

Child Care Health Resource

Part II: Healthy Child



October 2016

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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 you who will be using this resource will be familiar with some of the information. 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: Health Protection

Part II – Child Care Health Resource Manual: Healthy Child

The reference section that follows includes telephone numbers & websites, if available, of the agencies, groups and websites mentioned in the text.

Relevant Legislation

There are a number of pieces of legislation that pertain to certain aspects of 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*

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. This is the seventh revision.

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 and sees, talks and 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 and emotional well-being. These early experiences provide the foundation for how children learn, think, feel and behave as they transition into adulthood.

The Ministry of Education's new Pedagogy for Early Learning and Child Care Programs in Ontario is How Does Learning Happen? Is the key to children's success.

<http://www.edu.gov.on.ca/childcare/HowLearningHappens.pdf>

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

[Think, Feel, Act: Lessons from research about young children](#)

In support of educators working in the field of early childhood the Ontario Ministry of Education has developed a number of resources. To see the entire collection of resources please click on the link above.

Factors that influence a child's social and emotional well-being include:

- **Positive, caring relationships providing the 'building blocks' for social development**

Relationships in the early years set the stage for all other relationships in a child's life providing the foundation for social development.

<http://www.videodelivery.gov.on.ca/player/download.php?file=http://www.media.gov.on.ca/fdd/531f9f931e86d/en/pages/text.html>

<http://www.youtube.com/watch?v=0EYXx9il64> (another alternative)

- **Secure attachment to a loving caregiver**

A child who is securely attached is more self-confident and enthusiastic in exploring their environment and more competent in mastering new challenges. This exploration provides experiences that are important for development.

http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/serve_and_return/

<http://www.youtube.com/watch?v=6bul1meciGE> (another alternative)

- **Consistent and responsive caregiving to foster security in a young child**

A child's primary caregiver plays a major role in socio-emotional development. Consistent and responsive caregiving fosters a sense of security in a young child promoting confident exploration of the surrounding environment.

<http://www.videodelivery.gov.on.ca/player/download.php?file=http://www.media.gov.on.ca/8ff3438299b87b8c/en/pages/text.html>

- **A goodness of 'fit'**

Inborn, biological traits determine whether a child is more likely to be adaptable, slow to warm or spirited. It is important for caregivers to understand their child's natural strengths and challenges and adopt caregiving strategies that make the environment as supportive as possible for the unique temperament of their child.

<http://www.youtube.com/watch?v=gp3LmoAcfPA>

- **Nurturing environments to help shape the developing brain**

The early years are a critical time in brain development, and a supportive, stimulating and caring environment supports development and positive lifelong outcomes.

<http://www.videodelivery.gov.on.ca/player/download.php?file=http://www.media.gov.on.ca/836d50c32dcb1c22/en/pages/text.html>

- **The opportunity to play. Learning happens through play.**

Play is the work of children. Play positively supports children's social/emotional, physical, cognitive, language and literacy skills. It is essential to a child's overall healthy development. 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.

<http://www.edugains.ca/newsite/fulldaykinder/videoplayblearning.html>

http://www.youtube.com/watch?v=h_-1O_rBLPU (alternate)

- **Toxic stress. Toxic stress interferes with healthy brain development.**

Stress in small doses in the context of a supportive environment is important for healthy development. 'Toxic', chronic stress however can hinder development by interfering with the healthy development of the brain and a child's ability to learn.

http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/toxic_stress/

- **Resilient parents/caregivers to raise resilient kids. Resilient children are more likely to thrive.**

By learning to be positive, committed, and persevering, children (and adults) can increase resiliency. People who are more resilient are less likely to experience depression and anxiety, and more likely to have healthy relationships.

http://developingchild.harvard.edu/resources/multimedia/videos/theory_of_change/

http://developingchild.harvard.edu/index.php/resources/multimedia/videos/inbrief_series/inbrief_science_of_ecd

<http://www.youtube.com/watch?v=cmCgxiWGyFk>

<http://www.youtube.com/watch?v=0XG8uOWEBbc> (long but good)

- **Children developing within the context of their culture.**

Culture defines a child's overarching values, expectations, and behavioural norms providing the context for an individual child's social and emotional development.

<http://www.youtube.com/watch?v=Rs-AhKbljs>

It takes a 'team' to raise a healthy child. Engaging parents as partners in their child's education can lead to a greater understanding of a child's needs and how they learn best.

