New Nouveau Brunswick

Operator Manual

Full-time and Part-time Early Learning and Childcare Centres

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Full-time and Part-time Early Learning and Childcare Centres
Education and Early Childhood Development

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Throughout this manual, the word "parent" includes parents and guardians.

Acknowledgement

We would like to acknowledge the many resource materials and manuals from across Canada that were consulted and referenced during the development of this manual.

Section 1: Definitions

Administrator: an individual appointed by an operator to provide on-site supervision of the day-to-day activities of a facility, and includes an operator who carries out these duties

Alternate care provider: an individual chosen by the operator to provide care for children in an ELC home in the absence of the operator. This person may also be referred to as a staff member

Applicant: an individual or corporation that submits an application to operate a facility under the *Early Childhood Services Act*

Associated person: a person who is at least 18 years of age and resides in a facility but excludes an operator

Child: a person who is 12 years of age or under

Early Childhood Services Act **(ECS Act or Act):** the legislation that regulates licensed early learning and childcare in New Brunswick

Early learning and childcare home (ELC Home): a licensed facility at which services are provided in a home setting for more than four continuous hours per day and three or more days per week to a group of children under subsection 7(4) of the *Licensing Regulation – Early Childhood Services Act*

Early learning and childcare licensing staff (ELC licensing staff): an employee of the Department of Education and Early Childhood Development who is authorized under the *Early Childhood Services Act* to inspect licensed early learning and childcare facilities. ELC licensing staff support licensees and applicants to achieve and maintain compliance with licensing requirements and respond to complaints and serious incidents reported about and by childcare facilities.

Educator: an operator or a staff member of a full-time or part-time early learning and childcare centre who is at least 16 years of age and who works directly with children

Educator assistant or support personnel: a staff member aiding in the integration of children with additional support needs who may require assistance to participate in activities at the early learning and child care facility

Extended hour services: services provided at a licensed facility after 12 consecutive hours of services have been provided or after services have been provided for five days in a week.

Facility: an early learning and childcare facility at which services are provided (includes both ELC centres and ELC homes)

Full-time early learning and childcare centre (full-time ELC centre): a licensed facility at which services are provided for more than four continuous hours per day and three or more days per week to a group of children under subsection 7(2) of the *Licensing Regulation – Early Childhood Services Act*

Infant: a child who is under 2 years of age.

Licence: a licence issued under section 6 of the Act or renewed under section 12

Licensee: an individual or corporation that operates a facility under the *Early Childhood Services Act* and may be referred to as operator

Licensed facility: a facility for which its operator holds a licence or a probationary licence

Minister: the Minister of Education and Early Childhood Development and includes any person designated by the Minister to act on the Minister's behalf

Operator: an individual or corporation that operates a facility

Overnight services: services provided at a licensed facility between 8 p.m. and 6 a.m.

Part-time early learning and childcare centre (part-time ELC centre): a licensed facility at which services are provided to one of the following groups:

(a) a group of children under subsection 7(3)(a) of the *Licensing Regulation* for four consecutive hours per day or fewer or for fewer than three days per week, or

(b) a group of children under subsection 7(3)(*b*) of the *Licensing Regulation*.

Preschool child: a child who is 2 years of age or over and who is not yet attending school.

School-age child: a child who is attending school

Services: services related to the care, supervision or development of a child which are provided by a person other than the child's parent or guardian

Staff member: a person who is employed in a facility, and includes an administrator and a volunteer

Traffic area: hallways, entrances and other clearly delineated spaces that link the rooms or that lead outdoors

Section 2: General Information

2.1 Introduction

All early learning and childcare (ELC) facilities in New Brunswick must be licensed under the authority of sections 3 and 4(1) of the *Early Childhood Services Act*. It is an offence to operate an ELC facility without a licence issued by the Minister of Education and Early Childhood Development. The department is responsible for the licensing, inspecting, ongoing monitoring, and investigating of ELC facilities.

2.2 It is the law: what you need to know about the *Early Childhood Services Act and Licensing Regulation - Early Childhood Services Act*

The Department of Education and Early Childhood Development is responsible for the *Early Childhood Services Act* which is enforced through the following three regulations;

- *Licensing Regulation – Early Childhood Services Act*,
- *Childcare Subsidies Regulation – Early Childhood Services Act*, and
- *Programs for Children with Autism Spectrum Disorder Regulation – Early Childhood Services Act*.

The *Early Childhood Services Act* and the *Licensing Regulation – Early Childhood Services Act* prescribe the requirements that operators must follow in operating an early learning and childcare facility.

Together, the Act, regulation, policies and guidelines establish the mandatory rules of operation for all licensed ELC facilities.

Operators are responsible for understanding their legal responsibility in operating an ELC facility. They are required to ensure that the facility, as well as staff members (including volunteers), comply with the Act and the regulations.

2.3 The purpose of the Operator's Manual

This Manual is designed to help applicants and operators of ELC homes. When used in conjunction with the Act and the regulations, this Manual will be an important point of reference. It should be noted that it does not replace the Act or the regulations which set out the legal requirements for licensing. It provides information about terms used in the Act and the regulations, how to apply for or renew an ELC facility licence, as well as what is involved in the inspection and monitoring of ELC facilities.

This Manual will:

- inform operators of ELC facilities of their legal obligations under the *Early Childhood Services Act* and *Licensing Regulation – Early Childhood Services Act*: http://laws.gnb.ca/en/ShowPdf/cs/E-0.5.pdf;
- inform operators of their responsibility to comply with the requirements of the *Early Childhood Services Act* and *Licensing Regulation – Early Childhood Services Act* : http://laws.gnb.ca/en/ShowPdf/cr/2018-11.pdf
- provide clarity on the intent of the Act and the *Licensing Regulation – Early Childhood Services Act*; and
- inform operators of required forms, guidelines and resources.

2.4 How changes are made to the manual

With regulatory changes and as our knowledge and understanding of best practices in early childhood education continuously grows, this manual will require updates. They will be posted on the website of the Department of Education and Early Childhood Development:

www2.gnb.ca/content/gnb/biling/eecd-edpe.html

Operators will be advised of any updates made to the manual and will be required to ensure their copy is always the most current one available.

2.5 How the manual works

The Manual is laid out in the following manner:

Legislation

- According to the topic of the section, segments of the Act and/or the *Licensing Regulation – Early Childhood Services Act* are stated.

Intent

- Describes the purpose of the section of the Act and the regulations.

Indicators

- Identifies specific indicators of compliance to assist operators and applicants comply with regulatory requirements in operating a licensed early learning and childcare facility.
- Indicators are confirmed during inspections by three methods:
  - Observation – situations observed by ELC licensing staff during a site visit.
  - Documentation – information gathered by reviewing written documents (e.g., reviewing policies and procedures, reviewing files and records).
  - Dialogue – confirmation of compliance obtained through discussion with operators.

What you need to know

Provides information to enhance understanding of specific regulations.

Describes the essential action and practice to assist operators to accomplish the requirements of the regulation.

- Provides ideas and practices that are part of a quality ELC program.

Appendices

- Relevant appendices are located at the end of the manual and referenced in each section.

2.6 Operator responsibilities

An operator of an ELC home is responsible for the following:

- comply with the Act, the regulations and any other policies and guidelines as prescribed by the Minister;

- develop and implement operational policies, which must comply with the Act and the regulations;
- if using an alternate care provider, develop written personnel policies, including job descriptions, job responsibilities and requirements;
- report suspected abuse and/or neglect directly to the Department of Social Development;
- ensure all information pertaining to checks with the Department of Social Development and criminal record checks/vulnerable sector checks is kept confidential as required by section 55 of the Act*;*
- during hours of operation considers the home to be a business and agrees to follow regulatory requirements that may not apply outside of childcare hours;
- ensure parents have the opportunity to visit the childcare facility any time during the hours of operation to observe their child, program activities, the building, the grounds, and equipment without having to secure prior approval; and
- ensure a variety of early learning opportunities are offered that value each child individually while ensuring quality inclusive childcare practices which meet the needs of children and their parents.

Section 3 – Inspections and Enforcement

3.1 Legislative authority

Section 2.01 of the Act provides the Minister the authority to establish policies and guidelines and section 63 provides the authority to make regulations governing the licensing and operation of ELC facilities.

3.2 Responsibilities of early learning and childcare licensing staff

Under section 27(1) of the Act, the Minister appoints inspectors (ELC licensing staff) to enforce the Act and *Licensing Regulation – Early Childhood Services Act*.

ELC licensing staff are comprised of the following three positions:

- Quality Assurance Monitor
- Inspector
- Investigator

ELC licensing staff:

- licence, inspect, monitor and investigate ELC facilities;
- assist applicants when applying to operate an ELC facility;
- provide consultation, guidance and support to operators; and
- respond to inquiries from the public.

3.3 Inspections

Section 22 of the Act establishes the legal authority to conduct inspections.

Inspections are conducted to prevent risk to and provide for the safety and security of children. During inspections, relevant sections of the Act and the regulations are evaluated for compliance.

Once the inspection has been completed, ELC licensing staff will issue an Inspection Report, which provides the results and details any non-compliance items. ELC licensing staff will review the report with the operator. The inspection report is to be posted at the facility.

3.3.1 Initial licensing inspection

This inspection occurs when an application is made for the initial licence to operate an ELC facility. Its purpose is to ensure compliance with the Act and the regulations. The inspection will be scheduled in advance by ECS licensing staff. Before a licence is issued, several inspections of the premises are made to ensure compliance with the Act and the regulations.

3.3.2 Annual licensing inspection

Unannounced licensing inspections occur annually prior to the expiry of the facility licence. An application for the renewal of a licence must be received at least 90 days prior to the expiry of the current licence to

indicate the operators' intent to renew. If non-compliance items are identified, follow-up inspections may be conducted and a licence is not issued until the ELC facility is in compliance with the Act and regulations.

3.3.3 Monitoring inspection

A monitoring inspection is an unannounced inspection to the ELC facility made throughout the year to assess the facility's compliance with the Act and the regulations. The length and detail of the inspection will vary depending on the focus of the inspection and the facility's compliance history. The number of inspections within a 12-month period is based on the amount of follow-up necessary to achieve and maintain compliance.

3.3.4 Complaint and incident inspection

ELC licensing staff investigate complaints and incident reports received by the Department of Education and Early Childhood Development. An unscheduled inspection may be conducted by an ECS coordinator, who will gather information in regard to a complaint or incident that has been received.

ELC licensing staff may:

- review the facilities' records and documents;
- take photographs; and/or
- interview parents, children or other relevant people.

ELC licensing staff must inform the operator of the allegations and may conduct investigations as considered necessary without the consent of the operator.

ELC licensing staff will document the details of the investigation. If ELC licensing staff remove records, a signed form outlining what has been removed and when it will be returned will be left with the operator. The operator will be notified in writing of the outcome of the complaint or incident investigation and will be provided with an opportunity to respond.

If the operator is required to take measures to remedy the non-compliance(s) as a result of the investigation, ELC licensing staff will complete follow-up inspection(s) to confirm that the non-compliance(s) have been remedied.

Depending on the nature of the incident, complaint or non-compliance, it may be necessary to notify parents of the investigation. At the conclusion of the investigation, a final written report will be provided to the operator. A letter will be sent to parents of the outcome.

Depending on the nature of the report, other departments, such as the Department of Social Development, the local policing authority, Department of Health or Office of the Fire Marshal, may be involved in the investigation.

3.4 Issuance of licence

Section 6 of the Act describes the issuance of a licence.

No person shall operate an ELC facility unless that person holds a licence.

Where an application has been received and the Minister is satisfied that the applicant or licensee, the premises and the services are all in compliance with the Act and the regulations, a licence is issued for up to one year.

The licence specifies:

- the operator and location of the facility;
- the class of licence;
- the maximum number and ages of children permitted;
- the expiry date; and
- any terms or conditions imposed on the licence.

3.5 Order for compliance

Section 28 of the Act provides the authority to the Minister to issue an order for compliance when an inspection determines that the facility is not being operated or maintained in compliance with the Act, regulation or its licence.

An order for compliance is issued as part of the inspection report and contains the following:

- details as to the facility's lack of compliance with the relevant sections of the Act and regulations;
- the regulation number, the regulation wording, the details of the violation;
- the changes required to bring the facility into compliance with the Act and regulation; and
- compliance dates based on the nature and severity of the non-compliances.

As part of the inspection report, the order for compliance is posted at the facility entrance for parents and visitors to see.

Failure to comply with the compliance order may result in the suspension or a recommendation for the removal of the facility's licence.

ELC licensing staff verify compliance with the order by conducting monitoring inspections to the facility.

3.6 Probationary licence

Section 29 of the Act gives the Minister the authority to suspend the licence and issue a probationary licence to the operator in the following circumstances:

> 29(1)(a) the Minister is of the opinion the facility is not being operated or maintained in compliance with this Act, the regulations, its licence or a provision of any other Act prescribed by regulation; or
>
> 29(1)(b) the Minister has reasonable grounds to believe that the operator knowingly made a false statement in an application under section 5 or 11 or in a document or record required to be maintained or filed under this Act or the regulations.

A probationary licence:

- indicates there are significant areas of non-compliance in meeting the requirements of the Act and the regulations;
- is valid for no more than three months and cannot exceed the unexpired term of the suspended licence. For example, if the suspended licence expires in two months, the probationary licence would expire in two months as well.

In addition to the items shown on a licence, the probationary licence details:

- the non-compliance(s) resulting in the probationary licence;
- the corrective measures the operator must take to remedy the non-compliance(s); and
- the time within which the operator must comply.

Once a facility has met the conditions of the probationary licence, the licence will be reinstated, not to exceed the remainder of the term of the reinstated licence. This means that, for example, if the reinstated licence expires on June 30, the expiry date remains June 30.

If an operator fails to complete the corrective measures indicated on the probationary licence, the Minister may:

- refuse to reinstate the suspended licence; or
- renew the probationary licence for one additional period of no more than three months if the failure to comply was due to reasons beyond the operator's control.

3.7 Review of decision

Sections 33, 34, 35 and 36 of the Act provide the authority for a licensee or applicant to request a review of a decision. It is stated that where an operator disagrees with a licensing decision or action, a request for the review of the decision is made on a form provided by the Minister. The following decisions are eligible for review:

- the refusal of an application for a licence;
- the refusal of an application for the renewal of a licence;
- a decision to issue a probationary licence; and
- a decision to refuse to reinstate a suspended licence.

Requests for review must be received by the Minister within 10 days of issuance of the decision. The Minister shall complete the review of a decision within 15 days after the request for the review is received by the Minister.

In the case of a licensed facility, the facility may continue to operate while the request for review is being evaluated.

3.8 Waiting period after refusal or revocation

Section 15 of the Act states there is a length of time a person must wait before they may reapply for a licence when one has been refused or revoked. Section 19 of the *Licensing Regulation – Early Childhood Services Act* establishes this period as three years.

3.9 Excluded services

Section 2.4 of the Act outlines services that do not require a licence to operate. Examples of excluded services:

- drop-in programs where parents are present onsite, such as those offered by family resource centres, fitness centres and multi-cultural associations;
- a recreational, sports, artistic or other single-focus program that does not have a care component;
- services that are provided on a seasonal basis or for not more than ten weeks in a calendar year.

Section 4 – Licensing

4.1 Classes of licensed facilities

Licensing Regulation – Early Childhood Services Act

7(1) The classes of licensed facilities are as follows:

(a) a full-time early learning and childcare centre;

(b) a part-time early learning and childcare centre; and

(c) an early learning and childcare home.

7(2) Only one of the following groups of children shall receive services at a full-time early learning and childcare centre:

(a) more than three infants, including the children of the operator;

(b) more than five preschool children, including the children of the operator; or

(c) more than six children, including the children of the operator, if the children are from more than one of the following groups:

(i) the group described in paragraph (a);
(ii) the group described in paragraph (b); and
(iii) school-age children.

7(3) Only one of the following groups of children shall receive services at a part-time early learning and childcare centre:

(a) more than five preschool children, including the children of the operator; or

(b) more than nine school-age children, including the children of the operator.

7(4) Only one of the following groups of children shall receive services at an early learning and childcare home:

(a) three infants, including the children of the operator;

(b) five preschool children, including the children of the operator;

(c) nine school-age children, including the children of the operator; or

(d) six children, including the children of the operator, if the children are from more than one of the groups described in paragraphs (*a*) to (*c*).

7(5) The group referred to in paragraph (4)(*d)* shall include at least one school-age child and shall not include more than two infants.

7(6) The number of children under subsections (2) to (4) means the number of children receiving services at any one time during operating hours.

Intent

To distinguish the different classes of licensed facilities, based on services provided, the ages of the children and the hours of the service.

What you need to know

The term "licensed facility" refers to the following types of classes:

A full-time early learning and childcare centre (full-time ELC centre):

- provides childcare services for:
  - four or more infants;
  - six or more children of the ages two to five; or
  - seven or more children where the children are a mix of infants, preschool and school-age.
- operates more than four continuous hours per day;
- operates three or more days per week.

A part-time early learning and childcare centre (part-time ELC centre):

- providing services to preschool children:
  - operates four or less continuous hours per day or fewer than three days per week;
  - may offer two sessions, each less than four continuous hours, within the same day, to different groups of children; and
  - may be known as preschools or pre-kindergarten programs.
- providing services to school-age children:
  - operates before and after regular school operating hours, or when schools are closed temporarily, or as per the school calendar.

An early learning and childcare home (ELC home) operates:

- in an individual's home.
- more than four continuous hours per day.
- three or more days per week.

Regulatory requirements depend on the class of licensed facility. Examples:

- ELC centres are measured for usable indoor and outdoor play areas.
- requirement for annual fire and health inspections apply to ELC centres.
- ELC homes do not require a fenced outdoor play area.
- ELC homes operate their services within the family living space.

4.2 Maximum number of children

Licensing Regulation – Early Childhood Services Act

8(1) The maximum number of children who may receive services at a facility as indicated on the licence of the facility under paragraph 6(4)(d) of the Act means the maximum number of children receiving services at any one time during operator hours.

8(2) The maximum number of children who may receive services at a full-time or part-time early learning and childcare centre, as indicated on the licence, shall not exceed 60 children, including the children of the operator.

Intent

Establishing a maximum number of children permitted per licence helps to ensure the health and safety of children.

Indicators

1. The number of children in attendance is at no time greater than the number stated on the licence.
2. Centre capacity does not exceed 60 children at any one time.

What you need to know

The maximum number of children who may be present at the ELC home at any given time is recorded on the licence.

Two or more part-time children may share the same licensed space, as long as they are not present or in attendance at the facility at the same time.

The maximum number of children permitted includes those of the operator who are under 12 years of age.

4.3 Application for a licence

Licensing Regulation – Early Childhood Services Act

4(1) For the purposes of subsection 5(2) of the Act, an application for a licence shall be accompanied by the following documents:

(a) a copy of the articles of incorporation under section 3 of the *Business Corporations Act*, if applicable;

(b) proof of compliance with the applicable municipal by-laws;

(c) a copy of the Certificate of Insurance as proof of the insurance policy referred to in section 15 or a statement from an insurer of an intention to provide the Certificate of Insurance;

(d) an operational plan consisting of

(i) a description of the services that will be provided and the measures that will be taken to implement those services,

(ii) a statement of services for a parent or guardian of a child who will receive services; and

(iii) weekly menus;

(e) a criminal record check or vulnerable sector check, as the case may be, conducted on the applicant and a criminal record check conducted on any associated persons, issued during the previous three months;

(f) a check with the Department of Social Development conducted on the applicant and any associated persons and issued during the previous three months;

(g) if the facility is a full-time or part-time early learning and childcare centre

(i) a comprehensive business plan,
(ii) three copies of the official plan of the premises, including the outdoor play area,
(iii) a staffing plan that includes a description of
(A) staff member positions and responsibilities, and
(B) orientation policies and procedures.

4(2) For the purposes of subsection 5(2) of the Act, the fees are as follows:

(b) $200 for a licence to provide services at a full-time or part-time early learning and childcare centre.;

Intent

An application for an ELC facility licence is used to determine if the applicant, the premises, and the services meet the requirements of the *Early Childhood Services Act* and *Licensing Regulation – Early Childhood Services Act*.

Indicators

1. The completed application contains all required documents as listed in regulation 4(1).
2. The application is signed.
3. The application fee is paid.

What you need to know

The licensing process is not initiated until all forms are completed and all documents are received.

Applicants should carefully review the application form and all required documentation prior to submission. Incomplete application forms will be returned, impacting the time required for completion of the licensing process.

ELC licensing staff reviews the documents once the application is received, and works with the applicant until all licensing requirements are met.

An ELC facility application package is available at the Department of Education and Early Childhood Development's website.

No person under the age of 19 can apply for a licence to operate an ELC facility.

Operators of licensed ELC facilities must comply with all relevant municipal by-laws, including zoning by-laws. Applicants must check what other by-laws are applicable to their facility (for example, building inspections and parking requirements).

It is acceptable to submit with the application either a valid insurance policy or a letter of intent to provide insurance. Prior to the issuance of a licence, a valid insurance policy must be provided.

As per regulation 5, statements of compliance from the Office of the Fire Marshal and Health Protection Services are required prior to the issuance of a licence. In order to obtain these statements of compliance, the respective ELC Plan Review Forms are to be submitted with the application and are included in the application package. Statements of compliance will be issued once all requirements are met and the fire prevention officer and public health inspector have completed their inspections. See section 4.11.

Official plans are drawn to scale, and must include the required information, as outlined in the application. Architectural plans are not required.

Fees are submitted with the application, payable to the Minister of Finance and are non-refundable. Cash is not accepted as a form of payment.

Names of ELC facilities must be confirmed by ELC licensing staff prior to operators using. Names chosen must not be the same as an existing facility operating within the province.

Operators may also verify their business name with the Corporate Registry at Service New Brunswick to ensure that no other business has the same name. Names can only be registered with SNB once they have been approved by the Department of Education and Early Childhood Development.

No advertising for childcare registration occurs during the licensing process unless the advertisement states that an application for a licence has been made to the Department of Education and Early Childhood Development.

The licensing process may take six to 12 months. The timeframe required to obtain a licence will depend on a number of factors such as:

- the extent of any renovations required;
- purchasing of equipment;
- hiring of staff members; and
- obtaining all departmental approvals.

An application is inactive when the applicant has had no contact with departmental staff for six months or longer. If this occurs, the file is closed. To re-activate the file, the applicant is required to submit a new application.

ELC licensing staff contacts the applicant to schedule the licensing inspections. This is the only time that visits are scheduled; once a facility is licensed, all inspections are unannounced.

A licence may be issued with terms and conditions detailing operating requirements, such as being approved for extended hours or temporary full-time services.

4.4 Application to renew a licence

Licensing Regulation – Early Childhood Services Act

6(1) An application for the renewal of a licence shall be made at least 90 days before the expiration date of the licence.

6(2) For the purposes of subsection 11(2) of the Act, an application for the renewal of a licence shall be accompanied by the following documents:

(a) a copy of the Certificate of Insurance as proof of the insurance policy referred to in section 15;

(b) if the facility is a full-time or part-time early learning and childcare centre,

(i) a statement of compliance from a medical officer of health appointed under the Public Health Act stating that the facility meets lighting, ventilation and other general health standards under the Public Health Act,

(ii) a statement of compliance from the fire marshal, the deputy fire marshal or a fire prevention officer appointed under the Fire Prevention Act stating that the facility meets fire prevention standards under the Fire Prevention Act,
(iii) the operational plan referred to in paragraph 4(1)(d), if changes have been made to the plan, and
(iv) the staffing plan referred to in subparagraph 4(1)(g)(iii), if changes have been made to the plan;

6(3) For the purposes of subsection 11(2) of the Act, the fees are as follows:

(a) $75 for a licence to provide services to up to 25 children;

(b) $112.50 for a licence to provide services to 26 to 60 children; and

(c) $150 for a licence to provide services to more than 60 children.

Intent

An application to renew a licence for an ELC facility is used to determine if the licensee, the premises and the services meet the requirements of the *Early Childhood Services Act* and *Licensing Regulation – Early Childhood Services Act*.

Indicators

1. The completed renewal application contains all required documents as listed in regulation 6.
2. The application is signed.
3. The licensing fee is paid.
4. A current statement of compliance from a medical officer of health has been received.
5. A current statement of compliance from a fire prevention officer has been received.

What you need to know

At least 120 days before a licence expires, operators receive a renewal application form which must be submitted to the Quality Assurance Monitor at least 90 days prior to the expiry of the current licence. This is the operator's formal request to renew their licence.

If the submitted renewal application is incomplete or the required documentation is missing, the renewal process will be delayed. The licensing process will not be initiated until all forms are complete and all documents are received.

ELC licensing staff reviews the documents once the application is received, conducts unannounced inspection visits and works with the licensee until all licensing requirements have been met.

The operational plan and staffing plan are reviewed yearly, and any changes are submitted with the renewal application.

Fees are payable to the Minister of Finance and are non-refundable. Cash is not accepted as a form of payment.

Each year the fire prevention officer and public health inspector conduct an inspection. When all requirements for licensing are met, a statement of compliance for continued licensing is provided to ELC licensing staff.

To ensure compliance to the *Early Childhood Services Act* and the *Licensing Regulation – Early Childhood Services Act*, several inspection visits may be conducted before a licence is issued. The licence is renewed if the licensee, premises and services meet the requirements of the *Early Childhood Services Act* and *Licensing Regulation – Early Childhood Services Act*.

A licence may be issued with terms and conditions detailing operating requirements, such as being approved for extended hours or temporary full-time services.

4.5 Temporary full-time services

Licensing Regulation – Early Childhood Services Act

18(1) An applicant for a licence to operate a part-time early learning and childcare centre or a licensee of a part-time early learning and childcare centre may apply to the Minister on a form provided by the Minister for an approval to provide full-time services during the summer, on holidays and on any school closures.

18(2) Despite any provision of this Regulation, if the Minister approves the application under subsection (1), the licensee is subject to the same requirements as a licensee of a part-time early learning and childcare centre.

Intent

Part-time ELC centres intending to offer temporary full-time services during the summer, holidays and any school closures must be approved.

What you need to know

An operator of a part-time ELC centre, who intends to offer temporary full-time services, may make such a request at the time of application or renewal of licence. If not already approved to offer temporary full-time services, operators may apply by May 1st on the Change in Services application form available from the ELC licensing staff.

The offering of temporary full-time services is indicated as a condition on the licence.

4.6 Insurance

Licensing Regulation – Early Childhood Services Act

15 An applicant for a licence or a licensee shall obtain and maintain insurance that includes the following:

(a) general liability insurance for the benefit of the operator and staff members; and

(b) motor vehicle insurance if children receiving services at the licensed facility will be transported in a motor vehicle by or on behalf of the operator.

Intent

Applicants and licensees have appropriate and adequate insurance coverage that protects the business, the operator, staff members and public.

Indicators

1. There is a current insurance policy that includes general liability coverage for all staff members.
2. The insurance policy shows coverage for all vehicles owned by the operator and used to transport children.

What you need to know

A minimum of $2 million in comprehensive general liability coverage is recommended.

Insurance coverage protects against legal action brought by third parties where bodily injury or property damage is alleged to have occurred, including coverage for excursions away from the facility.

If a facility is transporting children in personal vehicles of staff members or parents, the operator should:

- request proof of mandatory automobile insurance; and
- consult with their insurance carrier to ensure appropriate and adequate coverage.

In consultation with an insurance carrier, appropriate coverage is obtained before any outings out of the ordinary; for example, a trip out of the local area, or an outing on a recreational vehicle, such as a boat.

Non-profit boards of directors should purchase board of directors' liability insurance.

4.7 Non-profit organizations

Licensing Regulation – Early Childhood Services Act

16(1) If an operator of a full-time or part-time early learning and childcare centre is a non-profit organization, the board of directors shall consist of at least five elected members of whom at least 20% are parents or guardians of a child receiving services at the centre.

16(2) Despite subsection (1), the first board of directors shall consist of at least five elected members of whom at least 20% are parents or guardians of a child who will receive services at the full-time or part-time early learning and childcare centre.

Intent

Parental/guardian representation on the board of directors shows they are valued and their input is encouraged when making decisions on the operation of a non-profit centre.

Parents serving on the board of directors allows for parents to contribute in the management of the service and be an important partner in their child's education.

Parental participation in early learning and childcare facilities can help support children beyond their early years. Research states that when parents are involved with their child's early childhood education, they are more likely to stay involved when their child enters the school system.

Indicators

1. List of board members is posted.
2. There are at least five elected members; at least 20 % are parents of children receiving services.

3. For new facilities, the application lists the first board of directors, showing at least five elected members; at least 20 % are parents of children who will receive services.

What you need to know

Revenue Canada describes or defines non-profit organizations as associations, clubs, or societies organized and operated exclusively for social welfare, civic improvement, pleasure, recreation, or any other purpose except profit.

The board of directors is the operator of a non-profit centre and is responsible for the operation of the facility. Members of the board of directors should be knowledgeable on their responsibilities in respect to the *Early Childhood Services Act, Licensing Regulation – Early Childhood Services Act*, the New Brunswick *Human Rights Act*, the *Employment Standards Act* and regulations, and other relevant guidelines for records management, staffing, privacy, access to information and confidentiality practices.

For more information about the responsibility of board of directors, see http://www.legal-info-legale.nb.ca/en/index.php?page=welcome_aboard_handbook.

4.8 Changes to a facility

Licensing Regulation – Early Childhood Services Act

28(1) An operator of a licensed facility shall not change the allocation of space used to provide services or add to or alter any building or facility or any part of them unless the Minister has approved the changes in writing.

Intent

To ensure that children are safe, no changes are made to the use of any space at the facility without approval of the Minister.

Indicators

1. There are no changes to the measured and allocated indoor and outdoor play areas since the last inspection.

What you need to know

Only approved space, indoors and outdoors, is used for regular activities.

Any change to services offered or use of the premises must be approved by the ELC licensing staff. For example, when:

- adding a new age group;
- moving infants to a different room;
- changing infant rest area, etc.

An Application for Changes form must be completed and forwarded to the Quality Assurance Monitor prior to any changes to the facility.

Changes in room arrangements – for example, furniture and equipment – do not require prior approval.

Parents are notified prior to any changes being made to the facility.

Renovations

Physical or structural changes to the premises require the submission of the ELC plan review forms for the Office of the Fire Marshal and Health Protection Services. No renovations should be started until the operator has received recommendations from the Office of the Fire Marshal and Health Protection Services.

Approval from ELC licensing staff and statements of compliance from a fire prevention officer and public health inspector must be received before the space can be used.

ELC licensing staff determine how the renovation will affect the childcare operation and if service and/or licensing changes need to be made during renovations.

Parents are informed 30 days prior to the start of renovations to allow them to deal with concerns such as allergies and disruption of services.

4.9 Relocation of an ELC centre

Early Childhood Services Act

16 A licensed facility may be operated only at the premises specified in the licence issued to its operator.

Intent

Services may only be provided at the location as identified on the licence.

What you need to know

Licences are not transferable to another location. For example:

- If a licensed centre wishes to relocate, an application must be received for a new location as the existing licence is only for the current address.
- If a licensed centre is located in a room in a school and wishes to move within the school, an application must be received for the new room as the existing licence is only for the current.

To relocate a licensed facility, an operator must submit an Application for Changes form, with all required documents, to the Quality Assurance Monitor at least 60 days in advance. Since the extent of the renovations at the new location may impact the time to licence, the form should be submitted as soon as possible.

Parents are advised in writing (email or letter) 30 days in advance of the relocation.

Prior to operation in the new location, ELC licensing staff conduct an inspection and statements of compliance are received from a fire prevention officer and a public health inspector.

Based on the suitability of the new premises, licensing at a new location is not guaranteed (for example, if the new location does not meet the 10% window requirement in each room used for play).

4.9.1 Emergency relocation

In the event of an unforeseen circumstance, such as fire or flood, and the facility is required to relocate temporarily, operators must:

- immediately consult with ELC licensing staff to advise of the situation;
- find an appropriate location for a temporary site (usually any public assembly building, such as a church or recreation centre is a good location);
- consult with municipal by-law authorities; and
- not relocate until site has been inspected and approved.

ELC licensing staff leads the process to work quickly with other licensing partners to minimize disruption to families and children.

In the event that the relocation will be for more than two months, the operator must submit an Application for Changes form with the required documents.

4.9.2 Alternate location

Where a facility plans to use an alternate location regularly, the request to use the space must be submitted for approval prior to using.

For example, where a licensed space is regularly not available on a specific day and the facility is required to operate out of another premise, the alternate location must be approved by departmental staff and other licensing partners. This is not the same as having a regularly scheduled outing, such as swimming, where the licensed space is still available for use.

4.10 Sale and closure of an ELC centre

Early Childhood Services Act

8 A licensee may not transfer or assign a licence to another person.

Intent

As each applicant must be verified suitable to operate a licensed facility, licences cannot be transferred to another person.

What you need to know

Licences are not transferable from one operator to another.

A change in ownership occurs when a centre is sold; therefore the new owner becomes a new applicant and must submit an application as per section 4 of the *Licensing Regulation – Early Childhood Services Act*. Prior to a licence being issued, the applicant must meet all requirements of the *Early Childhood Services Act* and *Licensing Regulation – Early Childhood Services Act*.

If there are no changes within the facility or how rooms are used, the ELC Plan Review Form for the Office of the Fire Marshal is not required. New applicants must consult the local fire prevention officer for instruction on the fire safety plan. A statement of compliance from the fire prevention officer, dated within the past 12 months, must accompany the application for licence.

An ELC Plan Review Form for Health Protection Services is to be submitted with the application.

ELC licensing staff are advised in writing on the Application for Changes form a minimum of 60 days prior to the sale of the facility. This allows the applicant time to complete the application process with minimal to no service interruption.

Parents of children enrolled at the facility are informed of the change 30 days in advance.

When a facility is closing permanently, an Application for Changes form must be submitted to ELC licensing staff and parents notified at least 30 days in advance.

4.11 Roles of licensing partners

Licensing Regulation – Early Childhood Services Act

5 Before issuing a licence to provide services at a full-time or part-time early learning and childcare centre, the Minister shall require the following:

(a) a statement of compliance from a medical officer of health appointed under the Public Health Act stating that the facility meets lighting, ventilation and other general health standards under the Public Health Act, and

(b) a statement of compliance from the fire marshal, the deputy fire marshal or a fire prevention officer appointed under the Fire Prevention Act stating that the facility meets the standards under the Fire Prevention Act.

28(3) The premises of a licensed facility shall comply with

(a) lighting, ventilation and other general health standards under the *Public Health Act*; and

(b) codes and standards under the *Fire Prevention Act*.

Intent

The *Public Health Act* and the *Fire Prevention Act* and their respective standards and regulations are followed to ensure the health, safety and security of the operator, staff members and children.

Indicators

1. A statement of compliance from a medical officer of health has been received.
2. A statement of compliance from a fire prevention officer has been received.
3. Facility complies with applicable standards under the *Public Health Act* and the *Fire Prevention Act*.

What you need to know

Licensing partners are responsible for providing their approvals (statement of compliance) for facilities according to their Act and standards. Without these statements of compliance, a licence cannot be granted.

The Office of the Fire Marshal and Health Protection Services are both branches under the Department of Justice and Public Safety.

Inspections (statements of compliance) are required from the Office of the Fire Marshal and Health Protection Services:

- prior to initial licensing;
- annually, at the time of licence renewal;
- upon relocation of an ELC centre;
- change in services provided (adding a new age group);
- upon completion of renovations to the premises of an ELC centre; and
- at any other time upon the request of ELC licensing staff when situations arise (for example, the discovery of mold).

Public Health inspectors and fire prevention officers may enter the premises at any time to conduct an inspection.

Depending on the community, the fire prevention officer may be the fire marshal, an assistant fire marshal or the local fire chief.

Compliance with Office of the Fire Marshal and Health Protection Services requirements is maintained between inspections.

An application for a food premises licence may be required and applicants are to consult with Health Protection Services before food is served or prepared.

For further information: Service New Brunswick (Application for Food Premises Licence):

https://www.pxw1.snb.ca/snb9000/product.aspx?ProductID=A001P351600&l=e

Application for licence – roles and responsibilities

Health Protection Services

The Public Health inspector will:

- review the plans to ensure that all requested information is present;
- inform the applicant if the building is not suitable for an early learning childcare centre;
- contact the applicant with requirements for compliance;
- arrange an inspection visit with the applicant when the work is completed;
- inform the applicant of any outstanding health protection-related requirements and perform follow-up visits as required; and
- provide a written statement of compliance to both the applicant and ELC licensing staff, once satisfied that all health protection-related requirements are met.

The applicant will:

- contact the public health inspector once all work requirements are completed.
- consult directly with the public health inspector concerning any Health Protection Services requirements and/or follow-up.

Office of the Fire Marshal

The Office of the Fire Marshal will:

- review the plans to ensure that all requested information is present;
- send the review with requirements for compliance directly to the applicant; and
- inform the applicant if the building is not suitable as an ELC centre.

The applicant will:

- consult directly with the fire prevention officer concerning any fire-related requirements and/or follow-up; and
- contact the fire prevention officer once all work requirements are completed.

The local fire prevention officer will:

- conduct an inspection visit;
- inform the applicant of any outstanding requirements and perform follow-up visits as required; and
- provide a written statement of compliance to both the applicant and ELC licensing staff once satisfied that all fire-related requirements have been met.

Renewal of licence – roles and responsibilities

Health Protection Services

The Public Health Inspector will:

- conduct an inspection;
- provide operator with a health inspection report showing that the facility meets the requirements of the *Public Health Act*, or that changes are required;
- provide specific requirements to correct or eliminate any potential health hazards, establishing time frames for any actions or work that need to be done; and
- forward a statement of compliance to ELC licensing staff once all requirements are met.

Office of the Fire Marshal

The fire prevention officer will:

- conduct an inspection;
- provide operator with a fire inspection report showing that the facility meets the requirements of the *Fire Prevention Act* or that changes are required;
- provide specific requirements to correct or eliminate any potential fire and safety hazards or deficiencies establishing time frames for any actions or work that need to be done; and
- forward a statement of compliance to ELC licensing staff once all requirements are met.

Building inspectors

A building permit is required prior to building, locating, relocating, or renovating a building or structure. The building permit will trigger an inspection to ensure that the structure is built to the National Building Code.

Although EECD does not receive statements of compliance from a building inspector, all requirements must be met to be able to operate.

Section 5: Staff Requirements

5.1 Qualifications and training

Licensing Regulation – Early Childhood Services Act

11 The qualifications and training requirements for administrators and educators are as follows:

(a) an administrator or an educator must hold a valid first aid certificate and a valid cardiopulmonary resuscitation certificate;

(b) an administrator or an educator who does not hold a one-year Early Childhood Education Certificate, or training that is equivalent in the opinion of the Minister, must have successfully completed the Introduction to Early Childhood Education course; and

(c) at a full-time or part-time early learning and childcare centre,

(i) an administrator or at least 25% of educators must hold a one-year Early Childhood Education Certificate, or training that is equivalent in the opinion of the Minister, and

(ii) on and after July 1, 2020,

(A) at least 50% of educators must hold a one year Early Childhood Education Certificate or training that is equivalent in the opinion of the Minister, and

(B) an administrator must hold a one-year Early Childhood Education Certificate or training that is equivalent in the opinion of the Minister.

Intent

Trained and qualified administrators and educators help to ensure quality services for the safety, security, learning and development of children.

Indicators

1. Administrator and educator records include a copy of a valid first aid certificate and a valid cardiopulmonary resuscitation (CPR) certificate.
2. First aid certificates are not expired.
3. All educators have successfully completed the Introduction to Early Childhood Education Certificate or hold an Early Childhood Education Certificate.
4. The administrator or 25% of educators hold an Early Childhood Education certificate or training that is equivalent in the opinion of the Minister.

What you need to know

A copy of each educator's qualification certificates are retained on site in each staff member's file. Operators may choose to post a copy of staff training certificates, diplomas or degrees (for example, at the main entrance, staff bulletin boards or in the program areas/rooms).

First Aid and CPR

For the purpose of 11(a) of the *Licensing Regulation – Early Childhood Services Act*, a valid first aid certificate is from a course recognized by WorkSafeNB and includes:

- A 16-hour Standard First Aid with CPR Level C certificate issued from a recognized provider such as:
  - Work Place Standard First Aid and CPR Level C; or
  - Standard Childcare First Aid and CPR Level C.

A 16-hour first aid course is taken every three years to renew.

Recognized first aid providers:

- WorkSafeNB: www.worksafenb.ca/docs/firstaidproviders_e.pdf

Early Childhood Education (ECE)

For a list of educational institutions with recognized ECE programs please see Appendix 25.

Introduction to Early Childhood Education On-line Course

Educators without formal post-secondary Early Childhood Education training are required to register for the Introduction to Early Childhood Education on-line course. The course is provided at no cost to educators and is monitored by an EECD facilitator.

Operators register each new educator as soon as they are hired, operators may contact the quality assurance monitor for more information. A confirmation email will then be sent to the operator to place in the corresponding personnel file, documenting that the educator is waiting for a vacancy in the on-line course.

During inspections, ELC licensing staff will verify that the educator has registered for the training and is waiting for a vacancy in the online course.

Educators are notified as soon as a vacancy becomes available. Once educators are formally enrolled, they are provided with on-line access information as well as a user name and password connecting them to the course content.

5.2 Checks and employability

Licensing Regulation – Early Childhood Services Act

12(1) An operator of a licensed facility shall obtain a criminal record check or a vulnerable sector check, as the case may be, and a check with the Department of Social Development at least every five years.

12(2) An operator of a licensed facility shall ensure that a criminal record check or a vulnerable sector check, as the case may be, and a check with the Department of Social Development is conducted on each individual before he or she becomes a staff member,

12(3) An operator of a licensed facility shall ensure that a criminal record check or a vulnerable sector check, as the case may be, and a check with the Department of Social Development is conducted on each staff member and associated person at least every five years.

12(4) A check with the Department of Social Development in respect of an individual shall contain the following information:

(a) if a court has made an order based on a finding that the individual has endangered the security or development of a child as described in paragraphs 31(1)(*a*) to (*g*) of the *Family Services Act*;

(b) if a court has made an order based on a finding that the individual has endangered the security of another person as described in paragraphs 37.1(1)(*a*) to (*g*) of the *Family Services Act*;

(c) if the Minister of Families and Children has made a finding as a result of an investigation under the *Family Services Act* that the individual has endangered the security or development of a child as described in paragraphs 31(1)(*a*) to (*g*) of that Act; and

(d) if the Minister of Families and Children or the Minister of Seniors and Long-Term Care, as the case may be, has made a finding as a result of an investigation under the *Family Services Act* that the individual has endangered the security of another person as described in paragraphs 37.1(1)(*a*) to (*g*) of that Act.

12(5) An operator of a licensed facility shall maintain a copy of the checks under subsections (1), (2) and (3) at the licensed facility.

13(1) An operator of a licensed facility may employ or otherwise engage a person as a staff member if the person has been convicted of an offence under section 253 of the *Criminal Code* (Canada) but that staff member shall not transport any child in a motor vehicle while acting in the course of his or her employment for five years after the date of his or her conviction.

13(2) An operator of a licensed facility shall not employ or otherwise engage a person as a staff member if the person

(a) has been convicted of an offence listed in Schedule B or for which a pardon has not been granted or in respect of which a record suspension has not been ordered, or

(b) has been identified by a check with the Department of Social Development under paragraphs 12(4)(a) to (d).

Intent

Protection of children from persons who may have a criminal record as listed in Schedule B of the *Licensing Regulation – Early Childhood Services Act*, or a contravention with the Department of Social Development is critical.

Verifying the results of staff members' criminal record checks/vulnerable sector check and checks with the Department of Social Development helps to ensure the safety and security of children.

Indicators

1. Operator and staff members' files contain a copy of a check with the Department of Social Development and a criminal record check/vulnerable sector checks conducted prior to employment and at least every five years.
2. Checks with the Department of Social Development and criminal record checks/vulnerable sector checks verify that staff members are not hired with contraventions or convictions.

What you need to know

A staff member means a person who is employed in a facility, including administrators and volunteers.

Students on practicum placements and parents who are volunteering at the facility attended by their children:

- are not required to have a check with the Department of Social Development or a criminal record check/vulnerable sector check; and
- must never be left alone with children.

In some situations, such as co-operative programs, where parents are counted in the child-to-staff ratio, parents must meet all staffing requirements.

Before staff members start working, they must have completed a check with the Department of Social Development and a criminal record check/vulnerable sector check. A check with the Department of Social Development may also be referred to as "SD Record Check."

Any adult 18 years and over living in the home where the centre is operated, must complete the following checks:

- criminal record check
- check with the Department of Social Development

All required checks must be completed before any new resident moves into the home where the centre is operated.

The procedure for obtaining a Social Development (SD) Record Check is as follows:

- prior to working in the facility, staff members must complete the SD Record Check Consent Form (Appendix 18). Forms which are not completed properly will not be processed. Forms that are not clear will be returned;
- the completed form is forwarded to the Department of Social Development to the address on the top of the form;
- generally, the results will be returned to the operator within two weeks or sooner if possible;
- the results of the SD Record Check must be maintained in the staff member's file;
- if a contravention is indicated, a staff member may request a review of the decision through the Department of Social Development if at least three years have passed since the most recent contravention;
- if a staff member is transferring from one ELC facility to another, a new SD Record Check must be obtained before the employee starts work.
- Social Development record checks are to be done at least every five years.
- The process is slightly different when applying for a licence and it is explained in the Licence Application Guide.

How to complete the form:

- The form must be completed in full.
- In the field "Return to", indicate the email address or fax number where the results should be sent.
- Complete the box at the top right of the form indicating the reason for the request. The following boxes must be chosen when requesting an initial check or renewal check (after 5 years):

	Initial check	Renewal check
For staff members	❍ Initial check	❍ Five year renewal
For operators	❍ Initial check ❍ Owner/Operator	❍ Five year renewal ❍ Owner/Operator
For residents 18 years and over	❍ Initial check ❍ Other	❍ Five year renewal ❍ Other

- Complete the information about the facility: name of agency/service (facility), fax number, address and telephone number
- Complete the required information regarding the applicant (person requesting the check): name, date of birth, address, etc.
- Sign and date the bottom of the consent form.

