdoor play unsafe for children. For example, it may be too cold, too hot or too sunny for children to be safely outdoors. Refer to the following guidelines to decide if outdoor activity should be postponed or if special precautions are needed:

Extreme cold

Halton Region Health Department will issue a cold alert when:

- The daily predicted low is expected to be minus 15°C or lower (without wind chill), or
- The wind chill is expected to reach minus 30°C for at least two hours and Environment Canada has issued a cold warning, or
- Environment Canada has issued an advisory for hazardous winter weather, e.g. blowing snow or freezing drizzle.

To find out if a cold alert has been issued, check the Halton Region website at www.halton.ca. A banner on the main page will advise that a cold alert is in effect.

Sign up for Halton Region’s e-alert system at https://www.halton.ca/For-Residents/Environmental-Health/Outdoor-Air-Quality/Cold-Warnings to receive automatic notifications for cold alerts.

Are you at risk?

Anyone can be affected by extreme cold-related weather conditions, depending on the length of time and exertion levels outdoors. Infants and children are especially at risk.

Prevent cold-related illness

To keep yourself and children safe, you should know how to prevent cold related illnesses and how to deal with emergencies. Follow these cold weather safety tips:

- Cover exposed skin (exposed skin can become frostbitten in 30 seconds).
- Wear a hat (up to 40% of body heat loss can occur through the head).
- Wear gloves or mittens and a scarf to protect the chin, lips and cheeks.
- Wear clothes in layers: inner layer, middle layer, and outer layer. Avoid sweating in your clothes; wet clothes can freeze, making you cold.
- Limit time sitting, get up and move around.
- Take shelter from the wind, reducing wind chill exposure.
- Always be on the lookout for signs of frostbite and hypothermia.
- Plan ahead – listen to the weather forecast.
Symptoms of cold-related illness:

Frostbite

Frostbite most commonly affects the extremities. It can lead to serious health complications, the worst being amputation. If you or a child experiences any of the following symptoms, seek medical attention right away:

- Pale grey, waxy textured skin which is cold to the touch.
- Numbness and localized pain.
- Swelling and blistering.

If you suspect that frostbite has set in:

- Do not rub or massage the affected area. This may cause more damage.
- Warm up the area slowly with warm compresses or use your own body to re-warm the area.
- If toes or feet are frost bitten avoid walking on them.

Hypothermia

Hypothermia occurs when the body’s normal temperature becomes too low (less than 35°C).

If you or a child experiences any of the following symptoms, seek medical attention immediately.

- Shivering, confusion, weakness.
- Mumbling, stumbling, and/or fumbling.
- Pale skin color (for infants, look for cold reddish skin and low energy).

If you suspect hypothermia has set in:

- Gently remove wet clothing and get the person to a warm place as soon as possible.
- Use several layers of blankets and warm the person gradually.
- If the person is alert, give warm beverages.

Protect children from winter injuries

- Teach children not to lick metal surfaces or to remove mittens or boots in cold weather. Skin damage can occur when skin comes in contact with objects whose surface temperature is below freezing.
- Before heading outside, make sure clothing does not present a strangulation hazard. Always take off, tie up or tuck in cords and drawstrings on hoods, jackets and mittens to prevent them being caught on equipment.
- Discourage children from throwing snowballs. Snow sculpting is safer.
- Remind children not to eat snow, it may contain dirt, pollution and animal waste.
Prepare your child care program for winter:

- Keep a supply of food (needing no cooking/refrigeration) and water.
- Keep on hand: flashlights, batteries, blankets, first aid kit, matches and fire extinguisher.

For additional resources on emergency preparedness visit www.halton.ca, call Halton Region at 311 or visit Public Safety Canada at www.publicsafety.gc.ca.

Extreme heat

Environment Canada notifies the Health Department directly when their weather surveillance indicates an impending heat event in our area. The evidence-based criteria take into account both the intensity and duration of a heat event:

- Heat Warning: When forecast temperatures are expected to be at least 31°C and overnight temperatures are above 20°C for 2 days or the humidex is at least 40 for 2 days.
- Extended Heat Warning (formerly Extreme Heat Warning): When forecast temperatures are expected to be at least 31°C and overnight temperatures are above 20°C for at least 3 days or humidex is at least 40 for at least 3 days.