<http://www.videodelivery.gov.on.ca/player/download.php?file=http://www.media.gov.on.ca/83f6465ee5e189d9/en/pages/text.html>

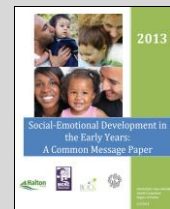
For more information about the factors that contribute to the healthy social and emotional development of young children please refer to the following:

Social-Emotional Development in the Early Years: A Common Message Paper 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 young children
- Support and information related to each message
- Resources and links supporting further learning

The resource can be found at: [www.halton.ca/early learning and child care](http://www.halton.ca/early_learning_and_child_care)



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 running, jumping)
- **Fine-motor skills** (i.e. coordination of small muscles such as 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 dress by themselves)

Key points about children's development:

- Development occurs on a continuum and usually follows a sequence.
- Earlier skills need to be mastered before they can acquire more complex skills.
- Children develop at their own rate. At times, a child may take a long time to master a new skill; at other times, he may seem to skip a skill in the expected sequence.
- All areas of development are linked. For example, learning to talk involves many skills that include motor, social, emotional and thinking skills.

Through careful observation, assessment and communication with the child's parents, caregivers can:

- Draw a clear picture of each child within their setting.
- Plan activities that support healthy child development.
- Identify and respond early when concerns about a child's development are noted.

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

- 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>

Nipissing District Developmental Screen™

A 'developmental screen' such as the [Nipissing District Developmental Screen™ \(NDDS\)](#) is a tool designed to provide an easy-to-use method of recording the development and progress of a child.

The areas of development covered by the NDDS include:

- Vision
- Hearing
- Communication
- Gross and fine motor
- Cognitive
- 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 NDDS).

All 13 screens are available free of charge by:

- Dialing 311
- Order online for mail delivery (for Halton residents only) at:
http://webaps.halton.ca/forms/NDDS_request.cfm
- Through the NDDS website: <http://www.ndds.ca/ontario/>

The NDDS 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.

Don't take a 'Wait and See' approach. Early identification should lead to early intervention.

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 NDDS 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.

Benefits for children:

- Timely access to important services and supports
- Improve key skills need to support learning
- Feel good about themselves!

Benefits for Caregivers:

- Learn about activities that you can do with children to support his/her development.
- Discover community services and supports.
- Increase your confidence knowing that you are doing everything you can for the children in your program.
- Have a sense that you are not alone.

The benefits of seeking help early:

<http://www.videodelivery.gov.on.ca/player/download.php?file=http://www.media.gov.on.ca/40b850ef77b8b6c1/en/pages/text.html>

Planning Activities for Children

Each NDDS lists age appropriate activities on the back of each screen. The activities are coded with an icon to represent a primary area of development. These activities can be used to plan curriculum and/or enhance a child's development.

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 seeing help right away:

- 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 further support right away, you can connect them to ASK

ASK (formerly known as DEIPP)

What is ASK?

ASK is designed for families with children born in 2013 or later 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 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 your 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 your questions and concerns regarding parenting and your child's behaviour.

- **Development**

A Consultant can talk to you about any concerns you might have and can answer questions about your child's overall development.

A Public Health Nurse will also be available at clinics to provide information on nutrition, safety, immunization, parenting, etc.

- ASK Coordinator
905-825-6000 ext. 2531

How Halton Region can help:

Where caregivers have checked 0 or 1 “no” on the NDDS but have questions or concerns about their 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 caregivers have checked 2 or more “no’s” on the NDDS, they can call 311 to speak with Halton Region staff about their concerns.

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

[Click here](#) to find out more about community services available to children and families of your centre.

Support for families

Parents and/or guardians set the foundation for early learning by providing an environment that is warm, nurturing and encourages trust. Working together with families, child care providers are in a wonderful position to continue to foster a child’s healthy development by helping children 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.

Halton.ca/haltonparents has many resources for parents that may assist you. This resource contains active links to the relevant area of the website, but if you are viewing this on paper please visit Halton.ca/haltonparents at your convenience.

[Importance of play](#)
[Physical activity](#)
[Healthy eating](#)
[Immunizations](#)
[Oral health](#)
[Keeping your child safe](#)
[Toilet learning](#)
[Aggression](#)
[Separation anxiety](#)
[Sleep challenges](#)
[Temper tantrums](#)
[Healthy sexuality](#)
[Stress and young children](#)
[Stress and parenting](#)
[Developing healthy self esteem](#)
[Kindergarten Ready, Set, Go!](#)

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, develop a sense of competence so that they feel good about themselves and enjoy learning.

A child may however 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 good-bye 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 back together again at the end of the day.
- **Maintain communication with their child care provider.** Encourage parents/guardians to check-in 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.
- **Encourage 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 Differing Abilities

Your child care centre will have children at differing levels of abilities. A child may be designated as having "special needs" before he/she comes to you. If this is the case, you will most likely have resource support to help you regarding the child's program.