The procedure for obtaining a criminal record check/vulnerable sector check is as follows:

- staff members are responsible to obtain a criminal record check/vulnerable sector check, from the local police agency;
- some police agencies require a letter requesting a criminal record check/vulnerable sector check be completed. In the case of an operator or new applicant, this can be obtained from the regional office of Early Learning and Childcare. In the case where a staff member is requesting the check, the operator will provide the letter. See Appendix 19 for an example;
- the completed criminal record check/vulnerable sector check is returned to the staff member who retains the original and submits for verification to the operator who will retain a copy;
- the operator reviews the completed search and notes whether there was a criminal record and any relevant convictions or outstanding criminal charges. See Schedule B of the *Licensing Regulation – Early Childhood Services Act* for listing of *Criminal Code* offences;
- if a staff member is transferring from one ELC facility to another, the existing criminal record check/vulnerable sector check may still be valid.

Staff members should request their updated check with the Department of Social Development and criminal record check/vulnerable sector check **four to six months** prior to the expiration date of the current checks.

An updated criminal record check/vulnerable sector check or check with the Department of Social Development should be requested if there is any reason to believe one is needed (for example, if an operator is aware a staff member has been convicted of an offence according to Schedule B of the *Licensing Regulation – Early Childhood Services Act* or has a contravention with the Department of Social Development).

Staffing information is available for review by departmental staff at all inspection visits.

5.3 Confidentiality

Early Childhood Services Act

55(1) Despite the *Right to Information and Protection of Privacy Act*, other than the provisions of that Act relating to the collection, use or disclosure of personal information in the context of an integrated service, program or activity of a public body, all information acquired by the Minister or another person in relation to any person or matter under this Act, whether of a documentary nature or otherwise, is confidential to the extent that its release would tend to reveal personal information about a person identifiable from the release of the information.

55(6) Except as otherwise provided in this Act or in accordance with section 30 of the *Family Services Act,* an operator, an owner of an agency, a person in charge of an agency, a staff member of a facility and an employee of an agency shall not release, or permit or cause to be released, confidential information without the consent of the person from whom the information was obtained and the person to whom the information relates.

Intent

Confidentiality is maintained to protect the child, family and staff members.

Indicators

1. A policy on confidentiality is found in the staff handbook, and in discussions it is evident that staff members understand their responsibilities in maintaining privacy.
2. Informed written consent is obtained before releasing to third parties any identifiable information on the child or family, including social media (for example, posting pictures to Facebook).

What you need to know

Operators must:

- treat child and staff members' records as confidential;
- require written consent from the person involved or, in the case of a child their parents, before releasing personal identifying information pertaining to a staff member, children attending the facility or their family;
- make all records available to authorized departmental staff, on request; and
- develop clear written policies about confidentiality

Considerations for confidentiality policy:

- Discussions regarding confidentiality policies take place with staff members, parents and board members prior to employment, enrolment or assuming responsibilities.
- Questions from parents or staff members concerning other staff members, children or parents, including parents who may have separated, are not encouraged or answered.
- Speaking about a child, in the presence of other children, is never appropriate. Pick the right time and place for this kind of conversation to avoid being heard.

- Personal or domestic information about staff members is never disclosed other than to appropriate persons and in a professional manner.
- Staff members' files are only accessible to authorized persons. Confidential personal information is kept in a separate file (for example, performance appraisals, disciplinary actions, etc.).
- Children's records are only accessible to authorized persons (for example, to staff members who are working with or responsible for those children).

Members of the board of directors, students on practicum placements and others involved with the operation of the facility should sign the confidentiality policy indicating that they understand and will follow it.

Board members are required to respect the confidentiality of information gained as a result of serving on a board such as child/family information, personnel information and finances.

Pictures and videos of children are **not** stored on staff members' personal recording devices, such as telephones, electronic tablets and cameras. Operators are encouraged to purchase cameras for use within the facility.

Non-payment of childcare fees is not personal-identifying information. Information about payment patterns of a family may be released to the operator of another facility.

The *Personal Information Protection and Electronic Documents Act (PIPEDA)* is consulted as it is a federal act that applies to the private sector.

For further information:

- Office of the Privacy Commissioner of Canada (*The Personal Information Protection and Electronic Documents Act*): https://www.priv.gc.ca/leg_c/leg_c_p_e.asp

If an operator chooses to use video monitoring, consult Appendix 27 for guidance.

Section 6: Administration

6.1 Posting

Early Childhood Services Act

21 A licensee shall post the following documents in a clearly visible and prominent place in the facility associated with the licence:

(a) the licence;

(b) a report provided under section 23;

(c) an order issued under section 28; and

(d) a probationary licence issued under section 29.

23 An inspector shall provide an operator with a copy of the inspector's report.

Licensing Regulation – Early Childhood Services Act

25 An operator of a licensed facility shall post in a clearly visible and prominent place on the premises:

(a) the daily routine;

(b) the weekly menus;

(c) instructions regarding evacuation in case of a fire as approved by the fire marshal, deputy fire marshal or fire prevention officer;

(d) the name of the administrator;

(e) the name and telephone number of the inspector;

(f) the name and telephone number of the members of the board of directors, if applicable;

(g) whether a child receiving services at the licensed facility has a life threatening allergy and a description of that allergy; and

(h) if a child has or may be affected by a disease that is required to be reported under the *Public Health Act* and the regulations under that Act by the operator of the licensed facility, the disease that has been reported.

48(6) An operator of a licensed facility shall post information relating to any allergies of the children in the food preparation area.

Intent

Parents, staff members and anyone entering the facility are aware of the licence status and any terms and/or conditions of that licence.

Posting provides parents, staff members and members of the public, information on the facility's compliance with the *Licensing Regulation – Early Childhood Services Act*.

Parents and staff members are well informed of important information regarding the operation of the facility.

Indicators

1. The following are posted in a visible and prominent place.
    (a) the licence;
    (b) the annual inspection report and the most recent monitoring inspection report;
    (c) orders for compliance, if applicable; and
    (d) the probationary licence, if applicable.

2. Items listed in *Licensing Regulation – Early Childhood Services Act* 25 and 47(9) are posted in a visible and prominent place.

What you need to know

Postings are:

- visible, preferably on a parent information board at the facility entrance; and
- kept updated.

Annual inspection reports are to remain posted until the next annual inspection is completed.

Monitoring inspection reports are to be posted until the next monitoring inspection is conducted.

Only the most current licence for the facility is posted.

Probationary licences are posted until all orders for compliance are met and ELC licensing staff have reinstated the suspended licence.

Where services offered in shared spaces are dismantled on a regular basis, required postings are available to parents and the public during hours of operation.

If space is shared or the facility only operates for part of the year, the licence is not posted when not in operation (for example, summer months) and is reposted when the facility resumes operation.

If daily routines are different from one group to another, they may be posted in each play area.

The planned menu is posted and any substitutions are noted as they occur. Posting of planned menus allows parents to know what the child has been offered to eat during the day.

Any change to the administrator of the facility is immediately reported to the ELC licensing staff.

Allergy lists for staff members' viewing are to contain child names. All staff members know the location of the allergy list (for example, in a cupboard or on a clipboard). This list is not viewable by parents.

Information about a child's life-threatening allergy should still be prominently displayed without identifying the child. However, parents may choose to provide written consent so that the child's name may be posted.

6.2 Records and documents

6.2.1 Access and retention

Early Childhood Services Act

20(1) The operator of a licensed facility shall maintain those records and documents prescribed by regulation.

20(2) The operator of a licensed facility shall file with the Minister those records and documents requested by the Minister within the time specified by the Minister.

Licensing Regulation – Early Childhood Services Act

24(2) The records and documents referred to in sub section (1) shall be maintained for at least one year after the record or document is made

24(3) Despite subsection (2), the records and documents referred to in paragraph (1)(*b*) shall bmaintained for at least three years after a child is no longer receiving services at the licensed facility.

Intent

Operators maintain accurate and updated information on-site for assessment by departmental staff.

To assist in the investigation of an outbreak, attendance records, daily information sheets and management of potential illness forms are available to the local medical officer of health on request.

Records are available for a minimum amount of time in the event they are required for effective licensing and enforcement.

Indicators

1. Records and documents are retained according to regulation 24(2) and 24(3).

What you need to know

Records and documents are accessible to authorized government representatives at all times.

The inability to produce a record during an inspection visit, or within a requested period, may result in a finding of non-compliance and be noted in the inspection report.

Records and documents are maintained in an organized manner allowing for easy access and timely review.

Each child, operator, staff member and associated person has their own file.

Any outdated record or document (for example, outdated immunization record or record for child no longer enrolled in the facility) is disposed of in a manner that ensures confidentiality, such as shredding.

6.2.2 Financial records

Licensing Regulation – Early Childhood Services Act

24(1) For the purposes of subsection 20(1) of the Act, the following records and documents shall be maintained on the premises of a licensed facility:

(a) financial records.

Intent

Accurate financial records are maintained to plan for a successful operation. They are used to demonstrate that funding is spent according to the Government of New Brunswick program guidelines.

Indicators

1. Financial records are maintained on-site and are available as needed to auditors and departmental staff, including records as stated in the Childcare Subsidies Regulation

What you need to know

To be successful, operators should have a financial plan in place. A budget is established and acceptable financial records are maintained.

Standard accounting procedures are used to record all financial transactions. There are many readily available computer programs to assist in financial record-keeping or an outside bookkeeper can be hired to do this task.

Supporting documentation, such as invoices and receipts, are maintained in accordance with Canada Revenue Agency's requirements.

6.2.3 Child records

Licensing Regulation – Early Childhood Services Act

24(1) For the purposes of subsection 20(1) of the Act, the following records and documents shall be maintained on the premises of a licensed facility:

(b) child records that include:
- (i) the child's name, address, birth date and Medicare number;
- (ii) the name, address and telephone number of the child's medical practitioner;
- (iii) the name, address and home and work telephone numbers of the child's parent or guardian;
- (iv) the name, address and telephone number of at least two individuals authorized by the child's parent or guardian to pick up the child and to be contacted in case of an emergency if the parent or guardian cannot be reached;
- (v) the child's health history and a copy of the record of immunizations or a copy of an exemption,
- (vi) daily information sheets on forms provided by the Minister for each child under the age of 24 months,
- (vii) documentary evidence of the child's learning, and
- (viii) any written consent given by the child's parent or guardian.

26(2) The operator of a licensed facility shall require the parent or guardian referred to in subsection (1) to sign a declaration confirming that he or she has read and understood the content of the handbook.

Intent

Operators and staff members have access to up-to-date information about the children in their care to provide appropriate and responsive services.

Indicators

1. Operators use a standard child registration form that contains all the required information listed in regulation 24(1) or uses the suggested Child Profile form.
2. Each child's file contains:

    - the registration/child profile form;
    - a copy of the immunization record or a medical exemption form from the Minister of Health;
    - consent forms signed by parents; and
    - a signed statement from parents confirming they have read and understood the parent handbook.

3. Daily information sheets are present, complete and filed by date for each child younger than 24 months of age.

What you need to know

The Child Profile form as found in Appendix 1 is one example of a child record that meets the requirement of regulation 24(1). Operators are not required to use the Child Profile form, and may create their own registration form that meets regulation.

Child records are completed prior to the child's first day of care.

Records of children should be stored securely in a locked drawer or cabinet but are still accessible to staff members and departmental staff when required.

The Child Profile or registration forms and any medical forms are updated whenever there are any changes, and are reviewed annually by parents.

Under the *Public Health Act*, infants and preschool children, attending a licensed ELC facility demonstrate proof of immunization against specific diseases cited in the Reporting and Diseases Regulation 2009-136. Parents provide a record of immunizations or a signed document indicating exemptions/objections.

Operators are responsible for verifying that proof of immunization has been received. It is the responsibility of the Public Health nurse to determine whether the information is complete and accurate. When an incomplete record is identified by the Public Health nurse, the operator is required to notify parents to obtain a current copy.

Daily information sheets, Appendix 9, are to be maintained and should be shared with parents to update them on their child's day.

In the event of parental separation and/or where visitation restrictions are in place, the custodial parent/guardian should notify the operator of the custody and access arrangements. A copy of the custody agreement or court orders, if applicable, should be provided for the child's records. A Denial of Access form located in Appendix 3 may be used.

6.2.4 Staff and associated persons' records

Licensing Regulation – Early Childhood Services Act

24(1) For the purposes of subsection 20(1) of the Act, the following records and documents shall be maintained on the premises of a licensed facility:

(c) staff member records that include:

(i) the staff member's name, address and birth date;
(ii) the staff member's qualifications including the certificates or training referred to in paragraph 11(*b*) or (*c*)
(iii) a description of the staff member's duties and responsibilities;
(iv) a signed declaration confirming that the staff member has read and understood his or her obligations under the Act and this Regulation,
(v) a copy of a criminal record check or vulnerable sector check, as the case may be,
(vi) a copy of a check with the Department of Social Development; and
(vii) a copy of a valid first aid certificate and a valid cardiopulmonary resuscitation certificate for each administrator and educator.

(d) associated person records that include
(i) a copy of a criminal record check, and
(ii) a copy of a check with the Department of Social Development;

Intent

Having all staff members' information in one place ensures that it is easily accessible for assessing staff employment requirements.

Associated persons' records are maintained to ensure ELC licensing staff can access them as required.

Indicators

1. A file exists for each staff member.
2. All required information and documents as stated in regulation 24(1)(c) are in each staff member's file.
3. Associated persons' records are maintained as stated in regulation 24(1)(d).

What you need to know

Staff members' and associated persons' records should be stored securely in a locked drawer or cabinet but are still accessible to authorized departmental staff when required.

Where a staff member works at more than one facility, a copy of the required staff information as listed in 24(1) must be present at each location.

6.2.5 Administrative records

Licensing Regulation – Early Childhood Services Act

24(1) For the purposes of subsection 20(1) of the Act, the following records and documents shall be maintained on the premises of a licensed facility:

(e) administration of medication records;
(f) daily attendance records of the children on forms provided by the Minister;
(g) attendance records of staff members;
(h) incident reports on forms provided by the Minister;
(i) menu plans and any substitutions;
(j) smoke alarm, smoke detector and fire extinguisher inspection and maintenance records;
(k) emergency evacuation and fire drill records; and
(l) management of potential illness forms provided by the Minister.

Intent

Having all of the administrative records in one place ensures they are easily accessible for review by departmental staff and/or licensing partners (public health and fire inspectors).

Indicators

1. All records as indicated in regulation 24(1) are filed on-site.
2. Records are provided to departmental staff on request.

What you need to know

In the event of a communicable disease outbreak at the facility, the Department of Health may ask to see all attendance records, menus, daily information sheets (where applicable), management of potential illness forms and any other relevant documentation regarding illnesses within the facility. These documents must be available at all times.

Attendance records are:

- mandatory;
- recorded using the attendance form provided by the department (Appendix 10);
- only completed by staff members;
- confidential and not posted or viewed by parents;
- completed each time a child arrives and leaves;
- accurate and reflect all children present at any given time;
- complete, showing all absences and detailing the reason;
- easily accessible to all staff members; and
- taken out of the facility whenever children leave the building.

Children are only signed out when they have left the facility.

When children are in the outdoor play area or on outings, staff members have copies of the attendance records with them as well as emergency contact information.

6.3 Parent and guardian handbook

For the purpose of this manual, the "parent/guardian handbook" is referred to as "the handbook."

Licensing Regulation – Early Childhood Services Act

26(1) An operator of a licensed facility shall provide a handbook to a parent or guardian of a child receiving services at the licensed facility with the following information:

(a) the hours of operation;

(b) the enrolment and discharge procedures;

(c) the fee and payment schedules;

(d) whether the licensed facility offers transportation services;

(e) whether the children will participate in outings and the method of transportation for each trip;

(f) the types of organized activities that take place off the premises;

(g) the administration of medication policy;

(h) the policy in the case of child illness including exclusion criteria;

(i) the policy with respect to child absences;

(j) the emergency evacuation plan;

(k) the child guidance policy;

(l) the child abuse and neglect protocol;

(m) parental involvement;

(n) the personal belongings that the child is permitted to bring to the licensed facility;

(o) a description of the learning principles and goals and the measures that will be taken to reach those goals;

(p) if the licensed facility is located in a family dwelling, whether the home environment is smoking or non-smoking; and

(q) if the licensed facility is a full-time or part-time early learning and childcare centre, the administrative structure and complaint procedures.

26(2) The operator of a licensed facility shall require the parent or guardian referred to in subsection (1) to sign a declaration confirming that he or she has read and understood the content of the handbook.

Intent

Operators have clear and consistent policies and procedures informing parents of their obligations.

Parents are provided with a copy of the handbook so they have a record of the contract they have made with the facility.

Having parents sign a statement helps to ensure they have read and understood the contents of the handbook.

Indicators

1. The handbook includes all items as listed in the *Licensing Regulation – Early Childhood Services Act* 26 (1) (a) to (q).
2. A signed statement from parents confirming they have read and understood the handbook is evident in each child's file.

What you need to know

The Parent and Guardian Handbook template, found in Appendix 20 identifies what is minimally required. Content specific to each facility, such as the use of social media, should be added to the handbook.

The handbook is easiest to understand if it is clear, brief and to the point.

The handbook provides each family with a welcome, introduction and orientation to the facility. The handbook contains responsibilities and expectations for both parties and contributes to a positive childcare experience.

Parents and their children should be encouraged to visit the facility prior to enrolment.

Parents are advised that the operator and staff members have a duty to report suspected child abuse or neglect as found in *The Family Services Act*.

Participation and involvement of parents are encouraged to build relationships and to better support the child. This may be done through:

- information bulletins;
- potluck dinners;
- family picnics; and
- special event days.

Information about how to contact ELC licensing staff to report any complaints or share any concerns is included in the handbook. Parents are directed to find ELC licensing staff contact information on the parent information board.

The parental signed statement is necessary to protect the facility's and the family's interests. It can be located on the consent form, or operators can design their own. This signed statement is placed in the child's file.

When the handbook is printed, the information that changes frequently (for example, fees and holidays observed) should be placed on the last page. This will minimize the cost of printing when revisions are made and will ensure that parents are informed of the revisions at the time they are made.

Posting the handbook online and making it available to the public may be considered if the operator has a website.

6.4 Staff handbook

For the purpose of this manual the "staffing plan" is referred to as the "staff handbook."

Licensing Regulation – Early Childhood Services Act

4(1) For the purposes of subsection 5(2) of the Act, an application for a licence shall be accompanied by the following documents:

(g) if the facility is a full-time or part-time early learning and childcare centre

(iii) a staffing plan that includes a description of

(A) staff member positions and responsibilities, and
(B) orientation policies and procedures

24(1) For the purposes of subsection 20(1) of the Act, the following records and documents shall be maintained on the premises of a licensed facility:

(c) staff member records that include:

(iv) a signed declaration confirming that the staff member has read and understood his or her obligations under the Act and this Regulation,

Intent

Clear and consistent policies and procedures are provided to staff members to ensure they understand their roles and responsibilities.

Indicators

1. There is a staffing plan (staff handbook) that demonstrates written policies and procedures identifying how staff members will complete their duties.
2. Orientation policies and procedures are evident in the staff handbook.
3. A signed statement is included in each staff member's file indicating they have read and reviewed the policies and procedures.

What you need to know

Roles, responsibilities, qualifications and expectations for all staff are clearly outlined. The Staff Handbook Template (Appendix 21) describes what is minimally required. Operators are encouraged to add content relevant to their centre.

The *Employment Standards Act* should be consulted when developing personnel practices: http://laws.gnb.ca/en/ShowPdf/cs/E-7.2.pdf

The policies and procedures are updated at least annually.

Staff members have the knowledge and skills required to carry out the duties and responsibilities described in their job description.

Signed statements indicate that staff members have read and understood their responsibility in respect of the:

- *Early Childhood Services Act;* and
- *Licensing Regulation – Early Childhood Services Act*.

A reference manual should be available to all staff members that includes:

- *Early Childhood Services Act*;
- the *Licensing Regulation – Early Childhood Services Act*;
- the operator manual;
- the parent and guardian handbook;
- the staff handbook; and
- any other policies, if applicable.

This manual may be used as part of orienting new staff members. A three-ring binder is recommended to store the information in various places in the facility accessible to staff members.

Child abuse and neglect

In a suspected case of child abuse or neglect, staff members must **immediately inform** the Department of Social Development by calling 1-888-99-ABUSE (1-888-992-2873, in-province calls only), or After Hours Emergency Services at 1-800-442-9799.

Operators and staff members do not need to prove that abuse or neglect has taken place, only that there is a suspicion. The Department of Social Development will investigate as required. If operators or staff members are not sure of a situation, the Department of Social Development may be contacted for direction.

Operators and staff members:

- know their responsibility to report under the *Family Services Act*;
- are familiar with the facility's procedure and protocol for reporting suspected abuse or neglect;
- are aware of indicators of abuse or neglect;
- know what information to document;
- document any suspected abuse, neglect or disclosure in a factual, organized fashion;
- maintain confidentiality regarding disclosure;
- listen to the child, avoid asking leading questions – **do not interview the child**;
- report any suspected abuse or neglect to the Department of Social Development; and
- cooperate with investigation personnel.

The board of directors:

- ensures staff members are aware of their legal obligation to report any suspected child abuse or neglect; and
- participates in establishing clear policies and procedures about reporting suspected abuse or neglect.

6.5 Consent

Licensing Regulation – Early Childhood Services Act

27 An operator of a licensed facility shall obtain the written consent of a parent or guardian of a child receiving services at the licensed facility before doing any of the following:

(a) permitting the child access to a pool under in the circumstances set out in subsection 34(2);

(b) permitting, in the case of illness or soiled clothing, the child to shower or bathe or showering or bathing the child;

(c) permitting the administration of medication in the circumstances set out in section 46;

(d) permitting the administration of emergency care to the child;

(e) permitting the child to leave the licensed facility with a person authorized by the parent or guardian;

(f) permitting the child to participate in an outing;

(g) transporting or providing for the transportation of the child;

(h) permitting the child to participate in testing or research projects;

(i) releasing information about the child to an outside organization;

(j) permitting photographs and videos to be taken of the child for publication or social media; or

(k) posting photographs of the child at the licensed facility to illustrate the child's learning.

Intent

Parental consent is documented to ensure parents are fully informed and in agreement with policies and procedures of the facility.

Indicators

1. Where applicable, all required consents are present and signed in each child's file.

What you need to know

A consent form template provided in Appendix 2 may be used or one may be created, ensuring that all required information is obtained.

Parents are asked to sign separate consent forms for field trips, such as when children are taking public transit or leaving the neighbourhood (for example, a summer trip to the beach or a field trip). These consent forms should outline the date, time of departure and return, destination and purpose of trip and any special considerations.

Walking children to and from school is considered transporting and requires consent from the parents.

When a school-age child walks or bicycles unsupervised between the facility and the school or bus stop, the parents must give written consent.

Before a child can be observed, interviewed, assessed, photographed or recorded as a part of a research project or other activities in the facility, an operator must have consent forms signed by parents. These events are voluntary and parents may choose for the child not to participate.

Students on practicum placements, may observe and record notes while at the facility without parental permission, with the understanding that no identifiable information about the child/family is released or used.

Consent from parents must be obtained prior to posting pictures of children on social media such as Facebook, Twitter, Instagram or Snapchat, etc.

Parents cannot provide permission for activities that are in contravention of the *Early Childhood Services Act* and *Licensing Regulation – Early Childhood Services Act*. For example, parents cannot sign a consent stating that the child younger than two years of age can attend the facility prior to turning two, when the facility is not licensed for children younger than two.

Parents are consulted and provide written consent prior to introducing any animals into the facility. They are informed of the benefits of engaging and interacting with animals, as well as the risks (for example, allergies, infectious disease transmission and injury) and how the facility plans to lessen those risks.

Facility specific parental consents obtained by the operator are to be maintained in each child's file.

6.6 Incidents

6.6.1 Incident log

Licensing Regulation – Early Childhood Services Act

50(1) An operator of a licensed facility shall maintain a chronologically filed daily incident log relating to the health, security and well-being of the children receiving services at the licensed facility.

50(2) The operator of a licensed facility shall inform the parent or guardian of a child involved in an incident on the day the incident takes place and shall ensure that the parent or guardian signs the daily log to confirm their awareness.

Intent

All minor incidents are properly recorded, documented and signed by parents so that they are well informed of any incidents that may have involved the child while at the facility.

Indicators

1. A daily incident log is maintained, showing child's name, date, time and record of event.
2. The parent has signed the daily log of non-reportable incidents.

What you need to know

A daily incident log is required for incidents that do not need emergency medical attention but may require minor first aid (for example, bumps, scrapes, minor cuts and bites).

The incident log shows the following information:

- child's name;
- date;
- time;
- injury that occurred and care that was provided;
- what happened; and
- parent's signature.

Incident logs are kept confidential and are individualized for each child. To protect confidentiality, parents do not see the records of other children.

Incident logs are to be filed chronologically by date in a folder or binder so that ELC licensing staff can easily access the information.

6.6.2 Incident reports

Licensing Regulation – Early Childhood Services Act

51(1) An operator of a licensed facility shall complete an incident report on a form provided by the Minister if one of the following incidents occurs while a child is receiving services at the licensed facility:

(a) the child is missing or temporarily unsupervised;

(b) a fire or other disaster occurs at the facility;

(c) a motor vehicle accident or an injury occurs during the transit of the child;

(d) an illness or injury requires the transfer of the child to a hospital; or

(e) the child dies.

51(2) The operator of a licensed facility shall inform the Minister and the parent or guardian of the child involved in an incident under subsection (1) as soon as the circumstances permit and shall ensure that the parent or guardian signs the incident report to confirm their awareness.

51(3) The operator of a licensed facility shall:

(a) maintain a copy of the report for the child's file,

(b) provide a copy to the parent/guardian, and

(c) forward the original to the Minister within 24 hours of the incident.

Intent

Reportable incidents are properly recorded, documented and signed by parents. Incident Report forms are forwarded to the department to ensure departmental staff is immediately informed of any significant incidents.

Indicators

1. Incident Report forms, provided by the Minister, are documented in the event of reportable incidents.
2. Parents of the child are informed of a reportable incident as soon as possible, and documentation demonstrates that parents signed the Incident Report form.
3. A copy of the Incident Report form is provided to the parent.
4. Incident Report forms are submitted within 24 hours of occurrence.

What you need to know

Reportable incidents involving a child include:

- child wanders off and is missing;
- a child is abducted;
- a child is removed from the program by a non-custodial parent;
- a child is left outside unattended;
- a child is left on the school bus;
- a motor vehicle accident;
- unexpected illness or injury where a child requires immediate transfer to a hospital or seeks medical attention;
- poisoning of a child;
- an error in the administration of medication;
- death of a child; or
- an allegation of physical, sexual, emotional abuse and/or neglect of a child by a staff member or volunteer.
- Reportable incidents involving the facility include:
- unexpected facility closure;
- illness outbreaks; or
- other serious incidents, such as:

    . flood;
    . fire;
    . intruder; or
    . an emergency evacuation.

In the event of a reportable incident that involves a specific child or multiple children, a copy of the report is present in each child's file.

If the incident is not child-specific, for example illness outbreak, intruder, flood, an Incident Report form is not required for each child.

As soon as possible, an initial report is made by telephone or email to ELC licensing staff so that staff:

- are aware of the situation, actions taken, etc.;
- can provide support, information or other help; and
- are prepared in the case of a complaint or inquiry.

Within 24 hours of the incident's occurrence, a mandatory Incident Report form as found in Appendix 15 is completed and submitted to ELC licensing staff. The operator may forward the report form via fax or email a scanned copy of the report. The original report is sent via mail or taken directly to the ELC licensing staff's office.

In the case of non-profit organizations, any serious incidents are reported to the board of directors.

The operator assesses the incident and makes changes, if necessary, to routines, floor plans, staff responsibilities, or any aspect of the program to ensure, wherever possible, that a similar incident does not happen.

ELC licensing staff reviews the Incident Report form and in response may conduct an investigation, which may include an inspection of the premises. ELC licensing staff will inform operators of what action will be taken in response to the incident report.

If the serious occurrence is a case of parental suspected child abuse, an Incident Report form is not to be completed, but rather a report is to be made to the Department of Social Development. Without providing details, ELC licensing staff is informed that a case of suspected child abuse has been reported.

Section 7: Programming and Daily Routine

7.1 Daily activities

Licensing Regulation – Early Childhood Services Act

21 The daily activities of a licensed facility shall be purposely planned in advance and documented and shall respond to the capabilities, needs and interests of each child and shall include

(a) time and space for and a free choice of play experiences for exploration and discovery,

(b) indoor and outdoor opportunities for physical activity, and

(c) opportunities

(i) for group and individual experiences,
(ii) to explore various forms of literacy,
(iii) to express creativity and interests,
(iv) to explore the arts and sciences,
(v) to experience accomplishment and success,
(vi) to problem-solve, and
(vii) to develop trusting, respectful and supportive relationships with educators and children.

Intent

To provide a quality childcare service for children, the daily program should include a variety of activities purposely planned according to the ages and development of the children.

Indicators

1. The facility implements an inclusive daily program which contains a variety of purposely planned activities, opportunities and experiences.

What you need to know

Operators and educators:

- demonstrate that planning is a process that involves engaging the children and reflecting on the children's interests, passions, strengths and abilities;
- ensure that short and long term plans are flexible and fluid, to accommodate emerging interests and unanticipated events;
- focus on individuals or small groups of children; and
- emphasize a strength based approach.

The daily program should be flexible to:

- incorporate the interests of the children
- allow for spontaneous activities
- allow for changes in the weather
- allow for a different pace when needed by either the children or educators

- allow introduction of a new child into the program
- accommodate the changing needs of an infant
- meet the developmental and inclusion support needs of all children

The indoor and outdoor play areas are:

- purposefully planned and encourage playful exploration, problem solving and creativity;
- arranged to allow opportunities for free choice of activities;
- designed in a way that promotes effective supervision;
- flexible to respond to children's changing interests, abilities and desires;
- organized into flexible learning centres that:

  . are well-defined, easy to get to with plenty of space for children to carry out the intended activity;
  . permit children to play individually, in small groups, and/or in a large group;
  . accommodate and encourage a variety of activities to support appropriate curriculum implementation; and
  . minimally include, but are not limited to, the following:

    ◦ a book/reading area;
    ◦ an art area;
    ◦ a dramatic play area;
    ◦ a block construction area;
    ◦ an area for scientific and mathematical investigation and measurement;
    ◦ an area for music and movement;
    ◦ space and equipment to allow for large motor movement; and
    ◦ provisions for play with elemental materials – sand, water, mud, clay and snow.

Children's learning is visible through documentation. For example:

- the use of observations and recordings of children's experiences;
- group and individual learning stories;
- photographs;
- whiteboards;
- project work;
- collections and samples of children's art /work; and/or
- portfolios.

Children are part of the planning in the facility, and educators encourage their involvement in the flow of the day.

Children are encouraged to ask questions and share their ideas. They are provided opportunities to initiate discussions, give explanations and be part of demonstrations.

Educators set up the environment in such a way that children are excited about learning, using their creativity to invent imaginary worlds and tell stories.

Quality ELC facilities promote daily routines that provide ample time for children to engage in periods of sustained uninterrupted play in activities of their own choosing, keeping transitions to a minimum.

A daily routine does not mean that the schedule is the same every day. Some activities, such as lunch, snack and rest, may happen around the same time, while others change regularly or periodically while accommodating the children's interests and individual needs.

The day is flexible, allowing children to initiate their own learning, explore at their own pace and follow their individual interests. For example, if children are involved in an activity, they are allowed time to complete their task before moving on to another.

Educators are responsive to the needs of the children and adjust their day as required. For example, if children appear restless, the activity is shortened.

New Brunswick early childhood curriculum framework

A policy for the implementation of the New Brunswick early childhood curriculum framework is being developed. This section will be developed following the implementation of this policy.

Services for school-age children

Services for school-age children are by definition part-time ELC facilities.

A wide range of opportunities are offered to school-age children which provide an enriching contrast to the formal school program. The following allows school-age children to explore new interests and relationships:

- team sports;
- collaborative games;
- cooking;
- dramatic play;
- art;
- music;
- games;
- open time; and
- quiet time.

School-age children are provided with opportunities to:

- run, climb, jump, be physically active; and
- develop trusting, supportive relationships with staff members and peers.

Having a written plan ensures there are a variety of opportunities provided for learning and exploration.

This may be demonstrated in many ways, such as:

- weekly program
- daily activity sheets

"*The NB PLAYBOOK*" is a comprehensive resource designed for educators in school-age programs. This resource may assist in planning activities and can be found at: https://www.nbplays.ca

Operators and educators are not responsible to provide time for homework as school-age programs are not intended to be an extension of school. However, if time for homework is offered, it should not exceed one hour.

7.2 Daily routine

Licensing Regulation – Early Childhood Services Act

22 The daily routine of a licensed facility shall include:

(a) outdoor play for at least one hour in each four-hour bock of time when the majority of children receiving services are in attendance except in the following circumstances:

(i) the wind chill is below -20 °C;
(ii) the temperature is below -20 °C;
(iii) the temperature is 33 °C with humidity or above; and

(b) a period of rest for a length of time that meets the needs of each infant and preschool child receiving services at the licensed facility but that does not exceed two consecutive hours unless there is a written request from a child's parent or guardian to extend the length of time.

Intent

As part of the daily routine, children are provided with outdoor time and access to the natural world where they share in the joy of being outside, and benefit from learning about the natural environment.

The need for rest and sleep varies greatly for children. However, since rest is an important part of the day for all children, a period of rest and quiet activities to balance their active play is encouraged.

Indicators

1. Outdoor play occurs daily for one hour in each four hour block of time.
2. Rest periods do not exceed two consecutive hours.

What you need to know

Outdoor play

Outdoor play is important to a child's healthy development. All children, including infants, are expected to play outside each day.

Part-time programs operating less than 4 hours are required to have outdoor play time of at least half an hour.

While outdoors, educators nurture the child's curiosity about the natural world, and help the child develop respect for the natural environment and what it provides.

Depending on the weather, educators may alter their outdoor play time:

- Summer: time spent outdoors is provided during the cooler parts of the days. For example: outdoor play provided in the morning and indoor/shaded play provided during the hottest part of the day (mid-afternoon).
- Winter: time spent outdoors is provided at any time of the day unless conditions limit visibility or weather advisories indicate conditions that may pose a risk of harm to children (ice pellets, severe wind-chill).

Educators model appropriate outdoor dress and routines for children by wearing sunscreen, sun hats, ski pants, mittens and warm boots.

Parents are requested to provide sunscreen with an SPF (Sun Protection Factor) of at least 15, as well as hats to protect the children from over exposure to the sun.

Children have access to drinking water before, during and after outdoor play, especially in hot weather.

Rest period

Most preschool children attending an ELC facility for a full day benefit from scheduled periods of rest. Rest periods may take the form of a quiet time or a change of pace between activities.

Children who do not nap are not required to rest, but they may play quietly.

Children who do not rest the entire time are allowed to get up and play quietly or join other children who are not resting. A separate space is provided for children who do not nap, so they do not disturb resting children.

In discussion with parents, educators establish a flexible rest schedule allowing for individual children's needs.

7.3 Digital technologies

Digital technologies and computers have become a basic part of children's daily lives and, when used properly, can be helpful tools within the early learning and childcare setting. Computers can be adapted and used with all children's learning styles and needs. They appeal to children's natural curiosities and can be used to support children's learning.

When using computers appropriately within the early learning and childcare facility, children:

- develop lifelong skills such as the use of a keyboard and basic computer software;
- learn computer concepts;
- demonstrate increased self-esteem and self-confidence;
- practice cooperative learning and problem solving;
- learn time management skills and turn taking;
- work together with peers;
- have opportunities for different experiences from around the world; and
- increase language development, learning and exploration.

Educators should:

- ensure that the use of electronics are balanced with other daily activities
- look for programs that are interactive, engaging and offer opportunities to try many different solutions. These help stimulate creativity and problem solving.
- use programs that support open-ended, discovery-oriented learning;
- provide opportunities to use technology as a tool for reading, writing, and math skills;
- encourage children to work together with peers; and
- be knowledgeable and able to provide assistance to the children.

The biggest concern in using computers in early learning and childcare settings is the increased risk that children may be exposed to inappropriate content. When children are using computers and other electronic devices, educators must take precautions to ensure their safety and well-being.

These include:

- place computers in a highly visible area within the room;
- closely supervise children when using electronic devices;
- limit the amount of time children spend on the computer - educators may want to use a timer to signal when time is up as it helps to avoid arguments;
- decide on rules of use, what types of internet sites and programs are permissible;
- balance computer time with other activities;
- teach children proper computer use;
- if children are accessing the internet, ensure that an educator is with them at all times and aware of sites that are being visited;
- if possible, use software that will protect children from inappropriate content; and
- ensure that children are not giving out any personal information.

While the use of televisions is not recommended, if they are used the following is to be applied:

- television viewing is limited and is not used daily;
- they are not used to fill gaps in the day;
- the programs or movies support curriculum, programming and investigating children's areas of interest for example, children want to search out information on a specific area of interest;
- programs or movies are developmentally appropriate;
- viewing the program or movie is one of several choices of activities for the children;
- children are not encouraged to watch television if they would prefer to be involved with other activities;
- with preschool children, staff members watch with the children, extend their understanding and promote discussion on the program or movie;
- for school-age children, staff members ensure that children are supervised while watching television;
- if possible, televisions are not stored in rooms; and
- television viewing is not to occur in infant rooms.

Section 8: Supervision and Child Guidance

8.1 Child-to-staff ratio and supervision

8.1.1 General information

Intent

Children are cared for in groups that are of a size that maintains an environment that promotes safety and well-being.

The number of educators required is the minimum number needed to supervise and care for the children and to implement the curriculum framework effectively.

What you need to know

Children in ELC centres may be grouped in the following ways: same age groups where children are from the same age category; and mixed-age groups where children are from different age categories.

Consistency is extremely important and frequent changes of staff and play areas are avoided. The same groups of children are with the same educators each day and are not moved around to meet child-to-staff ratio or maximum group size.

ELC licensing staff is notified prior to making any group changes (for example, combining two age groups).

Staff members, including volunteers and parents, counted in the child-to-staff ratio must have valid first aid and CPR, in addition to all checks.

Staff members under the age of 19 are not permitted to be responsible for a group of children by themselves.

The child-to-staff ratio may be reduced in special circumstances such as when using a pool, or public swimming area or if licensing staff are of the opinion that a group of children requires more supervision.

An educator assistant providing services to children with additional support needs does not count in the ratio; however, the child remains counted in the ratio.

Students on field placements do not count in child-to-staff ratio and are not left alone with the children.

The child-to-staff ratio is maintained at all times; therefore, a plan must be in place in the event of a staffing shortage.

Staff members understand the requirement for the child-to-staff ratio and know how to calculate it to ensure that it is maintained at all times.

8.1.2 Child-to-staff ratios for same age group

Licensing Regulation – Early Childhood Services Act

9(1) The child-to-staff ratio is one educator for each of the following groups of children of the same age receiving services at a full-time or part-time early learning and childcare centre:

(a) three infants or fewer;

(b) five children or fewer who are two years of age;

(c) eight children or fewer who are three years of age;

(d) ten children or fewer who are four years of age or older, but who are not yet attending school; and

(e) 15 school-age children or fewer.

9(2) An educator under 19 years of age shall be supervised at all times when he or she is working directly with a child by an educator who is at least 19 years of age.

9(3) For the purposes of subsection (1), any staff member may replace an educator during the meals and breaks of an educator.

9(4) The Minister may alter the number of educators required under subsection (1) if the Minister is of the opinion that special circumstances exist.

9(5) The number of children grouped at a full-time or part-time early learning and childcare centre shall not be more than the number that requires two educators.

Indicators

1. Attendance records and documented observation by ELC licensing staff confirm that child-to-staff ratios and maximum group sizes are maintained at all times.
2. Educators younger than age 19 are always supervised by another educator older than age 19.
3. The maximum number of children in a group does not exceed the requirement for two educators.

What you need to know

The following minimum child-to-staff ratios and the maximum number of children who may be included in a same age group, is in effect at all times.

Age	Child-to-staff ratio	Maximum group size
Birth – 23 months	1:3	6
Two years	1:5	10
Three years	1:8	16
Four years and older (not in school)	1:10	20
School age	1:15	30

Transitioning children

Transitions are managed on an individual basis and in a developmentally appropriate manner, in collaboration with parents:

- children eligible to attend school may remain in the four-year old group for the summer before starting school or they may transfer to the school-age group, however, the ratio factor of .1 must be used to determine the child-to-staff ratio when these children are part of the school-age group.
- children transitioning are included in the new group by gradually increasing the lengths of time until the transition is complete.
- children transition under the following conditions:

  . the maximum group size for the room is not exceeded;
  . transition period does not exceed two weeks; and
  . a record of the child's times in the new room is indicated on the attendance sheet of that room.

8.1.3 Child-to-staff ratios for mixed age group

Licensing Regulation – Early Childhood Services Act

10(1) The number of educators that are required for a group of children of mixed ages receiving services at a full-time or part-time early learning and childcare centre is calculated as follows:

(a) by multiplying the number of children of the same age by the corresponding factor set out in Schedule A; and

(b) by adding the results obtained under paragraph (a).

10(2) If the total obtained under subsection (1) is not a whole number, it shall be:

(a) rounded to the nearest one-tenth, and

(b) rounded to the following whole number, if necessary.

10(3) An educator under 19 years of age shall be supervised at all times when he or she is working directly with a child by an educator who is at least 19 years of age.

10(4) For the purposes of subsection (1), any staff member may replace an educator during the meals and breaks of an educator.

10(5) The Minister may alter the number of educators required under subsection (1) if the Minister is of the opinion that special circumstances exist.

10(6) The number of children grouped at a full-time or part-time early learning and childcare centre shall not be more than the number that requires two educators.

10(7) Despite subsection (1), infants shall not be grouped with children of another age group.

Indicators

1. Attendance records and observation by ELC licensing staff confirms that child-to-staff ratios and maximum group sizes are maintained at all times.
2. Educators younger than age 19 are always supervised by another educator who is at least 19 years of age.
3. The maximum number of children in a group does not exceed the requirement for two educators.
4. Children younger than 24 months of age are not mixed with other ages.

What you need to know

Mixed age grouping requires additional considerations to the developmental and social needs of the children and is always discussed with parents despite the age of the child.

Generally preschool aged children are not mixed with school-aged children.

Child-to-staff ratios, for mixed age groups, are determined by adding the proportion of educators required for each child in the group.

Whenever a fraction of an educator (beyond .05) is required in the total, the staffing requirements are rounded up to the following whole number.

The following chart demonstrates how to calculate the child-to-staff ratio and the maximum group size based on Schedule A of the *Licensing Regulation*.

i) 2 years	**0.200**	**iii) 4 years and older (not in school)**	**0.100**
ii) 3 years	**0.125**	**iv) School-age**	**0.067**

Example 1

Age of children present	Number of children per age	Number of educators required
3 years 4 years	6 3	6 x .125 = 0.75 3 x .100 = 0.3 1.05 Required number of educators = 1 In this example, the number of educators required is 1.05; therefore, it would be rounded down to 1.

Example 2

Age of children present	Number of children per age	Number of educators required
3 years 4 years	4 8	4 x .125 = 0.5 8 x .100 = 0.8 1.3 Required number of educators = 2

Example 3:

Age of children present	Number of children per age	Number of educators required
2 years 3 years 4 years	5 4 8	5 x .200 = 1.0 4 x .125 = 0.5 8 x .100 = 0.8 2.3 Since the requirement for two educators cannot be exceeded, this combination is not permitted.

8.1.4 Supervision

To ensure that children are appropriately supervised at all times, the child-to-staff ratio must be maintained:

- during the operating hours of the facility;
- during arrival/departure times and during staff lunch/breaks;
- during outdoor play; and
- at all times (even nap time) for children younger than 15 months of age.

During lunch breaks when children are napping, staff members included in the child-to-staff ratio must remain on-site and are easily accessible within the building.

When infants younger than 15 months of age are sleeping in cribs, staff members do not need to be in the rest area; however, a physical check of the children must occur every 15 minutes. These checks are documented with staff signatures and the times of the check.

Health Canada states that playpens are **not** intended to be used for unsupervised sleep as they do not meet the same safety requirements and are not as durable as cribs, therefore playpens are not recommended for unsupervised sleep of children.

Children who nap in playpens (pack and plays or play yards) should be supervised at all times by staff members in the same room and should not be left unattended.

Infants must always be placed on their back for sleeping.

Staff members are provided with detailed information regarding Sudden Infant Death Syndrome and ways to minimize the risk.

The child-to-staff ratio for children in a group may be reduced by one-half for napping children (for example, one staff member to 10 two-year-olds), provided that one staff member is present in the same room as the children.

This only applies where:

- the children are asleep or resting quietly on mats;
- the number of available staff members in the building is sufficient to meet the child-to-staff ratio; and
- the children's health and safety are not compromised by the reduction.

Children resting on mats, but remaining awake, must not be required to stay on the mat for longer than 30 minutes.

The maximum group size may be waived during special activity events. The child-to-staff ratio does NOT change, and there is always the number of staff members required as per regulation 9(1), 10(1), and/or 10(2).

Staff members conduct frequent head counts indoors and outdoors to ensure children's safety. While supervising the outdoor play area, staff members position themselves throughout and actively engage with the children.

8.1.5 School-age supervision

Staff members recognize the need for children to be independent while still safe and secure.

Staff members adjust supervision for different ages and abilities, activities and environments. For example, staff members may allow increased freedom and independence for some school-age children by permitting a small group to play a board game in the hallway or adjacent to the room. When supervision is adjusted, staff members know at all times where children are and frequently check on them.

If the supervision of a child is not direct, the operator:

- obtains the written approval from the child's parents as to the type of supervision given; and
- maintains this approval on file.

This may include situations such as children walking or biking to and from school, where the operator's responsibility for them does not start until they have arrived at the facility.

8.2 Child guidance

Licensing Regulation – Early Childhood Services Act

49(1) An operator of a licensed facility shall ensure that the guidance of the children receiving services at the licensed facility is positive and includes positive reinforcement, encouraging efforts and recognizing accomplishments.