High heat and humidity are often accompanied by smog. Poor outdoor air quality can pose a risk to our health. Halton Region has programs in place to help improve our air quality and the Halton Region Health Department regularly posts information on the Air Quality Health Index (AQHI) so that you can stay informed and make decisions about how to protect your health and the health of the children in your care.

If a high risk (7 or more) AQHI value is forecast to last for 1 to 2 hours, then a Special Air Quality Statement (SAQS) will be issued. A SAQS alerts you to take precautions and be aware of possible health impacts related to the AQHI.

If the high risk AQHI is forecast to be persistent, duration of at least 3 hours, then a Smog and Air Health Advisory (SAHA) will be issued.

To find out if a heat warning, SAQS or SAHA has been issued, visit https://www.halton.ca/ A banner on the main page will advise if an alert is in effect.

Receive automatic notifications for heat and smog alerts by signing up for Halton Region’s e-alert system at:

https://www.halton.ca/For-Residents/Environmental-Health/Outdoor-Air-Quality/Heat-Warnings
Are you at risk?

Infants and young children, especially those with chronic heart and lungs disease, including asthma, and those taking certain medications are at increased risk during heat and smog related weather conditions. Parents should be directed to speak to their health care provider to determine best practice during these weather events.

Individuals with poor circulation, obesity, fever, sunburn or dehydration are also at increased risk during heat and smog events.

Prevent heat related illness

Heat related illnesses occur when the body is unable to cool itself properly. The body normally cools itself by sweating but sometimes this is not enough. In these cases, body temperature rises quickly. Very high body temperatures may damage the brain and other vital organs. You can prevent heat related illness by doing the following:

- Stay indoors when the sun is hot and temperature is high.
- If you do go outside, stay in the shade and limit activity to morning/evening
- Where possible, go to air conditioned places.
- If you don’t have air conditioning, keep shades drawn and blinds closed.
- Fans keep you cool by evaporating sweat. Use fans in or next to a window. Note: Fans alone may not provide enough cooling.
- Keep lights off or turn down low.
- Avoid heavy meals.
- Avoid strenuous outdoor physical activity.
- Drink lots of water and natural fruit juices. Avoid caffeine.
- Wear loose fitting clothing that allow for evaporation of sweat.
- Advise parents to consult with a doctor or pharmacist about possible side effects of children’s medication.

Know when to get help

Even short periods of high temperatures can cause serious health problems. If you or a child has the following symptoms of heat-induced illness, seek medical attention immediately:

- Rapid breathing
- Weakness or fainting
- Headache and/or confusion
- Nausea, dizziness, blurred vision
- Convulsions, high body temperature
Protect children and care providers from over-exposure to the sun

As well as immediate sunburn resulting from too much sun, prolonged exposure to sunshine can permanently damage the skin and cause serious problems later in life. On a hot day, the sun can also overheat surfaces such as metal and asphalt. Simply touching these hot surfaces can burn children.

- Take extra care when planning outdoor activity and avoid being unprotected in the sun between the hours of 11 a.m. to 4 p.m., when the sun is strongest.
- Choose or create shaded areas for activities.
- Ensure children and adults wear wide-brimmed hats when in the sun.
- Encourage parents to dress children in lightweight, tightly-woven clothing on hot days.
- Encourage children and adults to protect eyes with sunglasses that have UVA and UVB protection.
- Encourage parents who wish to use sun screen on their children to apply it at home. If sunscreen is applied at child care, obtain written parental permission.
- Use a sunscreen that has on the label "broad-spectrum" and an SPF of at least 15, preferably an SPF of 30 up to 50, depending on the outdoor activity and time in the hot sun.
- Use sunscreen and re-apply as directed on its label. The use of sunscreen on infants under six months of age is generally not recommended.
- Be aware that certain medications can make skin more sensitive to sun. Ask parents to speak to their child's doctor about increased sun sensitivity while on medication (e.g. antibiotics) and use of sunscreens on infants, especially those under six months of age. A sunscreen with a Health Canada DIN number and/or CDA logo on the label shows it is considered safe.
- Ensure children drink fluids before and after outdoor play. If they are thirsty while outside, allow them to drink right away. Thirst can be an early signal that dehydration is starting.
- Closely observe children in wheelchairs who are wearing shorts. Their bare thighs may need to be covered periodically with a light cloth or towel to prevent sunburn. The vinyl/metal of the wheelchair can become very warm.
- Balance vigorous play with quiet play to allow natural cooling of the body.