Occasionally a child's special needs may start to show/develop while the child is in your care. If you are concerned about a child and the parent(s) or guardian(s) are receptive to seeking help right away, encourage them to call Halton Region at 311 for further assessment. If parent(s) or guardian(s) are not comfortable with further support right away, you can encourage them to call Halton Region in order to ask about support in their area.

Children with "differing needs" are children who have developmental delays, or are at risk of future developmental delay. Risk of future developmental delay may be because of prematurity, difficult delivery, illness in the early days of life, other medical problems, etc. Delays may be in some 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 that suit and support their individual needs. 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 differing abilities, please contact Halton Region by calling 311.

Toilet Learning

Learning to go to the toilet is part of a child's natural development. While some 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.
- 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. Generally, children's satisfaction over results encourages them to continue the learning process. Encouragement and verbal praise from adults provide positive and appropriate support. 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 need to feel a sense of belonging through feeling connected, valued, by building relationships and making connections with others. Occasionally something happens and the child's capacity for dealing with the situation is momentarily lost. Supporting children is important. 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.

¹ Extracted from Canadian Pediatric Society: *Well Beings, A Guide to Health in Child Care 2008*

Meeting the Challenge also states that 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 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. The “B” refers to the actual **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. The “C” part of the observation is the **Consequence**. What did the educator do to help the child work through the situation? Did the educator inadvertently reinforce the negative behaviour e.g. give a treat to Tyler who is now crying after biting Alyssa. The child learns ‘if I cry, I get what I want’ or ‘I avoid next steps’. Through the observations and conversations the team can determine what is triggering the child’s behaviour and from there a plan can be developed to support the child.

If further support is required for your team, please contact centralizedintake@thrc.ca or call 905-875-4600 ext. 133

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.
- 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 - three appropriate choices.
- Use natural and logical consequences.
- Be consistent, fair and firm.
- Provide opportunities for children to make amends and take responsibility.

Intervention:

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 the Halton Region at 311. Many resources are available on health and parenting topics as well are parenting programs such as Triple P Parenting, and Nobody's Perfect Parenting. If classroom support is needed, call centralizedintake@thrc.ca or call 905-875-4600 ext. 133

Sexuality

Children are continually learning. Sexuality is one of the topics about which they are often curious. This is a normal, healthy part of their development.

Matching Children’s Sexuality Development With Best Teaching Practices

Infants and Toddlers

Developmental Expectations	Recommended Practices
Explore body parts, including genitals	Adults express healthy, accepting attitudes about children’s bodies
Develop positive or negative attitude about own body	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
Experience genital pleasure	Adults express healthy, accepting attitudes about children’s body functions
Encouragement to develop male or female identity	Adults praise accomplishments and help children to feel competent; parents are primary source of affection and care
Learn expected gender behaviours	Adults respect children’s developing preferences as a healthy indicator of self-esteem; caregivers plan for active and quiet play for all children

Preschoolers

Developmental Expectations	Recommended Practices
Aware of and curious about gender and body differences	Adults use children’s natural curiosity to make sense of their world
Masturbate unless taught not to	Adults facilitate the development of self-control, use redirection, and have expectations which match child’s developing capabilities
Engage in various forms of sex play	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
Establish firm belief that they are either male or female	Adults facilitate opportunities to develop positive social skills; adults provide opportunities for children to gain understanding about themselves through observing and interacting with others

Enjoy bathroom humour	Adults use positive guidance techniques and have expectations which match child's development
Repeat curse words	Adults facilitate the development of self-control in children by using positive guidance such as modeling appropriate language
Curious about where they came from	Adults use children's natural curiosity to make sense of their world; adults help children to understand themselves through interacting with other people

Kindergarten and Primary Children

Developmental Expectations	Recommended Practices
Continue sex play and masturbation	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
Curiosity about pregnancy and birth	Adults build on children's internal motivation to make sense of the world; teachers and parents are partners in the educational process
Strong same-sex friendships	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
Strong interest in stereotyped gender roles	Adults plan and implement activities and materials to enrich the lives of children
Have a basic sexual orientation	Adults view each child as a unique person; adults facilitate positive self-esteem
Choose gender-stereotypical activities	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
Tease and call names	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

Abuse prevention

People who provide care for children in home child care settings are in a special position to ensure children are safe. Abuse prevention and abuse detection are important components for 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 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. The Halton Children's Aid Society encourages you to call, give them an overview of the suspected abuse and they will guide you through the process of reporting in cases of both abuse and/or suspected abuse. Call the **Children's Aid Society** 905-333-4441 or 1-800-465-2145.