49(2) An operator of a licensed facility shall ensure that no child receiving services at the licensed facility is subjected to any form of physical punishment or verbal or emotional abuse or is denied physical necessities.

Intent

Positive child guidance techniques are used to support and encourage children in learning independence and appropriate acceptable behaviour. These practices help to develop relationships that promote children's well-being and sense of belonging.

Indicators

1. Positive child guidance practices are observed or confirmed by staff members.
2. There are no observations or reports of physical punishment, verbal or emotional abuse or the denial of physical necessities.

What you need to know

A positive approach in the guidance, care and discipline of children is maintained.

Positive child guidance practices include:

- setting reasonable limits and guidelines that make sense to the children;
- gentle reminders;
- offering choices and assisting children in decision-making;
- anticipating children's needs;
- understanding child development;
- using positive reinforcement and encouragement rather than competition, comparison and criticism;
- redirecting negative energy;
- distracting children from potential problems;
- reflecting with children on incidents by helping them understand the consequences to their actions and words;
- ignoring behaviour where appropriate; and
- offering children the opportunity for a new activity.

To promote an environment that encourages positive behaviour, educators:

- arrange the environment so children can move freely between learning centres;
- ensure adequate supply of appropriate equipment, material, books and toys;
- ensure there is a good balance of activities in the program content;
- have enough time for activities;
- prepare children for transitions;
- provide appropriate supervision;
- involve children by giving them responsibility and letting them help;
- use positive language when interacting with children;
- model and teach appropriate respect for diversity – cultural diversity, diversity of family types and diversity of needs and abilities; and
- respect children's feelings.

It is important to take the time to understand the child's messages (cues) and to respond to them with the encouragement, praise, comfort and independence as needed.

Staff members have open discussions with parents regarding their child guidance practices at home.

Parents are provided with documentation (incident reports, incident log) informing them of concerns, situations and/or behaviours. In keeping with child guidance practices, staff members have open discussions with parents in the hope of finding solutions.

The following actions are prohibited:

- strike a child;
- shake, shove, spank, pinch or other measures that produce physical pain;
- require the repetition of physical movements (for example, to reinforce not running in the halls by having the child walk up and down 10 times);
- humiliate, belittle or degrade in any way such as name-calling;
- verbal abuse such as yelling;
- send a child to a cot, mat, time out chair or corner;
- deprive a child of any outing or group activity;
- physically restrain a child; and
- withdraw or threaten to withdraw physical necessities, such as food, bedding, shelter, clothing or toileting opportunities.

Set clear policies for staff members that abusive behaviours are not tolerated.

All staff members are aware that mandatory reporting of child abuse and neglect is required under the *Family Services Act* (section 30(1)) and that a report to the Department of Social Development is necessary.

Establish procedures for dealing with staff members who are suspected of abusing a child, such as:

- dismiss any staff member who uses physical punishment, or who verbally or emotionally abuses a child, or withholds any physical necessity;
- report the incident to the Department of Social Development who determine next steps;
- without providing identifying information advise all parents of the situation;
- inform ELC licensing staff of any abuse of a child by a staff member; and
- complete an Incident Report form. (Appendix 12)

Section 9: Early Learning and Childcare Environments

9.1 Traffic area

Licensing Regulation – Early Childhood Services Act

29 An operator of a licensed facility shall ensure that the traffic area and the outdoor walk-ways of the licensed facility are free from obstructions and hazards.

Intent

Ensure that traffic areas and outdoor walk-ways are maintained to reduce risk of injury for children, families and staff members.

Indicators

1. Traffic areas and outdoor walk-ways are free from obstructions and hazards.

What you need to know

Operators must regularly check traffic areas and outdoor walk-ways for obstructions and hazards, including accumulations of water, ice and snow.

9.2 Indoor environments

9.2.1 Indoor play area

Licensing Regulation – Early Childhood Services Act

30(1) A full-time or part-time early learning and childcare centre shall have an indoor play area of at least 3.25 m^2 for each child receiving services at the centre.

30(2) If a full-time or part-time early learning and childcare centre is located in a family dwelling, the calculation in subsection (1) excludes any space used by the operator or a member of the operator's family outside operating hours.

30(3) An operator shall maintain the indoor play area of a licensed facility to ensure the safety of the children.

30(4) The indoor play area of a full-time or part-time early learning and childcare centre shall have windows with a glass area that is at least 10% of the floor area.

30(5) Subsection (4) does not apply to a full-time or part-time early learning and childcare centre that is licensed under New Brunswick Regulation 83-85 under the Family Services Act on the commencement of this Regulation.

30(6) Despite subsection (5), if the Minister approves an addition to or alteration of a full-time or part-time early learning and childcare centre under subsection 28(1), the Minister may require the early learning and childcare centre to comply with subsection (4).

30(7) If the indoor play area of a full-time or part-time early learning and childcare centre is in a basement, the basement shall not be more than 1.52 m below ground level.

Intent

Each child has a minimum amount of space available for playing, eating and resting.

Each play area has a good balance of natural light from windows and artificial light. Natural light is preferred as it supports the development and learning in children by providing the opportunities for various sights and sounds from outdoors.

Indicators

1. The centre has 3.25 m^2 for play area for each child.
2. The indoor play area of an ELC centre operated in an individual's home is calculated exclusive of space used by family members outside of the centre's hours of operation; for example, living and dining rooms, family bedrooms.
3. The indoor play area is maintained safe and clean.
4. Windows facing directly outside make up 10% of the floor area of each room used as a play area.
5. The basement is 1.52 metres or less below ground level.

What you need to know

Indoor play area is space used by children for playing, resting and eating and does not include:

- office, staff room, stairways, hallways, washroom, lockers, kitchen facilities, and storage;
- a dining area used solely for dining, with no other play activities taking place.

Except for infants younger than 15 months, playing, eating and resting may be carried on in the same room provided that scheduling is such that one activity does not interfere with another.

ELC licensing staff measures the play area and approves the number of spaces. Refer to Appendix 23 How to Measure an ELC Centre for more information.

Fixed equipment (shelves, book cases, etc.) is deducted from measured play space and is not figured in the calculation of the total number of approved child spaces. Moveable shelving units used for children's play equipment and materials are not deducted.

The Office of the Fire Marshal has provided the following information concerning the construction of lofts in ELC centres. Lofts are permitted within centres provided:

- only one loft is permitted for the entire centre;
- the area of the loft shall not exceed 6.5 $m^{2;}$
- the guard around the loft shall not be solid construction and shall conform to the National Building Code requirements for guard heights, openings, etc.;
- if the building housing the centre has sprinkler protection, the guard height must be at least 46 centimetres below the sprinkler heads; and
- the fire safety plan shall specifically outline the procedure to remove the children from the loft in the event of a fire or other emergency.

Windows cover at least 10% of the floor area of every room used by children and provide natural outdoor light; however they do not need to open unless required by the *Fire Prevention Act*.

The approved capacity of a centre is based on the total measured play area of the indoor and outdoor play areas and the number of available toilets and hand washing sinks.

If the fire prevention officer and/or public health inspector recommend fewer children than the measured space allows, the licence will reflect the lower number.

Only those areas of the premises submitted on the original floor plan and approved by a fire prevention officer, public health inspector and ELC licensing staff are used for childcare.

The maximum group size must be respected and there must not be more children in a room than the measured space allows.

The indoor play area of a centre operated in a public building is only for the centre's use during operating hours. The available space permits portable shelving, materials and equipment to be present daily. An example of a public building is a school or a community centre where the indoor play area may be a cafeteria, a classroom and/or multi-purpose rooms.

9.2.2 Indoor play area materials and equipment

Licensing Regulation – Early Childhood Services Act

32(1) An operator of a licensed facility shall provide indoor play area materials and equipment that are

(a) varied and in sufficient quantity for the number and ages of the children receiving services at the licensed facility,

(b) arranged on low, open shelves and accessible to the children receiving services at the licensed facility,

(c) in compliance with the *Canada Consumer Product Safety Act* (Canada) and the regulations under that Act, and

(d) clean and in good repair.

32(2) An operator of a licensed facility shall comply with any recalls regarding defective materials and equipment.

Intent

A sufficient quantity of materials and equipment ensures the availability of enough play resources for each age group served, avoiding excessive competition and long waits for children. New items are added regularly to ensure that children are provided with new learning opportunities.

Indicators

1. A visual inspection of the indoor play area material and equipment demonstrates compliance by observing they are:

   - varied and in sufficient quantity for all children present;

- easily accessible on low, open shelves;
- maintained according to the *Canada Consumer Product Safety Act* and regulations;
- kept clean and in good repair.

2. The operator is aware of any recalls and responds accordingly regarding indoor play area materials and equipment.

What you need to know

Operators provide low, open shelves for the display and storage of toys, program materials and supplies. These are accessible to children, appropriately labelled and allow for independent selection. Labels have both words and pictures to promote literacy skills.

The indoor play area is:

- safely maintained;
- free of clutter and excess materials and equipment; and
- arranged to allow opportunities for free choice of activities.

Open ended play materials and equipment in sufficient quantity and variety for the size of the group and representative of each of the following categories is present, for example:

- art materials including loose parts;
- blocks and accessories;
- language and literacy;
- dramatic play;
- music and movement;
- large muscle (gross motor);
- manipulative and fine motor;
- sand and water play;
- puzzles and games;
- materials that support mathematical learning; and
- materials that support learning in science and technology.

For more information regarding play materials and equipment, operators are to consult the curriculum framework used at the facility or appendix 24, Equipment and Materials for School-age Children.

Materials and equipment are not limited to use in a particular learning centre only – most of the materials relate to more than one area of learning. Children and educators are encouraged to integrate learning as much as possible (for example, place books in the block area).

To ensure the appropriateness of play equipment and materials, consideration is given to the developmental needs, individual interests and ages of the children attending the facility.

There are appropriately sized furnishings such as chairs, tables, cubbies and shelving for the number of children in attendance. Furniture is of a suitable size for the children in the program (for example, children's feet touch the floor while sitting).

Toys, materials and equipment are approved for the child's age according to CSA standards.

Toys and equipment are cleaned and properly sanitized. Mouthed toys are cleaned instantly or removed from play. For more information see Appendix 38, Public Health Inspection Standards (Nov. 2015).

All material, equipment and furnishings are in good repair and are repaired or discarded once broken. Routine inspections of toys and equipment help in identifying broken items.

To ensure the health and safety of children, operators and staff members are aware of any recalls that pertain to material and equipment used in the facility. Health Canada regularly issues recalls for food and products via email. Operators may sign up for the distribution list.

Scent-reduced environments are encouraged – see Appendix 26 for more information.

Safety Guidelines for Physical Education in New Brunswick is a resource prepared by the Department of Education and Early Childhood Development used in elementary and middle schools to minimize, to the greatest extent possible, the risk of a preventable accident or injury. Although not developed for ELC facilities, these guidelines are helpful in ensuring the safety of all children and will help educators fulfill their responsibility to provide the safest possible environments both indoors and outdoors.

Safety Guidelines for Physical Education in New Brunswick:
www2.gnb.ca/content/dam/gnb/Departments/ed/pdf/K12/curric/Health-PhysicalEducation/SafetyGuidelinesElementaryMiddleCurricular.pdf

Industry Guide to Health Canada's Safety Requirements for Children's Toys and Related Products, 2012:
https://www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/industry-professionals/industry-guide-safety-requirements-children-toys-related-products-2012.html

Canada Consumer Product Safety Act (Canada) and the regulations:
http://hc-sc.gc.ca/cps-spc/legislation/acts-lois/ccpsa-lcspc/index-eng.php

9.2.3 Rest area

Licensing Regulation – Early Childhood Services Act

36(1) A full-time early learning and childcare centre and an early learning and childcare home shall have a rest area.

36(2) The rest area of a full-time early learning and childcare centre shall be at least 2.3 m^2 for each child under 15 months of age receiving services at the centre and the rest area for the children under 15 months of age shall be separate from the rest area of the other children to ensure quiet rest.

36(3) The rest area of a full-time early learning and childcare centre and an early learning and childcare home shall be equipped with the following:

(a) a crib or portable playpen for each child under 15 months of age in accordance with the Cribs, Cradles and Bassinets Regulations and the Playpens Regulations under the *Canada Consumer Product Safety Act* (Canada); and

(b) a cot or nap mat appropriate for the height of the child for each child who is at least 15 months of age and under five years of age who takes naps.

36(4) The rest area of a full-time early learning and childcare centre and an early learning and childcare home shall allow for a space of at least 46 cm between each crib, portable playpen, cot or nap mat.

36(6) A cot, a nap mat or the mattress of a crib or portable playpen shall be washable and non-absorbent or covered with a non-absorbent layer.

36(7) A nap mat shall be at least 5 cm in thickness and stored in a way that avoids contact with the surface of another nap mat or disinfected on both sides after each use.

Intent

Safe, quiet and secure environments are provided for rest periods during the day that respect the child's individual needs.

As infants sleep more often than older children and have their own sleep patterns, the requirement for a separate rest area for them ensures that safe and uninterrupted sleeping accommodation is provided for this age group.

Indicators

1. The facility has a designated rest area.
2. The rest area for children younger than 15 months is separate from the play space and is at least 2.3 m^2 for each child.
3. Each child younger than 15 months has a designated crib or playpen that meets the Cribs, Cradles and Bassinets Regulations and the Playpens Regulations under the *Canada Consumer Product Safety Act*.
4. Each child 15 months and older, who naps or rests, has a cot or nap mat that is appropriate for their height.
5. The minimum space between rest equipment is at least 46 centimetres except where in contact with a wall.
6. All nap equipment is washable and non-absorbent.
7. Nap mats are at least 5 cm in thickness and are stored so there is no contact with another nap mat or they are disinfected on both sides after each use.

What you need to know

A "rest area" is any location that permits children to rest undisturbed. It is a designated area not used for play activity during the rest period.

For children under 15 months, the rest area must be:

- 2.3 m^2 per child;
- separate and apart from the play area;
- quiet;
- able to be dimmed; and
- free from people passing through.

Infants younger than 15 months are placed in a crib or playpen for rest periods and are not permitted to nap in a swing, car seat or any other equipment not designed for napping.

To reduce the risk of communicable disease, infants use the same crib or portable playpen each day.

Infants who can climb out of a crib by themselves are provided with a cot or mat.

Only children who nap or rest, require appropriate rest equipment (including blankets and sheets).

When a child who does not usually nap wants to rest, a mat or cot must be provided.

Mats less than 5 centimetres thick and yoga mats are not permitted as rest equipment.

Cots and mats are long enough so that neither the child's feet nor head extend past the ends and wide enough so that the child can easily turn over without falling off.

Duct tape or similar material is not permitted to repair a mat.

It is recommended that cots and mats not be stored in the play area.

Health Canada does not recommend blankets and pillows for children younger than 12 months.
http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/pdf/sleep-sommeil-eng.pdf (Health Canada)

http://www.caringforkids.cps.ca/handouts/safe_sleep_for_babies (Canadian Paediatric Society)

Children are provided with sheets and blankets from either the facility or home and bedding is washed, at minimum, weekly.

In general, cots and mats are not required for children attending half-day programs and school-age programs.

9.2.4 Washroom

Licensing Regulation – Early Childhood Services Act

38(1) The children receiving services at a licensed facility shall have access to washrooms that include the following:

(a) if one to nine preschool children or school-age children are receiving the services, one toilet and one sink;

(b) if ten to 24 preschool children or school-age children are receiving the services, two toilets and two sinks;

(c) if 25 to 49 preschool children or school-age children are receiving the services, three toilets and three sinks; and

(d) if 50 or more preschool children or school-age children are receiving the services, four toilets and four sinks.

38(2) An operator of a licensed facility shall supervise a child while the child is using the washroom if the washrooms are not used exclusively by the children, the operator and staff members at the licensed facility.

38(3) An operator of a licensed facility shall provide one potty chair or training seat for each group of three children who are being toilet trained.

38(4) An operator of a licensed facility shall provide steps or platforms that allow the children to use regular sized toilets and sinks.

Intent

There are sufficient and safe washroom facilities to meet the needs of the number and ages of children enrolled in the facility.

Indicators

1. The facility has the proper number of functioning and available toilets and sinks as per regulation 38(1).
2. Children are supervised at all times when using washrooms that are in multi-use buildings and are shared with the public.
3. One potty chair or training seat is provided for each group of three children being toilet trained.
4. Steps or platforms are provided to allow children to reach regular-sized toilets or sinks.

What you need to know

Sinks and toilets must be provided for children 2 years and over in the following ratios:

1 toilet	1 sink	1-9 children
2 toilets	2 sinks	10-24 children
3 toilets	3 sinks	25-49 children
4 toilets	4 sinks	50-60 children

Where three or more toilets are required, one may be a urinal.

For the privacy of the children, each toileting space is separated by using curtains, wall partitions, and/or doors.

All toileting activities, such as use of potty chairs, take place in designated washroom facilities and not in play areas.

After each use, potty-chairs are emptied into a toilet, cleaned, sanitized and stored in the bathroom.

9.2.5 Storage space

Licensing regulation – Early Childhood Services Act

39(1) A licensed facility shall have storage space that includes:

(a) low, open shelves for the display and storage of toys and supplies;

(b) easily accessible space to store the personal belongings of each child receiving services at the licensed facility; and

(c) if services are provided to a child who is not toilet-trained, space for diapers, creams and wipes for the child.

39(2) A licensed facility shall have a separate locked storage space that is inaccessible to the children for each of the following:

(a) toxic products, chemical products and cleaning supplies;

(b) medications; and

(c) if the licensed facility is located in a family dwelling, firearms.

39(3) Despite paragraph (2)(b), medications administered in cases of anaphylactic shock shall not be stored in a locked space.

Intent

Having storage space for play materials and equipment identifies where items belong. Children make their own choices about activities and equipment. Toys and other equipment are stored properly and are not safety hazards when not in use.

Providing each child with a place for personal belongings helps in keeping items separate so that belongings do not get lost or mixed up. Children learn how to take care of their belongings, and the risk of communicable disease is reduced.

Locked inaccessible storage space for toxic products and firearms ensures the safety of the children.

Proper locked inaccessible storage of medications protects the health and safety of children by ensuring they are kept out of reach to prevent accidental ingestion.

Indicators

1. Indoor play area material, equipment and toys are easily accessible on low, open shelves.
2. Easily accessible space is provided for personal belongings.
3. Individual space is provided for diapers, creams and wipes for each child who is not toilet trained.
4. Toxic products, chemical products and cleaning supplies are locked and inaccessible to children.
5. Medications are locked and inaccessible to children, except medications used for anaphylactic shock, which are stored safely but accessible.
6. Firearms in a family dwelling are locked and inaccessible to children.

What you need to know

Toys, program materials and supplies are accessible to children, appropriately labelled (to promote literacy) and permit independent selection. They are stored at children's level, and they are able to use them without adult assistance.

There is additional storage space for materials and equipment to permit rotation and excess items are not stored in the play area.

Easily accessible storage space for the personal belongings of each child in attendance is provided.

This may include:

- cubicles or lockers shared by no more than two children at one time;
- hangers or hooks with additional provisions, such as plastic containers that can store children's bedding, changes of clothing or individual backpacks

Toxic products do not include the diluted spray bottles used for cleaning table tops, change tables and toys. However, these must be inaccessible to children at all times, and no child can reach them even with climbing or reaching.

Spray bottles are labelled with contents.

Medications and toxic products are locked by either a CSA-approved child safety lock product or by lock and key. Consultation may be required with ELC licensing staff to determine the best locking method.

Medications requiring refrigeration are stored in the refrigerator in a leak-proof locked box clearly labelled "medication storage." A locked box is not required if the kitchen is locked and inaccessible to children.

For information about the storage of firearms:

RCMP (Storing, Transporting and Displaying Firearms):

www.rcmp-grc.gc.ca/cfp-pcaf/fs-fd/storage-entreposage-eng.htm

9.3 Outdoor environments

9.3.1 Outdoor play area

Licensing Regulation – Early Childhood Services Act

31(1) A licensed facility shall have an outdoor play area that is less than 350 m from the indoor play area.

31(2) Despite subsection (1), a part-time early learning and childcare centre at which services are provided to school-age children only shall have access to an outdoor play area that is less than 700 m from the indoor play area.

31(3) An operator shall maintain the outdoor play area of a licensed facility to ensure the safety of the children.

31(4) An operator shall ensure that the outdoor play area of a licensed facility

(a) includes a shaded area that is at least 10% of the outdoor play area, and

(b) consists of more than one surface to permit different types of play

31(5) A full-time or part-time early learning and childcare centre shall have an outdoor play area of at least 4.5 m^2 for each child receiving services at the centre, allowing for at least half of the maximum number of children stated on the licence to be accommodated at any one time.

31(6) The outdoor play area of a full-time or part-time early learning and childcare centre at which services are provided to infants or preschool children shall be enclosed with a fence at least 1.22 m in height with a gate that is secured at all times when the children are present.

31(8) The outdoor play area of a full-time or part-time early learning and childcare centre at which services are provided to infants and children of another age group shall

(a) include a separate area for the infants, or

(b) be used by the infants and the children of another age group at different times.

Intent

Outdoor play areas provide a natural space inviting to children. Children are encouraged to discover, learn, create, move, manipulate, explore, play by themselves, play with others and pursue their fields of interest.

Indicators

1. An outdoor play area is:
   - less than 350 metres from the premises or 700 metres for the school-age program;
   - maintained safe and free of hazards;
   - at least 10 % shade;
   - comprised of various types of surfacing to permit different types of play.
2. The centre has 4.5 m^2 of outdoor play space for at least one-half of the children as stated on licence.
3. The infant and preschool play area is enclosed by a securely gated fence at least 1.22 metres high.
4. The outdoor play area includes a separate area for infants or is used at a different time than other children.

What you need to know

Outside play areas are:

- maintained free of glass, debris and animal litter; and
- well drained and free from depressions in which water may stand.

Outdoor play environments have a layout that permits effective supervision, which means that children are in view at all times and are easily supervised.

The outdoor play area has various types of surfaces such as grass, sand, asphalt, etc. that allow for all kinds of play and promotes natural outdoor play experiences for children. The outdoor play area is accessible to children of all abilities.

The outdoor play area contains natural elements such as trees, flowers, gardens, encouraging children to explore their environment.

A surface covered by grass promotes soft play opportunities and promotes natural outdoor play experiences for children.

Ten percent of the outdoor play area must be shaded at all times of the day. A shaded area may be from natural shade (for example, trees), or may be created by using large beach umbrellas, tarps or a wooden structure.

The outdoor play area is only used by the number of children for which it measures; therefore, children may need to play outside in rotation.

A fenced outdoor play area is not required for school-age children; however, the operator is responsible to ensure the safety of the children. If safety is a concern, for example in a high traffic area, ELC licensing staff may require a fence be installed.

Gates must be secured using latches so that they cannot be opened by preschool children. They are not locked due to safety concerns as per the Office of the Fire Marshal.

Infant space may be a designated area within the outdoor play area. It is not required to be fenced separately, but it must be marked or clearly defined to meet the needs of this age group.

In the winter:

- outdoor play spaces must be kept accessible;
- gates and exits must be kept clear of snow and ice and open and close with ease; and
- stairs, walkways, ramps, porches, parking areas and driveways must be kept free from accumulations of water, ice and snow.

9.3.2 Outdoor play area materials and equipment

Licensing Regulation – Early Childhood Services Act

33(1) An operator of a licensed facility shall provide outdoor play area materials and equipment that are varied and in sufficient quantity for the number and ages of the children receiving services at the licensed facility.

33(2) Stationary equipment in the outdoor play area shall be surrounded by a protective surfacing and installed according to the manufacturer's instructions.

33(3) An operator of a licensed facility shall complete a monthly review and maintenance plan on all stationary equipment that includes the following information:

(a) the review and repair dates;

(b) the action required and the action taken; and

(c) the name of the staff member who conducted the review.

33(4) An operator of a licensed facility shall comply with any recalls regarding defective outdoor play area materials and equipment.

Intent

Outdoor play area materials and equipment are safe, age appropriate, functional and in sufficient quantity to encourage the children to be active and involved in activities.

Indicators

1. Outdoor play area materials and equipment are varied and in sufficient quantity for all children present.
2. Stationary equipment is surrounded by protective surfacing of appropriate depth.
3. Stationary equipment is installed according to manufacturer's instructions.
4. The operator is aware of any recalls and responds accordingly regarding outdoor play area materials and equipment.
5. The operator completes monthly review and maintenance plans of the stationary equipment and records are available on-site.

What you need to know

The outdoor play area is an extension of the indoor play environment, providing many of the same opportunities, including space for creative, quiet, pretend and sensory experiences.

Operators should ensure that outdoor play areas conform, at minimum, with CSA standard CAN/CSA-Z614-14 entitled Children's Playspaces and Equipment, and any subsequent update to this standard. This document specifies safety standards for play areas used by children aged 18 months to 12 years and is available for purchase at: www://shop.csa.ca/en/canada/injury-prevention/cancsa-z614-14/invt/27019532014

Equipment refers to all objects/structures (falling within the parameters of the CSA standard) in a play area that are provided to be used for play by children, whether or not they were produced for that purpose.

Stationary equipment includes: climbing structures, swings, slides, rock climbing equipment.

Protective surfacing is material to be used as a ground cover within the safety zone of play area equipment as specified by the CSA standard.

Protective surfacing is required for any stationary climbing structures regardless of height. However, it is recommended that all other climbing structures also have protective surfacing. It should be turned over or raked weekly to ensure proper depths are maintained. Grass is not a protective surface.

When purchasing and installing new equipment, the installer and/or contractor provides proof that the product is in accordance with the CSA standards and that it has been installed in accordance with these standards.

Play equipment, such as swing sets, which are intended for residential private backyard use, are not recommended.

Equipment is not used if it is unsafe based on the visual inspection.

Toys and materials are accessible year-round.

Outdoor storage space is provided for toys.

Operators are required to create and use an outdoor maintenance checklist, for stationary equipment, to meet the requirements of section 33(3) of the *Licensing Regulation – Early Childhood Services Act*. An example may be found in the CSA standard CAN/CSA-Z614-14 Children's Playspaces and Equipment.

Section 33 applies to outdoor equipment on the premises of an ELC facility. Where a facility is being operated in a school building, the equipment and property belongs to the school. Operators operating from schools are to work with the respective school/district in relation to the outdoor play area as part of their negotiations to operate programs.

When using municipal playgrounds, staff members check for obvious hazards each time they are used and take measures such as increasing supervision and/or not permitting children to use those pieces of equipment deemed to be unsafe. The municipality should be contacted if there are concerns with the equipment.

For further details on the Canadian Consumer Product Safety Act, its requirements and recalls: http://www.hc-sc.gc.ca/cps-spc/legislation/acts-lois/ccpsa-lcspc/index-eng.php

Loosefill protective surfacing material and critical height range

Loosefill protective surfacing material	Recommended minimum depth of material (compacted)	Critical height
Wood/bark mulch	30 cm	Up to three metres
Engineered wood fibre	30 cm	More than three metres
"Washed", round, pea gravel*	30 cm	Up to 2.5 metres
Specified sand†	30 cm	More than 2.5 metres
Shredded tire crumb	20 cm	More than three metres

***** Washed, round, pea-type gravel and sand should be clean to help avoid compaction

† Specified sand should meet developed particle size analysis envelope test for determined impact-attenuation requirement results

Adapted from CSA - Children's Playspaces and Equipment (CAN/CSA-Z614-14), 2014

Section 10: Safety and Well-being of Children

10.1 Access to a licensed facility

Licensing Regulation – Early Childhood Services Act

23 The parent or guardian of a child receiving services at a licensed facility shall have access to the licensed facility at any time when the child is present unless the parent or guardian has otherwise lost his or her right of access.

Intent

Parents have access to the facility and are reasonably assured of the safety and well-being of their children. Parents are made to feel welcome at the facility.

Indicators

1. Parents of children enrolled at the facility are granted entry at any time.

What you need to know

Parents are encouraged to visit the facility at any time and are immediately admitted when their child is present. A statement advising parents of this is in the parent handbook.

Although parents have access to the facility, the doors may be locked during operational hours to ensure the safety of the children and staff.

A secure facility has practices in place to ensure that staff members are aware of who is entering and exiting the building at all times.

In the event of parental restrictions on visiting, parents should provide copies of any access orders, court orders or restraining orders to the facility. Copies are kept in the child's file.

For more information about custody and access in New Brunswick: Public Legal Education and Information Service of New Brunswick www.legal-info-legale.nb.ca/en/custody_and_access

10.2 Personal belongings

Licensing Regulation – Early Childhood Services Act

40(1) An operator of a licensed facility shall ensure that personal belongings of a child receiving services at the licensed facility that are brought to the licensed facility, including combs, brushes, toothbrushes, towels, washcloths, bedding, pacifiers and soothers, are

(a) labelled with the name of the child,

(b) used only for the intended child, and

(c) stored separately for each child.

40(2) An operator of a licensed facility shall not permit pacifiers or soothers to be used with a neck string.

Intent

Personal belongings are not shared in order to prevent and control communicable diseases and illness, including the spread of head and body lice.

Indicators

1. Personal belongings brought into the facility are labelled with the name of the child, only used for the intended child and stored separately for each child.
2. Pacifiers or soothers do not have neck strings.

What you need to know

Both prohibiting the sharing of personal belongings and storing them separately helps prevent the spread of communicable diseases (respiratory, gastrointestinal), lice and skin infections such as scabies and ringworm.

If used, toothbrushes are stored so that they:

- do not drip on other toothbrushes;
- are separate from one another;
- have the bristles turned up;
- are exposed to the air to dry;
- are not in contact with any surface.

Toothpaste is not shared between children.

When the child is not using their pacifier or soother, it is kept in a container labelled with the child's name.

Pacifier or soother clips CSA approved may be used to attach pacifiers or soothers. The clips are removed prior to the child resting.

10.3 Diaper changing

Licensing Regulation – Early Childhood Services Act

41(1) A licensed facility at which services are provided to children who wear diapers shall have a sturdy surface that is

(a) equipped with rails or safety straps,

(b) covered with a non-absorbent layer,

(c) located separate from the food preparation area and not used for serving food, and

(d) no more than one metre from a sink.

41(2) Despite subsection (1), a changing mat used exclusively for diaper changing may be used as a surface for diaper changing for children who are at least 15 months of age.

41(3) An operator of a licensed facility shall

(a) post diaper-changing procedures in diaper-changing areas, and

(b) ensure that a child is never left unattended during diaper changing.

Intent

The health and safety of young children are important when diaper changing. Educators must have a good understanding of safe diaper changing practices to ensure the transmission of communicable diseases is reduced.

Indicators

1. Individual space is provided for diapers, creams and wipes for each child who is not toilet trained.
2. Changing surface is equipped with rails or safety straps and is covered with a non-absorbent layer.
3. When a changing mat is used, it is exclusively for diaper changing for children 15 months and older.
4. The changing area is located one metre or less from a sink, separated from the food preparation area and not used for serving food.
5. Diaper changing procedures are posted in a visible place in the diaper changing area.
6. Children are always supervised during diaper changing.

What you need to know

Hand washing significantly reduces the transmission of infections. It is important for staff and children to wash their hands after toileting or changing diapers.

If the height and weight of a child younger than 15 months raises safety concerns, an operator must consult with ELC licensing staff to discuss alternate diaper changing procedures and be approved to use a changing mat.

Diaper changing procedures are found in Appendix 22.

Diapers must be checked for wetness or feces hourly or whenever a child indicates discomfort or exhibits behaviour that suggests a soiled or wet diaper.

Waste baskets used to discard diapers must be tightly covered and lined with a disposable trash bag. Foot operated garbage cans are best for diaper disposal. This will help with eliminating contamination.

Diaper Genies are acceptable to use as long as children do not have access to them.

Diapers must not be disposed of in kitchen garbage containers or in waste baskets in children's play areas.

Operators may need to adapt equipment and diaper changing methods to provide diaper changing for children with additional support needs.

10.4 Medication

Licensing Regulation – Early Childhood Services Act

46(1) An operator of a licensed facility shall only administer medication to a child receiving services at the licensed facility in the following cases:

(a) the medication is provided by the child's parent or guardian;

(b) the parent or guardian of the child gives written consent;

(c) if the medication is not prescribed, the medication is

(i) in the original container with the original label,
(ii) in a container with child protective caps, and
(iii) labelled with the child's name and the dosage; and

(d) if the medication is prescribed, the medication is labelled with the name of the physician, the instructions for use and the time period for use.

46(2) Despite subsection (1), the operator of a licensed facility may administer acetaminophen to a child if the parent or guardian of the child gives written or oral consent.

46(3) If consent is oral under subsection (2), the operator of a licensed facility shall require the parent or guardian to give a written acknowledgement when the child is picked up at the licensed facility that acetaminophen was administered with their consent.

46(4) An operator of a licensed facility shall maintain a chronologically filed medication record of all medication administered to a child.

Intent

Clear administration of medication procedures helps to ensure that children are receiving medication properly and safely.

Having parents provide written consent and instructions for administering medication ensures that staff members are aware of the correct time(s) and correct dosage.

Medication provided in original containers and clearly labelled with the child's name ensures that it is given to the correct child. Staff members can also confirm that the medication is not out of date and is stored properly.

Indicators

1. Medication is only provided by the child's parents.
2. Medication brought into the facility is in the original child safe container with label showing the child's name and dosage.
3. Prescribed medication is labelled with the child's name, doctor's name, instructions for use and the time period for use.
4. The operator maintains written records when medications are administered.

What you need to know

Administering medication requires particular attention to detail, proper record keeping and clear communication among staff members. The operator must ensure that staff members follow facility policies.

In the case of routinely given medications, a parent may provide consent for an extended period of time.

Prior to administering acetaminophen provided by the operator, written parental consent is on file and parents are consulted for correct dosage. Parents sign a written acknowledgement, when picking up the child, that acetaminophen was administered with their oral consent. See Appendix 8.

The common brand name of acetaminophen is Tylenol. Ibuprofen (Advil, Motrin) is not included in the consent for acetaminophen.

It is recommended that the responsibility for administration of medications is assigned to specific staff members. However, all staff members should be aware of the facilities' medication policy whether or not they are assigned responsibility for administering medication.

It is recommended that staff use the following best practice: two staff members are responsible to verify the medication, child's name and dose before giving medication.

Medication cannot be administered at a different dosage, frequency or to a different person than the information provided on the label of the container.

Medications are locked at all times. For further information about medication storage, see section 9.2.5.

EpiPens are the only medication that can be easily accessible to staff members and are not required to be locked, however they are not accessible to children.

For further information regarding EpiPens: www.epipen.ca

For children with anaphylaxis and other life-threatening allergies, parents may complete an Allergy Management and Emergency Plan.

For children with a medical condition, such as asthma or diabetes, that may require ongoing health-care, parents may complete an Essential Routine Services and Emergency Plan.

If used, the operator and parents should review and update these plans annually. All staff members must be well informed of any children in the facility who have medical conditions or significant allergies.

For life threatening allergies:

- Parents provide written consent to post the child's name and allergy information.
- If parents do not give permission to post the child's name, information regarding the life-threatening allergy, without the child's name, must still be visible.
- It may be simplest to eliminate those foods from menus altogether rather than risk exposure to those foods, as even traces of them can be deadly for some children. Where a food is excluded from the facility – for example, peanuts – a "No Nuts" notice is posted where it can be seen easily and reminds parents regularly.

- Staff members must be aware of children who have a life-threatening allergy and their allergy management plan.

Staff members must be informed of food allergies, special diet requirements or special feeding arrangements, and this information is clearly posted in any areas where food is prepared or served.

Suggested forms for medications and health plans may be found in:

Appendix 4 – Extreme Allergy Management and Emergency Plan
Appendix 5 – Essential Routine Services and Emergency Plan
Appendix 6 – Administration of Medication Consent and Record Form – Ongoing Treatment
Appendix 7 – Administration of Medication Consent and Record Form

Administration of over-the-counter medications, homeopathic and herbal medications, must follow the same practices as any medication provided by parents. It is recommended that if parents request an over-the-counter medication be administered, there should be a written authorization from the health-care professional and the parent is to provide written permission. This is to include the child's name, the correct dosage and administration instructions.

Health Canada has issued the following guidelines for parents and caregivers:

- Do not use over-the-counter cough and cold medicines for children younger than six, as serious harm, including misuse, overdose and side-effects may occur.
- Always check the label first to make sure the medication is suitable for the child.
- Do not give children medications labelled only for adults.
- Do not give children aged six and older more than one kind of cough and cold medicine (unless under the advice of a healthcare practitioner). Combining medicines with the same ingredient(s) may cause side effects.

The following link contains information on cold/cough medication ingredients that are not to be given to children younger than six.

https://www.canada.ca/en/health-canada/services/drugs-medical-devices/concerns-about-children-s-medication.html

10.5 Proof of immunization

Licensing Regulation – Early Childhood Services Act

47(1) An operator of a licensed facility shall refuse admission to a child if satisfactory proof of the immunizations required by the *Public Health Act* or the regulations under that Act is not provided.

47(2) Subsection (1) does not apply if a child's parent or guardian provides one of the following documents:

(a) a medical exemption, on a form provided by the Minister of Health, signed by a medical practitioner; or

(b) a written statement, signed by the parent or guardian, of the parent or guardian's objection for reasons of conscience or religious belief to the immunizations required by the *Public Health Act* or the regulations under that Act, on a form provided by the Minister of Health.

Intent

Preventive health-care includes immunizations as outlined in the *Public Health Act*, subject to written objection by parents or medical exemption provided by a medical practitioner.

Indicators

1. Immunization records, medical exemptions, or signed statements of objection from parents are in children's files.

What you need to know

Operators are responsible to verify they have received proof of immunization, but are not responsible to determine the accuracy of the information. This is the responsibility of the Public Health nurse.

Immunization records of children are reviewed by Public Health nurses and when an incomplete record is identified the operator is required to notify the parents to advise them an updated record is required.

School-age children have their immunization records verified at the school by the Public Health Nurse, so operators are not required to have immunization records of school-age children.

It is recommended that operators maintain a list of children who are not up to date on their required immunizations or who have not been immunized. It may be necessary to exclude these children from the facility in the event of an outbreak of a vaccine-preventable disease.

10.6 Prohibition of smoking

Licensing Regulation – Early Childhood Services Act

42(1) Smoking, within the meaning of the *Smoke-free Places Act*, is prohibited during operating hours on the premises of a licensed facility, including in the outdoor play area, during outings and while transporting the children receiving services at the licensed facility.

42(2) If a licensed facility is located in a family dwelling, the operator shall advise a parent or guardian of each child receiving services at the licensed facility whether any person smokes outside operating hours at the licensed facility.

Intent

Children are protected from second-hand smoke by prohibiting smoking in those areas frequented by children.

Indicators

1. Smoking and/or vaping is prohibited in the inside and outside play areas, during outings and while transporting children.
2. If the licensed facility is located in a family dwelling, parents are informed if smoking occurs when the facility is closed.
3. There is no evidence observed during inspection visits of smoking occurring in the licensed facility or outdoor play area.

What you need to know

The *Smoke-Free Places Act* prohibits smoking in public places frequented by children. Smoking is not permitted:

- within nine metres of doorways, windows and air intakes of enclosed public places and indoor workplaces, and;
- on the grounds of a school;
- in an area of an outdoor public place on which playground equipment is situated, in a sports area of an outdoor public place or within 20 metres of any point on the perimeter of the playground equipment or the sports area;
- in an indoor workplace;
- in an indoor workplace where in a private residence the owner of the business employs employees who work in the residence but do not live in the residence. Only that part of a private residence in which a business is operated is an indoor workplace.

Smoking is prohibited at all times in a childcare facility whether or not children are present.

When an outside smoking area is provided for staff members, it is located in a place where children cannot see staff.

E-cigarettes and water pipes are not permitted.

10.7 Fire safety

Licensing Regulation – Early Childhood Services Act

24(1) For the purposes of subsection 20(1) of the Act, the following records and documents shall be maintained on the premises of a licensed facility:

(k) smoke alarm, smoke detector and fire extinguisher inspection and maintenance records;

(l) emergency evacuation and fire drill records;

28(2) An operator of a licensed facility shall carry out emergency evacuation and fire drills monthly.

Intent

Having an organized, complete evacuation plan and practicing monthly ensures the safety of the children and staff members in the event of an emergency evacuation.

Indicators

1. Evidence of monthly emergency evacuation and fire drills are available for review.
2. The facility has an emergency evacuation plan that is clearly posted and states staff responsibilities.

What you need to know

10.7.1 Emergency evacuation plan

The local fire prevention officer should be consulted for assistance in developing the emergency evacuation plan.

The posted emergency evacuation plan:

- includes a diagrammed floor plan of the facility:
- shows the evacuation routes, all exits and meeting place outside of facility;
- is posted in a visible location at each exit and on each level;
- is clear enough that a visitor to the facility could easily follow the instructions.

The written emergency plan for staff members:

- outlines staff members responsibilities;
- lists items to be removed in an emergency (example, first aid kit, emergency contact information);
- shows the evacuation routes.

Staff members must:

- know the emergency plan and how to safely evacuate children in an emergency situation;
- understand their responsibilities;
- know how to physically remove children from the building, in particular, how to evacuate infants and children with additional support needs.

Operators should request annual training for staff members by fire prevention authorities on the proper use of fire extinguishers.

10.7.2 Emergency evacuation and fire drills

Written emergency evacuation and fire drill records, which contain the date and time of each drill and the number of children and staff members involved, are maintained on site for at least one year. A suggested Emergency Evacuation and Fire Drill, Smoke Alarm, Smoke Detector and Fire Extinguisher Check form is found at Appendix 16.

Daily attendance records and child emergency contact information are located in an accessible consistent place and are taken out of the facility in an emergency.

Emergency evacuations and fire drills are conducted at various times of the day and throughout the year. The fire prevention officer should be consulted to develop protocols and to obtain best practices in conducting emergency evacuation and fire drills at the facility (such as if the fire alarm has to be sounded, how to conduct fire drills in the winter).

Fire prevention officers emphasise that priority be given to evacuating the building and ensuring the safety of children before attempting to extinguish or control a fire.

Children should wear proper indoor footwear at all times. Footwear may be removed during resting period.

10.7.3 General fire safety

Operators practice the following general fire safety precautions:

- where children are younger than five, install protective receptacle covers in electrical outlets or tamper resistant outlets;
- do not overload electrical receptacles;
- limit the use of extension cords; however, if used, attach extension cords securely to the wall or floor; do not let them hang;
- keep lighters and matches inaccessible to children;
- provide an operable flashlight for each floor level;
- protect children from access to fireplaces, free standing stoves (woodstoves), furnaces and hot water heaters;
- ensure that woodstoves are approved as a source of heat and the installation has been verified by fire prevention officers;
- check and clean chimneys and wood stoves annually.

10.8 First aid kit and telephone

Licensing Regulation – Early Childhood Services Act

44 An operator of a licensed facility shall have a first aid kit that is equipped with the contents prescribed by New Brunswick Regulation 2004-130 under the *Occupational Health and Safety Act* as a first aid kit that is not a personal, Type P first aid kit, and a telephone in working order

(a) on the premises of the licensed facility,

(b) at a private pool, if children receiving services at the licensed facility have access to the private pool, and

(c) on each outing.

Intent

Immediate access to a well-stocked first aid kit ensures that care for minor injuries is provided as soon as possible.

A working telephone is required in the event of an emergency.

Indicators

1. First aid kit and a working telephone are accessible:

   - on the premises
   - when accessing a private pool
   - on each outing

2. Contents of first aid kits comply with Schedule C of regulation 2004-130 under the *Occupational Health and Safety Act* (O.C. 2004-471).

What you need to know

First aid kits must:

- be easily accessible to staff members, but out of reach of children;
- include up-to-date emergency records for the children in attendance;
- be maintained in a clean, dry and serviceable condition using Schedule C of regulation 2004-130 under the *Occupational Health and Safety Act* (O.C. 2004-471)**;
- be checked regularly, restocked and changed if necessary (Appendix 17 provides a monthly checklist for maintaining the first aid kit);
- accompany staff members and children whenever away from the facility, including when transporting children to and from school.

When in the outdoor play area, frequently used first aid supplies are available and easily accessible should an incident occur.

Each employee is informed of the location of first aid kits.

To assist in emergency situations, the facility's name and street address is posted close to each telephone or in an agreed on location. This will ensure correct information is provided to emergency personnel.

**As per Schedule C of regulation 2004-130 under the *Occupational Health and Safety Act* (O.C. 2004-471), supplies for first aid kits, not a personal, Type P first aid kit, includes the following items:

- 1 standard first aid manual (English and French)
- 1 record book and pen or pencil
- 1 pair of stainless steel scissors (140 mm)
- 1 pair of tweezers
- 1 variety pack of safety pins
- 24 sterile adhesive strip bandages (various sizes)
- 12 sterile gauze pads (various sizes)
- 2 rolls of sterile gauze bandage (75 mm x 9 m)
- 2 rolls of elastic bandages (7.5 cm)
- 4 sterile compress dressings (100 mm x 100 mm)
- 6 triangular bandages (1 m)
- 2 rolls of adhesive tape (25 mm x 9 m)
- 4 burn dressings (various sizes)
- 6 abdominal dressings individually wrapped (20 cm x 25 cm)
- 12 antiseptic cleansing towelettes individually wrapped (14 cm x 19 cm)
- 6 individual packages of sugar
- 1 container of antiseptic disinfectant for the skin (not iodine)
- 1 water soluble burn treatment (55 g tube or more)
- 6 pairs of disposable gloves (latex or vinyl)
- 1 face shield with a one-way valve (disposable)
- 1 package of cotton tipped applicators
- 12 hand wipes or 1 bottle of hand cleaner
- 1 shock blanket
- Several puncture resistant plastic bags

10.9 Transportation of children

Licensing Regulation – Early Childhood Services Act

20 For the purposes of section 17 of the Act, the requirements with respect to the transportation of children are as follows:

(a) if the driver of a motor vehicle is a staff member, he or she shall not be included in the child-to-staff ratios calculated under sections 9 and 10;

(b) despite paragraph (*a*), the driver of a motor vehicle who is a staff member is included in the child-to-staff ratios calculated under sections 9 and 10 if the children transported are school-age children and the route taken is between the licensed facility and the school;

(c) the driver of a motor vehicle and the motor vehicle must be in compliance with the *Motor Vehicle Act* and the regulations under that Act; and

(d) the motor vehicle must be equipped with

(i) a record of emergency contacts for each child receiving services at the licensed facility, and

(ii) a first aid kit that is equipped with the contents prescribed by New Brunswick Regulation 2004-130 under the *Occupational Health and Safety Act*, as a first aid kit that is not a personal, Type P first aid kit.