Poor air quality

There is no safe level of air pollution; even low levels can negatively affect the health of vulnerable individuals such as children with asthma. High air pollution levels often go hand in hand with hot, humid days. This combination places greater strain on hearts and lungs.

How does air pollution affect children’s health?

Children and infants are at greater risk than adults for many reasons:

- Infants and children’s bodies, lungs, and immune systems are still developing.
- Children have a faster breathing rate than adults and inhale more air pollutants (per body weight) than adults do.
- Intense exercising means children breathe heavier.
- Children breathe through their mouths more (the nose can filter particulates from reaching the lungs, the mouth cannot).
- Air pollution increases a child’s risk of getting sick by reducing the respiratory system’s ability to fight infection and remove foreign particles.
Can air pollution affect asthma and allergies?

- Air pollution can make asthma symptoms worse, increase respiratory infections, decrease lung function, and make children more sensitive to allergens.
- A child’s asthma condition may need to be managed more closely due to air pollution. Parents can be directed to their health care provider on this matter.

What can you do?

- Check the Air Quality Health Index every day at [www.halton.ca/todaysairquality](http://www.halton.ca/todaysairquality)
- Develop and implement a protocol that reduces idling of vehicles (refer to and work with local anti-idling bylaws).
- Avoid being out during rush hour traffic or peak traffic periods.
- Avoid high temperature points of the day (11 a.m. - 4 p.m.). Consider rescheduling outdoor activities to early morning.
- Plan activities that promote walking instead of vehicle-oriented outings.
- Develop a procedure for communicating alerts to staff, parents, and children.
- Ensure children get adequate rest breaks when it is very hot or smoggy.
- Ensure children drink lots of fluids (water/natural fruit juices) when it is hot.
- Pay close attention to asthmatic children during smog/heat alerts and keep medication close by in the event of breathing difficulties.
- Drive less, walk more. Encourage staff to use public transit and carpool.
- Get involved in tree planting/urban agriculture projects like community gardens.

Resources Available from the Health Department

Air quality resources are available for order/download at: [www.halton.ca/airquality](http://www.halton.ca/airquality) or [http://www.halton.ca/cms/One.aspx?portalId=8310&pageId=77156](http://www.halton.ca/cms/One.aspx?portalId=8310&pageId=77156)

Resources include: picture books, storytelling kits, fact sheets, bookmarks, posters, videos, energy reduction guides, and much more.
What is the Air Quality Health Index (AQHI)?

The Air Quality Health Index is a national health-based index to help individuals protect their health, and the health of people in their care from poor air quality.

This tool is designed to help you make better decisions to protect your health by limiting short-term exposure to air pollution and adjusting your activity levels during poor air days. This index pays particular attention to people who are sensitive.

The AQHI communicates four primary things:

- A number from 1 and 10+ indicating the quality of the air. When the amount of air pollution is very high, the number will be reported as 10+.
- A category that describes the level of health risk associated with the index reading (e.g. Low, Moderate, High, or Very High Health Risk).
- Health messages customized to each category for both the general population and the ‘at risk’ population.
- Current hourly AQHI readings and maximum forecasted values for today, tonight and tomorrow.

How do I use the Air Quality Health Index?

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<thead>
<tr>
<th>Health Risk</th>
<th>Air Quality Health Index</th>
<th>Health Messages</th>
</tr>
</thead>
</table>
| **Low**     | 1 - 3                    | **At Risk Population**
|             |                          | Enjoy your usual outdoor activities. |
|             |                          | **General Population** |
|             |                          | Ideal air quality for outdoor activities. |
| **Moderate**| 4 - 6                    | Consider reducing or rescheduling strenuous activities outdoors if you are experiencing symptoms. |
|             |                          | **No need to modify** your usual outdoor activities unless you experience symptoms such as coughing and throat irritation. |
| **High**    | 7 - 10                   | Reduce or reschedule strenuous activities outdoors. Children and the elderly should also take it easy. |
|             |                          | Consider reducing or rescheduling strenuous activities outdoors if you experience symptoms such as coughing and throat irritation. |
How is the AQHI calculated?