Be prepared that the family may be upset, angry and even hostile following your report of abuse. This is understandable. You can support the family by:

- Avoiding to place 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 the required support. Names and telephone numbers of family service and counselling agencies can be accessed through the 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

Child's Appearance	Child's Behaviour
<ul style="list-style-type: none"> • Bruises and welts <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • to the mouth, lips, gums, or eye • to the external genitalia • Glassy and white eye (A shaken retina separates) • Head injuries <ul style="list-style-type: none"> • absence of hair due to pulling • bleeding • Fractures <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 <p><i>*These may be due to reasons other than abuse, e.g. attention deficit disorder or developmental delay.</i></p>

Neglect

Child's Appearance	Child's Behaviour
<ul style="list-style-type: none"> • Failure to thrive due to problems in the home, for example, alcohol problems, financial problems, promiscuity, illness, etc. (There are no medical reasons found for the failure to thrive.) • Consistently dirty, unwashed or inappropriately dressed for weather conditions • Has unattended physical problems or lacks routine medical care (i.e., eyeglasses) • Injuries are inappropriately treated • Vomit burns on face and shoulder area from vomit not being cleaned up right away • Severe diaper rash/cradle cap • Malnourished 	<ul style="list-style-type: none"> • Consistently hungry. Begs or steals food. • Constantly tired or listless. • Rarely attends school; arrives very early before school or is picked up very late. • Seems to require much physical contact and attention. • Poor social relationships with peers. • Takes role of parent, adult in the family. • Engages in delinquent acts such as vandalism, prostitution, drug or alcohol use, etc.

Sexual Abuse

Child's Appearance	Child's Behaviour
<ul style="list-style-type: none"> • Has torn, stained or bloody underclothing. • Has bruises or bleeding of external genitalia, vagina or anal areas. • Has venereal disease. • Has swollen or red cervix, vulva or perineum. • Has semen around mouth or genitalia or on clothing. 	<ul style="list-style-type: none"> • States he/she has been sexually assaulted by someone.* • Complains of pain or itching in the genital area. • Appears withdrawn or engages in fantasy or infantile behaviour. • Has poor peer relationships. • Is unwilling to participate in physical activities.* • Is engaging in delinquent acts or runs away. • Sad, unhappy, poor self-esteem. <p><i>* Of the different types of abuse, this behaviour is unique to sexual abuse.</i></p>

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.

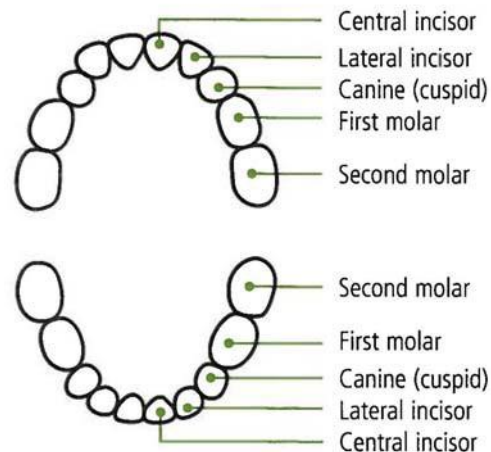
Oral health

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

Tooth Eruption of Primary teeth

Upper Teeth	When Teeth Come in	When Teeth Fall Out
Central incisor	7 – 12 months	6 – 8 yrs.
Lateral incisor	9 – 13 months	7 – 8 yrs.
Canine (cuspid)	16 – 22 months	10 – 12 yrs.
First molar	13 – 19 months	9 – 11 yrs.
Second molar	25 – 33 months	10 – 12 yrs.
Lower Teeth	When Teeth Come in	When Teeth Fall Out
Central incisor	6 – 10 months	6 – 8 yrs.
Lateral incisor	7 – 16 months	7 – 8 yrs.
Canine (cuspid)	16 – 23 months	9 – 12 yrs.
First molar	12 – 18 months	9 – 11 yrs.
Second molar	20 – 31 months	10 – 12 yrs.

Information courtesy of the Ontario Ministry of Health and Longterm Care



Early Childhood Tooth Decay (ECTD)

Early Childhood Tooth Decay (ECTD) is a dental condition where baby teeth decay quickly, which can be expensive and difficult to treat.

A child with ECTD may experience:

- Pain
- Trouble eating
- Problems with speech
- Poor self-image

If baby teeth are lost too early due to ECTD, permanent teeth may come in crooked and crowded.

Early childhood tooth decay happens when teeth are not being cleaned, and liquids other than water are left in the mouth for a long time. When liquids stay on the teeth, the bacteria in the mouth can turn the sugar in the liquid into acid, which causes tooth decay.

To prevent ECTD:

- Avoid constant sipping from a bottle or 'sippy' cup.
- Do not put children to bed with a bottle.

Teething Rings and Pacifiers

If the child has/uses a pacifier:

- Check it regularly to make sure it is in good condition.
- Have parent replace it if it is sticky, cracked or torn.
- Do not dip it in honey sugar or sweetened liquids, as this can cause cavities.
- Do not hang it around the child's neck with a string. This can cause strangulation.