Intent

Compliance with the *Motor Vehicle Act* increases the safety of children being transported in a vehicle.

A first aid kit and emergency contacts for each child available in every vehicle helps in the event of an emergency.

Indicators

1. Drivers are in compliance with the *Motor Vehicle Act* and the regulations under that Act
2. Each vehicle is equipped with:
   - Emergency contacts for each child
   - A first aid kit

What you need to know

The child-to-staff ratio is met at all times while transporting children.

Operators comply with the *Motor Vehicle Act* and its regulations in regard to driver qualifications, use of infant seat, booster seats and/or seat belts and the registration and inspection of the vehicle.

The *Motor Vehicle Act:* http://laws.gnb.ca/en/ShowTdm/cs/M-17//

For more information about child car seat safety, see the following:

Justice and Public Safety: http://www2.gnb.ca/content/gnb/en/departments/jps/public_safety/content/drivers_vehicles/content/booster_seats.html

Transport Canada: https://www.canada.ca/en/services/transport/road/child-car-seat-safety.html

The *Motor Vehicle Act* Regulation 83-163 says that a child must be properly secured in a child seat until the child reaches at least one of the following:

- 9 years old
- 36 kg
- 145 cm

Drivers of facility owned vehicles provide:

- Proof of a valid appropriate driver's licence;
- A driver's abstract showing a good driving record (can be obtained at Service New Brunswick).

It is not recommended for staff members to use their personal vehicles to transport children. However, if doing so, they are to advise their vehicle insurance company.

When planning outings staff members are to consider:

- how children will be transported;
- the distance and time required to transport children to ensure it is developmentally appropriate;
- the risks associated;
- if the outing is appropriate for the ages and development of the children; and
- how the children will be kept safe during the outing.

Parents should transport their own children to activities outside of the facility.

Public transportation may be used when or where available.

Operators develop a transportation policy outlining the point at which the facility assumes responsibility for the child, for example, children walking to and from school unsupervised. Parents sign a consent form regarding their children walking unsupervised.

10.10 Pools

Licensing Regulation – Early Childhood Services Act

34(1) An operator of a licensed facility shall not permit a child receiving services at the licensed facility access to a private pool without a filtration and chlorination system.

34(2) Access to a private pool with a filtration and chlorination system by a child receiving services at a licensed facility is permitted in the following circumstances:

(a) at least one educator included in the child-to-staff ratio calculated under subsection (4) holds one of the following certificates or holds training that is equivalent in the opinion of the Minister:

(i) a National Lifeguard certificate;
(ii) a Lifesaving Society's Bronze Cross award; or
(iii) a Canadian Red Cross Water Safety Instructor's certificate;

(b) the pool is enclosed with a fence at least 1.52 m in height in addition to the fence enclosing the outdoor play area;

(c) the following equipment is accessible to the educators:

(i) an electrically insulated or non-conducting reaching pole;
(ii) a throwing line with a buoyant aid; and
(iii) a record of emergency contacts for each child; and

(d) a sign is posted near the pool indicating the deep and shallow ends.

34(3) When access to a private pool is permitted, the Minister shall require that the operator obtain and maintain additional liability insurance and demonstrate this fact to the Minister.

34(4) Despite sections 9 and 10, one educator is required for each of the following groups of children accessing a private pool, a public pool or a public swimming area while receiving services at a licensed facility:

(a) one infant;

(b) four preschool children or fewer;

(c) eight school-age children or fewer; and

(d) five children of mixed ages or fewer, if at least two of these children are school-age children.

34(5) Despite paragraph (4)(*d*), infants shall not be grouped with children of another age group.

34(6) Access to a public pool or a public swimming area by a child receiving services at a licensed facility is permitted if there is a lifeguard on duty.

Intent

Reduced ratio and strict guidelines reduces the risk of drowning and injury to children in and around water.

Indicators

1. Private pools have a filtration and chlorination system.
2. When accessing a private pool, there is evidence that at least one educator in the child-to-staff ratio has one of the appropriate certificates as listed in regulation 34(2)(a).
3. When accessing a private pool:

   - there is a separate fence of 1.52 metres in height enclosing the pool
   - educators have access to:

     . a reaching pole that is insulated or non-conducting;
     . a throwing line with a buoyant aid; and
     . the emergency contacts for each child.

   - a sign is posted indicating the deep and shallow ends.

4. Operator demonstrates the appropriate liability insurance.
5. When accessing a private pool, a public pool or public swimming area, the reduced child-to-staff ratio is maintained.
6. A lifeguard is on duty when accessing a public pool or public swimming area.

What you need to know

It is important to understand the risks involved in providing activities with swimming pools, maintaining the required number of educators at all times.

When attending a pool with infants and preschool children, educators enter the water and must be positioned so they are at an arm's length of the children at all times.

Portable wading pools are not permitted as stated in the Public Health Inspection Standards (Nov 2015) - Appendix 38.

10.11 Trampolines

Licensing Regulation – Early Childhood Services Act

35 An operator of a licensed facility shall not permit a child receiving services at the licensed facility access to a trampoline.

Intent

There is a serious risk of injury to children using trampolines and restricting their use helps to keep children safe from injuries.

Indicators

1. Children are not observed using trampolines.

What you need to know

Trampolines and mini trampolines are not used both on-site and during outings.

Mini exercise trampolines may be used for therapeutic purposes for children when used under the direction of physical or occupational therapist and with proper supervision.

10.12 Kitchen

Licensing Regulation – Early Childhood Services Act

37 An operator of a licensed facility shall not permit a child receiving services at the licensed facility access to the kitchen unless the child is supervised.

Intent

The safety of children is to be maintained at all times.

Indicators

1. Children are not observed unsupervised in the kitchen.

What you need to know

The kitchen space is inaccessible to children, except under supervised conditions such as cooking or special art activities.

Staff members must be present with the children at all times.

10.13 Hot beverages

Licensing Regulation – Early Childhood Services Act

43 An operator of a licensed facility shall not permit hot beverages in areas that are occupied by the children receiving services at the licensed facility, including the outdoor play area.

Intent

Prohibiting hot beverages in the play areas reduces the risk of burns to children.

Indicators

1. Hot beverages are not observed in areas occupied by children, including the outdoor play area.

What you need to know

Any hot beverages, even those in mugs with secured covers, are not permitted in play areas.

Section 11: Health – Management of Illness

Licensing Regulation – Early Childhood Services Act

45(1) An operator of a licensed facility shall require a parent or guardian of a child receiving services at the licensed facility to

(a) notify the licensed facility if the child will be absent, and

(b) indicate whether the absence is due to illness or otherwise.

45(2) If a child is ill while receiving services at a licensed facility, an operator shall

(a) provide supervised care to the child in an area separate from the other children,

(b) notify the child's parent or guardian and require that the child be picked up within one hour of notification, and

(c) obtain the necessary medical assistance, if required.

45(3) If a child has or may be affected by a disease that is required to be reported under the *Public Health Act* and the regulations under that Act by the operator of a licensed facility, the operator shall

(a) complete the forms provided by the Minister, and

(b) inform all parents or guardians of the children that a child has or may be affected by the disease.

Intent

Containing the potential spread of disease and preventing and/or managing an outbreak is imperative in protecting children and staff members.

Indicators

1. The parent handbook advises parents to notify the facility if the child is absent and if the absence is due to illness or another reason.
2. Children who are ill are:
   - separated from other children while still being supervised;
   - picked up within one hour of notification, as evidenced on the potential illness form.
3. Medical assistance, if required, is obtained for children who become ill.
4. Management of potential illness forms are evident in child files.
5. Parents are advised when a child has a communicable disease or illness.

What you need to know

The management of illness in ELC facilities is an important issue for operators and staff members. Children, especially those younger than five, are susceptible to many types of communicable or infectious diseases. These illnesses can cause serious side-effects and even death if not managed properly. Operators and staff members play an important role in controlling and preventing illnesses in the ELC facility.

The *Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare (ELC) Facilities* found in Appendix 39 are used in managing illness.

The following have been developed to assist with the management of illness in ELC facilities:

- Daily Information Sheet (for children 23 months and under) – Appendix 9
- ELC Facility Attendance Record – Appendix 10
- Potential Illness Report Form – Appendix 11
- Return After Exclusion Form – Appendix 12
- Notice of Illness Form – Appendix 13
- Managing Illness in ELC Facilities – Parent's/Guardian's Role – Appendix 14
- New Brunswick Guide for Exclusion of Children in Early Learning and Childcare Facilities - Appendix B of the *Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare (ELC) Facilities* – Appendix 39

Children's absences are recorded on the attendance sheet and illness reasons indicated.

A separate area for isolation may be a place within the play area but away from other children, or in an office where the child is supervised. This ensures minimal exposure to other children.

Staff members and children follow proper hand washing procedures as found in the Public Health Inspection Standards (November 2015), Appendix 38, and the *Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare (ELC) Facilities,* Appendix 39.

Hand washing is the most effective way of preventing the spread of infections in childcare settings. Hand washing signs must be posted in the kitchen, washroom and diaper change areas.

If a communicable disease is identified, parents are informed and a notice is posted at all entrances to the facility as soon as reasonably possible.

The Department of Health may recommend that the facility close during a communicable disease outbreak.

Section 12: Nutrition

Licensing Regulation – Early Childhood Services Act

48(1) An operator of an licensed facility shall serve

(a) a snack at least every three hours,

(b) a meal at each recognized meal period, and

(c) drinking water throughout the day.

48(2) An operator of a licensed facility may supply food to a child receiving services at the licensed facility that a parent or guardian of the child brings from the child's home if the food is labelled with the child's name and refrigerated, as required.

48(3) An operator of a licensed facility shall provide weekly menus to a parent or guardian of a child at least three days in advance of serving the food and shall modify the food served in the case of special nutritional requirements of a child.

48(4) If an infant is receiving services at a licensed facility, the operator shall

(a) hold the bottle at all times during the feeding of an infant who is bottle-fed unless the infant is able to hold the bottle himself or herself,

(b) ensure that an infant who is bottle-fed is not fed in a crib

(c) supervise an infant while he or she eats or drinks, and

(d) ensure that each bottle is stored with a cover in the refrigerator.

48(5) If more than one bottle-fed infant is receiving services at a licensed facility, the operator shall ensure that each bottle is

(a) labelled with the child's name, and

(b) used only for the intended child.

48(6) An operator of a licensed facility shall post information relating to any allergies of the children in the food preparation area.

Intent

Parents are aware of the food that is planned for meals and snacks.

Indicators

1. Snacks are served at least every three hours and meals at meal times.
2. Drinking water is provided throughout the day.
3. Food brought from home is labelled with the child's name and refrigerated, as required.
4. Weekly menus are given to parents at least three days prior to serving the food.
5. Food served is modified for children with special nutritional requirements.

6. Infants who cannot hold their own bottles are observed being held during bottle feedings and are supervised at all times when eating or drinking.
7. Infant bottles are labelled with the child's name, used for the intended child, stored with a cover and refrigerated.
8. Allergy information on any child is posted in the food preparation area.

What you need to know

A healthy eating policy for licensed early learning and childcare facilities in New Brunswick is under development. Additional information will be added to this section following the implementation of this policy.

12.1 General information

Lunches brought from home are stored in refrigerators or contain ice packs from home to ensure that they are kept cold.

A supply of healthy snacks should be available to give to children who are regularly not provided with enough food or the food brought from home does not meet nutritional requirements. For information on Ideas for Healthy Snacks see Appendix 28.

Where food brought from home does not consistently meet either nutritional or food safety requirements, the operator has a responsibility to discuss and resolve the situation with the parent.

Operators maintain a current dated menu plan providing a record of what food items are served each day. Substitutions are documented and maintained on file.

Posting menus in advance informs parents of food their child is eating while at the facility. Posting changes to the menu (meals and snacks) further informs parents.

Tracking of food intake is particularly important during the early years when children may show the first signs of a food allergy.

Labelling bottles and/or food provided by parents ensures children receive what has been brought in for them by their parent(s)/guardian.

All staff members are informed of food allergies.

Parents are advised if their child is consistently not eating or drinking.

12.2 Foods and beverages

Food served to children is varied, nutritious and follows the food guide as recognized by Health Canada. For more information on creating menus see:

Appendix 29 Menus and Recipes
Appendix 30 Menu Planning Checklist
Appendix 31 Healthy Substitutions

The % Daily Value (% DV) can help you make informed food choices. You may use the % DV to **compare** two different food products and make a better choice for you. Or you can use the % DV to choose products that are higher in the nutrients you want more of and lower in the nutrients you want less of.

For more information, please refer to the following Health Canada website link. http://www.hc-sc.gc.ca/fn-an/label-etiquet/nutrition/cons/dv-vq/index-eng.php

Serving sizes are appropriate for the needs of the children. See Appendix 32 Serving Sizes for Children.

Children do not need to be offered full size Food Guide servings at one eating occasion, rather Food Guide servings may be divided into smaller portions to be offered throughout the day. For information about appropriate serving sizes and Canada's Food Guide, please follow the links below:

- Eating Well with Canada's Food Guide
- My Food Guide Servings Tracker (2-3 year olds)

Paper copies of the food guide can be ordered, at no cost, from the Health Canada website.

Foods and beverages served are consistent with Foods to Serve –Appendix 33, Foods Not to Serve – Appendix 34 and Choking Prevention information – Appendix 35.

12.3 Special dietary considerations

If a child has a life-threatening allergy to specific foods (for example, peanuts or shellfish), the operator has a responsibility to ensure these items are not served or permitted in the facility.

Special dietary considerations, including allergy and anaphylaxis (severe allergy reaction) information specific to an individual child is communicated to all staff members and posted in areas where food is prepared and consumed.

12.4 Infant feeding and breastfeeding

Infants younger than 12 months are fed on demand and in accordance with written instructions from the parent regarding the amount, type and scheduling of feedings. See Infant Feeding Plan - Appendix 36 for more information.

Operators welcome mothers to breastfeed or express milk at their convenience.

Operators work with families to develop an infant feeding plan to address the storage and feeding of breast milk or infant formula.

Heating breast milk or infant formula in the microwave is not recommended. Studies have shown that microwaves heat baby's milk and food unevenly. This results in "hot spots" that can scald a baby's mouth and throat.

Pasteurized whole cow's milk (i.e., 3.25 % milk fat) may be introduced to infants who are nine to 12 months and continued to 24 months. Children 24 months and older can have lower fat pasteurized cow's milk. Cow's milk is not provided to infants younger than nine months old.

Both the propping of bottles, in cribs, playpens or infants seats, and the carrying of bottles by young children are prohibited.

Infants and children are not permitted to have bottles at nap time or while resting.

12.5 Meal and snack time environment

Meals and snacks are served in a relaxing and enjoyable environment and are not hurried.

Staff members actively engage in conversation with the children during meal times, creating a natural home-like environment.

When eating with children, staff members model healthy eating practices.

Infants sit in high chairs, appropriate for the child's development, as the educator helps them learn to feed themselves. They do not sit on laps, in cribs, in car seats, etc. for feeding. There is one high chair or feeding seat for every child.

As toddlers develop gross motor control, and are able to sit and eat at a table with other children they are transitioned out of high chairs.

Tables, chairs and utensils are appropriate and properly sized for the children's ages and abilities.

If children seem to slip in chairs, it may help to place rubber matting in the chair seat. Rubber matting may also help keep plates and bowls from slipping on the table.

Children decide when they are finished eating. They are not forced or coerced to eat and denying food is not permitted. Staff members encourage children to respond to feelings of hunger and fullness and do not make them finish eating the food being served.

Opportunities for children to learn about food and nutrition are provided (for example, setting the table, planting a garden, composting, trying new foods from different cultures, using local vegetables and fruit, age-appropriate cooking activities).

CHEFS! Is a toolkit that helps teach children and youth about healthy eating and physical activity while they learn the fun of cooking. See Appendix 37 for more information.

12.6 Information for parents

Parents are often interested in what their children are eating and are looking for information on providing healthy and nutritious options for their families. The following resources may be shared with parents to help them understand how your menus are developed and/or to give them ideas when they pack healthy and safe lunches and snacks for their children.

Appendix 28 : Ideas for Healthy Snacks
Appendix 30 : Menu Planning Checklist
Appendix 31 : Healthy Substitutions
Appendix 33 : Foods to Serve
Appendix 34 : Foods Not to Serve
Appendix 35: Choking Prevention

New parents should have received a copy of the Loving Care series of books in the hospital when their child was born. Loving Care provides information on child health, growth, development and safety.

- Loving Care Birth-6 months
- Loving Care 6-12 months
- Loving Care 1-3 years

Section 13: Extended Hour or Overnight Services

Licensing Regulation – Early Childhood Services Act

17(1) An applicant for a licence or a licensee may apply to the Minister on a form provided by the Minister for an approval to provide extended hour services or overnight services.

17(2) Despite any provision of this Regulation, the approval granted by the Minister under subsection (1) is subject to the following requirements:

(a) the maximum number of children receiving extended hour services or overnight services at a part-time or full-time early learning and childcare shall be 12 children per licence, including the children of the operator, with no more than three infants;

(b) a child shall not be admitted to a licensed facility after 8 p.m. and shall not receive services for more than 14 consecutive hours in a 24-hour period;

(c) at least two educators shall be present and awake during extended hour services or overnight services at a full-time or part-time early learning and childcare centre;

(d) the sleep area shall

(i) be equipped with the following:

(A) a crib for each infant receiving services in accordance with the Cribs, Cradles and Bassinets Regulations under the *Canada Consumer Product Safety Act* (Canada); and

(B) a bed or cot with a mattress at least 15.2 cm thick for each child, other than an infant, receiving services;

(ii) be in a separate area; and

(iii) allow for a space of at least 46 cm between each crib, bed or cot.

Intent

Children are provided with a safe and secure environment while requiring childcare outside of traditional hours and/or for overnight services.

Indicators

1. An application has been received to provide extended hour or overnight services.
2. No more than 12 children, including those of the operator, are present during extended hours or overnight.
3. No more than three infants are present during extended hours or overnight.
4. Children are not allowed entry after 8 p.m.
5. Attendance records demonstrate that children are not present more than 14 consecutive hours.
6. At least two educators are present and awake during extended hours or overnight.
7. There is an approved crib for each child younger than two years of age.
8. There is a cot or bed with a mattress at least 15.2 cm for each child two years of age and older.

9. The rest area is in a separate area.
10. The space between each crib, bed or cot is at least 46 cm.

What you need to know

As overnight childcare requires additional considerations, an application is submitted to ELC licensing staff prior to operating. Applicants demonstrate the capacity to provide safe, nurturing and quality overnight services.

Prior to extended hour services or overnight services being approved for existing facilities, plan review forms must be submitted to the Office of the Fire Marshal and the regional Health Protection Branch as their approval is required. These forms are to be submitted to ELC licensing staff who will forward them to the respective departments.

A letter from the municipal authorities stating that the proposed extended hour service or overnight service complies with local by-laws is submitted.

The limits of the liability coverage include coverage for extended hour services and/or overnight services.

The licence clearly states the facility is licensed for extended hour services or overnight services.

Operators providing extended and overnight services must add the following to the parent handbook:

- The extended hours of operation as indicated on the licence.
- Children are not admitted to the service after 8 p.m.
- No child may be in attendance for more than 14 consecutive hours in a 24- hour period.
- The fee schedule for the extended hour services or overnight services.
- If the facility does not prepare an evening meal, a bedtime snack and/or breakfast, parents must agree to provide these for their children.

Menus include a meal at the recognized supper hour, a bedtime snack for all children in attendance and breakfast where overnight services have been provided.

Eating times and schedules are consistent with patterns established in consultation with the parents.

The evening schedule:

- permits a family atmosphere; allowing siblings to be together;
- ensures that children's bedtimes are scheduled in consultation with their parent;
- ensures that outdoor play time is available to the children during daylight hours;
- permits television and/or movies only with parental permission on the types of shows and movies that are available.

Operators are not required to provide bathing or showering however, when bathing or showering is provided, operators ensure that:

- bathtubs and showers are cleaned and sanitized after each use;
- children are bathed individually;
- children are supervised according to their developmental needs;
- bathtubs are equipped with a nonskid mat or surface;

- children are not bathed in sinks; and
- written parental consent is obtained.

Operators ensure that:

- sleepwear is not shared among children;
- children must sleep in garments provided by their parent;
- bedding is provided by the facility; including blankets and a bottom sheet that must be secured and completely cover the sleeping surface;
- all children have the personal effects needed to clean up and prepare for sleep, including an individual wash cloth, towel, toothbrush, toothpaste.

All staff members on duty are awake and alert to meet the needs of the children.

While children are sleeping, lighting is maintained at a level that will enable children to be visible.

The indoor play area does not include designated sleep areas.

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Forms

Appendix 1 - Child Profile

Early Learning and Childcare Facility
Child Profile

Registration Date_____ **Start Date**_____

Child's Name First		Last		Male ☐	Female ☐
Date of Birth	Medicare #	Expiry Date			
Address Street	Apt #	City/Town	Prov	Postal Code	
Parent/Guardian Name	Email Address	Home Telephone Number			
Address Street (if different from child's)	Apt #	City/Town	Prov	Postal Code	
Place of Work	Work Telephone Number	Cell Telephone Number			
Parent/Guardian Name	Email Address	Home Telephone Number			
Address Street (if different from child's)	Apt #	City/Town	Prov	Postal Code	
Place of Work	Work Telephone Number	Cell Telephone Number			
Child's Living Arrangement					

Other than you, who has permission to pick up your child?

Name	Relationship	Address	Daytime Telephone Number

If changing pick up arrangements parents must inform the facility prior to the child being picked up.

Is there anyone who does not have permission to pick up your child?
Name
Name
Name

Appropriate paperwork such as custody papers must be attached if a parent is not permitted to have contact with the child. Please discuss with the operator/administrator.

Two emergency contacts (other than parents/guardians) Must be able to respond within one hour if parent(s)/guardian(s) cannot be reached			
Name	Relationship	Address	Daytime Telephone Number

Child's health record

ALLERGY ALERT: **Please list any serious allergies**

_____ _____ _____

_____ _____ _____

Are any of the above allergies severe enough to require Epipen, medications, or emergency treatment?
Yes ☐ No ☐

If yes, please complete an Allergy Management and Emergency Plan available from the operator.

Please list any food, medication or contact allergies (non-life threatening)

Does your child require any essential routine services on a regular basis as part of a daily routine such as, catheterization, special hygiene procedures, on-going administration of medication, or ongoing observation of certain health conditions, such as diabetes, to determine when intervention is needed?
Yes ☐ No ☐

If yes, please complete an Essential Routine Services and Emergency Plan available from the operator.

Name of Medical Practitioner_____

Telephone Number _____

Address _____

Medical History: Please indicate if your child has **had** any of the following:

	Yes	No		Yes	No
Measles			Rubella		
Mumps			Chicken Pox		
Meningitis			Pertussis (Whooping Cough)		

Health Status: Indicate if your child **has** any of the following:

	Yes	No		Yes	No
Asthma			Diabetes		
Eczema/Psoriasis			Epilepsy/Seizures		
Other:			Other:		

Ongoing Medical Treatment: Please indicate any ongoing medical treatment your child may need (you will be required to complete an Administration of Medication form)

Name of medication	Dosage
Condition being treated	
Name of medication	Dosage
Condition being treated	

Immunizations: In accordance with subsection 12(2) of the *Reporting and Diseases Regulation - Public Health Act,* proof of immunization must be provided for each child attending an early learning and childcare facility for the following:

diptheria	rubella	mumps
tetanus	varicella	measles
polio	meningococcal disease	Haemophilus influenza type B
pertussis	pneumococcal disease	

Where proof is not provided you must have the following waivers:

- a medical exemption, on a form provided by the Minister of Health, that is signed by a medical practitioner or nurse practitioner, or
- a written statement, on a form provided by the Minister of Health, signed by the parent or legal guardian of his or her objections to the immunizations required by the Minister.

Note: Public Health will periodically review child files to ensure immunizations are complete or waivers are present.

Are there any activities in which your child cannot medically participate?

Please list any dietary restrictions (including those for medical, cultural, religious reasons):

Please advise the operator/administrator immediately of any changes to your child's health.

Preschool/childcare history

Has your child attended preschool/childcare before? Yes ☐ No ☐
If yes, for how long? 6 months ☐ 1 year ☐ 2 years ☐ more than 2 years ☐
If yes, please describe your child's experience:

Child development

Self Help: Does your child need help with the following? If yes, in what way?
Dressing/Undressing:
Eating:
Toileting:
Handwashing/Toothbrushing:
Other: (ie: gross and/or fine motor skills
Are there any hints/suggestions that will make your child's transition to the facility a positive one?
Tell us a few things about your child
What does your child like to do? (i.e.: look at books, listen to music, play with other children, play outdoors/indoors, toys, climb/run/jump, paint, computer, imaginative play/dress-up)
Is there anything else you would like to share with us about your child?

Parent/Guardian Signature	Date
Parent/Guardian Signature	Date

Information on this form is to be verified for accuracy annually.
Please immediately advise the operator/administrator of any changes.

Appendix 2 - Consent Form

Early Learning and Childcare Facility
Consent form

Please complete this consent form and return to the facility

Name of ELC facility: _____

Child's Name	**Date**

Consent for emergency care and transportation

If at any time medical treatment is necessary, due to circumstances such as an injury or sudden illness, I authorize the early learning and childcare staff to take whatever emergency measures are necessary for the protection of my child while in their care.

I understand this may involve applying first aid, contacting a medical practitioner, carrying out the instructions given, and/or transporting my child to a hospital, including the possible use of an emergency vehicle.

I understand that this may be necessary prior to contacting me and that any expense incurred for such treatment, including emergency transportation is my responsibility.

Parent/Guardian Signature	**Date**

Parent/Guardian Signature	**Date**

PLEASE INDICATE YOUR CONSENT AND SIGN AT THE BOTTOM OF THE FORM

Administration of acetaminophen consent

☐ Yes ☐ No	I give consent for acetaminophen to be administered to my child **providing I have been contacted first** to provide oral consent and to indicate the dosage. On picking up my child at the facility I understand I will be asked to sign a written acknowledgement that acetaminophen was administered with my consent. I also understand that the acetaminophen is to relieve my child of minor discomfort or to help lower a fever while I am on my way to pick them up (within one hour). **Reason:** Fever above _____Celsius Body ache _____ Other _____

Consent for my child to be taken on walking outings/excursions off the premises

☐ Yes ☐ No	As a part of the day, walking trips may be taken off the premises, within the neighbourhood. Consent will provide more flexibility and allow for more spontaneity in the planning. Consent forms for any motor transportation trips will be separate and for each outing. I give permission for my child to be able to participate in the walking trips off the premises.

Consent for videographing and photographs	
☐ Yes ☐ No	I give consent for my child to be videographed or photographed participating in the facility for the following reasons: ☐ Yes ☐No Social Media such as Facebook ☐ Yes ☐No Facility's website ☐ Yes ☐No Publication ☐ Yes ☐No Illustrate child's learning within the facility
Consent for child to walk/bicycle to and from school unattended (school-age children only)	
☐ Yes ☐ No ☐ N/A	I give consent for my school-aged child to travel to and from school unsupervised. If my child does not arrive at the facility within the pre-determined time period, the missing child or other procedures will be initiated to find him/her. I will advise the facility when my child is absent.
Consent for transportation to and from school (school-age children only)	
☐ Yes ☐ No ☐ N/A	I authorize the operator to transport my child to and from school by the authorized facility vehicle or by walking. Where applicable, appropriate seat restraints are used.
Consent for bathing	
☐ Yes ☐ No ☐ N/A	I give permission to bathe my child if this becomes necessary due to the child becoming dirty while at the facility; either through play (paint, mud, sand, etc.) or because of a toilet accident. Also applies to overnight care where bathing is part of the night time routine. To ensure the health and safety of children who may require bathing, children must be: • bathed individually and supervised according to developmental needs; • never left unattended; and • bathed as quickly as possible and dressed appropriately. Staff will supervise or bathe the child upon instructions of the parent according to their age, adhering to safety standards. Bathtubs will be equipped with a nonskid mat or surface.
☐ Yes ☐ No	I have read, understand and been provided a copy of the facility's parent/guardian handbook.

Parent/Guardian Signature	**Date**
Parent/Guardian Signature	**Date**

Appendix 3 - Denial of Access

Early Learning and Childcare Facility
Denial of Access

_____ is not to be provided with access to
(please print name of individual)

_____, nor any information regarding this child.
(please print name and date of birth of child)

Attached is a copy of the court order that denies access of the above-named person to the child.

I certify that this court order has not been revoked or amended, and remains valid and in effect.

I will notify the facility immediately should the order be varied or revoked.

I certify that the information provided by me is true to the best of my knowledge.

_____ _____
Name (please print clearly) Signature

_____
Address

_____ _____
Telephone number Date

WHEN COMPLETE, THIS FORM IS TO BE KEPT IN THE CHILD'S FILE AND MAINTAINED UNTIL IT NO LONGER APPLIES.

Appendix 4 - Extreme Allergy Management and Emergency Plan

Early Learning and Childcare Facility
Extreme Allergy Management and Emergency Plan

This plan is to be reviewed yearly. Any changes are to be reported immediately.

PART I – CHILD INFORMATION

IF YOUR CHILD HAS ALLERGIES THAT MAY LEAD TO ANAPHYLAXIS, THIS FORM IS TO BE COMPLETED.

Anaphylaxis (Anaphylactic shock) is a severe allergic reaction that can involve several body systems and lead to death if left untreated. Anaphylaxis can result from reactions to foods, insect stings, medications, latex and other substances. The most common food triggers of anaphylaxis are peanut, tree nuts, shellfish, fish, milk, egg, wheat, soy and sesame. However, a wide variety of other foods have been known to trigger anaphylaxis. Trace amounts of an allergen can trigger a severe reaction.

Child's Name First Last	Date of Birth	Medicare Number

Address Street	Apt #	City/Town	Province	Postal Code

Parent/Guardian Name	Cell Telephone Number	Work Telephone Number	Home Telephone Number
Parent/Guardian Name	Cell Telephone Number	Work Telephone Number	Home Telephone Number
Other Contact Name	Cell Telephone Number	Work Telephone Number	Home Telephone Number

What type of epinephrine auto-injector (EpiPen©) does your child require?

☐ **Junior (15 kg to 30 kg)** ☐ **Regular (30 kg or more)**

Allergy Information (to be completed by child's physician)

Is this child at risk of anaphylactic reaction? ☐ **Yes** ☐ **No**

If yes, to what? _____

Any other significant allergies? ☐ **Yes** ☐ **No**

If yes, describe: _____

EpiPen® (epinephrine) recommended? ☐ **Yes** ☐ **No**

Physician Name	Telephone Number
Physician Signature	Date

Child's Name: _____

PART II – EXTREME ALLERGY MANAGEMENT PLAN – how to minimize risk
This part is to be completed by the ELC facility operator in collaboration with the parent or guardian.
Parent's or guardians responsibilities:
Operator responsibilities:

Child's Name: _____

PART III – EMERGENCY RESPONSE PLAN
This part is to be completed by the ELC facility operator in collaboration with the parent or guardian. (eg. administer EpiPen®; call an ambulance or drive to hospital; contact parents, etc).
Parent's or guardians responsibilities:
☐ I agree to have relevant information about my child's health/medical condition posted in strategic areas of the facility (e.g. parent board, kitchen, play areas, staff room) to assist staff in providing emergency services to my child. I will provide a photo of my child for this purpose. ☐ I do not wish information about my child to be posted in the facility.
Operator responsibilities:

Child's Name: _____

PART IV – SIGN-OFF	
I have read and understand the *Extreme Allergy Management and Emergency Plan* and agree to the sharing of information relevant to the service requested with those persons who must know in order to provide the service. I hereby request and authorize facility staff to provide the care described above to my child. I understand facility staff have no medical qualifications and will perform the requested service in good faith and within the scope of the training received in accordance with this agreement. In the event of an emergency, I authorize facility staff to administer the medication specified in this agreement and to obtain suitable medical assistance. I agree to assume responsibility for all costs associated with medical treatment and transportation. I understand the facility cannot guarantee an environment that is 100% allergen free. I hereby acknowledge my responsibilities, as set out in this agreement and agree to carry these out to the best of my ability. I agree to notify the facility in writing of any changes to the information provided on this form. I agree that the information provided on this form will be shared on a need-to-know basis with anyone who will be involved in the care of my child on behalf of the facility. I agree that the operator or his/her designate may contact my child's physician in the event of a medical emergency or should he/she require clarification about the facility's responsibilities as set out in this plan. ☐ **Yes** ☐ **No**	
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date
I hereby acknowledge and accept my responsibilities and those of facility staff, as set out in this agreement.	
Early Learning and Childcare Facility Operator/Administrator	Date

Child's Name: _____

ANNUAL REVIEW

Note: if the requirements of the service requested have changed, complete a new *Extreme Allergy Management and Emergency Plan* form. If no changes, use this sign-off sheet to confirm plan has been reviewed with the parent/guardian.

This plan has been reviewed and remains in effect for the 20_____-20_____ year without change.	
Parent/Guardian :	Date :
Operator/Administrator :	Date :

This plan has been reviewed and remains in effect for the 20_____-20_____ year without change.	
Parent/Guardian :	Date :
Operator/Administrator :	Date :

This plan has been reviewed and remains in effect for the 20_____-20_____ year without change.	
Parent/Guardian :	Date :
Operator/Administrator :	Date :

This plan has been reviewed and remains in effect for the 20_____-20_____ year without change.	
Parent/Guardian :	Date :
Operator/Administrator :	Date :

Appendix 5 - Essential Routine Services and Emergency Plan

Early Learning and Childcare Facility
Essential Routine Services and Emergency Plan

This plan is to be reviewed yearly. Any changes are to be reported immediately.

PART I – CHILD INFORMATION

Child's Name First Last			Date of Birth	Medicare Number
Address Street Apt # City/Town Province Postal Code				
Parent/Guardian Name	Cell Telephone Number	Work Telephone Number	Home Telephone Number	
Parent/Guardian Name	Cell Telephone Number	Work Telephone Number	Home Telephone Number	
Other Contact Name	Cell Telephone Number	Work Telephone Number	Home Telephone Number	
Description of child's health/medical condition(s):				

Child's Name: _____

PART II – ROUTINE CARE PLAN – complete Part II separately for each service required ***Note:*** **Provision of medication to manage an ongoing medical condition is considered an essential routine service.**
Describe the care required:
How often is this required?
Child's ability to self-administer / self-care?
Any additional instructions: i.e. What apparatus is needed, if any? Care of apparatus. Storage/accessibility of medication.
Parent/guardian responsibilities:
Child responsibilities (if applicable):
Operator responsibilities:
Please provide any other information that would help us to understand your child's needs.

Child's Name: _____

PART III – EMERGENCY CARE PLAN – COMPLETE ONLY IF AN EMERGENCY PLAN IS REQUIRED
This part is to be completed by the ELC facility operator in collaboration with the parent or guardian. (If medication is to be administered on an "as needed" basis, the written instructions must clearly indicate the situations under which the medication should be given. This could include the physical symptoms that must be present, the behaviour the child must be exhibiting or the child's temperature. Simply indicating "as needed" or "as required" is not sufficient.)
Parent/guardian responsibilities:
Operator responsibilities:
The staff listed below have received the necessary training, either from the parent or a health care professional, to provide the care as described previously. ☐ All staff Name Position

Child's Name: _____

PART IV - CONFIRMATION

I have read and understand the *Essential Routine Services and Emergency Plan* agreement and agree to the sharing of information relevant to the service requested with those persons who must know in order to provide the service.

I hereby request and authorize facility staff to provide the care described above to my child. I understand the designated persons have no medical qualifications and will perform the requested service in good faith and within the scope of the training received in accordance with this agreement.

In the event of an emergency, I authorize facility staff to administer the medication(s) specified in this agreement and provided by me, and to obtain suitable medical assistance. I agree to assume responsibility for all costs associated with medical treatment and transportation.

I hereby acknowledge my responsibilities, as set out in this agreement and agree to carry these out to the best of my ability.

I agree to notify the facility in writing of any changes to the information provided on this form.

I agree that the information provided on this form will be shared on a need-to-know basis with anyone who will be involved in the care of my child on behalf of the facility.

I agree that the operator or his/her designate may contact my child's physician in the event of a medical emergency or should he/she require clarification about the facility's responsibilities as set out in this plan.

☐ Yes ☐ No

Parent/Guardian Signature	Date
Parent/Guardian Signature	Date

I hereby acknowledge and accept my responsibilities and those of facility staff, as set out in this agreement.

Early Learning and Childcare Facility Operator/Administrator	Date

Child's Name: _____

ANNUAL REVIEW

Note: if the requirements of the service requested have changed, complete a new *Essential Routine Services and Emergency Plan* form. If no changes, use this sheet to confirm plan has been reviewed with the parent/guardian.

This plan has been reviewed and remains in effect for the 20_____-20_____ year without change.	
Parent/Guardian :	Date :
Operator/Administrator :	Date :

This plan has been reviewed and remains in effect for the 20_____-20_____ year without change.	
Parent/Guardian :	Date :
Operator/Administrator :	Date :

This plan has been reviewed and remains in effect for the 20_____-20_____ year without change.	
Parent/Guardian :	Date :
Operator/Administrator :	Date :

This plan has been reviewed and remains in effect for the 20_____-20_____ year without change.	
Parent/Guardian :	Date :
Operator/Administrator :	Date :

Appendix 6 - Administration of Medication Consent and Record Form – On-going Treatment

Early Learning and Childcare Facility
Administration of Medication Consent and Record Form
On-going Treatment

This form is valid for no more than 12 months.
One form must be completed for <u>each</u> medication.

Child's Name First Last		Date of Birth
Medication	Dosage	How is medication to be given
Medication is to be administered at the following times. (If the medication is to be administered on an "as needed" basis, the written instructions must clearly indicate the situations under which the medication should be given. This could include the physical symptoms that must be present, the behaviour the child must be exhibiting or the child's temperature. Simply indicating "as needed" or "as required" is not sufficient.)		
For the following period of time		
Special Instructions (e.g. give with food)	Storage Instructions (e.g. refrigerate)	
Reason for medication		
POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION – parents are to be notified immediately of any of these side effects		
I give permission for the administration of the above medication, according to the instructions provided, to the child listed above.		
Date of consent	Signature of parent/guardian	

FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION:

Is the medication consent form complete?
Is the original prescription label on the medication container or is the medication in the original manufacturer's container?
Is the full name of the child on the container?
Is the prescription or over-the counter medication current and not expired?
Is the dose, name of medication, and frequency of administration on label consistent with the instructions above?

Both sides of this form must be observed by staff when administering the medication Page 1

The section below must be completed and each administration of medication must be documented when it is given.

_____ was given _____ in the amount of _____
(Name of Child) (Name of Medication) (Dosage)

Administration Record

Date	Name of Medication	Dose	Time	Full signature of person giving medication

Appendix 7 - Administration of Medication Consent and Record Form

Early Learning and Childcare Facility
Administration of Medication Consent and Record Form

Child's Name First Last		Date of Birth
Medication	Dosage	How is medication to be given
Start Date	End Date	Times and Frequency
Special Instructions (eg. give with food)		Storage Instructions (refrigerate)
Reason for medication		
POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION – parents are to be notified immediately of any of these side effects		
I give permission for the administration of the above medication, according to the instructions provided, to the child listed above.		
Date of consent	Signature of parent/guardian	

FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION:

Is the medication consent form complete?
Is the original prescription label on the medication container or is the medication in the original manufacturer's container?
Is the full name of the child on the container?
Is the prescription or over-the counter medication current and not expired?
Is the dose, name of drug, and frequency of administration on label consistent with the instructions above?

Administration Record

Date	Name of Medication	Dose	Time	Full signature of person giving medication

Appendix 8 - Administration of Acetaminophen Record

Early Learning and Childcare Facility
Administration of Acetaminophen Record

1. Take the child's temperature and record it in the space provided below.
2. Contact the parent/guardian to discuss the child's symptoms and temperature and to receive the oral consent for administering acetaminophen. Be sure to have the parent/guardian confirm the dosage to be administered.
3. Advise the parent/guardian they must pick up their child within an hour.
4. Administer the medication in accordance with the parent's/guardians directions.
5. Complete a Potential Illness Form, to be signed by the parent/guardian on pick up.
6. Ensure the parent/guardian signs the appropriate space below upon their arrival at the facility to confirm they were consulted and are in agreement with the dosage given.