The formula developed to calculate the Air Quality Health Index is based on research conducted by Health Canada using health and air quality data collected in major cities across Canada.

The Air Quality Health Index represents the relative risk of a mixture of common air pollutants which are known to harm human health. Three pollutants were chosen as indicators of the overall outdoor air mixture:

- Ground-level ozone \((O_3)\)
- Fine particulate matter \((PM_{2.5})\)
- Nitrogen dioxide \((NO_2)\)

In Ontario, the AQHI number also considers hourly comparisons of individual pollutant concentrations to Ontario’s Ambient Air Quality Criteria (AAQC).

If hourly air pollutant concentrations are higher than Ontario’s AAQC, and the AQHI value is in the low or moderate risk categories, then the Air Quality Health Index value is replaced with the appropriate High or Very High risk value. This adjustment is relevant for:

- Ozone
- Nitrogen dioxide \((NO_2)\)
- Sulphur dioxide \((SO_2)\)
- Carbon monoxide \((CO)\)
- Total reduced sulphur (TRS) compounds

If the following pollutant thresholds are exceeded when the Air Quality Health Index is Low or Moderate risk (6 or less), then the AQHI is replaced with the appropriate High or Very High risk value (7 or greater):

- 80 parts per billion for ozone
- 200 parts per billion for nitrogen dioxide
- 250 parts per billion for sulphur dioxide

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<tr>
<th>Health Risk</th>
<th>Air Quality Health Index</th>
<th>Health Messages</th>
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<tbody>
<tr>
<td>Very High</td>
<td>Above 10</td>
<td>Avoid strenuous activities outdoors. Children and the elderly should also avoid outdoor physical exertion. Reduce or reschedule strenuous activities outdoors, especially if you experience symptoms such as coughing and throat irritation.</td>
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<tr>
<th>At Risk Population*</th>
<th>General Population</th>
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What is the difference between the Air Quality Index I am used to and the Air Quality Health Index?

The Air Quality Health Index is a new approach to communicating about air quality that offers more protective health information. The Air Quality Health Index presents the immediate health risk of the combined effects of the air pollution (smog) mixture.

The Air Quality Health Index is a personal health protection tool for individual Ontarians, especially those most at risk: children, seniors, and people with diabetes, heart and lung disease. The old Air Quality Index had a scale of 0-100+, with values usually in the range of 10-60, and poor air quality designated as values above 50. The Air Quality Health Index is a simplified scale from 1-10+ with three categories “low, moderate and high risk” within this range.

When did Ontario stop reporting the Air Quality Index?

On June 24, 2015, in partnership with Environment Canada, the Ontario Ministry of the Environment and Climate Change adopted the national Air Quality Health Index to report air quality in Ontario.

Resources Available from the Health Department

AQHI resources are available for order/download at: http://www.halton.ca/For-Residents/Public-Health/Health-Resource-Database

Resources include: an AQHI toolkit, videos, tip cards, fact sheets, bookmarks, posters, spin wheels, and much more. Resources are available in multiple languages.
## Services and agencies