If a teething ring is used:

- It should be Canadian Standards Association (CSA) approved and be chilled/cold but not frozen.
- Teething rings should be cleaned after every use. Follow manufactures' instructions for cleaning.

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 the 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 in area of injury.
- Immediately go to hospital.

Resources include:

- [Snacking and Your Teeth](#)
- [Early Childhood Tooth Decay](#)
- [Give Your Child a Healthy Happy Smile](#)
- [Your Child's First Dental Visit](#)
- [Thumb and Finger Sucking](#)

Financial Assistance for Dental Treatment

If a child requires dental treatment, there is financial assistance for children and youth under 17 years of age, who qualify. Parents/caregivers can call 311 to find out if their child qualifies for assistance.

Head lice

Children get head lice. As a matter of fact, 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 visit your centre, caregivers can help parents know how to treat and prevent the spread of head lice. With knowledge, preventive efforts and early treatment, the spread of head lice in a child care setting and in the community can be reduced.

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

- Head lice have nothing to do with personal cleanliness. Anybody can get head lice.
- 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 these tiny, wingless, greyish or brown insects are difficult to see as they move away quickly when you part the hair. You are more likely to see the eggs of the head louse. These 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.

Head lice do not cause illness and they have nothing to do with lack of cleanliness. **Anyone** can get head lice.

What to do if head lice are present

Notify parents of the presence of head lice so that their children can be checked as well as other family members.

Tell the parents there is treatment for head lice. A pharmacist can recommend a product that

kills the head lice and their eggs. The pharmacist should be asked if there are any special precautions to take while using the product. It is important to note that some products **may not** be recommended for young children, people with allergies, pregnant or breastfeeding mothers. If unsure, the doctor should be consulted.

Alternative or natural treatments

Currently there is a lot of information available on alternative treatments, some of which claim to be safer and more effective than the traditional treatments for head lice. All products, whether they are natural or not have risks associated with them. Some natural products can even be toxic if used full strength. Other methods like mayonnaise, oil, vinegar, wet-combing, etc. may not have risks associated with them but there is no scientific evidence that they work. (Canadian Paediatric Society, October 2008; Sick Kids Hospital, June 2008).

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

The most common reason for getting head lice back again is from having head to head contact with someone who doesn't know that he/she has head lice. This could be a child or an adult, a family member, or a friend.

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. Normal routine household cleaning is sufficient. However, there are 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. That way head lice will be found early, before they have a chance to spread.
- Children should also 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)
- [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 nurse in the Family Health Information Team or visit www.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.
- 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

The Child Care Early Years Act requires providers to offer meals and snacks to children in their care, such as food and drink requirements, posting of menus and allergies, and special dietary and feeding arrangements. Refer to the Act for more details.

For more information contact Halton Region

Dial 311 or 1-866-4HALTON (1-866-442-5866), TTY 905-827-9833, www.halton.ca

Healthy eating & menu planning resources

[Good Beginnings](#)

A free online preschool nutrition course developed by Registered Dietitians for Childcare Professionals in Ontario. This course reflects the revised Child Care and Early Years Act.

[TeachNutrition](#)

Support ECEs and teachers with nutrition information, activities, recipes and resources for both centre and home based providers.

For more information and support visit the following websites:

[Halton Region: Nutri-STEP](#)

[Halton Region: Early Learning & Child Care Professionals](#)

[Eating Well with Canada's Food Guide](#)

[Health Canada: Nutrition for Healthy Term Infants 0-24 months](#)

[Dietitians of Canada](#)

[Eat Right Ontario](#)

Moving and Growing Series

This series of three books outlines physical activities and games for children from birth to six years of age. Canadian Institute of Child Health revised and expanded 2004.

<http://www.cich.ca/> Tel: (613) 230-8838

Canadian Physical Activity and Sedentary Behaviour Guidelines for Children 0-4 Years

These guidelines provide recommendations for the amount and types of physical activity that offer substantial health benefits to children. They also provide recommendations for the amount of time that children should spend inactive. The Canadian Society for Exercise Physiology (CSEP), 2012.

<http://www.csep.ca/guidelines> Call toll-free: 1-877-651-3755 x226

A new Early Learning Resource that promotes healthy active living is now available through Ophea.

It is suitable for Kindergarten teachers, Early Childhood Educators or Early Learning Teams. The activity cards and additional support materials are available for free in English and French.

<http://earlylearning.ophea.net/>

Suggested Reading

Fit Kids: A Practical Guide to Raising Healthy and Active Children from Birth to Teens Mary Gavin, MD, Steven Dowlson, MD & Neil Izenberg, MD; Heart and Stroke Foundation of Canada; 2004.