Date :
Symptoms observed:
Time temperature taken: Temperature:
Name of parent/guardian contacted :
Dosage consented to by parent/guardian:
Dose given by staff: Time given:

_____ _____
Staff signature Parent/guardian signature

Date :
Symptoms observed:
Time temperature taken: Temperature:
Name of parent/guardian contacted :
Dosage consented to by parent/guardian:
Dose given by staff: Time given:

_____ _____
Staff signature Parent/guardian signature

Date :
Symptoms observed:
Time temperature taken: Temperature:
Name of parent/guardian contacted :
Dosage consented to by parent/guardian:
Dose given by staff: Time given:

_____ _____
Staff signature Parent/guardian signature

New Nouveau Brunswick

Daily Information Sheet

ONLY for children age 23 months and under

Child's Name:

Facility Name:

Week Date:

INFORMATION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
EATING/FLUID	**AM snack** ☐None ☐Some ☐Most ☐N/A **Lunch** ☐None ☐Some ☐Most ☐N/A **PM snack** ☐None ☐Some ☐Most ☐N/A **Fluids / Bottles** Time _____ ☐None ☐Some ☐All (×4)	**AM snack** ☐None ☐Some ☐Most ☐N/A **Lunch** ☐None ☐Some ☐Most ☐N/A **PM snack** ☐None ☐Some ☐Most ☐N/A **Fluids / Bottles** Time _____ ☐None ☐Some ☐All (×4)	**AM snack** ☐None ☐Some ☐Most ☐N/A **Lunch** ☐None ☐Some ☐Most ☐N/A **PM snack** ☐None ☐Some ☐Most ☐N/A **Fluids / Bottles** Time _____ ☐None ☐Some ☐All (×4)	**AM snack** ☐None ☐Some ☐Most ☐N/A **Lunch** ☐None ☐Some ☐Most ☐N/A **PM snack** ☐None ☐Some ☐Most ☐N/A **Fluids / Bottles** Time _____ ☐None ☐Some ☐All (×4)	**AM snack** ☐None ☐Some ☐Most ☐N/A **Lunch** ☐None ☐Some ☐Most ☐N/A **PM snack** ☐None ☐Some ☐Most ☐N/A **Fluids / Bottles** Time _____ ☐None ☐Some ☐All (×4)
REST TIME	From ____ To ____ From ____ To ____ From ____ To ____	From ____ To ____ From ____ To ____ From ____ To ____	From ____ To ____ From ____ To ____ From ____ To ____	From ____ To ____ From ____ To ____ From ____ To ____	From ____ To ____ From ____ To ____ From ____ To ____
GENERAL MOOD	☐ HAPPY ☐ UNHAPPY ☐ PLAYFUL ☐ QUIET ☐ CUDDLY ☐ CLINGY ☐ FUSSY ☐ TIRED ☐ TEARFUL ☐ OTHER _____	☐ HAPPY ☐ UNHAPPY ☐ PLAYFUL ☐ QUIET ☐ CUDDLY ☐ CLINGY ☐ FUSSY ☐ TIRED ☐ TEARFUL ☐ OTHER _____	☐ HAPPY ☐ UNHAPPY ☐ PLAYFUL ☐ QUIET ☐ CUDDLY ☐ CLINGY ☐ FUSSY ☐ TIRED ☐ TEARFUL ☐ OTHER _____	☐ HAPPY ☐ UNHAPPY ☐ PLAYFUL ☐ QUIET ☐ CUDDLY ☐ CLINGY ☐ FUSSY ☐ TIRED ☐ TEARFUL ☐ OTHER _____	☐ HAPPY ☐ UNHAPPY ☐ PLAYFUL ☐ QUIET ☐ CUDDLY ☐ CLINGY ☐ FUSSY ☐ TIRED ☐ TEARFUL ☐ OTHER _____
HEALTH/ ILLNESS	Illness Symptoms? If yes, describe: ☐Yes _____ ☐ No	Illness Symptoms? If yes, describe: ☐Yes _____ ☐ No	Illness Symptoms? If yes, describe: ☐Yes _____ ☐ No	Illness Symptoms? If yes, describe: ☐Yes _____ ☐ No	Illness Symptoms? If yes, describe: ☐Yes _____ ☐ No
DIAPER/ TOILET Record type of bowel movement N - Normal L – Loose W – Watery B - Bloody	TIME / TYPE ☐ DRY ☐ WET ☐ TOILET ☐ BOWEL MOVEMENT ____ (×6)	TIME / TYPE ☐ DRY ☐ WET ☐ TOILET ☐ BOWEL MOVEMENT ____ (×6)	TIME / TYPE ☐ DRY ☐ WET ☐ TOILET ☐ BOWEL MOVEMENT _____ (×6)	TIME / TYPE ☐ DRY ☐ WET ☐ TOILET ☐ BOWEL MOVEMENT ____ (×6)	TIME / TYPE ☐ DRY ☐ WET ☐ TOILET ☐ BOWEL MOVEMENT _____ (×6)
COMMENTS					
STAFF SIGNATURE					

Daily Information Sheet

ONLY for children age 23 months and under

Child's Name:

Facility Name: Week Date:

INFORMATION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
EATING/FLUID	**Breakfast** ☐None ☐Some ☐Most ☐N/A **AM snack** ☐None ☐Some ☐Most ☐N/A **Lunch** ☐None ☐Some ☐Most ☐N/A **PM snack** ☐None ☐Some ☐Most ☐N/A **Supper** ☐None ☐Some ☐Most ☐N/A **Evening snack** ☐None ☐Some ☐Most ☐N/A **Fluids / Bottles** **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All	**Breakfast** ☐None ☐Some ☐Most ☐N/A **AM snack** ☐None ☐Some ☐Most ☐N/A **Lunch** ☐None ☐Some ☐Most ☐N/A **PM snack** ☐None ☐Some ☐Most ☐N/A **Supper** ☐None ☐Some ☐Most ☐N/A **Evening snack** ☐None ☐Some ☐Most ☐N/A **Fluids / Bottles** **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All	**Breakfast** ☐None ☐Some ☐Most ☐N/A **AM snack** ☐None ☐Some ☐Most ☐N/A **Lunch** ☐None ☐Some ☐Most ☐N/A **PM snack** ☐None ☐Some ☐Most ☐N/A **Supper** ☐None ☐Some ☐Most ☐N/A **Evening snack** ☐None ☐Some ☐Most ☐N/A **Fluids / Bottles** **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All	**Breakfast** ☐None ☐Some ☐Most ☐N/A **AM snack** ☐None ☐Some ☐Most ☐N/A **Lunch** ☐None ☐Some ☐Most ☐N/A **PM snack** ☐None ☐Some ☐Most ☐N/A **Supper** ☐None ☐Some ☐Most ☐N/A **Evening snack** ☐None ☐Some ☐Most ☐N/A **Fluids / Bottles** **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All	**Breakfast** ☐None ☐Some ☐Most ☐N/A **AM snack** ☐None ☐Some ☐Most ☐N/A **Lunch** ☐None ☐Some ☐Most ☐N/A **PM snack** ☐None ☐Some ☐Most ☐N/A **Supper** ☐None ☐Some ☐Most ☐N/A **Evening snack** ☐None ☐Some ☐Most ☐N/A **Fluids / Bottles** **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All	**Breakfast** ☐None ☐Some ☐Most ☐N/A **AM snack** ☐None ☐Some ☐Most ☐N/A **Lunch** ☐None ☐Some ☐Most ☐N/A **PM snack** ☐None ☐Some ☐Most ☐N/A **Supper** ☐None ☐Some ☐Most ☐N/A **Evening snack** ☐None ☐Some ☐Most ☐N/A **Fluids / Bottles** **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All	**Breakfast** ☐None ☐Some ☐Most ☐N/A **AM snack** ☐None ☐Some ☐Most ☐N/A **Lunch** ☐None ☐Some ☐Most ☐N/A **PM snack** ☐None ☐Some ☐Most ☐N/A **Supper** ☐None ☐Some ☐Most ☐N/A **Evening snack** ☐None ☐Some ☐Most ☐N/A **Fluids / Bottles** **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All **Time** _____ ☐None ☐Some ☐All
REST TIME	From ___ To ___ From ___ To ___ From ___ To ___	From ___ To ___ From ___ To ___ From ___ To ___	From ___ To ___ From ___ To ___ From ___ To ___	From ___ To ___ From ___ To ___ From ___ To ___	From ___ To ___ From ___ To ___ From ___ To ___	From ___ To ___ From ___ To ___ From ___ To ___	From ___ To ___ From ___ To ___ From ___ To ___
GENERAL MOOD	☐ HAPPY ☐ UNHAPPY ☐ PLAYFUL ☐ QUIET ☐ CUDDLY ☐ CLINGY ☐ FUSSY ☐ TIRED ☐ TEARFUL ☐ OTHER _____	☐ HAPPY ☐ UNHAPPY ☐ PLAYFUL ☐ QUIET ☐ CUDDLY ☐ CLINGY ☐ FUSSY ☐ TIRED ☐ TEARFUL ☐ OTHER _____	☐ HAPPY ☐ UNHAPPY ☐ PLAYFUL ☐ QUIET ☐ CUDDLY ☐ CLINGY ☐ FUSSY ☐ TIRED ☐ TEARFUL ☐ OTHER _____	☐ HAPPY ☐ UNHAPPY ☐ PLAYFUL ☐ QUIET ☐ CUDDLY ☐ CLINGY ☐ FUSSY ☐ TIRED ☐ TEARFUL ☐ OTHER _____	☐ HAPPY ☐ UNHAPPY ☐ PLAYFUL ☐ QUIET ☐ CUDDLY ☐ CLINGY ☐ FUSSY ☐ TIRED ☐ TEARFUL ☐ OTHER _____	☐ HAPPY ☐ UNHAPPY ☐ PLAYFUL ☐ QUIET ☐ CUDDLY ☐ CLINGY ☐ FUSSY ☐ TIRED ☐ TEARFUL ☐ OTHER _____	☐ HAPPY ☐ UNHAPPY ☐ PLAYFUL ☐ QUIET ☐ CUDDLY ☐ CLINGY ☐ FUSSY ☐ TIRED ☐ TEARFUL ☐ OTHER _____
HEALTH/ ILLNESS	Illness Symptoms? If yes, describe: ☐Yes _____ ☐ No	Illness Symptoms? If yes, describe: ☐Yes _____ ☐ No	Illness Symptoms? If yes, describe: ☐Yes _____ ☐ No	Illness Symptoms? If yes, describe: ☐Yes _____ ☐ No	Illness Symptoms? If yes, describe: ☐Yes _____ ☐ No	Illness Symptoms? If yes, describe: ☐Yes _____ ☐ No	Illness Symptoms? If yes, describe: ☐Yes _____ ☐ No
TOILET/ DIAPER Record type of bowel movement N - Normal L – Loose W – Watery B - Bloody	TIME / TYPE ☐ DRY ☐ WET ☐ TOILET ☐ BOWEL MOVEMENT_____	TIME / TYPE ☐ DRY ☐ WET ☐ TOILET ☐ BOWEL MOVEMENT_____	TIME / TYPE ☐ DRY ☐ WET ☐ TOILET ☐ BOWEL MOVEMENT_____	TIME / TYPE ☐ DRY ☐ WET ☐ TOILET ☐ BOWEL MOVEMENT_____	TIME / TYPE ☐ DRY ☐ WET ☐ TOILET ☐ BOWEL MOVEMENT_____	TIME / TYPE ☐ DRY ☐ WET ☐ TOILET ☐ BOWEL MOVEMENT_____	TIME / TYPE ☐ DRY ☐ WET ☐ TOILET ☐ BOWEL MOVEMENT_____
COMMENTS							
STAFF SIGNATURE							

Brunswick

Early Learning and Childcare Facility
Attendance Record

Facility Name: _____ Group Name: _____ For the week of: _____

	Monday		Tuesday		Wednesday		Thursday		Friday	
Child's Name	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**
1.										
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	
2.										
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	
3.										
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	
4.										
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	
5.										
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	
6.										
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	
7.										
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	
8.										
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	
9.										
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	
10.										
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	

Absent Codes: 1 = Diarrhea 2 = Fever 3 = Cold Symptoms (cough, ear ache, sore throat, eye discharge) 4 = Skin Problems 5 = Vomiting
6 = Behaviour Change with no other symptom 7 = Other Illness (specify on back) 8= Not Illness Related

Times must be recorded immediately upon the child's arrival and departure, and the record must reflect all children present at any given time. If a child leaves early due to illness, a "Potential Illness Report Form" must be completed.

Early Learning and Childcare Facility
Attendance Record

Facility Name: _____ Group Name: _____ For the week of: _____

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Child's Name	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
1.														
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	
2.														
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	
3.														
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	
4.														
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	
5.														
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	
6.														
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	
7.														
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	
8.														
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	
9.														
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	
10.														
	___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason		___ Absent Reason	

Absent Codes: 1 = Diarrhea 2 = Fever 3 = Cold Symptoms (cough, ear ache, sore throat, eye discharge) 4 = Skin Problems 5 = Vomiting
6 = Behaviour Change with no other symptom 7 = Other Illness (specify on back) 8= Not Illness Related

Times must be recorded immediately upon the child's arrival and departure, and the record must reflect all children present at any given time. If a child leaves early due to illness, a "Potential Illness Report Form" must be completed.

Appendix 11 - Potential Illness Report Form

Early Learning and Childcare Facility
Potential Illness Report Form

Facility Instructions:	*Please complete this form if an early departure is required due to illness in a child of any age. Provide the parent with a copy of this form and the New Brunswick Guide for Exclusion of Children in Early Learning and Childcare Facilities.*		
Facility Name		Licence Number	Date

Child's Name	Date of Birth

The above named child had the following indications of not feeling well today:

Check the main symptom below and use the space provided to add details.

- ☐ Diarrhea
- ☐ Fever
- ☐ Cold Symptoms
- ☐ Skin Problems
- ☐ Vomiting
- ☐ Other

Details:

Child's temperature (Celsius)	Time taken	Medication given ☐ Yes ☐ No	If **yes**, indicate the medication and dose

Required to report illness to Public Health? ☐ Yes ☐ No	Date contacted Public Health	Has there been another "Potential Illness Report Form" completed for this child within the last 24 hours? ☐ Yes ☐ No

Time parent notified	Departure time	Parent/Guardian signature

Print reporting staff's name	Staff signature

Parent/Guardian Instructions

- Please see a medical practitioner for a diagnosis of a communicable disease or if the child's symptoms do not improve within 24 hours.
- Please notify the facility operator/administrator of details relating to your child's condition within 24 hours after a confirmed diagnosis for any of the conditions listed in the attached *New Brunswick Guide for Exclusion of Children in Early Learning and Childcares*.
- Please follow the exclusion instructions for any condition listed in the attached *New Brunswick Guide for Exclusion of Children in Early Learning and Childcare* in order to allow re-admittance to your childcare facility.

Appendix 12 - Return after Exclusion Form

Early Learning and Childcare Facility
Return after Exclusion Form

Facility Instructions:	***Please ensure that this form is completed before any child is re-admitted to an early learning and childcare facility after being excluded due to an illness.***

Section A – General Information		
Facility Name	Licence Number	Date
Address	Telephone Number	Fax Number

Section B – Child Information		
Child's Name	Date of Birth	Name of Illness
Date of Illness Onset	Date of Diagnosis (*if applicable*)	Date Treatment Began (*if applicable*)
If illness is E.coli, Shigella or Salmonella typhi (Typhoid Fever), please complete Section A and B and send to Public Health to complete Section D below.		

Section C – Confirmation of Exclusion	
I have verified that _____ (name of child) has met the exclusion criteria as defined in the "Common Childhood Communicable Diseases and Exclusion Periods", is symptom free and is well enough to take part in regular childcare facility activities.	
Signature of Facility Staff	Signature of Parent/Guardian
Date	Date

Section D – Confirmation of Exclusion for E.coli, Shigella or Salmonella typhi (Typhoid Fever) **This section is to be completed by Public Health for E.coli, Shigella or Salmonella typhi (Typhoid Fever) and the form returned to the early learning and childcare facility.**	
As per the exclusion criteria (refer to the Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare (ELC) Facilities), I confirm that I have seen proof of: ☐ **E. coli and Shigella - two negative stool cultures taken 24 hours apart** ☐ **Salmonella typhi (Typhoid Fever) - multiple negative stool cultures (number of cultures to be determined by Public Health)** **This individual no longer needs to be excluded from childcare because of Illness.**	
Signature of Public Health Official	**Date**

Notice of Illness in an Early Learning and Childcare Facility

This is to notify you of _____ case(s) of:

_____

in this Early Learning and Childcare Facility.

Parents/guardians: Please monitor your child for symptoms of this condition. Additional information is available from your facility operator or administrator.

Signature of Facility Operator or Administrator	Date

Appendix 14 - Managing Illness in ELC Facilities – Parent's/Guardian's Role

Your involvement as a parent is important! You can take the following steps to help ensure that early learning and childcare facilities are safe and healthy places for all children.

Step 1:
Make sure you provide up-to-date information about your child's immunization to the facility operator. If you choose not to immunize your child, you must sign a waiver available from the Department of Health.

Step 2:
In general, if your child is too sick to participate comfortably in activities and has symptoms or a condition that may affect the health of other children, it is necessary that your child not attend childcare.

You must keep your child at home or make alternate childcare arrangements if your child has one or more of the following symptoms or conditions:

a. Fever (temperature taken from ear 38.3º C or greater; mouth 37.5º C or greater, armpit temperature 37.3º C or greater) accompanied by behavior changes or other signs of illness
b. Diarrhea as defined by an increase in frequency of stools and/or change to unformed loose, watery stool. Fever, loss of appetite, nausea, vomiting, abdominal, mucus or blood in stool may also occur
c. Vomiting illness with two or more episodes of vomiting in the previous 24 hours (in excess of typical infant spit-ups)
d. Mouth sores associated with an inability of the child to control his/her saliva
e. Rash with fever or behavior changes
f. Infections (e.g. infected eyes with discharge) until 24 hours after treatment started by physician
g. Infestations (e.g. scabies, head lice, pinworm) until after first treatment with a medicated product

Step 3:
If your child does not attend childcare due to illness, you must let the facility know your child's illness symptoms.

Step 4:
If your child gets ill at the facility, you will be notified and you will be asked to make arrangements to pick up your child within one hour of being notified by the facility staff. This is important to make sure your child gets the treatment he/she needs as well as to prevent the spread of illnesses to other children.

Step 5:
You are encouraged to take your child to a physician if their symptoms do not improve within 24 hours after leaving the ELC facility.

Step 6:
For some illnesses, there is a required time period where your child cannot attend an ELC facility. These time periods and illnesses have been developed by health care professionals across Canada to ensure that your child is fully recovered and to prevent the spread of infectious diseases in ELC facilities. These illnesses are listed in Appendix B "New Brunswick Guide for Exclusion of Children in Early Learning and Childcare Facilities" of the "Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare (ELC) Facilities". The guide is available from your facility operator or administrator.

If your child has been diagnosed with any of the illnesses in this guide, you **must** follow the requirements in order for the facility operator to allow your child to be re-admitted to the facility.

Step 7:
When you take your child back to the ELC facility after having been sick with an infectious illness, you must complete the Return after Exclusion form to certify that you have followed necessary steps for re-entry to the ELC facility.

We thank you in advance for taking these steps to make early learning and childcare facilities a safe and healthy place for all children in New Brunswick.

Appendix 15 - Incident Report

New Nouveau Brunswick

Early Learning and Childcare Facility
Incident Report

ORIGINAL TO BE SUBMITTED TO THE QUALITY ASSURANCE MONITOR WITHIN 24 HOURS OF INCIDENT

Facility Name			Licence Number
Name of Operator			☐ ELC Home ☐ ELC Centre
Address			Telephone Number
If the incident involved a child	Name of Child		Date of Birth
Location of Incident		Date of Incident	Time of Incident

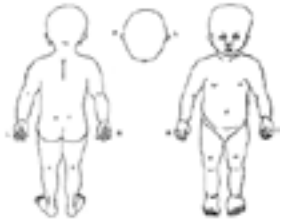
Type of Incident

☐ Injury ☐ Serious Illness ☐ Death ☐ Poisoning ☐ Unsupervised child ☐ Missing/Lost/Abducted child

☐ Motor Vehicle Accident ☐ Outbreak ☐ Unexpected facility closure ☐ Other serious incident such as fire, flood, medication error
Please specify the incident:

Details of Incident

What, where and when it happened? What actions were taken? Was any equipment involved? Current condition of injured person. Be specific.



Show location of injury

Continue on another sheet if needed and attach to this one.

Persons Notified

	Date	Time		Date	Time		Date	Time
☐ Parent/Guardian	_____	_____	☐ Fire Dept.	_____	_____	☐ Ambulance	_____	_____
☐ Emergency Contact	_____	_____	☐ Police	_____	_____	☐ Coroner	_____	_____
☐ QA Monitor	_____	_____	☐ Medical Practitioner	_____	_____	☐ Other_____	_____	_____

Witnessed By (if applicable)

Signature	Name	Position	Date	Time
Signature	Name	Position	Date	Time

Report Completed By

Signature	Name	Position	Date	Time

Signature of Operator/Administrator	Date
Signature of Parent/Guardian	Date

MAINTAIN A COPY OF THIS REPORT FOR THE CHILD'S RECORD AND PROVIDE PARENTS/GUARDIANS A COPY

Early Learning and Childcare Facility
Emergency Evacuation and Fire Drill, Smoke Alarm, Smoke Detector and Fire Extinguisher Check

During each monthly emergency evacuation and fire drill, conditions and times should vary. Drills should be conducted at an unexpected time. Familiarize children with alternate routes. Emphasis should be placed on quiet and orderly evacuation.

YEAR _____	DATE	TIME OF DAY	NUMBER OF CHILDREN	EVACUATION TIME	SMOKE ALARM/ DETECTOR CHECK	COMMENTS/MAINTENANCE REQUIRED
JANUARY						
FEBRUARY						
MARCH						
APRIL						
MAY						
JUNE						
JULY						
AUGUST						
SEPTEMBER						
OCTOBER						
NOVEMBER						
DECEMBER						

Fire extinguishers were checked and approved on: _____

KEEP THE COMPLETED FORM ON FILE FOR 12 MONTHS

Early Learning and Childcare Facility
First Aid Supplies Checklist

First Aid Supplies	Minimum required	Monthly checklist											
		J	F	M	A	M	J	J	A	S	O	N	D
Abdominal dressings individually wrapped (20 cm x 25 cm)	6												
Adhesive strip bandages (variety of sizes)	24												
Antiseptic cleansing towelettes individually wrapped (14 cm x 19 cm)	12												
Burn dressings (variety of sizes)	4												
Antiseptic disinfectant for the skin (not iodine)	1 container												
Cotton tipped applicators	1 package												
Disposable gloves (latex or vinyl)	6 pairs												
Elastic bandage (7.5 cm)	2												
Emergency records of children	For field trips												
Face shield with a one-way valve (disposable)	1												
Hand wipes or bottle of hand cleaner	12 packages or 1 bottle												
Individual sugar packages	6												
Non allergenic adhesive tape (25 mm x 9 m)	2												
Puncture resistant plastic bags (ziplocs)	Several												
Record book and pen or pencil	1												
Shock blanket	1												
Sling or triangular bandage	6												
Stainless Steel Scissors (140 mm)	1 pair												
Standard first aid manual (English and French)	1												
Sterile compress dressings (100 mm x 100 mm)	4												
Sterile gauze bandage (75 mm x 9 m)	2												
Sterile gauze pads (variety of sizes)	12												
Tweezers	1												
Variety pack of safety pins	1												
Water soluble burn treatment – 55 g tube or less	1												

Contents prescribed by Schedule C, New Brunswick Regulation 2004-130 under the *Occupational Health and Safety Act*

Appendix 18 - Social Development (SD) Record Check Consent Form

Send to: Fax – 506-856-3013
Social Development
Centralized Intake Service
774 Main Street, 2nd Floor
Moncton, NB E1C 9Y3
(506-856-2258)
Check.verification@gnb.ca

Return to:

You must indicate if it is for:
- ○ Initial Check
- ○ Five year renewal
- ○ Owner/Operator
- ○ Other
- ○ Exemption

SD Record Check Consent Form

Name of Agency / Service: _____ **Fax:** _____

Address: _____ **Telephone:** _____

PLEASE PRINT

Full Name of Applicant _____ _____ _____
Surname *First Name* *Middle Name*

Maiden Name: _____ Other(s) surname(s): _____

Date of Birth _____ _____ _____ Sex: M ☐ F ☐ Previous employer: _____
Year *Month* *Day*

Current address: _____

Previous Addresses (within past five years): _____

The undersigned hereby expressly authorizes and consents to the Department of Social Development conducting an SD Record Check & disclosing information obtained through that record to the aforementioned care provider.

The undersigned understands this is done to determine whether the applicant has any contraventions, as described below, under the *Family Services Act.*

Any individual who has one of the following criteria (fitting the definition of "contravention indicated"):

a) a court order based on a finding by the court that a person has endangered a child's security or development as describes in paragraphs 31(1)(a) to (g) of the Act or a person's security as described in paragraphs 37.1(1)(a) to (g) of the Act;
b) a finding by the Minister, as the result of an investigation by the Minister, that a person has endangered the security or development of a child as described in paragraphs 31(1)(a) to (g) of the Act, where the person has been informed of the finding of the Minister; and
c) a finding by the Minister, as the result of an investigation by the Minister, that a person has endangered the security of another person as described in paragraphs 37.1(1)(a) to (g) of the Act, where the person has been informed of the finding of the Minister;
d) who has been found, in accordance with section 27(4)(d) of the Act, to operate a community placement resource in a manner that is dangerous, destructive or damaging to a user.

Shall not be permitted to:

- operate or work in a day care facility, adult residential facility, child placement facility (for example: a foster home or group home), in an AFLA or at Adult Development Activities Program & Training (ADAPT);
- live in an adult residential facility or child placement facility operated out of a personal residence;
- provide home support services, such as attendant care, and homemaker;
- become an adoptive parent.

The applicant acknowledges that he/she has read and understood the foregoing consent authorization. Individuals not in agreement with the outcome of their record check may request, in writing, a review of the decision.

X _____ Dated this _____ day of _____, 20 ____
Signature of applicant

[ ]	**Contravention not indicated**	[ ]	**Contravention indicated**	**Signature** _____	**Date** _____

PLEASE PROVIDE A COPY OF THIS PAGE TO THE AGENCY OR SERVICE FOR ITS RECORD *(November2016)*

Envoyer à: Télécopieur: 506-856-3013
Ministère du développement social
Service d'accueil centralisé
774 rue Main, 2ieme étage
Moncton, NB E1C 9Y3
(506-856-2258)
Check.verification@gnb.ca

Retourner à :

Vous devez cocher si c'est pour:
- ○ Vérification initiale
- ○ Renouvellement 5 ans
- ○ Opérateur
- ○ Autre
- ○ Exemption

Formule de consentement à la vérification du dossier de DS

Organisme ou Service: _____ **Télécopieur:** _____

Adresse: _____ **Téléphone:** _____

SVP, ÉCRIRE EN LETTRES MOULÉES

Nom au complet du demandeur : _____ _____ _____
Nom de famille *Prénom* *Autre prénom*

Nom de jeune fille: _____ Autre(s) nom(s) de famille : _____

Date de naissance : _____ _____ _____ Sexe : M ☐ F ☐ Employeur précédent : _____
Année *Mois* *Jour*

Adresse actuelle: _____

Adresse précédente (au cours des 5 dernières années) : _____

Le soussigné autorise expressément par les présentes le ministère du Développement social à effectuer une vérification de son dossier de DS et de partager l'information obtenue à travers cette vérification avec le fournisseur de soins susmentionné.

Le soussigné convient que cette vérification a pour but de déterminer s'il a contrevenu à la *Loi sur les services à la famille* de l'une des façons décrites ci-dessous :

Toute personne qui possède un des critères suivants (répondant à la définition d'une « contravention recensée ») :

a) une ordonnance de la cour fondée sur la constatation de la cour qu'une personne a menacé la sécurité ou le développement d'un enfant tel que décrit aux alinéas 31(1)*a)* à *g)* de la *Loi* ou la sécurité d'une personne tel que décrit aux alinéas 37.1(1)*a)* à *g)* de la *Loi*,
b) une constatation du ministre, résultant d'une enquête menée par le ministre, indiquant que la personne a menacé la sécurité ou le développement d'un enfant tel que décrit aux alinéas 31(1)*a)* à *g)* de la *Loi*, lorsque la personne a été informée de la constatation du ministre, et
c) une constatation du ministre, résultant d'une enquête menée par le ministre, indiquant que la personne a menacé la sécurité d'un adulte tel que décrit aux alinéas 37.1(1)*a)* à *g)* de la *Loi*, lorsque la personne a été informée de la constatation du ministre,
d) qui a été reconnue, en vertu de l'alinéa 27(4)*d)* de la *Loi*, avoir exploité un centre de placement communautaire d'une façon dangereuse, destructive ou dommageable pour un usager;*

ne sera autorisée à
- exploiter ou travailler dans une garderie, un établissement résidentiel pour adultes, un centre de placement pour enfants (par exemple, un foyer d'accueil ou de groupe) ou à ADAPF (Activités de développement pour adultes, programmes et formation);
- habiter dans un établissement résidentiel pour adultes, dans un arrangement d'hébergement en famille alternative ou un centre de placement pour enfants exploités dans une résidence personnelle;
- fournir des services de soutien à domicile (accompagnement, aide domestique, etc.);
- devenir parent adoptif.

Le demandeur reconnaît avoir lu et compris le présent consentement. Toute personne qui n'est pas d'accord avec le résultat de la vérification de son dossier peut demander par écrit une demande de révision de la décision.

X _____ Fait le _____ 20_____
Signature du demandeur

RÉSERVÉ À DS

[ ] Contravention non recensée **[ ] Contravention recensée** **Signature** _____ **Date** _____

VEUILLEZ SVP REMETTRE UNE COPIE DE CETTE PAGE À L'ORGANISME OU AU SERVICE POUR SES DOSSIERS *(novembre 2016)*

Appendix 19 - Criminal Record Check and Vulnerable Sector Check Request Letter

Early Learning and Childcare Facility
Criminal Record Check and Vulnerable Sector Check Request Letter

Name of the ELC facility
Address

Date:

To: Chief of Police/RCMP

Subject: Criminal Record and Vulnerable Sector checks

According to the *Licensing Regulation-Early Childhood Services Act*, all operators, staff members and volunteers working at an Early Learning and Childcare (ELC) facility must have a Criminal Record Check/Vulnerable Sector Check. Where an ELC facility is located in a family dwelling, each individual 18 and over residing in the home must have a Criminal Record check. This process will be undertaken, at minimum, every five years.

A Criminal Record check including a Vulnerable Sector check is required for

_____ who will be :

- ☐ working in a licensed ELC facility
- ☐ volunteering in a licensed ELC facility

A Criminal Record check is required for _____ who will be :

- ☐ residing on the ELC premises

Once the Criminal Record check and the Vulnerable Sector check are completed, please return the form to the above named individual. Where applicable, all fees associated with these checks are the responsibility of the individual named in the request.

Thank you for your attention to this matter.

Sincerely,

_____
Signature of the operator

Reference documents and additional information

Appendix 20 - Parent and Guardian Handbook Template

Early Learning and Childcare Centre
Parent and Guardian Handbook Template
(Statement of Services)

As per regulation 26 of the *Licensing Regulation – Early Childhood Services Act*, an operator of an early learning and childcare facility shall provide a handbook to a parent or guardian of a child receiving services at the facility.

When developing the handbook, operators may want to reflect on the following:

- Is the handbook easily understood by parents?
- Have you added facility specific policies to the handbook?
- Have you considered how you will relay information to parents who may not be able to read?

The handbook is easiest to understand if it is clear, brief and to the point. It should be reviewed yearly and updated if necessary.

Provide information on the following:

Cover page:

☐ name of the facility;
☐ address, telephone, e-mail;
☐ contact information.

Introduction:

☐ welcome statement;
☐ description of the ELC facility, who you are, etc.;
☐ number and ages of children the centre is licensed for;
☐ information on the facility's administrative structure: individual ownership, partnership, business organization or non-profit organization with board of directors.

The services:

☐ overview of the type of services being offered to children;
☐ a description of the learning principles and goals and the measures that will be taken to reach those goals;
☐ where providing services to infants and preschool children, indicate which curriculum is being used;
☐ what type of activities the children are doing throughout their day, what kind of a flexible routine can the parents and their children expect;
☐ how services for school-aged children will promote their learning outside the formal school curriculum.

Hours of operation:

☐ the daily hours of operation;
☐ extended hours or overnight services, if applicable;
☐ when facility is closed i.e., statutory holidays, storms, summer, vacation, etc.

Enrolment and discharge procedures:

☐ the enrolment process, part-time/full-time, documents required, proof of immunization, preliminary visit, specific requirements such as whether the child must be toilet trained, etc.;

- ☐ discharge procedures, for example, two weeks' notice in lieu of payment when removing a child from the facility, children with challenging behaviours, non-payment of fees, etc.

Fee and payment schedules:
- ☐ the fees charged for full day, half day, school-age, family discounts (operators may want to list the fees in an appendix to include at the end of the handbook);
- ☐ how payments are to be made – weekly, bi-weekly, monthly, post-dated checks, automatic withdrawals;
- ☐ payment requirements when parents arrive late to pick up their child, if applicable.

Transportation:
- ☐ whether the facility provides a transportation service, i.e. daily pick-up and delivery of children;
- ☐ what kind of vehicles are being used;
- ☐ what the arrangements are for children walking to school.

Outings and activities off the premises:
- ☐ whether children will participate in outings;
- ☐ types of organized activities that may take place away from the facility, i.e. field trips, visits to the library, daily walks, etc.;
- ☐ what the transportation arrangements are for taking the children on outings, i.e. types of vehicles, requirement for booster seats, etc.;
- ☐ whether additional fees are required for special outings, activities, etc.

Administration of medication:
- ☐ the facility's practices with regards to the administration of medication to children including written consent;
- ☐ requirements related to the medication, i.e. provided by parents, in the original container, labelled with child's name, etc.

Child illness:
- ☐ the facility's practices with regards to the acceptance of ill children, and the exclusion criteria in accordance with the *Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare (ELC) Facilities*;
- ☐ the requirement that a sick child must be picked up from the facility within one hour of notification.
- ☐ the requirement for parents to complete the Return After Exclusion form.

Absences:
- ☐ the requirement for parents to report absences and the reason why.

Emergency evacuation plan:
- ☐ procedures for emergency evacuation including informing parents of any evacuation;
- ☐ location of an alternate accommodation for children and transportation to the alternate location if applicable;
- ☐ the requirement to have monthly fire drills.

Child guidance:
- ☐ describe how staff members guide children's behaviour;
- ☐ what positive child guidance techniques are used by the facility.

Child abuse and neglect protocol:
- ☐ reporting requirements for an ELC facility as found in *The Family Services Act.*

Parental Involvement:
- ☐ how parents can become involved in the facility's programs;
- ☐ how they can provide suggestions;
- ☐ parents are welcome at the facility at all times.

Personal belongings:
- ☐ what children and parents should bring to the facility, i.e. blankets, toothbrush, diapers, etc.;
- ☐ what items should not be brought, i.e. toys, candy, electronic devices, etc. (operators may want to set up specific times to bring some of these items for example a favorite toy on the last day of the month);
- ☐ personal items are labelled with the name of the child.

Smoking:
- ☐ when facility is located in a family dwelling, provide information on whether the home environment is smoking or non-smoking.

C**omplaint procedures:**
- ☐ who parents should approach to discuss a particular problem/concern regarding their child;
- ☐ how to contact the ELC licensing staff in their area: parents are directed to find this information on the parent information board.

Signed declaration:
- ☐ Provide declaration to be signed by the parent or guardian confirming that they have read, received a copy and understood the content of the handbook.

  (A declaration statement is also found on the optional consent form, therefore parents may sign that form if it is used by the facility).

Other information

Operators may wish to add more information and other policies in the handbook such as:

- drop-off and pick-up
- child-to-staff ratio
- staff members
- meals and snacks
- inclusion statement
- transition to a new group
- outdoor play
- appropriate clothing
- swimming
- incidents/emergencies
- birthdays
- communication
- use of social media
- where information is posted in the facility

Appendix 21 - Staff Handbook Template

Early Learning and Childcare Centre
Staff Handbook Template

As per regulation 4(g)(iii) of the Licensing Regulation – Early Childhood Services Act, an operator of an early learning and childcare centre shall have a staffing plan which is also referred to as the staff handbook. The staff handbook template identifies what is minimally required. Operators are encouraged to add content that is relevant to their centre as needed.

The *Employment Standards Act* should be consulted when developing personnel practices: http://laws.gnb.ca/en/ShowPdf/cs/E-7.2.pdf

Staff handbook must include:

A- Job descriptions

Job descriptions for educators should outline the following responsibilities:

- direct child care;
- curriculum or program planning;
- administrative duties (filling forms such as daily attendance records, child illnesses, etc.)
- facility maintenance, if applicable;
- relationships with parents.

Facilities may have other staff members such as an administrator (director), educator assistant, relief staff member, cook, volunteers, maintenance staff, etc. Job descriptions should provide details on the duties and responsibilities of these positions.

Staff members should be clear as to the expectations of their position prior to commencing employment.

Note: A copy of the job description is to be located in the staff member's file.

B- Terms of employment

Hiring requirements: qualification in ECE, valid first aid and CPR certificate, criminal record check, vulnerable sector check and Social Development check.

Hours of work: expected hours of work for the position, whether extra time is required for attendance at staff meetings or for program planning, whether there is remuneration for this extra time, and what time is allowed for lunches and breaks.

Salaries: starting salary for the position, under what conditions salary increases will be given, wage enhancement (QIFS), the payment methods, i.e. weekly, every two weeks, direct deposit, etc.

Vacation pay: how vacation pay is calculated, and what statutory holidays staff members will be paid for.

Sick/personal leave: whether staff members are paid for sick days/personal leave, number of days per year, and if a doctor's certificate is required.
Probationary period: whether there is a probation period for the position and the time frame of this, e.g. 3 months.

Termination notice: what is the expected time frame for notices of termination of employment and under what conditions would staff members receive a termination notice.

Performance evaluation: whether a performance evaluation is done and how often. It is an excellent way to give and receive feedback.

C- Orientation policies and procedures

Policies and procedures set out basic limits, standards and rules in the facility.

Orientation and training: describe how new staff members are introduced to the facility's operations: policies and procedures, daily routines, observation, training with another educator. What general training will be provided.

First aid and CPR certificate training: describe the expectations when staff members have to renew their certificate, when they will be trained, and whether the cost is covered by the facility.

Early Childhood Education Training: what are the requirements for early childhood education training (certificate)? Describe expectations when staff members need to take the online Early Childhood Education course, eg when they will need to register, if training will be completed during working hours, etc.

Curriculum training: if the facility provides care for infants and preschool children, staff members must have training on the curriculum. Describe how the on-line training will be done: on-site, on their own time, whether staff members will be paid for extra hours of training, if equipment is provided. How staff members will receive annual professional development.

Health: the health policies submitted on the Health Protection Services ELC facility plan review as part of the application to licence may also be used in the staff handbook.

Emergency evacuation (fire, incident, intruder): describe the responsibilities of staff members if there is an emergency, what they should bring with them, where the emergency contact list is located, the procedures for monthly fire drills.

Supervision and child guidance: describe the expectations for supervision indoors and outdoors, how to respect the child-to-staff ratio, how to guide children through their activities:

- ☐ what positive approaches are to be used, and
- ☐ what actions are not acceptable in the facility.

Reporting requirements for suspected child abuse or neglect: describe the requirements for the reporting of child abuse and neglect according to the *Family Services Act.* In a suspected case of child abuse or neglect, staff members must inform Social Development of the situation immediately by calling 1-888-99-ABUSE (1-888-992-2873), in province calls only, or After Hours Emergency Services at
1-800-442-9799.

Confidentiality: describe the expectations with respect to confidentiality of information regarding parents and children enrolled in the facility.

Administration of medication: describe when medication can be administered, who can give medication, consent from parents, what forms need to be filled, how and where medication is stored.

Management of illness: describe the procedure to follow when a child becomes ill, who advises the parents, how a sick child will be isolated from other children, what forms need to be completed.

Record keeping: list all the forms that are required to be completed, which ones are the responsibility of the operator and which ones are the responsibility of staff members.

Other policies:
Other policies may be included describing how to implement the *Licensing Regulation* such as:

- transportation
- off-site activities
- smoking
- electronic devices
- incident reports
- meals and snacks
- feeding infants

D- Signed statement

Staff members must sign a statement indicating they have read and understand their responsibility in respect of the *Early Childhood Services Act and Licensing Regulation - Early Childhood Services Act.*

Note: This statement is to be located in the staff member's file. It may also be attached to the job description.

Staff orientation

An effective orientation lays the foundation for the new employee's career with the ELC facility and helps the employee understand their assigned duties, terms and conditions of employment.

Using a staff handbook and an orientation check list can help ensure that all the important points are covered. The orientation is an opportunity to:

tour the ELC facility,
meet staff members, children and families
learn job responsibilities and personnel policies
become acquainted with the program's organizational structure, daily routines, emergency procedures, the location and use of emergency equipment, first aid kits, etc.

The orientation should include but is not limited to the following: reviewing the *Early Childhood Services Act and Licensing Regulation - Early Childhood Services Act*, Operator Manual – Full-time and Part-time Early Learning and Childcare Centres, parent and guardian handbook and staff handbook.

Appendix 22 - Diaper Changing Procedures

Early Learning and Childcare Facility
Diaper Changing Procedures

DIAPER CHANGING PROCEDURES

- Staff wash their hands thoroughly with soap and water before each diaper change. Do not use only hand sanitizer between changes.
- Assemble within easy reach all the necessary supplies.
- If using gloves, ensure they are new single-use gloves. Gloves must be new for each child. Proper hand washing procedures are to be followed when gloves are removed.
- Place the child on the clean changing surface (change table or pad), using safety features of change table.
- Remove the soiled diaper. Fold the soiled diaper inward and set it aside.
- Clean the child's skin with a moist disposable cloth or towelette, wiping the child's bottom from front to back. Remember to wash in the creases of the child's skin.
- Ensure child's skin is dried. Discard wet wipe and paper into the soiled diaper or directly into a plastic-lined waste container.
- Keep waste containers tightly covered and out of children's reach. Waste containers containing diapers are not to be located in the play area.
- When necessary, use a facial tissue to apply ointments or creams.
- Put a fresh diaper on the child.
- Wash the child's hands using proper hand washing procedures. Return the child to a supervised area.
- Formed stool can be flushed down the toilet, avoid splashing. Never rinse soiled clothing or soiled diapers, as the increased handling of soiled items may lead to contamination.
- Dispose of the cloth or disposable diaper and if used, disposable paper liner.
- Soiled disposable diapers are to be enclosed in a plastic bag and placed into a plastic-lined garbage container.
- Cloth diapers are to be placed in sealed plastic bag or wet bag and returned to parents.
- Clean the change table/pad and disinfect the entire surface of the change area after each use, including the sides of the change surface. Use a 500 ppm bleach disinfecting solution (refer to Guidelines for Mixing Bleach as a Sanitizer and Disinfectant for Early Learning and Childcare Facilities) and let sit for a minimum of 2 minutes before drying the surface with a single-use paper towel. Rinse with clean water and dry with a single use paper towel. Follow the manufacturer's instructions for dilution and contact time if using another disinfectant. Discard paper towel in the garbage.
- Put away all diapering supplies.
- Wash your hands thoroughly, following proper hand washing procedures.
- Record unusual skin condition and bowel movements, as per routine procedures.

Appendix 23 - How to Measure an ELC Centre

Indoor play area

Room measurements *do not* include fixed equipment and spaces not used for play such as an office, staff room, stairways, hallways, washrooms, lockers, kitchen facilities, and storage areas. Furnishings and objects that can be moved are not subtracted from the calculation.

The indoor play areas must have:

- 3.25 m^2 for each child;
- windows facing directly outside making up 10% of the floor area of each room.

How to calculate an indoor play area:

Step 1
- measure the width and the length of a room in metres;
- multiply the width and length together to get the floor area in square metres (m^2), round to the nearest centimetre;
- divide the floor area by 3.25 m^2. This will give you the total number of children allowed in the room.

Step 2
- measure the width and length of the window in the room;
- multiply the width and length together to get the glass area in square metres (m^2), round to the nearest centimetre;
- multiply the floor area by 10% to determine the glass area required;
- compare the results with the measurements of the window in order to determine if the room can be used as a play area.

Example:

Step 1
Room measurements: 4.35 m X 5.80 m = 25.23 m^2 of floor area
25.23 m^2 ÷ 3.25 m^2 = 7.76 (rounded to the nearest centimetre)
8 children are allowed in the play area (rounded to the nearest number)

Step 2
Window measurements: 1.60 m x 1.60 m = 2.56 m^2 of glass area
Floor area: 25.23 m^2 x 10% = 2.52 m^2 of glass area required.

This room would be approved for a play area.

Note: There could be more than one window in the room. For example, 2 windows measuring 0.80 m X 1.60 m each would give you a total of 2.56 m^2 therefore the room could be used as a play area.

Infant space

Rooms used for children younger than 15 months:

- must have 3.25 m^2 of play area for each child;
- must have 2.3 m^2 of rest area for each child;
- the play area must have windows facing directly outside making up 10% of the floor area;
- the rest area must be separate and apart from the play area;
- the rest area is not included in the calculation of the total number of children on a licence.

How to calculate a rest area:

- measure the width and the length of a room;
- multiply the width and length together to get the floor area in square metres (m^2), round to the nearest centimetre;
- divide the floor area by 2.3 m^2. This will give you the total number of children allowed in the room.

Basement

The basement level must:

- be no more than 1.52 m below ground level

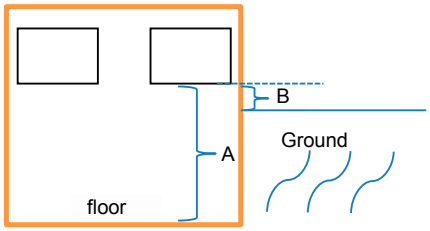
How to measure the basement level:

- using a basement window, measure inside from the bottom of the window to the basement floor (A);
- using the same window, measure outside from the bottom of the window to the ground (B);
- subtract the outside measurement (B) from the inside measurement (A). The result equals the number of metres below ground.

Example:

A- bottom of the window to the floor (inside) measures: 1.60 m
B- bottom of the window to the ground (outside) measures: 0.20 m
A-B = 1.60 m – 0.20 m = 1.40 m below ground

This basement could be used as a play area.



Outdoor play area

The outdoor play area must:

- have 4.5 m^2 for at least fifty per cent (50%) of the children as stated on licence;
- have at least 10 % shade;
- be enclosed on all sides by a fence of a least 1.22 m in height for infant and preschool children.

How to calculate an outdoor play area:

Step 1

- measure the width and the length of the play area;
- multiply the width and length together to get the total play area in square metres (m^2);
- divide the results by 4.5 m^2. This will give you the number of children allowed in the outdoor play area at any one time.

Step 2

- multiply the total play area by 10% to determine the shaded area required.

Example A:

Step 1
Play area measures 15 m X 20 m = 300 m^2 of total play area
300 m^2 ÷ 4.5 m^2 = 66.67 (rounded to the nearest centimetre)
67 children are allowed in the outdoor play area. If the number of children stated on the licence is 60, this means that all children can be in the outdoor play area at any one time.
Step 2
Total play area 300 m^2 x 10% = 30 m^2 of shaded area required.

Example B:

Step 1
Play area measures 9 m X 12 m = 108 square metres (m^2)
108 m^2 ÷ 4.5 m^2 = 24
Only 24 children can be in the outdoor play area at any one time.
Therefore only 48 children would be approved in the facility even if the indoor play area could accommodate more children.

Step 2
Total play area 108 m^2 x 10% = 10.8 m^2 of shaded area required.

Important:
The number of children permitted on the licence will be determined once the ELC licensing staff measures the centre.

Appendix 24 - Equipment and Materials for School-age Children

In general, school-age children are moving from concrete thinking to more abstract thinking, becoming increasingly interested in their peer group and in cooperative activities. The materials and equipment within school-age facilities should reflect the skill and developmental levels of the children.

Play areas should minimally include the following:

- an art and creative area
- science and nature area
- a block and construction area
- dramatic play and housekeeping area
- a quiet and reading area
- fine motor/manipulative area for scientific and mathematical investigation and measurement
- space and equipment for large motor play indoors
- outdoor play environments must provide, minimally:
    - large motor play area
    - an area for quiet play
    - storage space
- sand and water play - provisions for play with elemental materials – sand, water, mud, clay, snow (indoors and outdoors)
- music and movement area

It is recognized that this list is not exhaustive and other possibilities are, therefore, encouraged. The specific equipment in each area should, in fact, change from time to time thereby providing an environment that is varied and challenging for the children.

Many school-age programs are operated in shared spaced environments, for example, schools, gyms and churches where daily movement of equipment and materials is required. Portable shelving must be available in these situations.

When choosing materials and equipment for school-age facilities, operators should select those that will withstand the use of multiple children. They should be checked often for breakage and any broken items disposed of. They should be easy to clean with durable surfaces.

The quantity, age appropriateness and arrangements of equipment and materials per activity centre and per age group will be determined in consultation with ELC licensing staff at the time of the ELC facility's initial licensing and will be reviewed annually at renewal.

While it is not required to have every item as listed in the following pages, operators are required to have indoor and outdoor play equipment, furnishings and program materials available in sufficient quantity and variety for the number of children enrolled at any one time.

This ensures that:

- a variety of options is available to the children;
- a child is able to work by themselves; and
- a group of children is able to work together without running out of materials.

What follows are suggestions for materials and equipment within play areas at the facility, they are not complete lists, but serve to start conversations. Children should be as involved as possible in adding ideas for materials and equipment.

Art and creative area

When creating an art and creative area the following should be considered:

Are resources visible and available, encouraging independence and creativity?

Is there a sufficient quantity of items for the children?

Are a variety of creative materials included?

Are different creative mediums, such as clay, playdough, available?

Are the children free to create how they wish?

Are children encouraged to use their creative freedom and celebrate the differences in their art?

Are art materials such as skin-coloured markers and paints available?

If possible, is the art area located close to a sink and not on carpet?

Are children encouraged to clean up their art area when they are done?

Are supplies rotated regularly to keep children interested?

Are children's creations displayed around the facility?

Do educators provide assistance only when asked?

Do educators avoid demonstrating a model?

Do educators talk to the children about their creations?

Suggested materials and equipment for art and creative area:

- accessible storage shelf
- acrylic table or trays
- smocks or old t-shirts
- paint brushes - variety of sizes
- paint rollers - variety of patterns
- easel
- variety of scissors – both right and left handed
- variety of crayons, markers, pastels, art chalks, charcoal

- rolls of brightly colored masking tape
- variety of paper in colors, textures and sizes
- different types of paints and water colours
- a variety of glue
- tape
- glitter
- q-tips
- chenille stems
- plastic cups
- popsicle sticks
- eye droppers
- feathers
- kitchen utensils that provide unique prints (potato masher)
- wallpaper
- spray bottles filled with water or paint
- sponges
- dental floss for string painting
- marbles and anything that rolls for painting
- unusual cake pans or molds for marble painting
- foil
- clay
- playdough
- cookie cutters, rollers, plastic knives
- sandpaper
- tissue paper
- clear shower curtain
- bubble wrap
- tree bark for rubbings
- beads, baubles, jewels, buttons, etc.
- small collectibles from nature
- recycled items – plastic sock holders, cardboard pieces, bottle caps, corks, fabric remnants, yarn, ribbon
- costume jewelry
- broken jewelry
- ruler
- crayon melting tray
- knitting needles
- embroidery hoops
- needles – needles with large needles for yarn, needles for cross stitch
- embroidery floss, thread, yarn
- ribbons, buttons, braid, bias tape
- thimbles/tape measure
- snaps, hooks and eyes, pins and pincushions

- cloth – variety of sizes, shapes, patterns, textures
- scissors
- cotton batting

Science and nature area

When creating a science and nature area the following should be considered:

Is the area readily accessible for children to explore?