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<tr>
<th>Agency and Contact Number(s)</th>
<th>Website</th>
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<tr>
<td><strong>Allergy Aware</strong></td>
<td><a href="https://www.allergyaware.ca">https://www.allergyaware.ca</a></td>
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<td><strong>Children’s Aid Society</strong></td>
<td><a href="http://www.haltoncas.ca">www.haltoncas.ca</a></td>
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<tr>
<td><strong>Child Care Directory and Information Line</strong></td>
<td>Email: <a href="mailto:childcaresearch@thrc.ca">childcaresearch@thrc.ca</a></td>
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<td><strong>Environment Canada</strong></td>
<td><a href="http://www.weatheroffice.ec.gc.ca">www.weatheroffice.ec.gc.ca</a></td>
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<td><strong>Fire Prevention Inquiries</strong></td>
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<tr>
<td>Burlington</td>
<td>905-637-9536</td>
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<tr>
<td>Oakville</td>
<td>905-338-4404</td>
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<tr>
<td>Milton</td>
<td>905-878-9251</td>
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<td>Halton Hills</td>
<td>905-877-1133</td>
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<td><strong>First Aid Courses - St. John’s Ambulance</strong></td>
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<tr>
<td>Oakville</td>
<td>905-469-9325</td>
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<td>Burlington</td>
<td>905-634-6665</td>
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<td><strong>Halton iParent</strong></td>
<td><a href="http://https://haltoniparent.ca/iparent/Home.aspx">https://haltoniparent.ca/iparent/Home.aspx</a></td>
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<td><strong>Halton Information Providers</strong></td>
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<tr>
<td>For information on community, health, or social services, dial 311</td>
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<tr>
<td><strong>The Regional Municipality of Halton</strong></td>
<td><a href="http://Halton.ca">Halton.ca</a></td>
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<td>Dial 311</td>
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<td>Child Care Subsidy</td>
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<td>Program Support Services</td>
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<td>Infant and Child Development Program</td>
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<td>Integration Behavioural Services</td>
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<td>Social Assistance</td>
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<td>Health Protection</td>
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<td>HaltonParents</td>
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<td>Healthy Babies, Healthy Children</td>
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<td>Health Protection</td>
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<td>Agency and Contact Number(s)</td>
<td>Website</td>
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<tr>
<td>Halton Parents</td>
<td>Email: <a href="mailto:haltonparents@halton.ca">haltonparents@halton.ca</a></td>
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<td>Blog: <a href="http://haltonparents.wordpress.com">http://haltonparents.wordpress.com</a></td>
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<td>Twitter: <a href="http://www.twitter.com/HaltonParents@haltonparents">www.twitter.com/HaltonParents@haltonparents</a></td>
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<td>Infant and Toddler Safety Association</td>
<td>519-570-0181</td>
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<td>Information Burlington</td>
<td>905-639-3611 x 1222 email: <a href="mailto:cob@burlington.ca">cob@burlington.ca</a></td>
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<td>Information Oakville</td>
<td>905-815-2046 x 1222 email: <a href="mailto:informationoakville@oakville.ca">informationoakville@oakville.ca</a></td>
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<td>Information Milton</td>
<td>905-875-2655 x 3234 email: <a href="mailto:info@milton.ca">info@milton.ca</a></td>
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<td>Links2Care</td>
<td>Acton: 519-853-3310 Georgetown: 905-873-6502 or Oakville: 905-844-0252 <a href="http://www.links2care.ca">www.links2care.ca</a></td>
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<tr>
<td>Milton Community Resource Centre</td>
<td>905-876-1244</td>
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<tr>
<td>Ministry of Education – Central West Region</td>
<td><a href="http://www.edu.gov.on.ca/childcare">www.edu.gov.on.ca/childcare</a></td>
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<td>Ministry of Children &amp; Youth Services – Central West Regional Offices</td>
<td>905-567-7177</td>
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<td>Motherisk</td>
<td>416-813-6780</td>
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<td>EarlyON Child &amp; Family Centres</td>
<td>Acton: 519-853-2574 Georgetown: 905-873-2960</td>
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<td>Burlington: 905-632-9377 Milton: 905-876-1244</td>
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<td>Oakville: 905-849-6366</td>
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<td><a href="http://www.edu.gov.on.ca/childcare/familyprograms.html">http://www.edu.gov.on.ca/childcare/familyprograms.html</a></td>
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<td>Public Health Agency of Canada</td>
<td><a href="http://www.phac-aspc.gc.ca">http://www.phac-aspc.gc.ca</a></td>
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<td>Preschool Speech and Language 905-855-2690</td>
<td><a href="http://www.erinoakkids.ca">www.erinoakkids.ca</a></td>
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<tr>
<td>Poison Information Centre 416-813-5900 or 1-800-268-9017</td>
<td><a href="http://www.ontariopoisoncentre.ca">www.ontariopoisoncentre.ca</a></td>
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<tr>
<td>Reach Out Centre For Kids (ROCK) 905-634-2347</td>
<td><a href="http://www.rockonline.ca">www.rockonline.ca</a></td>
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<tr>
<td>The Halton Resource Connection 905-875-4600</td>
<td><a href="http://www.thrc.ca">www.thrc.ca</a></td>
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Publications