Active Start for Healthy Kids: Activities, Exercises, and Nutritional Tips Stephen J. Virgilio; Human Kinetics; 2006

365 Activities for Fitness, Food and Fun for the Whole Family, Sweet, Julia; 2001

For further web links on this topic, please visit Halton.ca [Healthy Child Links](#)

Resources available electronically and through Halton Region:

[Let Me Move – Watch Me Grow](#)

[Canadian Physical Activity and Sedentary Behaviour Guidelines for Children 0-4 Years](#)

For more information about physical activity and preschoolers or to order paper copies of the documents listed above contact Halton Region Dial 311 or 905-825-6000, toll free 1-866-4HALTON (1-866-442-5866), TTY 905-827-9833, www.halton.ca

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. Parents lead such busy lives, and are often stressed and pressed for time; thus the child care setting provides the opportunity 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—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 age five their 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 under one hour per day, less is better.
- By age five screen time should be limited to no more than two hours a 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 play.
- Be an active role model by participating in games, dancing, action songs and outdoor play yourself.

Resources

Moving and Growing Series

This series of three books outlines physical activities and games for children from birth to six years of age. Canadian Institute of Child Health revised and expanded 2004.

<http://www.cich.ca/> Tel: 613-230-8838

Canadian Physical Activity and Sedentary Behaviour Guidelines for the Early Years 0-4 and Children 5-11 Years These guidelines provide recommendations for the amount and types of physical activity that offer substantial health benefits to children. They also provide recommendations for the amount of time that children should spend inactive. The Canadian Society for Exercise Physiology (CSEP), 2011.

<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.
- The activity cards and additional support materials are available for free in English and French. <https://www.ophea.net/article/healthy-happy-days-early-learners>

Suggested Reading

Fit Kids: A Practical Guide to Raising Healthy and Active Children from Birth to Teens Mary Gavin, MD, Steven Dowson, MD & Neil Izenberg, MD; Heart and Stroke Foundation of Canada; 2004.

Active Start for Healthy Kids: Activities, Exercises, and Nutritional Tips Stephen J. Virgilio; Human Kinetics; 2006

365 Activities for Fitness, Food and Fun for the Whole Family, Sweet, Julia; 2001

Resources available electronically and through the HaltonParents webpage:

[Let Me Move – Watch Me Grow](#)

[Canadian Physical Activity and Sedentary Behaviour Guidelines for the Early Years \(Infants\) 0-4](#)

For more information about physical activity for preschoolers or to order paper copies of the documents listed above contact Halton Region at 311 or visit 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 centre.

- 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

<http://www.halton.ca/cms/One.aspx?portalId=8310&pageId=10126>, 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.

Hyacinth	Calla Lily	Mistletoe
Daffodil (bulbs)	Elephant's Ear	Rosary Pea
Narcissus (bulbs)	Castor Bean	Arnica
Oleander	Philodendron	Dieffenbachia

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 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.
- Check Health Canada's website for toy recalls and warnings: <http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/index-eng.php>

Resources:

Canadian Partnership for Children's Health & Environment (CPCHE)
www.healthyenvironmentforkids.ca

Health Canada – Is Your Child Safe?
<http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/safe-securite-eng.php>

Animals and pets

Animals can be exciting and educational; however, careful consideration is required before introducing an animal into a child care centre.

Injury and illness caused by animals and their environments

- 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.

Choosing a pet

- Consult with parents - special considerations may be needed for children who are immunocompromised, allergic, or asthmatic.
- Rabbits and rodents (mice, rats, hamsters, gerbils, guinea pigs, chinchillas) can be suitable pets when recommendations under the *Animal Care, Animal Handling, and Cleaning and Disinfection* sections are followed.
- The U.S. Centres for Disease Control (CDC) cautions that certain animals should not be allowed in child care centres with children younger than five years of age: reptiles (e.g. turtles, snakes, and lizards), amphibians (e.g. frogs, toads, salamanders, and newts), live poultry (e.g. chicks, ducklings, and goslings) and ferrets.

Animal care

- Ensure the animal has appropriate veterinary care. Dogs and cats must be vaccinated for rabies.
- Provide a suitable environment for the animal.
- Animal food and treats should be stored and handled in a sanitary manner to avoid contamination.
- Do not allow animals or birds in areas where food is stored, prepared and served (as per the Food Premises Regulation 562/90).
- 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.
- 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. Animal bites, scratches or other contact that may put a person at risk for rabies are reportable to the Health Department.

For more information on rabies, please visit <http://www.halton.ca/rabies> or call 311 to speak to a public health inspector.