Is there a small table and chairs available in order to do experiments?

Is the area inviting and well-stocked to encourage children's engagement?

Are materials organized for display and exploration?

Are children provided the opportunities to explore "what if?" questions, to make guesses about what is going to happen, and to investigate those guesses?

Are items safe and age appropriate?

Are items rotated regularly to keep them new?

Is the area well-organized so that children are more encouraged to keep it that way by putting things away when they are finished an activity?

Is there paper available to chart and graph outcomes?

How is the learning that is taking place in the science and nature area linked to other areas of the centre?

Are there science books such as nature, astronomy, and space, including books that expand the children's interests encouraging them to ask "what is it made of?" and "how does it work?"

Are the interests of the group considered?

Are children encouraged to participate in the science and nature area?

How is science taken outdoors?

How are educators supporting the learning taking place?

Do educators assist children to set up and perform experiments, without taking over?

Do educators ask open ended questions to encourage further exploration and extend learning?

Do educators model different ways to find information, such as reading resource books and searching online (ensure that educators preview any websites before sharing them with children or sit beside children when looking online)?

Suggested materials and equipment for science and nature area:

- display table/storage shelf
- listening tubes
- flashlights
- graphing grids
- plastic test tubes and beakers
- lab coats
- safety goggles
- gloves
- trays
- hose/tubing
- pulleys
- gears
- small machines that don't work to take apart
- books of nature and animals
- aquarium/live animals
- fish
- plants (non-toxic)
- prisms/mirrors
- color wheels and colors for mixing
- magnifying glass
- microscope
- items to examine
- pumpkins, gourds
- flowers
- nuts
- bee hive that's no longer used
- moss/bark
- birdfeeders
- bird's nest
- pinecones
- feathers (real)
- shells/coral
- seeds/acorns
- fossils
- magnets
- color wheel or paddle
- pulleys/gears
- terrarium
- kaleidoscope
- telescope
- binoculars
- bug catcher/bugs

- binoculars
- bug catcher/bugs
- magnets
- scale
- balance and weights
- objects to balance such as rocks, pieces of wood, cotton balls, etc.
- tweezers
- ruler and tape measure
- adhesive tape
- scissors
- cardboard, cardboard tubing
- stopwatch
- egg timer
- jars, clear containers
- compass
- gardening materials and tools
- cork
- straws
- syringes
- squeeze bottles
- soda, starch, salt, vinegar
- funnels
- thermometer

Block and construction area

When creating a block and construction area the following should be considered:

Is there plenty of space for the block area so children can build elaborate structures?

Is it in a good location in the room (not close to the quiet area)?

Is there plenty of shelving for easy access to the blocks and other materials?

Is there a rug in the block area, since most of the time will be spent on the floor?

Are there a sufficient number of blocks, ideally, provide at least 40 to 60 unit blocks for each child in the block area at the same time?

Are non-block materials stored in containers on the shelves or on the floor where the children can locate them easily?

Suggested materials and equipment for block and construction area:

- storage shelf
- wooden blocks in assorted sizes and shapes (unit blocks)
- floor toys such as space station, garage, farm, house, airport/airplanes/helicopter

- variety of hats e.g. construction, fire fighter, police officer
- houses and other buildings
- small people/animal figures
- track and train or road set, road signs
- assorted vehicles in varied sized
- steering wheel
- discarded license plates
- heavy cardboard boxes

Dramatic Play and Housekeeping Area

When creating a dramatic play and housekeeping area the following should be considered:

Is the area away from noisy or active play?

Is the area equipped with child-sized furniture?

Are toys and materials visible and within easy reach of the children?

Are the children able to use the materials present independently?

Are "real life" props present, such as oven mitts, aprons, telephone, etc?

Are props, clothing and items included that would be interesting to all children?

Are there multi-ethnic play food and cooking utensils available?

Is there a mirror for children to see how they look?

Is the dramatic play area changed to reflect the current interest of the children? (For example: If they are fascinated by doctors, add some gloves and surgical masks.)

Are resources rotated frequently to ensure novelty?

Are children encouraged to use their imagination and be actively involved in play?

Are children encouraged to talk about what it is they are doing?

Do educators participate in play when asked by children?

Do educators observe and listen to the children's behavior?

Do educators interact on the child's eye level by sitting or kneeling?

Ensure there are not too many props in this area, or clean up can be overwhelming.

Suggested materials and equipment for dramatic play and housekeeping area:

- child sized appliances, sink, stove, refrigerator
- child size dishes, cutlery, pots and pans
- table and chairs, child sized/age appropriate
- kitchen items
- aprons, oven mitts, chef hat
- vase and flowers

- food props (empty food packages, plastic fruits and vegetables, etc.)
- broom, dustpan
- dish towel
- tablecloth
- blankets
- home living furniture
- telephone
- dress up clothes and accessories, including hats, purses, sunglasses, jewelry, gloves
- rack for dress up clothes
- suitcases/backpacks
- purses
- wallets
- multi-ethnic dolls of both genders, with size appropriate clothes and accessories, i.e. strollers, doll beds
- toiletries
- sponge curlers
- old hair dryers - cords removed
- non-breakable shatterproof full length mirror
- lunch boxes
- tool belts
- tool box
- variety of real tools
- woodworking bench
- safety goggles
- nails
- scrap wood
- vice
- wood glue/sandpaper
- puppet theatres
- prop kits for children to explore and create

Ideas for prop kits for dramatic play

Educators are encouraged to have discussions with children to come up with other prop box ideas and to work together to decide what they could contain and where to obtain items.

Bakery

fresh playdough, measuring spoons, rolling pins, aprons, oven mitts, cookie sheets, pictures of baked goods, chef's hat, muffin tins, cake pans, mixing bowls, spoons, cake decorators, order pads, recipes, cookie cutters, flour shaker, cupcake papers

Beach

blankets, picnic basket, beach umbrella, sunglasses, beach ball, empty suntan lotion bottles, beach towel, buckets and shovels, shells, lawn chairs, straw hats, play picnic foods, music, swimming caps, surfboard, snorkels, fins, flip flops, small portable swimming pool filled with sand

Camping

canteen, flashlight, tent, knapsack, pretend campfire, sticks with marshmallows, binoculars, small skillet, mosquito-netting, nature books, food supplies, sleeping bags, thermos, fishing poles, plastic ants, small cooler, lawn furniture, orange vests, paper plates

Car Wash

tricycles, buckets, water, dish soap for outside play, buckets, sponges, squeegees, hose, car wash signs, play money

Fire Fighter

yellow rubber raincoats, boots, old vacuum hose, phone, whistle, fire hats, flashlight, fire safety posters, walkie-talkies, gloves, baby dolls (to rescue)

Fishing

boat (box), worms, net, tackle box, sinkers/bobbers, fishing hat, pole with string, fish (with magnets), binoculars, fishing magazines, camera, thermos

Flower Shop

plastic flowers, watering can, seeds, florist smock, flower/garden magazines, garden hats, small garden tools, potting soil, vases, gardening gloves, ribbon, order book and pen, cash register/money, phone, plastic pots, styrofoam squares, baskets

Gas Station / Auto Mechanic

tools, tool box, steering wheels, play money, work clothes, oil cans (not real), gas hose, cash register, squeegee, bucket, poster with prices, tire gauge, car keys, funnel (for pretend oil), rags, tire pump, auto supply catalogue, small gas can (new), used/washed or new auto parts

Grocery Store

grocery cart/basket, aprons, purses/wallets, plastic fruit/vegetables, coupons, play food, check out area, reusable bags, cash register, play money, sale flyers, clean recycled food containers/boxes

House Painter

paint brushes, paint rollers, buckets of water, paint, rags, paint trays, hats, old shirts, colour samples, drop sheets

Ice Cream Parlour

ice cream scoops, paper cones, empty ice cream tubs, ice cream toppings (e.g. small red pompoms for cherries), play money, cash register, apron and hat, order pads/pencils, wipe-off board menu, empty whipped cream spray cans

Medical Clinic

surgical masks/booties, stethoscope, cotton balls, band aids, lab coat, small flashlight, gauze bandages, non-latex gloves, dolls/doll beds, syringes (without needles), empty medicine bottle, medicine droppers, hospital gown, doctor bag, x-rays, prescription pad, patient files, blood pressure cuff, first aid book, splints

Office Worker

desk, name plate, old forms, file folders, keyboard, monitor, memo pad, phones, phone books, paper/pens/pencils, calculator, stamps, stapler, paperclips, junk mail, pen holder

Optometrist

eye chart, pointer, glasses frames (with lenses removed), table, mirror, white lab coat, glass cases, wooden spoon, pictures of eyes

Pizza Restaurant

clean pizza boxes, cash register, play money, order pad, phone, bakery aprons, stove, play pizza cutter, prep area, cardboard circles, (pizzas) with felt on one side, felt toppings – pepperoni, green peppers, mushrooms, etc

Plumber

different shapes and sizes of piping, tools, toolbox, measuring devices, spigots, plungers hose/nozzles, old shirts (with logo on pocket)

Police Officer

pad for writing tickets, small clipboard, police hat, stop signs, license plates, blue shirt, walkie-talkie, badge, 911 signs, steering wheel, whistle, boxes to create vehicles

Post Office

envelopes, postcards, stamps (seals/stickers), boxes or packages, bag for carrying mail, junk mail, mailbox, scale, stickers, paper punch, cash register, cash register, pens, pencils, paper

Restaurant

tablecloth, napkins, dishes, menus, order pads, pencils, aprons, chef hats, cash register, serving trays, play food, take out containers, play money, tables, chairs

Shoe Store

supply of different types of shoes, shoe boxes, cash register, play money, ruler or foot measurer, shoe horn, pictures of shoes, small chairs, full-length mirror, shoe polish (empty)

Space

helmet, air tank, earphones, globe, control panel, moon boots, flag, moon rocks, walkie-talkies, star decals, a rocket ship, space food

Tourist / Vacation

suitcases, tickets, sunglasses, maps, Hawaiian shirts, passports, travelers checks/money, postcards, travel magazines, camera

Veterinarian
stuffed animals, cotton balls, gauze, surgical masks, pamphlets on animals, plastic gloves, play money, needless syringes, exam table, empty medicine bottles, pet brushes, white lab coat, pet carriers, magnifying glass, stethoscope

Quiet and Reading Area

When creating a quiet and reading area the following should be considered:

Does the area have plenty of books for the children to access?

Are children provided with a variety of reading materials, including magazines and homemade books as well as traditional books?

Are there books that reflect the languages and cultural backgrounds of children in the group?

Are children taught how to handle and respect books?

Are children taught a love and appreciation for books and literature?

Are books rotated regularly to keep children interested and to support new areas of interest?

Are children encouraged to consult books for sources of information and to answer questions?

Are children provided opportunities to create their own books?

Do educators avoid interrupting a child concentrating on a book?

Do educators sit with children and read, or listen to them re-tell or reenact a story?

Do educators ask open-ended questions to encourage thinking and predicting skills?

Suggested materials and equipment for a quiet and reading area:

- shelf/rack to display books
- large cushions with washable covers and/or adult or child sized furniture (chair, love seat)
- carpet or area rug
- books at a variety of reading levels and appealing to a variety of interests e.g. poetry, nature, humour, adventure, myths, science
- books representing various languages, ethnicities, cultures, genders and abilities
- books made by the children
- factual books, magazines and newspapers
- felt board and pieces
- puppets and stage
- soft reading light

- music - background
- music player with a selection of audio stories
- headphones
- environmental print pictures and posters
- materials to make books
- writing surface

Fine Motor/Manipulative Area

When creating a fine motor and manipulative area the following should be considered:

Is the centre located in an area with table(s) and chairs, or a quiet floor area with a rug?

Do children have easy access to a variety of games, both competitive and cooperative?

Are materials in adequate supply for the numbers of children present?

Are materials rotated frequently to keep children engaged?

Are puzzles and games age appropriate for school-age children?

Do educators ensure that games and puzzles are complete and not missing pieces?

Do educators facilitate problem-solving in the event there is a conflict over materials?

Do educators encourage children if they become frustrated?

Suggested materials and equipment for fine motor and manipulative area:

- storage shelf
- tables and chairs
- developmentally appropriate puzzles e.g. wooden, interlocking, 3-d, and floor puzzles
- building toys e.g. lego, k'nex, mega blok
- pegs and pegboards
- rubber bands for peg boards
- stringing beads
- matching and sorting toys
- age appropriate board games e.g. matching and lotto games (color, picture), bingo
- stacking blocks
- tweezers and tongs
- scissor cutting activities
- hammering block
- golf tees / scissors / hammers for playdough
- rolling pins
- markers / chalk / crayons
- lacing dolls
- lock and key sets
- zipping and buttoning boards
- weaving boards

- small paint brushes
- squirt bottles
- simple card and board games
- memory games (Concentration)
- strategy games (Connect-4, Chinese Checkers, Checkers, Chess)
- word games, reading and spelling games (Scrabble)

Outdoor Play Area

When creating an outdoor play area the following should be considered:

Are natural environments such as grass, sand, water, plants, trees in abundance?

Are there opportunities for children to create with natural materials?

Think about access to play in the outdoors, what materials are rotated through outdoor areas, and what activities are available in the outdoors?

Are children provided an area where they can plant and maintain a garden?

Do educators bring inside materials outside?

How will educators model a sense of wonder for nature and outdoor places?

How do educators support children's investigations in the natural world?

Suggested materials and equipment for outdoor play area:

- small wagons/wheelbarrows
- balance beams, balancing items
- puppet theatre
- puppets
- props/accessories
- climbing structure (may include rings, bars, ropes and poles for climbing, swinging, etc.)
- natural material – tree logs, branches, hills, wood pieces, planks
- large cardboard boxes
- blankets, tarps
- skipping ropes
- balls in a variety of sizes, e.g. basketball, soccer, tennis
- basketball nets
- baseball bats, balls and gloves
- badminton and tennis rackets and nets
- floor hockey sticks, nets
- cones
- outdoor games – bowling, croquet, ring toss, horseshoes, etc
- hula hoops
- mats for tumbling play

- large blocks
- frisbees
- biking area
- hopscotch area
- parachutes
- kites
- winter toys – sleds, shovels
- variety of play areas

Sand and Water Play (Indoors/outdoors)

When creating a sand and water play area the following should be considered:

Is the area located on hard floor, with non-slip mats used to prevent falls?

Is there a sand/water area outside?

Are children provided the opportunities to investigate measuring and to explore other math concepts such as more, less, bigger, smaller, and equal?

Are children encouraged to use their fine motor skills to scoop, sift, funnel, and pour?

If required, do educators remind children of safety rules when in the sand/water area?

Do educators assist children to find answers to their questions about sand, water, and other sensory materials through books, websites, and other resources?

Suggested materials and equipment for sand and water play area:

- sand and/or water play table
- outdoor sand area
- sand/water (at least 15 centimeters in depth)
- storage shelf
- bubble toys
- dishpans/plastic bins
- buckets/pails
- sink
- kitchen utensils – eggbeaters, sifters, measuring cups and spoons, pitchers, baster, funnels, pots, pans, muffin tins, etc
- sponges
- water wheels
- plastic tubes
- wood to make boats
- items to float/sink
- vehicles
- people/animals for sand play
- plastic spray bottles

- shovels of various sizes
- rakes
- moulds
- gardening tools
- source of water
- garden hoses, water sprinkler

Music and Movement Area

When creating a music and movement area the following should be considered:

Are a variety of music and musical instruments provided?

Are children encouraged to make their own rhythm instruments, such as tambourines, maracas, and rain sticks?

Are children provided opportunities to experiment with audio or video recordings with a computer, tape recorder, or digital recorder?

Is there an area for children to listen to music with headphones to not disturb other children?

Do educators introduce children to musical instruments and music players when required?

Suggested materials and equipment for music and movement area:

- variety of story, song, rhythm and movement media choices
- variety of music opportunities e.g. classical, jazz, pop, children's music, rock, R&B, cultural music from other countries – ensure that music is appropriate for children
- music player with headphones
- Karaoke machine
- microphones
- musical instruments e.g. drums, cymbals, xylophone, triangles, tambourines, castanets, bells, maracas, auto harp, ukuleles, etc.
- scarves, streamers, ribbons, pompons, hoops, balls, costumes for movement and dance activities
- props
- dance shoes – tap, ballet
- performance stage area

Cooking

When cooking with the children the following should be considered:

Are children provided the opportunity to be actively involved in cooking?

Are children encouraged to research what they would like to make?

Do educators provide diverse cooking experiences, representing a variety of cultures and dietary choices (vegetarian, vegan)?

Suggested materials and equipment for cooking:

- variety of kitchen utensils: spoons, spatulas, measuring cups and spoons, cookie cutters, rolling pin, eggbeater, etc.
- bowls
- cookie sheets
- muffin tins
- baking/cooking ingredients, as needed
- variety of multicultural cookbooks appropriate for children
- cooking tools required: wok, chopsticks, frying pan, pots, pans

Construction and Carpentry Area

When creating a construction and carpentry area the following should be considered:

Are children encouraged to create using real tools and materials?

Are children provided with guidance on how to keep the area safe?

Are books available that demonstrate how to build items?

Do educators provide assistance when asked for it?

Do educators ensure that the area is kept well stocked to prevent frustration of children?

Suggested materials and equipment for construction and carpentry area:

- storage shelf
- muffin tins, small plastic containers, or shoe boxes for sorting nails, screws, etc.
- real tools which may include: hammers, plane, pliers, vise, saws, screwdrivers, tape measure, square, level, wrench, drill and bits
- nails, screws, washers, wire, tacks, string
- sandpaper, graph paper
- paint
- wood scraps
- pencils, markers

Technology

When creating a technology area the following should be considered:

What new technologies are available for use in the facility?

What safety precautions are in place for children accessing the internet?

How do educators ensure that children aren't spending too much time on computers?

Are computers in view of educators at all times to ensure they are easily supervised?

Are educators available to provide assistance to children as required?

Suggested materials and equipment for a technology area:

- computer
- headphones
- printer/scanner
- access to internet
- educational software/games
- paper
- camera
- photo paper
- voice recorder
- video recorder
- tables and chairs

Appendix 25 - Educational Institutions with Recognized Early Childhood Education Programs

Early Learning and Childcare Facility
Educational Institutions with Recognized
Early Childhood Education Programs

New Brunswick

Academy of Learning
- Early Childhood Education Certificate
- Early Childhood Education & Teacher Assistant Diploma

Atlantic Business College
- Early Childhood Education Diploma

Collège communautaire du Nouveau-Brunswick (CCNB)
- Certificat d'éducation de la petite enfance
- Diplôme d'éducation de la petite enfance

Crandall University (formerly Atlantic Baptist University)
- Bachelor of Education

Horizon College (closed)
- Early Childhood Education Diploma

Kingswood University
- Early Childhood Education Associate of Arts degree

New Brunswick Community College (NBCC)
- Early Childhood Education Certificate
- Early Childhood Education Diploma

Oulton College
- Early Childhood Education Diploma
- Early Childhood Education/ Teacher Assistant Diploma

St Thomas University
- Bachelor of Education

Union of New Brunswick Indians (UNBI) Training Institute
- Early Childhood Education Diploma
- Early Childhood Education Certificate

Université de Moncton
- Bachelor of Education

University of New Brunswick
- Bachelor of Education

Nova Scotia

College de L'Acadie
- Early Childhood Education Diploma

Institute for Early Childhood Education and Developmental Services
- Early Childhood Development Diploma

Mount Saint Vincent University
- Bachelor of Arts in Child and Youth Study

Nova Scotia Community College
- Early Childhood Education Diploma

Nova Scotia College of Early Childhood Education (NSCECE)
(formerly St. Joseph's College of Early Childhood Education)
- Early Childhood Education Diploma

Prince Edward Island

Collège Acadie Î.-P.-É.
- Early Childhood Education Diploma

Holland College
- Early Childhood Education Diploma

Newfoundland

College of the North Atlantic
- Early Childhood Education Certificate
- Early Childhood Education Diploma

Keyin College
- Early Childhood Education Diploma

All Provinces

A certificate, diploma or degree from a community college or university which clearly states Early Childhood Education.

Colleges must be signatory with Colleges and Institutes Canada
http://www.collegesinstitutes.ca/our-members/member-directory/

Appendix 26 - Maintaining a Scent Reduced Environment

Early Learning and Childcare Centre
Maintaining a Scent Reduced Environment

Scents can usually be found in personal care products, such as perfumes, aftershaves, colognes, shampoos and conditioners, soaps, body lotions and deodorants. Scents are also found in household items, such as air fresheners, deodorizers, candles, some laundry detergents, fabric softeners and cleaning products.

Chemicals used to add scents to products can cause serious health problems for some people, especially for people with respiratory diseases such as asthma. Being near a scented product can make some people sick. Young children are especially vulnerable because of their developing systems and their size.

Scents enter our bodies through our skin and our lungs. The chemicals in scents can cause many different reactions. Even products containing natural plant extracts can cause allergic reactions in some people.

To minimize exposure to scents in the facility, operators should:

- Use gentler cleaning products on windows, walls, and floors where sanitizers are not required by the Department of Health.
- Use scent-free personal care products.
- Use non-scented laundry detergent and soap.
- Keep your facility well ventilated. If you don't have an air exchange system, open a window to get fresh air in and stale air out. You can also put a fan in a window drawing air out and open another window to increase air circulation.
- Avoid the use of oil diffusers, essential oils, air fresheners, scented candles and any other products used to fragrance the air.
- If a scent-free policy is not in place, work with your staff to adopt one. For more information on how to create and implement a scent-free policy visit: "Developing a Scent-free Policy for the Workplace" at www.nb.lung.ca .
- Post "Scent-free Childcare Facility" signs to remind parents and staff to go scent-free.

Visit New Brunswick Lung Association for more information https://nb.lung.ca/programs/indoor-air-quality-iaq/scents

Appendix 27 - Using Video Monitoring

Early Learning and Childcare Facility
Using Video Monitoring

In the event that a facility chooses to use video monitoring, the following should be considered:

- Is there a reason for security cameras to be installed?
- What is the purpose of the footage?
- Is it only video, or is it video and audio?
- Where are the cameras located? (they are only to be located in the “public” areas of the facility)
- Who has access to the footage, who “owns” the footage, and how long is it kept?
- Operators are to include a statement in their parent handbook stating that they use audio/video recording.
- Staff and children should be aware of the cameras, and whether they record simply video, or if they record sound as well.
- The security company responsible for the system should be contacted to determine if they have a policy regarding the footage they accumulate. Operators should feel comfortable in how these recordings are handled, encrypted, accessed, their purpose, etc.
- Is the footage scanned by the company regularly, or only when requested by the center to the company?
- Are the recordings encrypted, kept onsite or offsite (in Canada, or US, cloud based, etc), are they downloaded once a day/week, or is it a live stream that others at the security company can watch live?
- Parents should sign a form stating that they are aware of cameras/security; however, the rights of their children to privacy when they are in the facility must be respected.
- Signs should be posted advising that there is audio/video monitoring.

For more information on video surveillance, consult the Office of the Access to Information and Privacy Commissioner – New Brunswick at http://www.info-priv-nb.ca/userfiles/file/best%20practice%20-%20Video%20Surveillance.pdf

Appendix 28 - Ideas for Healthy Snacks

Early Learning and Childcare Facility
Ideas for Healthy Snacks

Each snack includes foods from two or more food groups

- Apple or banana slices spread with peanut butter
- Whole grain pita with cheese, cucumber and tomato
- Fresh fruit and plain yogurt
- Chunks of cheese and pieces of fruit
- Whole grain pita with hummus
- Whole grain roll and cheese
- Hard-boiled egg and pieces of tomato
- Sweet potatoes, apple, milk
- Whole grain muffin and milk
- Hot or cold whole grain cereal with fruit and milk
- Raw or cooked vegetables with hummus
- Steamed spinach with yogurt, onions and garlic
- Baked beans and toast
- Smoothie with milk or yogurt and fruit
- Whole grain toast, applesauce and milk
- Whole grain pita with pizza sauce and grated cheese
- Fruit, whole grain pita, milk
- Soup and whole grain crackers
- Rice cracker, yogurt, fruit

Reference:

Parent Health Education Resource Working Group. Loving Care: 1-3 Years. 2015. Available at: http://www2.gnb.ca/content/gnb/en/departments/ocmoh/healthy_people/content/loving_care.html. Accessed January 26, 2018.

Appendix 29 - Menus and Recipes

Early Learning and Childcare Facility
Menus and Recipes

Menu Plan
Week: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning snack					
Lunch					
Afternoon snack					
Substitutions					

SAMPLE Menu Plan
Week: _____

*Recipes included
^Modification required for 0-4 year olds

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning snack	Apple slices^ Yogurt	Blueberry muffin* Milk	Banana roll-up*	Cheese Sliced fruit	Applesauce Toast with cinnamon
Lunch	Beef chili* Cornmeal muffin* Canned peaches Milk	Egg salad sandwich* Vegetable soup* Kiwi slices Milk	Shepard's Pie* Whole grain roll Fruit salad Milk	Baked fish* Potato wedges* Mixed veggies Rhubarb-blueberry crumble* Milk	Veggie-bean burrito* Watermelon slices Milk
Afternoon snack	Whole grain mini-pitas Hummus	Fruit smoothie*	Cucumber and carrot sticks^ Cheese	Grapes ^ Whole grain crackers	Oatmeal cranberry cookie* Yogurt
Substitutions					

SAMPLE Menu Plan

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning snack At least 2 food groups	Apple slices Yogurt √ V/F _Grains _Meat & Alt √Milk & Alt	Blueberry muffins Milk √ V/F √Grains _Meat & Alt √Milk & Alt	Banana roll-up √ V/F √Grains √Meat & Alt _Milk & Alt	Cheese Sliced fruit √ V/F _Grains _Meat & Alt √ Milk & Alt	Applesauce Cinnamon toast √ V/F √Grains _Meat & Alt _Milk & Alt
Lunch 4 food groups	Beef chili Cornmeal muffin Canned peaches Milk √ V/F √Grains √Meat & Alt √Milk & Alt	Egg salad sandwich Vegetable soup Kiwi slices Milk √ V/F √Grains √Meat & Alt √Milk & Alt	Shepard's Pie Whole grain roll Fruit salad Milk √ V/F √Grains √Meat & Alt √Milk & Alt	Baked fish Potato wedges Mixed veggies Rhubarb-blueberry crumble Milk √ V/F √Grains √Meat & Alt √Milk & Alt	Veggie-bean burrito Watermelon slices Milk √ V/F √Grains √Meat & Alt √Milk & Alt
Afternoon snack At least 2 food groups	Whole grain mini-pitas Hummus _ V/F √Grains √Meat & Alt _Milk & Alt	Fruit smoothie √V/F _Grains _Meat & Alt √Milk & Alt	Cucumber and carrots Cheese √ V/F _Grains _Meat & Alt √Milk & Alt	Grapes Whole grain crackers √ V/F √Grains _Meat & Alt _Milk & Alt	Oatmeal cranberry cookie Yogurt _V/F √Grains _Meat & Alt √Milk & Alt
Substitutions					

Chili
Adapted from *Healthy U* Makes 8-10 servings

1 tsp	Canola oil	5 mL
1	Medium onion, finely chopped	1
1	Clove garlic, finely chopped	1
1	Medium green or red pepper, chopped	1
1 lb	Extra lean ground beef or ground turkey	500 g
14oz	Stewed tomatoes, unsalted, undrained	398 mL
2 tsp	Chili powder	10 mL
1 tsp	Oregano	5 mL
14oz	Kidney beans, drained and rinsed	398 mL
½ cup	Mushrooms, sliced (optional)	125 mL

1. In a large sauce pan, heat the oil.
2. Add onions, garlic and green pepper. Sauté over medium heat for a couple of minutes. Cover to let vegetables soften for another couple of minutes.
3. If using meat, add to vegetables and cook until all pink has left the meat. Stir in tomatoes and seasonings. See vegetarian option below.
4. Bring to a boil, heat and simmer for 10 minutes. Add the beans, mix well and continue cooking until chili reaches an internal temperature of 74°C (165°F) for at least 10 minutes.

Vegetarian option: To make vegetarian chili, substitute a 398 mL can of white kidney beans and omit the beef. Remember to drain or rinse the beans prior to adding to reduce the sodium.

Oven-Baked Potato Wedges
Adapted from *Food Flair*
Makes 6-8 servings

4	Large potatoes (e.g. russet, Yukon Gold or sweet potatoes)	4
1 tbsp	Vegetable oil	15 mL
2 tsp	Mixed herbs or 2 tbsp (30 mL) fresh herbs, finely chopped	10 mL

1. Preheat oven to 400 F.
2. Wash potatoes with scrub brush.
3. Cut the potatoes into wedges.
4. Put oil into a sealable plastic container with the herbs.
5. Add the potato wedges to the container.
6. Close tightly and shake.
7. Put potatoes onto a baking tray and place in the hot oven.
8. Bake for 15 minutes, then turn with spatula and bake another 15 minutes until brown.

Egg Salad
Adapted from *Food Flair*
Makes 1 serving

1	Egg, hard boiled
1 tbsp	Mayonnaise
Dash	Salt

1. Boil and cook egg.
2. Crack and peel the egg.
3. Crumble the egg into a bowl.
4. Add the mayonnaise and a dash of salt.
5. Mix well.
6. Spread on whole wheat bread, whole wheat tortilla or whole wheat crackers.

Veggie-Bean Burritos
Adapted from *Having Fun with Healthy Foods: A daycare menu planning manual*
Makes 50 servings

2 tbsp	Vegetable oil	30 mL
5 x 14oz	Canned kidney beans, drained and rinsed	5 x 398 mL
5 x 14oz	Canned baked beans	5 x 398 mL
10	Carrots, grated	10
10	Zucchini, grated or 3 bunches broccoli, cut into small pieces	10
5 x 14oz	Canned tomatoes, drained and chopped (reserve liquid)	5 x 398 mL
6	Onions, finely chopped	6
5	Green pepper, chopped	5
2 tbsp	Each chili powder, garlic powder, dried oregano, cumin	30 mL
50	Whole wheat tortillas (6-inch)	50
	Shredded cheese, sour cream, salsa	

1. In a nonstick skillet, heat oil over medium heat, cook onions, stirring occasionally for 3 minutes.
2. Add green pepper, zucchini and carrot. Cook, stirring for 5 minutes. Stir in spices.
3. Add beans. Continue to cook and stir for 10 minutes.
4. Spread ¼ cup (60 mL) of bean and vegetable mixture over each tortilla, leaving about 1" border.
5. Roll up each tortilla and place, seam side down, in a baking dish that has been sprayed with vegetable oil.
6. Bake in 400°F (200°C) oven for 15-20 minutes. Sprinkle with cheese and bake for 5 minutes longer.
7. Serve burritos with toppings such as: shredded cheese, sour cream, and salsa.

Hearty Blueberry Muffins
Adapted from *Strive for Five at School*
Makes 40 muffins

3 cups	all-purpose flour	400 g
3 cups	Whole-wheat flour	420 g
1 cup	Flax flour or flax meal	65 g
3 tbsp	Baking powder	45 g
1 tsp	Baking soda	5 g
1 tsp	Salt	5 g
4	Eggs	4
1 ½ cups	Canola oil	375 mL
1 ½ cups	Brown sugar, lightly packed	227 g
3 ½ cups	Applesauce, unsweetened	875 ml
2 cups	Blueberries, frozen	300 g
½ cup	Brown sugar, lightly packed	75 g

1. In a large mixing bowl, mix the 3 flours, baking powder, baking soda and salt.
2. In a separate bowl, beat the eggs; add the oil, brown sugar and applesauce.
3. Add the liquid ingredients to the dry ingredients and mix until blended or until the dry ingredients have been moistened.
4. Gently fold the blueberries into the batter.
5. Pour into the muffin cups, filling each muffin cup 2/3 full. Sprinkle the remaining ½ cup (125 mL) of brown sugar over the 40 muffins.
6. Bake 20-30 minutes, until lightly browned and a toothpick inserted in the centre comes out clean.

Vegetable Noodle Soup
Adapted from *Alberta Nutrition Guidelines for Children and Youth*
Makes 9 – ½ cup servings

4 cups	Chicken, beef or vegetable broth (reduced sodium/salt)
½ cup	Broccoli, frozen
½ cup	Sweet peas
¼ cup	Niblet corn
½ cup	Carrots, sliced
½ cup	Celery, thinly sliced
½ cup	Whole wheat noodles

1. In a large pan, bring broth and water to a boil. Add frozen vegetables, carrots and celery; cook one minute
2. Add noodles.
3. Reduce heat to low; simmer five minutes or until vegetables are tender-crisp and noodles are cooked.

Shepard's Pie
Adapted from *Alberta Nutrition Guidelines for Children and Youth*
Makes 10 – ¾ cup servings
Preheat oven to 350F

2 cups	Mashed potatoes
1	Onion, chopped
½ cup	Broccoli, cut into flowerets
½ cup	Green pepper, chopped
2 cups	Carrots, chopped
¼ cup	Tomato paste
2 ½ cups	Lean ground turkey (or beef)
2 tbsp	Oil
½ cup	Water
½ tsp	Basil
1 cup	Shredded cheese
1	Bay leaf
	Paprika, sprinkle

1. Brown the ground turkey in a pain until no pink colour remains. Remove meat from pan.
2. Sauté onion in oil; add broccoli, pepper, carrots, basil and bay leaf. Stir well and add tomato paste, water and the cooked ground beef; bring to boil.
3. Cover and simmer on low 15 minutes or until vegetables are tender.
4. Put vegetable/meat mixture and cooking liquid in 9x13 inch baking dish. Top with mashed potatoes, then cheese. Sprinkle with paprika for colour.
5. Bake 10-15 minutes or until potatoes are heated through. Make sure the internal temperature of the pie reaches 74°C (165°F) for at least 10 minutes.

Vegetable Dip
Adapted from *Food Flair* and *Healthy U*

¾ cup	Plain yogurt	200 mL
3 tbsp	Mayonnaise	50 mL
1 tbsp	Green onion, minced	15 mL
1 tsp	Dijon mustard	5 mL
2 tsp	Chopped fresh dill or 1 mL (1/4 tsp) dried	10 mL
2 tsp	Chopped fresh basil or 1 ml (1/4 tsp) dried	10 mL
To taste	Garlic powder (optional)	

1. In a bowl, mix together all ingredients. Season with garlic powder to taste, if desired.
2. Refrigerate covered for at least one hour and up to 3 days.
3. Serve with raw vegetables or whole grain bread/pita.

Cornmeal Muffins
Adapted from *Strive for Five at School*
Preheat oven to 375F
12 muffin cups lined with papers OR mini-muffin tin, greased

1 cup	All-purpose flour	250 mL
1 cup	Cornmeal	250 mL
4 tsp	Baking powder	20 mL
2/3 cup	Kernel corn	150 mL
½ tsp	Salt	2.5 mL
Pinch	Cayenne pepper, ground	Pinch
1/3 cup	Canola oil	75 mL
1 tbsp	Red pepper, finely chopped	15 mL
1 tbsp	Green onion, finely chopped	15 mL
2	Eggs, beaten	2
1 cup	Skim milk	250 mL
4oz	Light cheddar cheese	120 g

1. In a large mixing bowl, mix the flour, cornmeal, baking powder, kernel corn, salt and cayenne pepper
2. Heat 1 tsp (5 mL) of the oil; heat in a frying pan over medium heat. Add the red pepper and green onion; sauté until soft. Add to the dry ingredients
3. Mix the eggs, skim milk and remaining oil together. Add to the other ingredients and mix until blended or until the dry ingredients have been moistened.
4. Cut the cheese into 12 equal-sized cubes.
5. Fill the muffin cups 1/3 full. Place a cheese cube in the centre of each muffin. Add the remaining batter to the muffin cups until each one is 2/3 full.
6. Bake for 20-30 minutes, until lightly browned and a toothpick inserted in the centre comes out clean.

Fruit Smoothies
Adapted from *Food Flair*
Makes 4 servings

1 cup	Frozen berries	250 mL
1 cup	Milk or soy milk	250 mL
1 cup	Plain or vanilla yogurt	250 mL
½ tsp	Cinnamon	2.5 mL

1. Place berries, milk, yogurt, cinnamon and sugar in the blender.
2. Blend until smooth.
3. Serve into four cups or store in the fridge.

Oatmeal Cranberry Cookies - Adapted from *Strive for Five at School*
Makes 60 cookies
Preheat oven to 350F
4 11"x17" sheet pans, lightly greased

1 cup	Non-hydrogenated margarine	250 g
1 cup	White granulated sugar	250 g
1 cup	Brown sugar, lightly packed	150 g
2	Eggs	2
2 cups	Whole-wheat flour	240 g
2 cups	Rolled oats	200 g
½ cup	Wheat germ	30 g
2 tsp	Baking powder	10 g
2 tsp	Baking soda	10 g
2 cups	Chopped cranberries, fresh or frozen	200 g

1. In a large bowl, cream the margarine with the 2 sugars; beat in the eggs.
2. In another bowl, combine the flour, oats, wheat germ, baking powder, and baking soda. Add to the creamed mixture and mix well. Stir in the cranberries
3. Drop by tablespoons onto the sheet pans (Be sure to get 60 cookies from this recipe.) Flatten slightly with a wet fork.
4. Bake for about 12 minutes or until lightly golden.

Baked Fish
Adapted from *Healthy U*
Makes 6-8 servings

1 ½ lbs	White fish (haddock, tilapia, cod, sole)
2 tbsp	Vegetable oil
	Lemon slices
	Herbs (dried or fresh)

1. Spray baking dish with vegetable oil.
2. Place fish in 9x13 inch baking dish.
3. If desired, add lemon slices and herbs on top of the fish.
4. Cover dish with foil. Bake at 400°F for 15-20 minutes or until the fish reaches an internal temperature of 74°C (165°F) for at least 10 minutes.

Banana roll-up
Makes 4 servings

4 tbsp	Smooth peanut butter
2	Whole wheat tortillas (8-inch)
2	Bananas

1. Spread 2 tbsp of peanut butter on each tortilla
2. Place peeled banana in the centre of the tortilla
3. Fold the ends over the banana and roll-up the tortilla
4. Cut in half and serve

Rhubarb & Blueberry Crumble
Adapted from *Strive for Five at School*
Preheat oven to 350F
1- 8”x8” baking pan

Crumb Mixture

¾ cup	Oatmeal (large flake, not instant)	175 mL
3 tbsp	Wheat germ	45 mL
3 tbsp	Flax flour or flax meal	45 mL
¼ cup	Brown sugar, lightly packed	50 mL
½ tsp	Cinnamon, ground	2 mL
¼ cup	Non-hydrogenated margarine	50 mL

Fruit Mixture

2 cups	Rhubarb, frozen, cut into 1” pieces	500 mL
2 cups	Blueberries, fresh or frozen	500 mL
1/3 cup	Brown sugar, lightly packed	75 mL
½ tsp	Cinnamon, ground	2 mL
1 tbsp	Cornstarch	15 mL

1. In a large bowl, mix the oatmeal, wheat germ, flax flour, brown sugar, and cinnamon. Cut the margarine into the flour mix until it is well distributed and all the dry ingredients have been moistened.
2. In a second large bowl, combine the rhubarb and blueberries
3. Mix the brown sugar, cinnamon and cornstarch. Spread over the fruit and toss well.
4. Spoon the fruit mixture evenly into the pan and sprinkle the crumb mixture evenly over the fruit.
5. Bake for 40-45 minutes or until the fruit is soft and golden.

Recipe References:

Government of Alberta. Alberta Nutrition Guidelines for Children and Youth: A Childcare, School and Recreation/Community Centre Resource Manual. 2012. Available at: https://open.alberta.ca/publications/5906406 . Accessed January 25, 2018.

Government of Alberta. Healthy U – Recipes. Available at: http://www.healthyalberta.com/recipes.htm. Accessed February 29, 2016.

Government of Nova Scotia. *Having Fun with Healthy Foods*. Nova Scotia Department of Health. 1992.

Government of Nova Scotia. Strive for Five at School! A Guide to Promoting Fruits and Vegetables. 2010. Available at: http://novascotia.ca/dhw/healthy-communities/documents/Strive-for-Five-at-School-A-Guide-to-Promoting-Fruit-and-Vegetables.pdf. Accessed January 25, 2018.

Vancouver Coastal Health. Food Flair: Early Learning Practitioners Resource. 2014. Available at: https://www.vch.ca/media/Food_Flair_Resource_Manual_December_2014.pdf. Accessed February 26, 2016.

Appendix 30 - Menu Planning Checklist

Early Learning and Childcare Facility
Menu Planning Checklist

The Menu Planning Checklist is a tool that can be used as you begin to develop a menu or to review a completed menu. Following this checklist will help you create healthy menus that are consistent with the *Licensing Regulation – Early Childhood Services Act*.

General Guidelines

- ☐ Each of the four food groups are included at recognized meal times
- ☐ At least two of the four food groups are included at every snack
- ☐ Foods served contain little to no added fat, sugar and salt
- ☐ Honey and foods containing honey are not served to children under one year of age
- ☐ Foods and beverages of low nutritional value or that pose a food safety risk are not included on the menu (Appendix)
- ☐ Foods and beverages that are potential choking hazards are not included on the menu for children younger than four or are modified to be safer (Appendix)

Food Group Guidelines

Vegetables and Fruit

- ☐ A variety of vegetables and fruit are served each day
- ☐ Vegetables and fruit are served more often than 100% juice
- ☐ 100% juice is served no more than two times a week (1/2 cup per serving) and is never served in a bottle

Grain Products

- ☐ Use whole grain products as much as possible
- ☐ Whole grains include: oats, corn, rice, wheat berries, flax seeds, wheat germ, rye, light rye, stone ground whole wheat, kamut, amaranth, quinoa, pumpernickel, barley, cracked wheat, bulgur, sprouted grain, flax

Milk and Alternatives

- ☐ Children from nine months to two years of age are served whole/homogenized (3.25%) milk
- ☐ Children under nine months will receive either breast milk or infant formula provided by the parents
- ☐ Children over two years are served 2% milk

Meat and Alternatives

- ☐ Meat alternatives are served at least once a week (e.g. beans, lentils, tofu, eggs)
- ☐ Fish is served at least once a week

References:

Government of Nova Scotia. Manual for Food and Nutrition in Regulated Child Care Settings. 2011. Available at: https://www.novascotia.ca/coms/families/provider/documents/Manual-Food_and_Nutrition.pdf. Accessed January 26, 2018.

Health Canada. Canada's Food Guide – Children. 2011. Available at: http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/choose-choix/advice-conseil/child-enfant-eng.php. Accessed January 26, 2018.

Health Canada. Eating Well with Canada's Food Guide a Resource for Educators and Communicators. 2011. Available at: http://www.hc-sc.gc.ca/fn-an/pubs/res-educat/res-educat-eng.php. Accessed January 26, 2018.

Appendix 31 - Healthy Substitutions

Cooking Substitutions

To	Instead of	Try
Use less fat	Frying	• Grilling, baking, roasting, broiling, or poaching
	Butter, margarine, or oil in the amount called for	• Using less than the recipe calls for • Replacing with cooking spray, water or broth, or using a non-stick frying pan
	Fatty cuts of beef, pork, lamb or sausage	• Lean cuts of meat such as loin or round • Trimming visible fat • Fish, dried peas, beans or lentils
	Cooking poultry with the skin on	• Removing the skin and excess fat • Adding colour with paprika, herbs or tomato sauce
	Cream	• Using skim, 1% milk, 2% milk, evaporated milk or equal parts of low-fat milk and evaporated milk • Using fortified milk (one part skim milk powder to four parts low-fat or skim milk) • Using low-fat sour cream
	Full-fat cream cheese	• Using fat-free or low-fat cream cheese, yogurt cheese or cottage cheese pureed until smooth
	Full-fat sour cream	• Replacing all or part with fat-free or low-fat sour cream, cottage cheese, part skim ricotta, yogurt cheese or plain yogurt (250 mL yogurt blended with 15 mL cornstarch if it will be cooked)
Use less sugar	Fruit canned in syrup	• Using fresh fruit or fruit canned in its own juice or water
	Syrup	• Using pureed fruit or small amounts of syrup
Use less sodium	Canned broth	• Using homemade stock, commercial reduced-sodium or salt-free stock • Using bouillon in soups, gravies, sauces and dressings
	Regular canned foods	• Using foods canned in water (not homemade), preferably with no salt added • Using reduced-sodium products • Draining and rinsing canned foods for 30 seconds • Using fresh foods when possible
	Processed, cured or smoked meats	• Using fresh or frozen meat or poultry cooked without salt or high-sodium smoked meat ingredients
	Instant packaged foods, especially with salty powder or sauce packets	• Preparing product from scratch using fresh ingredients • Using only a small amount of the prepared powder or sauce • Using homemade herb and spice mixtures • Using chopped or sliced vegetables or fruit instead of pickles • Using chunky fruit or vegetable sauces like salsa, chutney or relish

	Commercial condiments	• Using small amounts (1 tsp – 1 tbsp / 5 mL – 15 mL) of condiments such as ketchup, soya sauce, salad dressings and salsas • Substituting reduced-sodium products

Baking Substitutions

To	Instead of	Try
Boost fibre	250 mL white flour	• Using 125 mL white flour plus 125 mL whole wheat or whole grain flour • Using 175 mL white flour plus 50 mL ground flaxseed • Adding wheat bran or oatmeal to breads and muffins
Use less fat	125 mL fat (e.g. oil, margarine, butter)	• Using 50 mL mashed fruit plus 50 mL fat; use applesauce, apple butter, mashed banana, pureed prunes, or pureed pumpkin (using mashed fruit may reduce the baking time by 25%)
	250 mL fat (e.g. oil, margarine, butter)	• Using 150 – 175 mL fat
	250 mL solid fat (e.g. margarine, butter, or shortening in yeast breads)	• Using 175 mL ricotta cheese plus 50 mL solid fat
	Cream	• Using low-fat evaporated milk or low-fat sour cream
Use less salt	Using the amount called for	• Omitting the salt or using less
Use less sugar	250 mL sugar	• Using 150 to 175 mL sugar; add cinnamon, vanilla or almond extract
	250 mL chocolate chips	• Using 125 – 250 mL chopped dried fruits such as cranberries, raisins, apricots or cherries (or a combination)
	Fruit canned in syrup	• Using fruit canned in its own juice or water, or fresh fruit
	Frosting or icing	• Using sliced fresh fruit or pureed fruit
Boost iron	125 mL fat (e.g. oil, margarine or butter)	• Using 50 mL fat plus 50 mL pumpkin puree • Adding raisins, dried apricots, pumpkin or sesame seeds, nuts, oatmeal, wheat germ
	375 mL sugar in breads, muffins, cookies	• Using 250 mL blackstrap molasses and 175 mL sugar; add 2 mL of baking soda for each 250 mL of molasses; omit baking powder or use half the amount. Molasses should not replace more than half of the sugar called for in a recipe.

References:

Government of Nova Scotia. Manual for Food and Nutrition in Regulated Child Care Settings. 2011. Available at: https://www.novascotia.ca/coms/families/provider/documents/Manual-Food_and_Nutrition.pdf. Accessed January 26, 2018.

Government of Prince Edward Island. Healthy Living Guidelines for Early Learning and Child Care Centres on Prince Edward Island. 2012. Available at: http://www.gov.pe.ca/photos/original/eecd_healthyliv.pdf. Accessed January 26, 2018.

Appendix 32 - Serving Sizes for Children

Early Learning and Childcare Facility
Serving Sizes for Children

Food Guide servings may be larger than a young child can eat at one time. Children have small stomachs and need to eat small amounts of food more often throughout the day. One food guide serving can be divided up into smaller amounts and served throughout the day.

For example, children need 1 serving of meat and alternatives per day. They could have one hard-boiled egg (1/2 a Food Guide serving) for a snack and 60 mL (1/4 cup) of chicken (1/2 a Food Guide serving) for lunch.

1 egg + ¼ cup cooked chicken = 1 Food Guide serving of Meat & Alternatives

Keep in mind:

- Caregivers decide what foods are offered and children decide how much they need to eat. The amount of food eaten at each meal and snack will be different each day depending on many things, such as the child's appetite, how active they are, if they are feeling sick or are having a growth spurt.
- Offer small portions and allow children to ask for more if they are still hungry.
- When young children are hungry, they will focus on eating. When they are full, they lose interest in meal or snack time and will want to do something else.

For more information:

- Eating Well with Canada's Food Guide (http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php)
- Eating Well with Canada's Food Guide: A Resource for Educators and Communicators (pages 39-41) (http://www.hc-sc.gc.ca/fn-an/alt_formats/hpfb-dgpsa/pdf/pubs/res-educat-eng.pdf)

- Sample 1-day menus:
  - 3 year old girl (http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/choose-choix/advice-conseil/child-enfant_wide-eng.php)
  - 7 year old boy (http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/choose-choix/advice-conseil/boy-garcon-7-eng.php)
  - 10 year old boy (https://www.canada.ca/en/health-canada/services/food-nutrition/canada-food-guide/choosing-foods/advice-different-ages-stages/sample-10-year-old-boy.html)
  - 12 year old girl (http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/choose-choix/advice-conseil/girl-fille-12-eng.php)

- What is a food guide serving of: vegetables and fruit
- What is a food guide serving of: grains
- What is a food guide serving of: milk and alternatives
- What is a food guide serving of: meat and alternatives

Appendix 33 - Foods to Serve

Early Learning and Childcare Facility
Foods to Serve

Vegetables and Fruit

- Fresh vegetables and fruit
- Frozen vegetables
- Frozen fruit (100% fruit, no added sugar)
- Canned vegetables (rinsed and drained)
- Canned tomatoes, whole, diced or crushed
- Canned fruit (packed in juice or light syrup)
- Apple sauce or other fruit sauces (100% fruit, no added sugar or sugar substitutes)
- Dried fruit and vegetables without added sugars, sugar substitutes or fat

Milk and Alternatives

- Milk (fluid or powdered)
- Plain fortified soy beverage (children 2 years of age and older)
- Ricotta cheese
- Cottage cheese
- Hard cheese
- Yogurt
- Pudding

Grain Products

- Whole grain bread, bannock, tortillas, bagels, pitas, buns, crackers, English muffins, pancakes, waffles, roti, naan, pizza dough
- Rice
- Quinoa
- Couscous
- Unsweetened whole grain cereal
- Oatmeal
- Packaged products where whole grains is listed at the first ingredient
- Recipes using whole grains (e.g. muffins, loaves, sweet breads)

Meat and Alternatives

- Dried, canned and frozen legumes (e.g. beans, peas, lentils, chickpeas)
- Fresh and frozen fish (e.g. haddock, salmon, trout, shrimp, clam, smelt)
- Canned fish
- Nut and seed butters
- Eggs
- Fresh lean meats (e.g. beef, venison, bison, pork, lamb)
- Fresh poultry (e.g. chicken, turkey, duck)
- Hummus and bean dip

References:

Government of Nova Scotia. Manual for Food and Nutrition in Regulated Child Care Settings. 2011. Available at: https://www.novascotia.ca/coms/families/provider/documents/Manual-Food_and_Nutrition.pdf. Accessed January 26, 2018.

Government of Prince Edward Island. Healthy Living Guidelines for Early Learning and Child Care Centres on Prince Edward Island. 2012. Available at: http://www.gov.pe.ca/photos/original/eecd_healthyliv.pdf. Accessed January 26, 2018.

Appendix 34 - Foods Not to Serve

Early Learning and Childcare Facility
Foods Not to Serve

The following foods and beverages will not be included on the menu as ingredients or foods served.

Rationale	Food/Beverage
Foods and beverages of low nutritional value	- Processed cheese spreads
	- Processed meats (e.g. hot dogs, bologna, salami, pepperoni, bacon and sausages)
	- Hard taco shells
	- Canned soup and pasta (look for “low sodium”)
	- Battered and fried vegetables
	- Dried fruit or vegetables with added sugar and/or sugar substitutes
	- Sweetened gelatin (jello)
	- Chewy fruit snacks (e.g. gummies, leathers, roll-ups)
	- Sugar-coated cereal
	- Pastries and doughnuts
	- Candy and chocolate, including chocolate spreads
	- Marshmallows
	- Ice cream and frozen desserts
	- Foods or beverages containing sugar substitutes
	- Snack foods (e.g. chips, cheese puffs)
	- Fruit-based drinks that contain less than 100% fruit juice
	- Pop, diet pop
	- Sport and energy drinks
	- Water with added flavourings, sweeteners, vitamins, minerals, etc
	- Beverages with caffeine (e.g. tea, coffee, pop)
Foods and beverages that pose food safety risks	- Honey for children under 12 months
	- Unpasteurized foods and beverages
	- Homemade canned goods
	- High mercury fish (e.g. fresh/frozen tuna, shark, swordfish, marlin, orange roughy, escolar)
	- Raw or undercooked eggs, meat, poultry, and fish
	- Unpasteurized milk, milk products and juice
	- Cross-contamination between raw and cooked foods

Foods and beverages that are potential choking hazards for children younger than four years old	- Nuts - Popcorn - Hard candy, cough drops - Gum - Whole grapes - Raisins - Raw carrots cut into rounds - Hot dogs - Fish with bones - Snacks with toothpicks or skewers - Marshmallows

References:

Government of Nova Scotia. Manual for Food and Nutrition in Regulated Child Care Settings. 2011. Available at: https://www.novascotia.ca/coms/families/provider/documents/Manual-Food_and_Nutrition.pdf. Accessed January 26, 2018.

Parent Health Education Resource Working Group. Loving Care: 1-3 Years. 2015. Available at: http://www2.gnb.ca/content/gnb/en/departments/ocmoh/healthy_people/content/loving_care.html. Accessed January 26, 2018.

Appendix 35 - Choking Prevention

Early Learning and Childcare Facility
Choking Prevention

Choking can happen with any type of food, though some foods are more common choking hazards for young children. To prevent choking, encourage the children to eat while sitting down, not while running or playing; and not to rush while eating.

Foods that can cause choking	How to make these foods safer
Sticky foods – like peanut butter, tahini, and almond butter	Spread them thinly on whole grain breads or crackers Don't give blobs or spoonfuls of these foods
Hard foods – like some raw vegetables and fruits	Cook hard foods to soften them Grate them into small pieces
Round, smooth foods – like grapes and cherries	Cut each one into 4 small pieces Remove seeds or pits
Tube-shaped foods – like baby carrots	Cut them lengthwise into strips Cut the strips into small pieces
Stringy or chewy foods – like meat, long thin pasta, and melted cheese	Cut these foods into small pieces
Dried fruit – like apricots, dates, cranberries, and raisins	Chop or dice into small pieces

References:

Government of Nova Scotia. Manual for Food and Nutrition in Regulated Child Care Settings. 2011. Available at: https://www.novascotia.ca/coms/families/provider/documents/Manual-Food_and_Nutrition.pdf. Accessed January 26, 2018.

Parent Health Education Resource Working Group. Loving Care: 1-3 Years. 2015. Available at: http://www2.gnb.ca/content/gnb/en/departments/ocmoh/healthy_people/content/loving_care.html. Accessed January 26, 2018.

Parent Health Education Resource Working Group. Loving Care: 6-12 Months. 2015. Available at: http://www2.gnb.ca/content/gnb/en/departments/ocmoh/healthy_people/content/loving_care.html. Accessed January 26, 2018.

Appendix 36 - Infant Feeding Plan

Early Learning and Childcare Facility
Infant Feeding Plan

Infant feeding plans are developed at the request of parents or when foods from home are provided for children between birth and 12 months of age. The following is a list of possible questions that may be used when developing an infant feeding plan:

- What types of food does the child currently consume?
- Have solid foods been successfully introduced? If so, what types?
- What textures have been successfully introduced?
- What are the child's food preferences?
- What are the child's self-feeding abilities?
- Are there any dietary considerations or special requests?
- Does the child have any identified allergies, food intolerances or any suspected concerns?
- What are the child's feeding times/routines?
- Are there any foods that the parents wish to wait to introduce?
- What is the process for updating and making changes to a feeding plan?
- To what extent will the childcare setting be involved in introducing new solids/textures?
- What is the plan for breast milk supply (e.g. liquid or frozen)?
- Is the mother planning to drop in to feed her baby?
- How should the facility respond in the event that breast milk is unavailable (e.g. runs out)?
- May the child eat modified items from the menu?
- Are there any food requests based on medical issues?
- Will the child consume food from home as well as from the facility? If so, how should the facility respond in the event that foods and beverages brought from home are unavailable (e.g. run out)?

These questions may be helpful when developing infant feeding plans. Infant feeding plans are especially beneficial to ensure there is ongoing communication between the facility and the family.

Feeding plans may be created for infants between the ages of birth to 12 months of age. This will enable ongoing communication between the infant's parent and the staff, including the cook.

Infant Feeding Plan

Name of child:	**Date of birth:**	**Age at enrollment**:
Does your child currently consume: □ Breast milk* □ Formula □ Solid foods** □ Cows' milk (3.25% milk fat) Solid foods that have been introduced:	**Feeding method:** □ Breastfed □ Bottle □ Spoon □ Cup Feeding abilities: (e.g. fed by caregiver, self-feed with fingers, spoon and/or fork) Textures: (e.g. pureed, minced, diced)	**Special instructions** This can include: breast milk or formula storage and supply, food allergies, religious/ cultural food requests, food requests related to medical conditions. This can also include whether the infant will consume food from home at the parents'/guardians' request, or consume food served in the facility.

*ELC facilities welcome mothers to breastfeed anywhere in the centre or home. Ongoing communication between staff and the parent will occur to make sure there is an adequate supply of breast milk at the facility. No other form of nutrition will be provided unless instructed by the parent.

**It is important that infants receive nutrient dense, iron containing foods at 6 months of age. This may include foods from the Meat and Alternative group such as meats, fish, poultry, eggs, tofu and well-cooked legumes.

For more information:

Breastfeeding your Baby (Storing and thawing breast milk sections)

How to feed your baby with infant formula – www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/HealthyPeople/BFI/InfantFormula.pdf

Breastfeeding Friendly Places Initiative

Reference:

Government of Nova Scotia. Manual for Food and Nutrition in Regulated Child Care Settings. 2011. Available at: https://www.novascotia.ca/coms/families/provider/documents/Manual-Food_and_Nutrition.pdf. Accessed January 26, 2018.

Appendix 37 - CHEFS! Toolkit

Early Learning and Childcare Facility
CHEFS! Toolkit

CHEFS! Is a toolkit that helps you teach children and youth about healthy eating and physical activity while they learn the fun of cooking. These are tools to help them be their best selves!

This toolkit was developed as a way for organizations to deliver interactive, thought–stimulating, and engaging opportunities around food and cooking. **CHEFS!** can be led by facilitators with little or no experience, and includes 90–minute sessions designed with children and youth aged 8 to 12 years in mind.

Upon completion of the sessions contained in this toolkit, participants will have learned basic cooking skills, practiced handling and storing food safely, and discovered the benefits of healthy eating and physical activity.

Learning is achieved through hands–on activities, games, and sharing delicious, healthy foods prepared by the kids themselves.

For further information on the **CHEFS!** Toolkit refer to the links below:

Introduction – How to use the toolkit

Theme 1 – Becoming a chef

Theme 2 – Keeping food safe

Theme 3 – Healthy eating

Theme 4 – All about nutrients

Theme 5 – Be active

Policies, standards and guidelines

Public Health Inspection Standards
For
New Brunswick Day Care Centres
November 2015

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INTRODUCTION

Day care centres require licensing to operate in the Province of New Brunswick. Part of the licensing process requires approval in writing from a District Medical Health Officer. Specifically, Section 3 (2) (b) of *N.B. Regulation 83-85* under the *Family Services Act* states:

> "Subject to subsection (3) and Section 4, the Minister shall issue an approval or renew the approval of a day care centre where:
>
> (b) the District Medical Health Officer of the Health district in which the day care centre is located or any Medical Health Officer appointed under the Health Act has given a written statement of compliance stating that the sanitation, lighting, ventilation and other general health standards in the day care centre meet the standards prescribed by the Minister of Health under the Health Act;"

Further, Section 14 (a) (b) states:

> "Sanitation, lighting, ventilation and other general health standards in a day care centre shall be maintained in accordance with:
>
> a) the standards prescribed by the Minister of Health under the Health Act, and
> b) any criteria and standards prescribed by the Minister or by this Regulation."

As a result, the following standards have been drafted to provide guidance to public health inspectors and ensure consistency of application across the province. This standard is intended to replace any and all previous guidelines used for public health inspection of day care centres.

The standards are outcome or performance based. They are intended to capture the public health objective while allowing an Operator some flexibility in the means of meeting the standard. In some situations, where the means of compliance is important, the standards will be more prescriptive in nature. Each standard has "Assessment Criteria" which can be used by the Operator and public health inspector to determine compliance. These criteria are not standards but are examples of factors the inspector could look at to make a determination on compliance with the standard. They may not be applicable to all facilities at all times, recognizing that an inspection is a slice-in-time event and observations are relevant to the time and place.

Public Health will continue to make recommendations to the Department of Education & Early Childhood Development (EECD) with respect to licensing. This does not imply that all standards need to be met before Public Health makes a positive recommendation. For facilities with non-compliance, Public Health will make its recommendation based on risk. Most will be recommended for licensing with the deficiencies noted and a timeframe indicated for compliance. Follow-up is a responsibility of, and at the discretion of, the public health inspector, and is based on risk. Should the health risk be considered unacceptable, the public health inspector will make a recommendation that the facility not be licensed. In this situation, no further inspections will be conducted until the Operator and/or EECD informs the public health inspector that remediation has been carried out.

1.0 GENERAL

1.1 New and Renovated Facilities

Site and floor plans must be submitted for review and approved by Public Health.

Assessment Criteria

- Are the plans complete, covering the entire operation?
- Are the plans in sufficient detail to be understood?
- Is there provision for adequate space for functions including, food preparation, food service, isolation area, storage areas, and janitorial facilities, so as to facilitate a sanitary operation?
- Are there adequate means for ventilation of food preparation areas, washrooms and play areas?
- If sewage is disposed of on-site, is the system adequate for the flow? Is an upgrade needed before start-up?
- If not is there adequate space for a replacement system should one be required?

1.2 Location

The day care must be located in an area that is safe from environmental hazards.

Assessment Criteria

- Are there, or were there any land use activities that may present a health hazard on the day care site or adjoining properties that are known to the inspector or operator?

1.3 Water and Ice Supply

Hot and cold potable water is supplied in sufficient quantity and pressure to meet the needs of the operation. Ice is made on-site from potable water or brought from an approved source.

Assessment Criteria

- Is the water from a regulated public water supply?
- If an unregulated communal supply or private water supply, is the water safe?
    - For day cares with food preparation:
        - Are they following their water sampling plan accordingly?
        - Has it been tested at least once every five years for inorganics? Is there an inorganic risk that requires further monitoring? Is there an organic threat for which the supply should be tested?
    - For day cares with no food preparation
        - Are they sampling at least twice per year for bacteria?
        - Has it been tested at least once for inorganics? Is there an inorganic risk that requires further monitoring? Is there an organic threat for which the supply should be tested?
- Is the hot water at a temperature (below 49°C) that will prevent scalding?
- Are there any apparent cross-connections?
- Are there any on-site treatment systems in place or use? Do they meet NSF standards? Are they necessary for aesthetic or health purposes?
- Is there potential for lead or copper to be accumulated in the drinking water?
- Is ice made on-site from potable water?
- If ice is procured from elsewhere, is the source tested and demonstrated to be potable?

1.4 Sewage Disposal

Sewage and other waste water must be discharged to an approved communal system or on-site sewage disposal system. Refer to the *Food Premises Regulation* for regulatory requirements.

Assessment Criteria

- Is the on-site system creating a health hazard?

1.5 Solid Waste Disposal

Solid waste must be handled and disposed of in a manner that will not create a health hazard.

Assessment Criteria

- Are the containers leak proof and rodent proof?
- Do the containers have secure covers?
- Are the containers cleaned when necessary?
- Is the on-site storage adequate in space and security?
- Is the collection often enough?

2.0 PHYSICAL FACILITY

2.1 Construction

Premises must be of sound construction and maintained in a good state of repair. Carpets are not acceptable in food preparation and washroom areas. Equipment, materials and furnishings must be of safe construction, easy to clean and free of sharp and pointed edges.

Assessment Criteria

- Are the floors (except carpet, where acceptable) of tight, smooth and non-absorbent material, readily cleanable, and maintained in a clean and sanitary condition?
- Are the walls and ceilings easily cleanable?
- Is carpet securely placed, maintained, clean and in a good state of repair?
- Are windows that open to the outside screened?
- Are there any suspected safety hazards that may require more detailed evaluation by other agencies (i.e., EECD, Public Safety)?

2.2 Indoor Play Areas/Equipment

Indoor play areas must be clean and in a good state of repair.

Assessment Criteria

- Are rugs and carpeting clean?
- Are there areas of wear or lack of maintenance that interfere with good sanitation?
- Are rugs and carpeting placed and maintained so as to not pose a tripping hazard?

2.3 Outdoor Play Area/Equipment

The outdoor play area and its equipment must be safe and sanitary. Portable wading pools are not permitted.

Assessment Criteria

- Does the area accumulate water?
- Are sand boxes equipped with tight-fitting covers and kept covered when not in use?
- Are outside sandboxes protected from animals?
- Are there wood preserving agents in use that may be of concern?

2.4 Sanitary Facilities

Sanitary facilities must be maintained in a sanitary manner. Lavatories are to be provided with hot and cold running water under pressure. Hot water at point of use should not exceed 49°C (120°F).

Assessment Criteria

- Are paper towels and dispensed soap provided for every hand washing sink?
- Is there adequate ventilation so as to prevent odor accumulation?
- Are floors, walls, ceilings, fixtures and all hand contact surfaces maintained in a clean and sanitary manner?

2.5 Heating/Ventilation

Heating and ventilation must maintain the air at an appropriate comfort level and prevent the accumulation of undesirable substances.

Assessment Criteria

- Are the rooms comfortable?
- Are there any indications of indoor air quality problems?
- Is there a concern about relative humidity?
- Does air movement create drafts on the children?

2.6 Lighting

Lighting provided by natural and/or artificial means must provide adequate illumination for the activities/functions being performed.

Assessment Criteria

- Concerns regarding inadequate lighting can be compared to the requirements in reference documents like the National Building Code.

2.7 Sleeping Area and Equipment

The sleeping area and equipment must be kept clean and sanitary.

Assessment Criteria

- Are cots, beds, cribs or mats maintained in a clean and sanitary manner?
- Are there any concerns about respiration disease transmissions due to spacing or other use issues?

3.0 GENERAL HEALTH STANDARDS

3.1 Health Hazards

Situations that are unhygienic, physically hazardous or expose children to contagious illness or toxic substance are to be avoided.

Assessment Criteria
- Is there an understanding that all day care staff is responsible for identifying, correcting and preventing health and/or safety hazards?
- Are there self-inspection programs in place?
- Are there any apparent environmental hazards?
- Is there a "No Smoking" policy in place and is it enforced?
- Is there compliance with the *Smoke-Free Places Act*? Is there no smoking/vaping where it is prohibited? Is appropriate signage in place?
- Are blankets, mattresses, covers and pillow cases laundered at least weekly?
- Are there adequate bedding materials so as to preclude sharing?
- Are there adequate measures in place to protect children from exposure to UV radiation?
- Are there adequate steps taken to protect children from insect bites?
- Are insect repellants used only according to Health Canada guidelines?
- Are medication and other toxic materials safely stored?

3.2 Hand Washing

Staff and children must wash their hands as often as necessary but always in these situations:
- upon arrival at the centre
- before handling food, eating or feeding
- after using the toilet
- after diaper changing
- after handling animals
- after outside play
- after cleaning up after a sick child
- after handling items soiled with blood or bodily fluids
- before and after giving/taking medication

Assessment Criteria
- Are there signs posted to encourage hand washing?
- Is staff appropriately trained?

3.3 Diaper Changing

Diapers, undergarments and other clothing shall be changed when soiled or wet. The diaper changing area shall be separate from areas where food is prepared, stored or served. There shall be a sink for hand washing convenient to the area and that sink shall not be used for food preparation or clean up. Staff shall follow the standard method for diaper changing outlined in Appendix 11.2.6 of the Child Day Care Facilities, Operators Standards.

Disposable non-porous gloves shall be worn during diapering when:

- the staff member has an open cut, sore or cracked skin;
- the child has an open area on his/her skin; and/or
- the child has a known infection that is spread through feces.

Assessment Criteria

- Is the hand washing station properly equipped and maintained?
- Does the changing area have all necessary supplies?
- Is the changing area cleaned and disinfected after each use?
- Are the changing procedures posted?
- Is staff trained on the procedures and do they follow them?
- Are feces and soiled items handled and disposed of in a sanitary manner?

3.4 Toys

Toys shall be cleaned and/or sanitized as often as is necessary to prevent the spread of communicable disease.

Assessment Criteria

- Are dress-up clothes laundered weekly?
- Are mouth toys avoided, or if in use are they cleaned and sanitized after each use?
- Are all toys for older children cleaned and sanitized at least weekly?
- Are toys for infant and toddler use cleaned and sanitized after each episode of mouthing?
- Are all toys for infant and toddler use cleaned and sanitized at least daily?
- Are toy shelves and boxes cleaned and sanitized at least weekly?
- Are there toys in use that do not lend themselves to cleaning and sanitizing?
- Are sand tables covered when not in use?
- Is sand that falls on the floor discarded?
- Are children with respiratory and skin infection restricted from using water tables?
- Do children wash their hands before playing at the water table?
- Is the water table drained, cleaned and sanitized daily?

3.5 Grooming Materials

Every child shall have his/her own toothbrush, comb, and/or hairbrush. Grooming materials shall be stored so as to prevent cross-contamination.

Assessment Criteria

Are individual grooming materials available, adequately identified and segregated?

3.6 Maintenance of the Facility

The building, grounds, and equipment shall be maintained in a clean and orderly manner and kept in a good state of repair.

Assessment Criteria

- Is there a written cleaning and sanitizing schedule that contains adequate detail with respect to area/item to be cleaned, cleaning frequency, materials used and who is responsible?

- Example:

No.	Item/Area	Frequency	Materials	Who
1.	Floors	Daily	vacuum	Mary B.
2.	Washroom -sinks	8,10,12,2,4	"x" Germicidal Cleaner"	Frank S.
	-toilets		"y" Toilet Bowel Cleaner	Frank S.
3.	Hand contact areas like, door knobs, light switches	Daily	"z" Germicidal Cleaner	Mary B.
4.	Food contact surfaces	After each use	Clean with "A" Detergent sanitize with house prepared chlorine solution	John J.

- Are only disinfectants that have PCP or DIN numbers or chlorine bleach used?
- Are sanitizers only approved for use on food contact surfaces used on those surfaces?
- Are there visible signs of disrepair that could present a safety hazard or interfere with sanitary maintenance?
- Is staff aware of and do they follow universal precautions when in contact with blood or other bodily fluids?
- Can staff demonstrate proper use of sanitizers/disinfectants?

3.7 Insect and Rodent Control

All areas must be free of insects and rodents.

Assessment Criteria
- Are there any signs of insects and/or rodents?
- Are openings to the outside screened?
- Are pesticides used on the premises? If so, is there a concern?

3.8 Field Trips

Staff must be aware of and protect children from health hazards while on field trips outside of the day care.

Assessment Criteria
- Does each field trip have a risk assessment conducted before the event?
- Are appropriate control/protection measures put in place to prevent/reduce risks, i.e., while on a farm visit do not drink unpasteurized milk or juices, and wash hands after being in or around a barn of farm animals?
- Are trip to pools or beaches taken only if the facility provides life guards?

3.9 Pets/Animals

Pets and the human-animal bond provide many benefits for people, including physical and emotional. Pets can be used in day care centres to promote social interactions among children and to provide comfort and companionship. Pets that are friendly, stay calm, obey simple commands, and react well to distractions can be beneficial additions to day cares.

However some pets can also pass diseases to young children so precautions should be taken. When animals (e.g. dogs, cats, fish, gerbils, hamsters, guinea pigs) are permitted in day cares the following conditions must be assessed:

Assessment Criteria

- Are children supervised while interacting with animals?
- Are children's hands being washed thoroughly with running water and soap after contact with animals or animal food and treats?
- Are children under 5 being supervised during hand washing?
- Are animals excluded from areas where food is stored, prepared or served?
- Are cages, aquariums and food dishes being cleaned in an area other than the kitchen sink, the food preparation area or the child play area?
- Are the sink or tubs used for cleaning thoroughly cleaned and sanitized after each use?
- Are animals not permitted to have free access to children's play areas?
- Are sand boxes covered when not in use?
- Are litter boxes cleaned daily and kept away from children's access?
- Are animals' health and immunization records available and indicate annual evaluation by veterinarian (dogs, cats, and ferrets)?

The following animals are NOT permitted in day care facilities where infants and children under 5 years of age are present.

- Reptiles (e.g. turtles, lizards, snakes, and iguanas)
- Amphibians (e.g. frogs, toads, newts, and salamanders)
- Baby chicks or chickens
- Baby ducklings or ducks
- Raccoons, skunks, bats, monkeys and other wild animals (consult with Public Health if unsure if animal is "wild")

4.0 STAFF HEALTH

4.1 Communicable Diseases

Every day care shall have policies respecting communicable disease control that are consistent with "Well Beings: A Guide to Health in Child Care" and most recent advice from the Office of Chief Medical Officer of Health.

Assessment Criteria

- Are there written policies respecting communicable disease that are consistent with "Well Beings…" and most recent advice from Office of CMOH?
- Are exclusion policies in place and practiced?
- Are ill children isolated to the extent possible while awaiting parental pick-up? Is there a separate area? Are there methods in place to prevent disease transmission?
- Are there appropriate forms for the tracking of illness, disease and activities?
- Is there evidence that the forms are being correctly used?
- Are there disease fact sheets readily available including immunization details?

4.2 Staff Health Policies

Every day care shall have staff health policies that offer appropriate guidance for the protection of workers as well as children.

Assessment Criteria

- Are there appropriate staff health policies in place?
- Are there appropriate policies on personal hygiene practices and conduct including such items as requirements to wash hands when reporting to work, after changing diapers, using the toilet, aiding a child in toilet use before eating, before preparing food, after breaks, etc.?
- Are there requirements in place for staff immunization?
- Are there explicit requirements for staff to report any illness that they have that may be transmitted to children through the normal course of their work?
- Are there requirements that ensure cuts, burns, or other skin abrasions are properly covered before engaging in child care or food preparation?

4.3 Outbreak Response

Every day care shall have a policy regarding Communicable Disease Outbreak Response.

Assessment Criteria

- Is there a policy in place?
- Does it contain the following elements:
    - roles and responsibilities for day care staff?
    - notification of Public Health?
    - notification of parents?
    - concept of a control plan that involves Public Health and may include:
        - closure of all or part of facility?
        - exclusion of staff/children?
        - cohort staffing?
        - enhanced cleaning and disinfecting?
        - contact tracing?

Appendix 39 - Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare (ELC) Facilities

Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare (ELC) Facilities

Department of Health, Office of the Chief Medical Officer of Health
Department of Education and Early Childhood Development

February 2024

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The document is a joint initiative of both the Department of Health and the Department of Education and Early Childhood Development.

Public health inspectors (PHI's) are currently located within the Department of Justice and Public Safety, Health Protection Services (HPS). They continue to fulfill the Health inspection mandate in ELCF inspections.

Public health nurses (PHN's) are currently located within regional health authorities.

Previously existing documents have been updated and edited to reflect recent changes in legislation and practice.

Although a final version for now, we will be making updates/revisions as necessary.

One document was created to simplify departmental staff and early learning and childcare facility (ELCF) operator access to the information by putting most of the Health - related information in one place.

The document was designed to align with the HPS Inspection Standards, NB disease prevention and control legislation and standards, and with current requirements of EECD for licensing.

We have titled it *Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare Facilities* intentionally. Although HPS (Health) does not inspect Early Learning and Childcare Homes for licensing, prevention and control of the spread of diseases is the responsibility of all operators.

In a childcare facility, the operator and staff are fully responsible to follow the recommendations outlined in this document regarding prevention of disease transmission if they themselves are experiencing symptoms or are diagnosed with a communicable disease. Appendix A Management of Illness outlines a wide variety of diseases caused by bacteria, viruses and parasites, that both children and adults(staff) may experience and pass to others if they do not follow the precautionary recommendations in this document. Questions on staff exclusion may be addressed to Public Health for clarification.

Key points and comments are inserted in the blue boxes.

1. Purpose

As its title indicates, this document, *Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare (ELC) Facilities* (in the rest of the document to be referred to as CD Guidelines) is intended to help operators of these facilities meet licensing requirements in New Brunswick. It provides guidelines for operators to follow to prevent and control communicable diseases and illness among staff and the young children for whom they care.

Prevention and control of communicable diseases include;

- developing communicable disease control plans to be used and understood by staff and parents/guardians;
- identifying illness based on signs (directly noted or observed by staff) and symptoms (self-reported by child or parent/guardian);
- reporting specific notifiable diseases and events (illness or cluster of illness) to Public Health under the *Public Health Act*;
- implementing routine disease prevention, including monitoring for immunization, monitoring for illness and properly managing common illness in children;
- establishing control measures to prevent spread of illness during an outbreak; and
- The operator and staff self-identifying signs and symptoms of illness as described throughout this document and taking measures to prevent disease transmission to the children and co-workers.

Note: The Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare (ELC) Facilities (CD Guidelines) are minimum requirements and operators of ELC facilities are permitted to implement more stringent disease prevention and control standards and guidelines as needed/reasonable upon consultation with public health. An example of where this would occur is when there have been viral outbreaks at the facility. In order to prevent further disease transmission, the operator may choose to request exclusion of a single child with undiagnosed diarrhea for a minimum of 48 hours (versus the standard exclusion period stated on the exclusion guideline).

The intent is to ensure that operators are aware that, in consultation with public health (PH) and in an outbreak or potential outbreak, they can impose more stringent exclusion of children who are suspected tobe ill to end disease transmissionwithin a childcare facility.

2. Identifying illness

2.1 Signs and symptoms

ELC facility Operators are expected to be able to recognize the signs and symptoms that a child may be ill to manage the illness and prevent the further spread of disease. There is no expectation of diagnosis. Once a child is identified as being ill, the parent is responsible to ensure that appropriate healthcare is given.

Certain signs and symptoms in children may suggest the presence of a communicable disease. A communicable disease is a disease or illness that may be spread to others in the facility and may cause serious illness in children and staff. It is important for staff to observe signs of illness and identify symptoms early to manage illness, preventing further spread of disease.

Examples of signs and symptoms that may indicate that a child should be excluded from a facility and that a communicable disease may be present include:

- diarrhea – unexplained diarrhea or loose stool (may or may not be accompanied by nausea, vomiting and cramps) may indicate a bacterial or viral illness that is easily passed from one child to another;
- vomiting – nausea and vomiting;
- fever – temperature taken from the ear (37.9°C/100.2°F or greater), mouth (37.5°C /99.5°F or greater) or armpit (37.5°C/99.5°F or greater) accompanied by other symptoms such as fatigue;
- respiratory – difficulty breathing, wheezing or persistent cough;
- infected eyes or eye drainage (clear or with pus);
- sore throat or trouble swallowing;
- pain – any complaints of unexplained or undiagnosed pain;
- unusual skin colour;
- severe itching, rashes or skin lesions; or
- unusual behaviour or any illness that prevents a child from participating comfortably in all activities.

See Appendix A, *Common Childhood Communicable Diseases and Exclusion Periods,* for more details on signs, symptoms and management to control the spread of disease.

Children with signs and symptoms of a communicable disease are to be isolated from other children immediately. It is recommended that they be seen by a healthcare practitioner for diagnosis. Contact the child's parent(s)/guardian(s), or person(s) identified for emergency situations, who must arrange to pick up the child within one hour of notification of illness.

Children 2-12 years of age who are ill with respiratory symptoms (such as those symptoms associated with infuenza, COVID-19, whooping cough, etc.) should be given a proper fitting disposable medical grade mask to wear while they are waiting for their parent/guardian to arrive. If a staff member is waiting with the child, then they should also wear a disposable medical grade mask.

Parents/guardians are advised that children with known or suspected communicable diseases are to be excluded from the facility as indicated in Appendix B, *New Brunswick Guide for Exclusion of*

Children in Early Learning and Childcare Facilities, especially in those cases where continued exclusion is recommended **after symptoms have stopped**.

3. Reporting diseases and clusters of illness

The Early Childhood Services Act and Licensing Regulation require operators to meet regulations and standards as prescribed by the Minister of Health (or designates) under the *Public Health Act*. The *Public Health Act* requires operators to report certain diseases and events to the regional medical officers of health (RMOH) or a person designated by the Minister. Designated persons include regional Public Health nurses and Public Health inspectors. These diseases are called notifiable diseases.

The *Reporting and Diseases Regulation* outlines:

- specific diseases and events that are reportable;
- individuals who are required to report;
- contents of the report;
- timing and form of report;
- exemptions to reporting;
- reporting of contacts; and
- reporting refusal or neglect of treatment.

Reporting illness to Public Health based on signs or symptoms and identified or suspected notifiable diseases should be carried out as soon as staff are aware.

Operators may become aware of illness in the facility through several ways. For example, they may:

- notice illness in a single child through routine day-to-day observation of the children;
- be advised by a parent/guardian that a health-care practitioner has confirmed that a child has a specific disease; or
- find that an unusual number of children and/or staff are ill with the same symptoms at the same time.

Communicable disease is a broad term describing diseases that can be spread from one person to another. Notifiable diseases are a specific set of diseases regulated in New Brunswick by law to be reported to PH.

The CD Guidelines refer to many illnesses/diseases that may be commonly seen in a childcare setting. Things like scabies and lice, which are not notifiable diseases, but are a nuisance to all when they occur in a facility, are also included.

The Regulation has more details on specific notifiable diseases, and a link is given for the operator. Note the specific notifiable diseases that an operator of an ELC facility is required to report to public health include: "*measles, meningitis, mumps, pertussis, rubella, and Escherichia coli infection or other diseases or conditions specified by the regulations".*

The *Public Health Act*, Section 29, requires:

> *The principal of a school or the operator of an early learning and childcare facility who believes, on reasonable grounds, that a pupil in the school or a child in the facility, as the case may be, has or may have measles, meningitis, mumps, pertussis, rubella, an Escherichia coli infection or other diseases or conditions specified by the regulations shall report, in accordance with the regulations, to a medical officer of health or a person designated by the Minister.*
>
> – *Public Health Act (S.N.B. 1998, c.P-22.4)*

Any unusual illness or clusters of illness are to be reported to Public Health.

This includes when operators notice an increase in absenteeism in children and/or staff due to respiratory illness, influenza like illnesses, vomiting and diarrhea.

Notifiable diseases and clusters of illness (an unusual number or greater than expected or normally seen) are prescribed in the *Reporting and Diseases Regulation*. Facility operators and staff should be familiar with Schedule A under this regulation, which contains the full list of notifiable diseases and events, as well as timeframes for reporting.

lease see the following link for the *Reporting and Diseases Regulation – Public Health Act*:

http://laws.gnb.ca/en/ShowPdf/cr/2009-136.pdf

When reporting illnesses to Public Health, the operator and staff should be prepared to provide the following information on request:

- facility name and address;
- date;
- telephone and fax numbers;
- child's name;
- child's age and date of birth;
- date of illness onset;
- date of diagnosis (if applicable);
- date treatment began (if applicable);
- main symptoms and details;
- child's temperature (if a fever is present) and time taken;
- reporting staff member's name;
- medication given (yes or no and if yes, describe);
- staff member's signature;
- current parent/guardian contact information – current address and phone numbers (cell, daytime, emergency, alternate contact numbers);
- child's Medicare number;
- child's doctor, if known; and
- any other relevant information.

When a child is ill, or there is an outbreak at an ELC facility, PH staff may ask for most or all of the information listed. The operator or delegated staff person should be able to access it when requested. This information is used by PH to contact parents for follow up information on a case and it is very important that they can do this quickly to prevent the further spread of the illness to others.

For example, a Medicare number is requested to be kept on file. This information may be used by PH during an outbreak to follow up on stool sample results to verify that these samples have been submitted to a lab, and to track the results to allow the excluded child or staff to return to the ELC facility.

3.1 Illness diagnosed by a health-care practitioner

An operator will sometimes receive a parent's/ guardian's report of a health-care practitioner diagnosis of the child's illness/disease. The operator should request that parents/guardians have their health-care practitioner write down the diagnosis and any additional information (e.g., specific care instructions, exclusion guidance, etc.) on a note that can be shared with the facility. This will assist with proper management of the case and ensure that the proper diagnosis is relayed to the operator and staff.

It is helpful if the operator is aware of children with underlying conditions that might appear to be a communicable disease. For example, a child has loose stools because of a health condition or medication they are on. Having a parent provide an operator with information on a child's condition, which may present as something that requires exclusion, helps to simplify the process of allowing a child to remain at an ELC facility. This statement does not give the operator the authority to require the submission of this information, but rather, it is suggested where parents are comfortable sharing the information.

3.2 Authority of the Regional Medical Officer of Health (RMOH)

When public health is at risk (such as during an outbreak or with certain diseases of Public Health significance), the RMOH may, under the *Public Health Act*, require the implementation of any measures necessary. This may include excluding certain children or staff from the facility, closing sections or the entire facility, requiring additional cleaning and disinfection of certain areas, etc. to reduce the risk of communicable diseases.

With some outbreaks and some illnesses, specific measures may need to be taken to avoid the spread of illness. One thing that Public Health Inspectors often recommend to operators during an enteric outbreak (with symptoms of diarrhea and vomiting) is to put away most of the toys and ensure that the ones left out can be properly cleaned and disinfected on a more frequent basis to prevent viral or bacterial spread even further.

Sometimes these measures may contradict the ELC facility licencing requirements, but they may be required by PH as a temporary measure until the outbreak is over.

3.3 Collection, Use and Disclosure of Information

The RMOH, may request that an operator of an ELC facility disclose personal information or personal health information of children attending the facility. Under the *Public Health Act*, consent of the individual is not required for this type of information disclosure if it is being used to contain the spread of a notifiable disease or to mitigate a health hazard.

> *Section 64.1(2) A medical officer of health may collect and use personal information or personal health information relating to an individual without the consent of the individual, if the collection and use is required to contain and prevent the spread of a notifiable disease or to mitigate risks associated with a health hazard.*
>
> *Section 64.1(3) If requested by a medical officer of health, any person, including a custodian or a public body, shall disclose to the medical officer of health personal information or personal health information relating to an individual without the consent of the individual if*
>
> *(a) the disclosure is required to contain and prevent the spread of a notifiable disease, or*
>
> *(b) the disclosure is required to mitigate risks associated with a health hazard.*

❖ **Information will only be used for this purpose and in the most confidential manner possible.**

Under the *Public Health Act,* PH is permitted to obtain personal and personal health information to prevent spread of a notifiable disease or mitigate risks associated with a health hazard.

Information obtained is only used for this purpose and is kept confidential. If this section is inconsistent with or in conflict with a provision of the *Right to Information and Protection of Privacy Act*, this section prevails.

4. Routine disease prevention

4.1 Immunization

Infants and young children attending ELC facilities are particularly susceptible to vaccine preventable diseases, of which the outcomes can be serious. The spread of disease can be significantly reduced if children attending facilities are up-to-date with immunizations prior to entry and continue to receive recommended vaccines at the appropriate ages according to the New Brunswick Routine Immunization Schedule.

Routine child immunization programs are delivered through Public Health and a network of immunization providers including physicians, nurse practitioners, and nurses working in various health-care settings.

Parents/guardians may call Public Health or their usual immunization provider to schedule an appointment or receive more information on the recommended childhood immunizations.

Under the *Public Health Act*, children attending an ELC facility must demonstrate age appropriate proof of immunization against specific diseases cited in the *Reporting and Diseases Regulation.* Parents/guardians must provide a record of immunizations or a signed document indicating exemptions/objections.

In late spring 2020, the Public Health Information Solution (PHIS) was implemented. PHIS is a web-based Communicable Disease Surveillance and Management system which includes an Immunization Management component. This acts as an immunization registry of publicly funded vaccines. PH Nurses directly enter immunizations given by PH and copy records into system. Physician administered vaccines will be integrated through Medicare. What this means for early learning and childcare facility operators is that the operators will provide a list of children to PH, then the public health nurses use this system to check the children's immunization records and report back to the operator those who don't meet regulatory requirements.

Working together, Public Health and operators ensure that children are up to date with immunizations. Operators are responsible to ensure that children who attend the facility have proof of immunization against specific diseases or documented exemption or objection. Public Health nurses verify compliance with the *Reporting and Diseases Regulation* and ensure that catch-up opportunities are available for children not meeting age-appropriate immunization requirements.

In alignment with Policy 2.10 of the New Brunswick Immunization Program Guide, if a child has not received the required immunizations and does not have a completed *Immunization Exemption Form for Day Care*, the child's immunizations will be initiated within 120 days and be completed according to a prescribed schedule.

For a copy of the exemption form:

- Department of Health - Immunization Exemption Form for Day Care 413-ImmunzationExceptionforDayCare.pdf (gnb.ca)

For more information about childhood immunizations including the New Brunswick Routine Immunization Schedule*:*

- Department of Health – Office of the Chief Medical Officer of Health – under Immunizations and Vaccines: Communicable Disease Control - Office of the Chief Medical Officer of Health (gnb.ca)

4.2 Staff Health

Every ELC facility shall have staff health policies that offer appropriate guidance for the protection of workers, as well as children. These policies should ensure that staff are aware to report any illness they have that may be transmitted to children through the normal course of their work to the operator of the facility. Staff health policies should also include handwashing practices, safe food handling (if applicable), exclusion from work if sick, etc.

It is highly recommended that staff be up-to-date on their immunizations. Staff should contact their health- care practitioner to review their immunization records and for advice on vaccines required.

Immunization is the best way to protect staff and children against vaccine preventable diseases.

In regard to the COVID-19 vaccine, operators may choose to put in place their own staff requirements.

Publicly funded COVID-19 and influenza vaccines are available at no cost to eligible groups.

Those individuals who do not qualify for free public health vaccines should be immunized through their health-care practitioners (pharmacist, family physician).

It is important for staff to be aware of their role in the prevention and control of disease transmission.

Staff needing more information on minimum immunizations recommended for adults should consult their healthcare provider.

One of the best ways to protect children in the facility, co-workers and operators against serious illnesses, such as whooping cough, influenza and the COVID-19 virus, is to get vaccinated. Vaccinating children against illness such as COVID-19 reduces their risk of illness from exposure to the virus.

Unvaccinated caregivers also face the risk of becoming ill and/or passing the virus on to children and co-workers. Vaccination against the COVID-19 virus, when used in conjunction with masking, distancing, and handwashing, has been shown to be very effective in stopping transmission of this virus. The Department of Health strongly supports vaccination of all ELC facility staff and eligible children.

For more information about immunizations:

Department of Health – Office of the Chief Medical Officer of Health – under Immunizations and Vaccines: Communicable Disease Control - Office of the Chief Medical Officer of Health (gnb.ca)

4.3 Communicable disease control – routine monitoring

Operators are able to quickly identify the presence of illness in the facility through daily routine monitoring and by taking daily attendance. Operators are required to report certain communicable illnesses to Public Health and to exclude the ill child where specified. They must also post notices to inform parents/guardians.

Staff should be knowledgeable regarding this document, *Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare (ELC) Facilities* and know how to identify illness in children. Refer to Appendix A, *Common Childhood Infections and Exclusion Periods*.

Staff may also refer to Well Beings – Managing Infections.

Most of the items recommended for routine communicable disease control have been provided by EECD or PH (through information and/or forms). These documents may be required to be completed or are given as an example document.