Cleaning and disinfection

- Hand washing should be supervised after handling of animals, their food, toys and habitats.
- Surfaces contacted by animals and their belongings should be cleaned and disinfected.
- Small animal cages should be cleaned and disinfected at least weekly. Avoid disturbing the dust when discarding the bedding material.
- Animal cages and enclosures should not be cleaned in sinks used for food preparation and obtaining drinking water.

Petting zoos, farms and animal exhibits

Adults and children have become very ill after visiting petting zoos and other animal exhibits. Please visit the Halton Region website for more information on preventing disease and injury at petting zoos: <http://www.halton.ca/cms/One.aspx?portalId=8310&pageId=38076>

Resources:

Compendium of Measures to Prevent Disease Associated with Animals in Public Settings (Appendix D), May 2011, National Association of State Public Health Veterinarians, Inc: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6004a1.htm?s_cid=rr6004a1_w#AppD

Animals in Schools and Daycare Settings. CDC Website: <http://www.cdc.gov/features/animalsinschools/>

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 new car seats sold in Canada must have a label saying that it meets Canadian Motor Vehicle Safety Standards (CMVSS). They must have national safety mark on them. Car seats should not be used if they are past the lifespan recommended by the manufacturer.
- It is illegal to use a car seat purchased in the USA or other countries in Ontario (unless you are a visitor).



National Safety Mark

Health Canada has information about use of car seats at:

<http://www.hc-sc.gc.ca/cps-spc/pubs/cons/index-eng.php>

- Be appropriate for the age and size of the child. There are various types of car seats:
 - Infant car beds (special order for premature infants weighing less than 5 lbs.)
 - Rear facing infant-only car seats
 - Convertible car seats (infant/child)
 - Combination seats (child/booster)
 - Booster seats
 - Integrated (built-in) child car seats.
- Note: Check car seat manufacturer's instructions for specific weight and height restrictions of seat.
- Be installed correctly and the child is harnessed in seat properly according to the manufacturer's 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 numerous resources available through the Early Years Health Program of the Halton Region Health Department for individuals and groups who are concerned with car seat safety. Please call Halton Region at 311 or visit halton.ca/haltonparents for more information.

Infant equipment

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

- Follow manufacturer instructions and restrictions for weight and age.
- Check equipment often to ensure it is in good condition and that all of the safety features of the product are present and working.
- Ensure equipment meets current and applicable safety standards set by Consumer Product Safety – Health Canada:
<http://www.hc-sc.gc.ca/cps-spc/index-eng.php>
- 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>

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 and 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 go to [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 special 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 centimetres (one inch) of water.
5. Boys are more likely to drown than girls, perhaps because adults expect more risk taking behaviour than girls.

Additional resources and information for drowning prevention – visit [Parachute Canada](#)

Weather safety

The Child Care and Early Years Act requires at least two hours daily for children to play outside or at least 30 minutes for school age children, weather permitting. It may be too cold, too hot or too sunny to be safely outside. Here are some guidelines to follow to decide if outdoor activity should be postponed or if special precautions need to be taken.

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 <http://www.halton.ca/cms/one.aspx?portalId=8310&pageId=13692> 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 you 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 become 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.

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 more information on cold alerts, visit: <http://www.halton.ca/cold>

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

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.

Extreme heat

Environment Canada notifies the health department directly when their weather surveillance indicates an impending heat event in our area. This evidence-based criteria takes 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](#) poses a risk to our health in Halton Region and in many other communities across southern Ontario. Halton Region has [various 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 from these environmental impacts.

If a high risk (7 or more) [Air Quality Health Index \(AQHI\)](#) value is forecast to last for 1 to 2 hours, then a Special Air Quality Statement (SAQS) will be issued. The purpose of a Special Air Quality Statement is to be precautionary and to be vigilant of your health as it relates to the Air Quality Health Index.

If the high risk Air Quality Health Index is forecast to be persistent, a 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 www.halton.ca. A banner on the main page will advise if an alert is in effect.

Sign up for Halton Region's e-alert system at <http://www.halton.ca/cms/one.aspx?portalId=8310&pageId=13692> to receive automatic notifications for heat and smog alerts.

Are you at risk?

Those at risk during heat and smog related weather conditions include **infants and young children**, especially those with chronic heart and lungs disease, including asthma, and those taking certain medications. Parents should be directed to speak to their family doctor regarding their children's medications.

Other factors include: obesity, fever, dehydration, poor circulation and sunburn.

Prevent heat related illness

People suffer heat-related illness when their bodies are unable to cool themselves properly. The body normally cools itself by sweating but sometimes this is not enough. In these cases, a person's 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?

- Join Halton Region e-alert system at:
<http://www.halton.ca/cms/one.aspx?portalId=8310&pageId=13692>
- Check the Air Quality Health Index every day at 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 carpools.
- 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 or
<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?

Health Risk	Air Quality Health Index	Health Messages	
		At Risk Population*	General Population
Low	1 - 3	Enjoy your usual outdoor activities.	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.
Very High	Above 10	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.

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 (O₃)
- Fine particulate matter (PM_{2.5})
- Nitrogen dioxide (NO₂)

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 (NO₂)
- Sulphur dioxide (SO₂)
- 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
- 30 parts per million for carbon monoxide
- 27 parts per billion for and total reduced sulphur compounds

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 www.halton.ca/aqhi.

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

Agency and Contact Number(s)	Website
Allergy and Asthma Information Association 1-800-611-7011	www.aaia.ca
Children's Aid Society 905-333-4441 or 1-800-607-5437	www.haltoncas.ca
Child Care Directory and Information Line 905-875-0235	email: childcaresearch@thrc.ca
Consumer Products Safety – Hamilton Health Office 905-572-2845	www.hc-sc.gc.ca/cps-spc/index-eng.php
Environment Canada	www.weatheroffice.ec.gc.ca
Fire Prevention Inquiries Burlington 905-637-9536 Oakville 905-338-4404 Milton 905-878-9251 Halton Hills 905-877-1133	
First Aid Courses - St. John's Ambulance Oakville 905-469-9325 Burlington 905-634-6665	
Halton iParent	www.ourkidsnetwork.ca
Halton Information Providers For information on community, health, or social services, dial 311	
The Regional Municipality of Halton Dial 311 Child Care Subsidy Program Support Services Infant and Child Development Program Integration Behavioural Services Social Assistance Health Protection HaltonParents Healthy Babies, Healthy Children Health Protection	www.halton.ca

Agency and Contact Number(s)	Website
<p>Halton Parents</p> <p>Email: haltonparents@halton.ca</p> <p>Blog: http://haltonparents.wordpress.com</p> <p>Twitter: www.twitter.com/HaltonParents@haltonparents</p>	
<p>Infant and Toddler Safety Association</p> <p>519-570-0181</p>	
<p>Information Burlington</p> <p>905-639-3611 x 1222</p>	<p>cob@burlington.ca</p>
<p>Information Oakville</p> <p>905-815-2046</p>	<p>informationoakville@oakville.ca</p>
<p>Information Milton</p> <p>905-875-2655 x 3234</p>	<p>info@milton.ca</p>
<p>Links2Care</p> <p>Acton: 519-853-3310 Georgetown: 905-873-6502 or Oakville: 905-844-0252</p>	<p>www.links2care.ca</p>
<p>Milton Community Resource Centre</p> <p>905-876-1244</p>	<p>www.mcrc.on.ca</p>
<p>Ministry of Education – Central West Region</p>	<p>www.edu.gov.on.ca/childcare</p>
<p>Ministry of Children & Youth Services – Central West Regional Offices</p> <p>905-567-7177</p>	
<p>Motherisk</p> <p>416-813-6780</p>	<p>www.motherisk.org</p>
<p>Ontario Early Years Centres</p> <p>Acton: 519-853-2574 Georgetown: 905-873-2960 Burlington: 905-632-9377 Milton: 905-876-1244 Oakville: 905-849-6366</p>	<p>http://www.edu.gov.on.ca/childcare/familyprograms.html</p>
<p>Public Health Agency of Canada</p>	<p>http://www.phac-aspc.gc.ca</p>

Agency and Contact Number(s)	Website
Preschool Speech and Language 905-855-2690	www.erinoakkids.ca
Poison Information Centre 416-813-5900 or 1-800-268-9017	www.ontariopoisoncentre.ca
Reach Out Centre For Kids (ROCK) 905-634-2347	www.rockonline.ca
The Halton Resource Connection 905-875-4600	www.thrc.ca

Publications

Canadian Paediatric Society: Well Beings: A Guide to Health in Child Care, Third Edition. Ottawa: Canadian Paediatric Society, 2008.

<https://bookstore.cps.ca/stock/books>

Canadian Paediatric Society, Dietitians of Canada and Health Canada. Nutrition for Healthy Term Infants, Minister of Public Works and Government Services, Ottawa, 2005.

<http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/index-eng.php>

<http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/recom-6-24-months-6-24-mois-eng.php>

**Canadian Safety Standards Association, CAN/CSA Z614-07
Children's Playspaces & Equipment 2007**

Cost \$70 Order on-line or by calling 1-800-463-6727

<http://shop.csa.ca/en/canada/public-and-community-safety/injury-prevention/icat/injuryprevention>

Halton Region Children's Health Services: Children & Sexuality: A guide for parents & caregivers of young children

<http://www.halton.ca/cms/One.aspx?portalId=8310&pageId=112362>

Pest Management Regulatory Agency, Health Canada 1-800-267-6815

<http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/pmra-arla/index-eng.php>