Routine communicable disease monitoring is a daily responsibility and is done through attendance records, observation of a child's behavior and quick actions in identifying illness, exclusion and cleanup/disinfection if needed.

Some of the items that routine communicable disease control should include are:

- daily attendance records and details when children are absent (identify whether the absence is due to illness) as well as details of illness;
- up to date visitors' logs, as well as current logs of children's groups and details of individual attendance in these groups;
- up to date immunization records for children;
- actions for staff to take if they identify a sick child, which include, exclude from other children, call the parents/guardians, report to Public Health (if applicable), complete Potential Illness form;
- information on posting notices to inform parents/guardians (if applicable);
- a cleaning and sanitizing schedule for the facility, including toys and surfaces;
- posting of hand washing signs and reinforcement of appropriate hand washing procedures;
- staff health policies, including disease reporting, illness management, exclusion, precautions for pregnancy, etc.;
- disease information for parents and staff if a child has been excluded. Some diseases have requirements to be met and/or require sign off from Public Health before the child may re-enter the ELC facility. This is to verify that the conditions of the illness that warranted exclusion are no longer present and the child is healthy enough to return to the facility.
- A supply of adult and child disposable medical grade masks for use when needed in the case of respiratory symptoms and illnesses.

4.4 Environmental cleaning, sanitizing and disinfection

Methods have been updated and reviewed by an infection control practitioner, and therefore met the latest recommendations at the time of that review. Some processes may have changed from how they were previously recommended. Please follow the documents and procedures that accompany the latest version of the communicable disease guidelines document.

An important part of routine disease control in an ELC facility involves following a cleaning and disinfection schedule to help limit the contamination of the environment. Cleaning schedules should include all items and areas to be cleaned in the facility and may be organized daily, weekly, monthly or annually to ensure that cleaning is documented. The cleaning schedule should have places for staff to initial and date when the task has been completed or to assign specific tasks to individuals. A sample of a cleaning schedule may be found at Well Beings: https://caringforkids.cps.ca/uploads/wellbeings/Cleaning_and_sanitizing_ENG_2016.pdf

4.4.1 Environmental cleaning

Cleaning involves using a good detergent and removing physical soil from a surface or object.

Wear disposable gloves when handling contaminated articles (clothing, diapers, etc.) or when cleaning areas are heavily contaminated with vomit, feces or other body fluids.

When cleaning large amounts of vomit, feces or other body fluids, use a single-use cloth and blot gently to remove the fluids. This helps to avoid further contaminating other areas. Dispose of cloths in bagged garbage containers.

Once initial clean-up of the soiled area is complete, clean the area with detergent and hot water using a single-use cloth before disinfection takes place. Remove gloves and dispose in bagged containers. Wash hands as per procedures found in Appendix C.

4.4.2 Sanitizing

Sanitizing reduces germs to levels considered safe but does not eliminate them.

Sanitizing is sufficient for food contact surfaces (such as silverware and highchair trays) and for toys and pacifiers that children may place in their mouths.

4.4.3 Disinfection

Disinfecting eliminates or inactivates germs. Disinfecting requires a stronger concentration of bleach (or appropriate chemical) to kill the germs. Surfaces that are to be disinfected include diaper changing tables and mats, potty chairs, toilets, countertops, sinks, drinking fountains, cabinet handles, light switches and doorknobs. See Appendix D : Recommended Routine Procedures for Cleaning, Sanitizing, and Disinfecting in Early Learning and Childcare Facilities.

There are many disinfectants that are approved for use in the ELC environment. All disinfectants should have a PCP or DIN number or contain chlorine bleach. When in doubt, consult with the Public Health inspector before using.

Not every disinfectant is effective in killing all disease-causing germs. Ensure the products being used are effective by reading the manufacturer's labels or consult with Public Health.

Different strengths of disinfectants may be required in outbreak situations, or different disinfectants may be needed, especially when the germs causing the illness has been identified. Many disinfectants that are currently in use are effective against most harmful bacteria and viruses. Health Canada has created a list of disinfectants that have been approved for use against COVID-19, but are also effective against other harmful germs. Hard-surface disinfectants and hand sanitizers (COVID-19): List of disinfectants with evidence for use against COVID-19 - Canada.ca

Test strips that can verify the strength of sanitizers and disinfectants mixed at the ELC facility are to be available on site.

- ***Note: Always follow the manufacturer's instructions when using commercially prepared disinfectants.***

> **Operators are responsible to provide test strips appropriate to verify that the strength of the sanitizer/disinfectant they are using is accurate. PHIs do carry a few types of test strips, but they are not expected to have a test strip for every different chemical available. Disinfectants that are pre-mixed by the manufacturer, with the strength indicated on the container, do not require test strips.**

4.4.4 Bleach

Caution must be used when using bleach in an ELC setting. Strong bleach odours may be irritating for some individuals if breathed in. Increased ventilation by opening doors and windows should be considered. Or, isolate the area and disinfect by this method after everyone has left the building, if possible. Bleach is harsh and may damage or discolour some surfaces (such as fabrics, carpets). Using a different disinfectant, or replacing these surfaces, may be necessary.

It is important to follow measurements carefully when using bleach – **more is not necessarily better**. Bleach used for disinfection is at 5.25% strength and is found at most grocery stores.

Household bleach commonly found in a grocery store is usually at a 5.25% strength. There is a bleach available that is at a higher concentration. Using a higher concentration strength of bleach may change the mixing ratios given.

Prepare a dilution of fresh bleach every day and discard unused mixed portions. See Appendix E: *Guide for Mixing Bleach-based Sanitizers and Disinfectants in Early Learning and Childcare Facilities*.

Open bottles of bleach lose strength over time. Opened bottles of bleach are to be replaced with new bottles every three months or when they become less effective, whichever comes first.

***Always test the strength of your disinfectant solution using a test strip suitable for bleach.** These strips are available from local chemical suppliers.

5. Communicable disease control - outbreak management

5.1 What is an outbreak?

It is important to report all outbreaks in a facility.

Outbreaks may involve vomiting and diarrhea, respiratory illness or unusual increases of other illnesses.

An outbreak may exist when a greater than expected number of children and staff have similar illness symptoms within a specific period (e.g., diarrhea, vomiting, rash, respiratory symptoms). When an outbreak of gastrointestinal illness with vomiting and/or diarrhea or respiratory illness has been identified, notify Public Health and the EECD Quality Assurance Monitor immediately.

Some signs or symptoms may suggest the possible start of an outbreak, or the presence of a serious infection at the facility. Operators must report to Public Health when **two or more** cases of diarrhea occur within 48 hours of each other as well as ANY cases of bloody diarrhea or diagnosed bacterial diarrhea.

Sometimes the first sign of an outbreak in a facility may be an unusual increase in absenteeism due to illness. If this occurs, notify the Public Health Communicable Disease team (see Appendix F for contact information). The team will provide advice on control measures, including exclusion, and will further investigate the situation as required. If a particular disease is of high Public Health significance and/or is unusual, even one case may be treated like an outbreak.

When an outbreak is suspected or confirmed by Public Health, the communicable disease control Outbreak Management Plan (Section 5.1) is to be activated. This will help guide outbreak management within the facility.

5.2 Clusters of undiagnosed gastroenteritis

Viruses like Norovirus will often cause clusters of illness that happen quickly and are difficult to stop the spread.

This is where the fast action of an operator is important in making sure that ill children are appropriately excluded. At the same time, cleaning and disinfection must start immediately and continue at an enhanced schedule to ensure that the virus does not continue to spread.

Occasionally facilities have clusters of illness whereby several children (and staff) suddenly experience diarrhea and vomiting. Although this is often due to Norovirus, the illness is usually over before stool samples may be taken to confirm the source. In situations where the undiagnosed gastroenteritis is suspected to be caused by Norovirus, it is extremely important to practice strict cleaning and disinfection procedures to eliminate the virus from the centre and to ensure that ill children and staff are excluded **for at least 48 hours** after the last symptom has resolved.

5.3 Outbreak Management

The purpose of this section is to ensure that the operator is thinking about and prepared for the occurrence of a disease outbreak in the ELC facility. Being prepared means that both staff and the operator understand what to do and who to contact. The actions, information and control measures are provided for use in the plan. Additional information and tools may be included at the operator's discretion. All facilities should have a plan.

In a disease outbreak, an outbreak management plan is intended to provide guidance to staff on what to do during the outbreak. An outbreak management plan must be written ahead of time and included within the facility's communicable disease control protocols.

An outbreak management plan should include the following actions and information:

- Records are to be kept up-to-date and available on request. Contact information for ill or absent children and staff and copies of daily attendance records should be ready for Public Health. They may request copies of these for disease follow up.
- Designate a staff member to be the contact person to provide outbreak information to Public Health and for Public Health to contact. This ensures that information is received and provided quickly and frees up other staff to care for children and work on outbreak control measures. Information may be requested at least daily during an outbreak.
- Control measures, such as:
  - If exclusion is required, ensure that measures are in place to inform parents/guardians and staff of the situation and of how important this control measure is. Proper exclusion is one of the most important and effective measures in controlling an outbreak. Parental and staff cooperation is critical.
  - Post appropriate notices for parents/guardians at all entrances to the ELC facility to ensure that disease information is available for staff and parents/guardians if needed or requested.
  - Written **enhanced** cleaning and disinfecting measures and well as other means to control disease spread should be available for use. Depending on the suspected or confirmed disease, enhanced cleaning and disinfecting measures may include:
    - following routine cleaning and disinfecting procedures, but on a more frequent basis, especially of high touch areas (i.e. doorknobs, toys, railings, tables, washrooms, light switches);
    - changing your disinfection product or increase the concentration. Public Health can provide advice that is specific for each situation.
    - using toys that are easy to clean and disinfect; and
    - wearing a mask and gown, if the area is heavily contaminated with body fluids, and making sure that other staff and children are removed from the area during clean-up.

Enhanced cleaning is important.

The number and type of toys may be restricted to ones that are easy to clean multiple times per day at a higher concentration of disinfectant.

Hand washing is preferred, but hand rubs may be used with supervision.

  - Good hand washing practices are important to prevent disease transmission, especially during an outbreak. Monitor children to ensure they are washing their hands as per the "Be Clean - Wash Your Hands" poster Appendix C.
  - Alcohol-based hand rubs may be used by children and staff if hands are not visibly soiled. Children are to be supervised when using these rubs.
  - Alert all staff (including cleaning/kitchen staff) to the situation and ensure they are aware of additional precautions put in place, including the need to exclude themselves if ill. Kitchen staff may easily contaminate food, which may then infect children and/or staff.
  - Minimize movement of staff and children between rooms during an outbreak. Assign staff to specific rooms and try to keep staff and children from interacting during the outbreak.
  - If a respiratory outbreak, provide education on coughing/sneezing etiquette (i.e., in a tissue or a sleeve).

- Samples (usually stool) may be requested from ill children or staff by Public Health. As a part of the outbreak management plan, parents/guardians and staff should be aware of the importance of timely stool sample collection and that they may be requested to participate.

Note: During an outbreak, samples may be collected by Public Health and submitted to the laboratory for analysis to identify the bacteria or virus causing the illness/outbreak. In identifying the organism, Public Health is then able to recommend the most appropriate controls that are effective in ending the outbreak.

During an outbreak it is good to keep the same children and staff in the same room with minimal interaction as this will also help slow down the spread of illness. The same is important with toys. Limit the use of specific toys to specific groups of children for the duration of the outbreak. Only use toys that are easy to clean and disinfect.

The outbreak management plan is to be kept up-to-date and may be *reviewed yearly by Public* Health.

If an outbreak is enteric (symptoms of diarrhea/vomiting), PHIs may ask parents to collect a stool sample from the child. This sample is very important, especially in the early stages of an outbreak. Identifying the virus or bacteria early can make a big difference in how the follow up and investigation of the outbreak proceeds. For example, an outbreak of diarrhea can be from a virus such as Norovirus, which can spread quickly and cause many people to become very ill with diarrhea, vomiting, fever. Norovirus illness usually lasts up to three days and most people get better without any lingering effects. Diarrhea can also be caused by *E.coli* bacteria, which in severe cases can result in bloody diarrhea, dehydration, kidney failure and death.

Knowing at an early stage in the investigation what bacteria or virus is responsible for the illness will help guide the investigation and find the source to prevent further illness.

6. Hand washing and respiratory etiquette

6.1 Handwashing

Hand washing is the most effective way to prevent the spread of communicable diseases.

Hands spread an estimated 80% of common infectious diseases such as the common cold and influenza. For example, when you touch a doorknob that has the influenza virus on it and then touch your mouth, you may become ill. Disease-causing germs are easily removed with good hand washing techniques.

It is important to encourage and help children to wash their hands. Do not assume that children know how to wash their hands properly. Remember that children learn by example, so good hand hygiene demonstrated by educators goes a long way towards teaching them when and how to wash their hands.

Liquid soap in a dispenser is the preferred type of soap for handwashing in a facility. Bar soaps should only be used in specific circumstances when liquid soaps are unable to be used. Antibacterial soaps are very harsh on the hands.

Regular use may lead to sore, dry hands, and because of this, many will wash their hands less frequently.

Links to hand washing signs and procedures can be found in Appendix C.

6.1.1 When should hands be washed?

Staff and children's hands must be washed with soap and water several times a day, especially:

- on arrival;
- before meals;
- after using the toilet;
- after blowing nose, coughing or sneezing;
- after playing with shared toys;
- before and after visiting with people who are sick;
- after handling animals or their waste;
- when taking medications; and
- after playing outside.

In addition, staff are required to wash their hands:

- before and after preparing food;
- after helping a child use the toilet;
- after breaks;
- before and after changing diapers;
- before and after giving medications; and
- before and after putting on and removing a face mask.

Note: There should be supplies provided to ensure that cuts, burns, or other skin abrasions are properly covered by staff before engaging in childcare, dispensing medications or food preparation.

6.1.2 How should hands be washed?

- Wet hands with warm running water.
- Put a small amount of liquid soap in the palm of one hand. Bar soaps are not as hygienic as liquid soaps because they stay moist and attract germs. If a bar soap is the only option, it should be stored on a rack so that the bar doesn't sit in water.
- Rub hands together for 20 seconds to produce lather. Make sure to scrub between fingers, under fingernails and the backs of hands.
- Rinse hands well with clean, warm running water for at least 10 seconds. Try not to handle the faucets once hands are clean. Use a paper towel to turn off the water.
- Dry hands with a single use paper towel or air dryer.
- Use hand lotion (in a dispenser) to put moisture back into the skin if hands are dry.

6.1.3 Should antibacterial soaps be used?

Antibacterial soap is not required. Ordinary soap is as effective as antimicrobial soaps for everyday hand washing use. The mechanical action of hand washing (rubbing of hands together with soap and water) breaks down the tiny bits of grease, fat and dirt on hands that bad germs cling to. It is the combination of soap, rubbing, rinsing and drying that helps germs slide off the hands. Good hand washing technique is the most important component to effective hand hygiene.

6.1.4 Are alcohol-based hand rubs good to use?

Alcohol-based hand rubs (also called hand sanitizing gels) are an effective option for hand hygiene, provided they contain 70% to 90% alcohol. Hand sanitizers should have at least 70% alcohol content for Norovirus control. They are widely used in health care settings, or in situations where running water is not available.
Alcohol-based hand rubs should only be used if no visible dirt is present on the hands. Use of alcohol-based hand rubs by children should always be supervised by an adult.

The percentage of 70-90% alcohol is required for Norovirus control.
Because of this high alcohol content, children should always be supervised when using hand rubs. Washing with soap and water, and teaching children how and when to wash their hands, is always the preferred method of hand cleaning. In certain circumstances, however, hand rubs would be the only option. Note: always check the alcohol percentage on the label before buying or using.
Many popular brands may not contain a high enough level to be effective.

Public Health recommends the use of alcohol-based hand rubs in ELC facilities only in specific situations, such as during an outbreak to supplement hand washing with soap and water or in areas where there is no easy access to running water and soap, for example, on field trips. Children should learn about proper hand washing, which is essential to maintaining good health. Soap and water are more widely available in the community which makes learning and applying regular hand washing easier.

Follow these instructions when using an alcohol-based hand rub:

- Apply a measured pump of the product into the open palm, enough to cover all surfaces of the hand. A chocolate chip size squirt often works for children’s hands.
- Rub into hands covering all surfaces including front and back of hands, between fingers, around nails (especially cuticles), thumbs and wrists.
- Rub until dry.

Note*: *Hands must be fully dry for the alcohol-based hand rub to be effective and to eliminate the extremely rare risk of flammability.

6.2 Respiratory etiquette

Respiratory etiquette is a combination of practices that reduce the risk of transmitting respiratory infections. These practices include:

- using disposable tissues for wiping nose and discarding appropriately after one use;
- sneezing and coughing into a sleeve rather than the hand;
- hand washing after coughing, sneezing or using tissues;
- keeping hands away from the face, especially the mucous membranes of the eyes, mouth and nose.

7. Animals and visits to farms and petting zoos

Public Health permits certain animals to be kept as facility pets, to be part of special events or visited on field trips. Animals can carry diseases that can be transmitted to children; therefore, the following guidelines are to be considered whenever animals are part of an ELC facility activity.

Visiting animals can be an enriching experience for children. However, whether on or off the childcare site, operators should always be aware of three types of potential hazards to children when in contact with animals:

- **Transmission of disease: animals may have harmful bacteria, viruses and parasites in their mouth, on their fur and in their waste products that may be passed from the animal to the children and cause illness.**
- **Physical risk: animals may bite or scratch when children are nearby. Children may also be trampled if appropriate barriers are not in place.**
- **Allergens: animal dander (dead flakes of skin) may cause allergic reactions in some children who are particularly vulnerable.**

7.1 Within the facility (permanent or visiting):

Permanent

- Ensure the animal's living quarters are kept clean, completely separate and away from food areas.
- Sinks and tubs used for cleaning the animal's living quarters should be cleaned and sanitized after each use. These should not be cleaned in the kitchen, food preparation areas or child play areas.
- Animal waste should be disposed of regularly and cat litter boxes should not be accessible to children.
- Supervise young children while playing with animals.
- Permanent animals must be assessed by a veterinarian prior to their introduction into the facility and should have yearly (or more often as recommended by the veterinarian) vet visits. Any animal exhibiting signs of illness or changes in behaviour should be assessed immediately by a veterinarian. Vaccines or other regular treatments, as recommended by the veterinarian, should be followed.
- Animals chosen as facility pets must be of good temperament and appropriate for children.
- Animals should not have free access to children's play areas.

The following animals are **not permitted** in facilities where infants and preschool children are present (due to risk of transmitting disease):

- reptiles (turtles, lizards, snakes and iguanas);
- amphibians (frogs, toads, newts and salamanders);
- wild or exotic animals (for example, raccoons, squirrels, skunks, bats, monkeys). Consult with Public Health if unsure whether animal is defined as wild or exotic; and
- chicks, chickens, ducklings or ducks.

Visiting

- Animals that are not housetrained (such as farm animals, etc.) must be kept outside of the childcare facility. The requirements for visiting a petting zoo or farm (see sections 7.2.1 and 7.2.2 below) are to be followed.
- Animals kept outside must be held in an area away from high traffic and play areas and the area thoroughly cleaned up after they have left.
- There should be no eating or drinking when around the animals and animals should not have

access to areas used for consumption of food or drink.

- All children must be monitored by staff when visiting the animals and appropriate hand hygiene practices followed after touching the animals and before eating.

❖ **Hand hygiene after contact with all animals is important. Ensure hands are washed after handling pets and pet treats.**

The animals that are not permitted in a licensed facility are listed. The reasons for exclusion of these animals with children under 5 are because of health risks. Outbreaks of Salmonella have been linked to contact with reptiles, amphibians, and chickens.

Animals on farms and in petting zoos may carry disease causing agents such as Salmonella, E. coli and Cryptosporidium. It is important to remember this when children are visiting these sites and take the appropriate precautions. Salmonella has also been found in pet treats. Raccoons, bats and skunks carry the rabies virus, and rabies is a fatal disease.

7.2 Visits to farms and petting zoos

7.2.1 Before visiting

Before visiting the farm or petting zoo, operators are to:

- Call ahead to the petting zoo or open farm for the following information (operator may consider visiting the site before taking a group of children):
  - Are hand washing facilities available? (e.g., hot and cold running water, liquid soap and paper towels/hot air dryers.)
  - Are toilet facilities available?
  - Do the animals on display appear healthy and are they immunized?
  - If possible, eat before arriving at the petting zoo or open farm, and not during the visit. However, if the children have to eat on site, is there an eating area available that is separate from the area where animals are kept?

Calling ahead or knowing the site before a field trip allows the operator time to plan for things like bringing hand sanitizer if there are no handwashing facilities, planning to eat before the visit, etc. To prevent cross contamination from touching the animals, surfaces, etc. at a farm that may be contaminated with harmful bacteria, it is important that the children eat before the visit or after leaving and wash their hands thoroughly before eating.

7.2.2 At the farm or zoo

- Have sturdy boots or shoes for the children to wear while at the petting zoo. This will help prevent slips and falls. If possible, at the end of the visit, children should change into a clean pair of shoes and then wash their hands to remove any dirt from their hands. Bag the dirty shoes and clean them at home.
- Make sure there are an adequate number of adults to supervise the children.
- Ensure the farm is well managed with clean grounds and public areas and that animals are prohibited from eating areas.
- Ensure children understand that they are **not to eat or drink ANYTHING** while touring the farm, not to put fingers in mouths, not to eat anything which may have fallen on the ground, and not to eat any animal food.
- Children should only have access to animals through a barrier (fence or pen). All contact with animals is closely supervised by an adult.
- Use waterproof bandages to protect any cuts or grazes not covered by clothes.
- Due to risk of transmitting disease, when visiting farms, petting zoos and on field trips, infants and preschool children are not to have contact with the animals listed below:

- reptiles (turtles, lizards, snakes and iguanas);
- amphibians (frogs, toads, newts and salamanders);
- wild or exotic animals (for example, raccoons, squirrels, skunks, bats, monkeys). Consult with Public Health if unsure whether animal is defined as wild or exotic; and
- chicks, chickens, ducklings or ducks.

❖ **Hand hygiene after contact with all animals is important.**

- Ensure children wash and dry hands thoroughly after contact with animals or animal feces, before eating or drinking, after going to the toilet and before departure.
- Bring wipes and alcohol-based hand sanitizing rubs. Use a hand rub with 70% to 90% ethanol or isopropanol alcohol. Ensure adult supervision of alcohol-based hand sanitizer use by children.

**** Animal bites that break the skin are to be thoroughly washed with soap and water and the child immediately assessed by a health-care practitioner.**

8. Resources and links

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9. Appendices

Appendix A: Common Childhood Communicable Diseases and Exclusion Periods

Diagnosis of the following infections must be made by a physician or nurse practitioner. These guidelines are for information purposes only.

Definitions:

1. **Incubation period**: period of time between an exposure to an infectious disease, and the start of symptoms.

2. **Contagious period**: period of time when person may transmit an infectious disease to others (symptoms may or may not be present).

The purpose of Appendix A is to provide the operator with a guide to common childhood diseases, their symptoms and exclusion periods once a child has been diagnosed with a specific disease by a healthcare practitioner.

Note: Upon consultation with public health, the operator of a facility has the discretion to exclude a child for a longer time period (i.e.: 48 hours) if indications of gastroenteritis outbreaks are at the ELCfacility, in the community, etc.

The diseases, in this Appendix, include both notifiable (E. coli, measles, pertussis (Whooping Cough), which are reportable by legislation and also some illnesses commonly seen in children (i.e.: hand, foot and mouth disease, lice) that may be present but not reportable to public health unless occur as an unusual cluster. When in doubt, contact the local PH office.

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
GASTROINTESTINAL INFECTIONS								
Campylobacter **Bacterial** Incubation period 1-10 days	Fever, diarrhea, blood in stool, cramps.	Contaminated foods (undercooked poultry and meats and unpasteurized milk). Spread person to person on contaminated hands, surfaces, and objects.	For duration of diarrhea.	Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc.) Practice proper food handling and use safe drinking water supplies.	Until symptom free (diarrhea has stopped).	**Yes**	**Yes**	**Yes**
Clostridium difficile **Bacterial** Incubation period 5-10 days	Fever, watery diarrhea, blood in stool, cramps, and loss of appetite	Found in the stool of an infected person. Spread person to person on contaminated hands, surfaces, and objects. Also found in soil, raw meat, and seafood.	For duration of diarrhea, but also may be spread from stool of persons with or without symptoms for extended periods of time.	Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc.) Practice proper food handling. Do not prepare food if ill.	Until symptom free (diarrhea has stopped)	**Yes**	**Yes**	**Yes**
Cryptosporidium **Parasite** Incubation period 1-12 days	Non-bloody, watery diarrhea, abdominal cramps, loss of appetite and vomiting.	Contaminated drinking water, recreational water (swimming pools and lakes), and contact with baby animals. Spread person to person on contaminated hands, surfaces, and objects.	While symptoms present and until the bacteria is no longer present in stool (possibly for many weeks).	Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc.) Practice proper food handling and use safe drinking water supplies.	Until symptom free (diarrhea has stopped). No swimming for two weeks.	**Yes**	**Yes**	**Yes**

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Escherichia coli (E.coli 0157:H7) **Bacterial** Incubation period 2-10 days	Severe cramps, diarrhea, and blood in stool. Fever none or slight.	Consumption of contaminated food and drinking water. Direct contact with animals. Outbreaks in children have been associated with petting zoos. May also be found in recreational water. Spread person to person on contaminated hands, surfaces and objects. Very small numbers of bacteria can make people sick.	For duration of diarrhea (some children will be contagious for up to three weeks).	Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc.) Practice proper food handling and use safe drinking water supplies.	**Exclude until diarrhea has stopped and two stool cultures taken 24 hours apart are negative.** **Proof of negative cultures must be provided to Public Health, who will then notify the facility of re-admittance permission.**	**Yes**	**Yes**	**Yes – plus Public Health approval**

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Gastroenteritis - undiagnosed (2 or more cases) **Possibly caused by Bacterial/ Parasite (such as Salmonella, Campylobacter, Giardia) or Viral (Norovirus, Rotavirus, etc.)** (Rotavirus is the most common cause of severe diarrhea in young children.)	Rapid onset of diarrhea (which can sometimes be bloody), vomiting, nausea, abdominal cramps and sometimes fever.	Consumption of contaminated food and drinking water. Spread person to person on contaminated hands, surfaces and objects. Some are highly infectious.	Bacterial/parasitic infection while symptoms persist and potentially longer depending on the disease. Carriers without symptoms may sometimes transmit disease. Viral infection most contagious during the presence of symptoms, and shortly thereafter.	Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc.) Practice proper food handling and use safe drinking water supplies. Do not prepare food if ill.	**Yes** **For outbreaks - exclude until** 48 hours symptom free. Some cases will require negative stool cultures to return, consult with Public Health to confirm.	**Yes** **Report if there is bloody diarrhea, or when an outbreak is suspected**	**Yes** **If outbreak/ cluster of illness or if advised by Public Health**	**Yes** **Public Health sign off may be required for some illnesses (E. coli, Shigella, or as indicated by Public Health)**
Gastroenteritis - single case of undiagnosed	As above for multiple cases.	As above for multiple cases.	As above for multiple cases	As above for multiple cases.	**Yes** Exclude until symptom free (diarrhea has stopped), child is well enough to attend the facility, and child practices good personal hygiene. Note: Upon consultation with public health, the operator of a centre has the discretion to exclude a child for a longer time period (i.e.: 48 hours) if indications of gastroenteritis outbreaks are at the ELC facility, in the community, etc.	**No**	**No**	**No**

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Giardia Protozoa **Protozoa** Incubation period: 3 - 25 days	Most children have no symptoms-may be loss of appetite, vomiting, cramps, diarrhea, soft stool, excessive gas.	Consumption of contaminated food and drinking water. Spread person to person on contaminated hands, surfaces, and objects.	Infectious until cysts no longer excreted in stool.	Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc.). Practice proper food handling and use safe drinking water supplies.	**Yes** exclude until symptom free (diarrhea has stopped).	**Yes**	**Yes**	**Yes**
Hepatitis A **Viral** Incubation period: 15 - 50 days (Average of 30 days)	Most children do not have any symptoms. If symptoms are present, they usually consist of sudden onset of loss of appetite, nausea, fatigue, fever, abdominal pain. There may be changes in stool or urine color (tea coloured urine, light coloured stools) yellowing of skin or eyes (jaundice).	Found in the stool of an infected person. Spread directly from person to person or in food, water, objects, or surfaces that have been contaminated.	Two weeks before until one week after the onset of jaundice.	Encourage proper hand hygiene. Disinfection of diaper tables between children. Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc.). Practice proper food handling and using safe drinking water supplies.	**Yes** One week after onset of jaundice and as directed by Public Health.	**Yes**	**Yes**	**Yes**
Norovirus (Norwalk-like) **Viral** Incubation period: 10 hours – 2 days	Nausea, vomiting, diarrhea, abdominal pain, headache, tiredness,	Consumption of contaminated food and drinking water. Spread person to person on contaminated hands, surfaces and objects.	Most contagious during the presence of symptoms, and shortly thereafter.	Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys). Do not prepare food if ill.	**Yes** Exclude until at least 48 hours until symptom free (diarrhea/ vomiting has stopped).	**Yes**	**Yes**	**Yes**
Rotavirus **Viral** Incubation period: 1 - 3 days	Vomiting, fever and watery diarrhea. Severe dehydration may also occur.	Consumption of contaminated food and drinking water. Spread person to person on contaminated hands, surfaces and objects.	Most contagious during the presence of symptoms, and shortly thereafter.	Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys). Do not prepare food if ill.	**Yes** Exclude until at least 48 hours until symptom free (diarrhea has stopped).	**Yes**	**Yes**	**Yes**

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Salmonella **Bacterial** Incubation period: 6 hours – 3 days	Abdominal pain, diarrhea, fever, sometimes vomiting.	Consumption of contaminated food and drinking water. Spread person to person on contaminated hands, surfaces and objects.	For duration of diarrhea.	Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc.) Practice proper food handling and use safe drinking water supplies.	**Yes** Exclude until at least 48 hours symptom free (diarrhea has stopped).	**Yes**	**Yes**	**Yes**
Salmonella typhi (Typhoid Fever) **Bacterial** Incubation period 8-14 days	Abdominal pain, diarrhea, constipation, cough, fatigue, fever, no appetite, rose coloured spots on body.	Consumption of contaminated food and drinking water. Spread person to person on contaminated hands, surfaces and objects.	While symptoms present and until the bacteria is no longer present in stool (possibly for many weeks).	Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc.) Practice proper food handling and use safe drinking water supplies.	**Yes** Exclude until multiple stool cultures (number of cultures to be determined by Public Health) are negative. Public Health will notify the facility of re-admittance permission.	**Yes**	**Yes**	**Yes - plus Public Health approval**
Shigella **Bacterial** Incubation period: 1 - 7 days	Diarrhea, nausea, fever, blood and/or mucous in stool.	Spread person to person on contaminated hands, surfaces and objects.	While symptoms present and until the bacteria is no longer present in stool (possibly for many weeks).	Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys, etc) Practice proper food handling and using safe drinking water supplies.	**Yes** Exclude until diarrhea has stopped and two stool cultures taken 24 hours apart are negative. Proof of negative cultures must be provided to Public Health, who will then notify the facility of re- admittance permission.	**Yes**	**Yes**	**Yes – plus Public Health approval**

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
RESPIRATORY ILLNESSES								
COVID-19 **Viral** Incubation Period: Up to 14 days	Fever, new or worsening cough, sore throat, headache, runny nose, difficulty breathing, new loss of smell or taste, new onset of fatigue, diarrhea. Children may have purple markings on fingers and toes.	Person to person through nose/mouth droplets, indirect spread by contaminated hands, objects, and surfaces.	Infectious period may vary based on variant and vaccination status. Mild cases are infectious for approximately 2 days before symptoms appear and for up to 10 days after diagnosis, more severe cases may be infectious for at least 20 days.	Reinforce proper hand hygiene. Reinforce and educate on cough/sneeze etiquette. Enhanced disinfection of high touch surfaces (doorknobs, handrails, toys). Encourage vaccination for staff and eligible children.	No exclusion required. Child should not return to daycare until symptoms have improved and has not had a fever for 24 hours without the use of fever reducing medication. Child must be well enough to participate comfortably in all program activities.	**No**	**Yes**	**Yes**
Fifth Disease (parvovirus B19, erythema infectiosum) Viral Incubation period: 4 - 20 days	Rash begins on the cheek - “slapped cheek appearance” followed in 1-4 days, by lace-like rash on the trunk and extremities which fades but may reoccur for 1 – 3 weeks on exposure to sun or heat.	Contact with respiratory secretions / saliva of an infected person.	Most contagious a few days before onset of rash. Not likely contagious once rash appears.	Reinforce proper hand hygiene and cough etiquette. Pregnant staff and expectant parents should contact their health care provider.	No exclusion required	**No**	**Yes**	**No**

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Hand, Foot and Mouth Disease (coxsackievirus, enterovirus) **Viral** Incubation period: 3 - 5 days	Rash on palms of hand, soles of feet, buttocks and inside mouth, may look like tiny red dots, blisters or ulcers. Fever, headache, sore throat, fatigue may accompany the rash.	Contact with nose or throat secretions (droplets or saliva) or stool of an infected person.	During presence of symptoms and perhaps longer as virus persists in stool for several weeks.	Reinforce proper hand hygiene – especially when diapering very young children.	No exclusion required unless child is not well enough to participate comfortably in all program activities.	**No**	**Yes**	**No**
Influenza **Viral** Incubation period: 1 - 4 days	Muscle aches, nasal congestion, sore throat, severe fatigue, cough, headache, sneezing, runny nose, fever.	Person to person through nose/mouth droplets, indirect spread by contaminated hands, objects and surfaces.	One day before illness onset to five days after onset. Children may be infectious for longer periods of time.	Reinforce proper hand hygiene. Reinforce and educate on cough etiquette. Regular disinfection of high touch surfaces (doorknobs, handrails, toys). Encourage annual flu vaccination.	No exclusion required. Child should not return to daycare until symptoms have improved and has not had a fever for 24 hours without the use of fever reducing medication. Child must be well enough to participate comfortably in all program activities.	**No**	**No**	**No**
Measles **Viral** Incubation period: 7 - 21days	Fever, watery/red eyes, runny nose, and cough prior to the appearance of a red blotchy rash. Rash usually begins on the face, spreads down the trunk and out to the extremities and lasts 4 - 7 days.	Highly contagious; contact with nose or throat secretions (droplets or saliva) of an infected person.	4 days before the rash appears and up to 4 days after onset.	Ensure all children are immunized as per NB Routine Immunization Schedule.	**Yes** Until 4 days after the appearance of the rash.	**Yes**	**Yes**	**Yes**

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Meningitis Bacterial Incubation period: 2 - 10 days Viral forms of meningitis also exist but do not require exclusion.	Symptoms may include fever, stiff neck, headache, vomiting, unusual sleepiness, irritability, lack of appetite, sometimes rash or seizures, leg pain.	Close direct contact with nose or throat secretions (droplets or saliva) of infected person.	7 days before onset of symptoms until 24 hours after starting effective antibiotic treatment.	Immunization may provide protection against certain strains. See NB Routine Immunization Schedule. Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys). Discourage sharing of water bottles, glasses, utensils.	**Yes, as per Public Health guidance.** Viral cases not excluded.	**Yes**	**Yes**	**Yes**
Mononucleosis Viral Incubation Period: 4 - 6 weeks	Fever, sore throat, swollen glands, fatigue.	Contact with nose or throat secretions (droplets or saliva) of infected person or articles soiled with saliva.	Undetermined. Virus excretion may occur for many months or years after infection.	Discourage sharing beverages, utensils or any contact with an infected person's saliva. Reinforce proper hand hygiene.	**No** exclusion required. Fatigue may persist for many months.	**No**	**Yes**	**No**
Mumps **Viral** Incubation period: 12 - 25 days	Swollen, tender glands on one or both sides of the face. May have fever, headache, or muscle pain. Many do not have symptoms.	Contact with nose or throat secretions (droplets or saliva) from an infected person.	From 7 days before swelling appears until 9 days after (Note: the risk of transmission is considered low- 5 days after onset of swelling).	Ensure all children are immunized as per NB Routine Immunization Schedule.	**Yes** Confirmed cases of mumps should be excluded until 5 days after onset of swelling.	**Yes**	**Yes**	**Yes**

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Respiratory Infections – Common colds and RSV: Respiratory Syncytial Virus **Viral** Incubation period: Between 12 hours and 5 days, usually 48 hours	Runny, congested nose, sneezing, chills, sore throat, headache, tiredness which may last 2- 7 days. Upper respiratory tract illness such as cough, congestion, runny nose, fever. RSV may cause more severe lung infections in the very young, very old or those with compromised immune systems.	Contact with nose or throat secretions (droplets or saliva) of an infected person or contaminated hands. Contact with toys, tissues or other objects contaminated with droplets from coughs and sneezes.	Up to 7 days, or until symptoms resolve.	Reinforce proper hand hygiene Educate on coughing / sneezing in a tissue or a sleeve.	**No** exclusion required.	**No**	**No**	**No**
Roseola infantum (Sixth disease, Exanthum Subitum) **Viral** Incubation period: 5 - 15 days	Congestion, runny nose, red eyes, with high fever. Child remains fairly well, despite the high fever. When the fever breaks, appearance of raised rash on child's trunk which spreads over the body. Usually occurs in children under 4 years - most common before 2 years.	Direct contact with nose or throat secretions (droplets or saliva) of an infected person.	Probably most contagious before the rash appears. Should be considered contagious until symptoms resolve.	Reinforce proper hand hygiene. Educate on coughing / sneezing in a tissue or a sleeve.	**No** exclusion required.	**No**	**Yes**	**No**

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Rubella **(German Measles)** **Viral** Incubation period: 2 - 3 weeks	May have mild fever and cough, runny nose, congestion, red/watery eyes, followed by a rash that spreads from the face to the rest of the body. Swelling of lymph glands behind the ears is common.	Direct contact with saliva or the respiratory secretions of an infected person.	From 1 week before to approximately 7 days after onset of rash.	Ensure all children are immunized as per NB Routine Immunization Schedule.	**Yes** Exclude for 7 days after onset of rash. If child has congenital rubella and is less than one year old, consult with Public Health. Risk of severe damage to fetus if pregnant woman gets rubella in first trimester, therefore **all staff should prove immunity (vaccination or blood test, prior to employment, if possible).**	**Yes**	**Yes**	**Yes**
Scarlet Fever **Bacterial** Incubation period: 1 - 3 days	May include symptoms of strep throat, plus a very fine raised rash. Appears most often on the neck, chest, in the folds of the arm pit, elbow, groin and inner thigh. A reddish tongue may be present. Later there may be peeling of skin on fingertips and toes.	Same as with strep throat.	If untreated may remain infectious up to 10-21 days. If treated with antibiotics, will not be infectious after 24 hours.	Refrain from sharing beverages, utensils and any contact with an infected person's saliva. Encourage proper hand hygiene.	**Yes**, until 24 hours after antibiotic treatment has been initiated.	**No**	**Yes**	**Yes**
Strep Throat **Bacterial** Incubation period: 1 - 3 days	Fever, sore throat, red throat with pus, swollen glands.	Contact with respiratory tract secretions, saliva of an infected person.	If untreated may remain infectious up to 10 - 21 days. If treated with antibiotics, will not be infectious after 24 hours.	Refrain from sharing beverages, utensils and any contact with an infected person's saliva. Encourage proper hand hygiene.	**Yes**, until 24 hours after antibiotic treatment has been initiated.	**No**	**Yes**	**Yes**

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Varicella Chickenpox **Viral** Incubation period: 2 - 3 weeks	Fever and skin rash that comes in crops. Rash begins on chest, back, underarms, neck and face and then spreads to the arms and legs. The rash changes to blisters and then crusts over before healing.	Direct contact with nose or throat secretions (droplets or saliva) and from lesions of an infected person. Very infectious.	Usually 1-2 days before the appearance of the rash and until 5 days after the first crop of blisters appears or until the last blister has crusted.	Discard articles soiled by nasal or throat secretions, or discharges from lesions. Contact Public Health for advice regarding immuno-suppressed children. Reinforce proper hand hygiene. Ensure all children are immunized as per NB Routine Immunization Schedule Pregnant staff and parents should be up to date on immunizations. Contact health care provider if exposed and have not had chicken pox or a vaccine.	**Yes** Exclude until child is well enough to return and participate in program activities**.** Parents and staff of immuno-suppressed children should be notified that chickenpox is present in the facility.	**Yes**	**Yes**	**No**
Shingles (Herpes zoster) **Viral** Incubation period: 10 – 21 days	Localized groups of painful fluid filled lesions. Looks like chickenpox and is caused by the same virus but are located in one area on the body and occurs in people who have already had chickenpox.	Persons who have not had chickenpox in the past are at risk of getting chicken pox if they come in contact with fluid from the shingles rash. A person will not contract shingles from someone who has shingles.	Until all lesions have scabbed.	Immuno-suppressed or pregnant contacts should be referred to their health care practitioner. Cover open lesions when possible. Reinforce proper hand hygiene.	**No** exclusion required unless skin lesions cannot be covered.	**No**	**Yes**	**No**

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Whooping Cough (Pertussis) **Bacterial** Incubation period: 6 - 20 days	Initial signs are runny nose; coughing and sneezing followed 1 - 2 weeks later by characteristic cough (series of cough attacks which may end with a high-pitched gasp of air called a whoop). May vomit after episodes of coughing. Not all children present with the typical cough.	Contact with nose or throat secretions (droplets or saliva) of an infected person or articles soiled with these secretions.	Very infectious in early stages. Minimal risk after 3 weeks of onset of cough. No longer contagious after 5 days of appropriate antibiotic.	Ensure all children are immunized as per NB Routine Immunization Schedule. Reinforce proper hand hygiene. Regular disinfection of high touch surfaces (doorknobs, handrails, toys.) Pregnant individuals and expectant parents should be up to date on immunizations to protect unborn children.	**Yes**	**Yes**	**Yes**	**Yes**
OTHER DISEASES								
Herpes simplex (cold sores) **Viral** Incubation period: 2 - 12 days	Fever, lesions filled with fluid on lips, face most often; however, may also occur on other areas of the body.	Direct contact with saliva or fluid from lesions.	Infection remains for life, with lesions appearing on occasion. Contagious when lesions are present.	Prevent contact with saliva or fluid from lesions, cover lesions if possible. Encourage proper hand hygiene. Disinfection of objects that may have come in contact with fluid from lesions.	**No** exclusion required, unless child is not able to cover the lesions and has poor hand hygiene; significant drooling that cannot be controlled or is too ill to participate in activities.	**No**	**No**	**No**
Impetigo **Bacterial** Incubation period: 1 - 3 days	An infection of the skin marked by pus-filled sores. Often has a “honey” coloured crust. Located around mouth and nose, or arms and legs. Itching may be common.	Direct contact with discharge from sores.	As long as pus filled lesions continue to drain.	Refrain from sharing beverages, utensils and any contact with an infected person’s saliva. Avoid contact with any lesions, especially when draining fluid. Encourage proper hand hygiene.	**Yes**, until 24 hours after antibiotic treatment has been initiated.	**No**	**Yes**	**Yes**

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Lice - head or body **Parasite** Incubation period for eggs: 1 - 2 weeks	Itching/scratching of head or body. Lice: Dark brown adult or lighter brown young, crawling lice (hard to see as they move quickly). Lice eggs/nits: grey-white, oval in shape and are size of a grain of sand. Attached to the hair close to the scalp. Unable to be flicked off.	Contact with the person's head (head lice) or body (body lice), or personal articles which have come in contact with the head or body parts; brushes, combs and headgear may transfer mature head lice. Lice do not fly, swim, or jump onto another person.	While lice remain alive on the individual.	Avoid sharing combs, brushes, hats, hair bands, scrunchies and head sets. Put hats and scarves in coat sleeves. Treatment: Recommended only when live lice have been seen. Close contacts should be checked and only treated if live lice are found. Educate parents/caregivers to check child's head weekly. Educate on washing the affected child's bed linen and clothes in hot water and use hottest dryer setting. Contact Public Health if any questions.	**No** exclusion required. Cases should receive appropriate treatment. Watch for symptoms which may suggest other cases (such as head scratching).	**No**	**Yes**	**No**
Molluscum contagiosum **Viral** Incubation period: a few days to months	Round, smooth and firm papules (nodules) that have an ulcer (hole) in the middle.	Direct contact with lesions.	Likely as long as lesions persist. May remain for many months to years without treatment.	Avoid direct contact with lesions. Disinfect surfaces. Treatment of existing lesions. Avoid sharing towels and washcloths.	**No** exclusion required.	**No**	**No**	**No**

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Pink-Eye (Conjunctivitis) Numerous causes. Infections are bacterial or viral: Incubation period for bacterial: 1 - 3 days Incubation period for viral: 5 - 12 days	Red, watery, itching, burning eyes: swollen eyelids, sensitivity to light. A discharge may cause eyelids to crust over and stick together. Bacterial infections usually produce yellow, thick, crusty discharge.	Contact with discharge from the eye, or nose / throat secretions of an infected person	During the course of the infection. Usually very infectious. *Bacterial: Infectious until 24 hours after completion of appropriate antibiotic treatment. *Viral: Infectious as long as there is eye discharge.	Reinforce proper hand hygiene. Discourage sharing of towels or washcloths.	Yes If conjunctivitis is suspected, the child should be seen by a health care practitioner. If bacterial, exclude until at least 24 hours of antibiotic treatment has been completed. If viral, exclude until resolution of eye discharge.	No	**Yes**	**Yes**
Ringworm **Fungal** Incubation period: Body: 4 - 10 days Scalp: 10 - 14 days	Body: Appears as flat, ring-shaped rash with a raised edge and scaly patches that may blister and ooze. As lesions spread outward, the center often becomes clear. Scalp: May be difficult to detect in early stages. Begins as small, scaly patch which spreads leaving scaly patches of temporary baldness.	Direct contact with lesions from infected person, animal or contaminated articles.	As long as lesions are present and viable fungus persists on contaminated materials.	Keep lesions dry and covered with protective dressing. Reinforce proper hand hygiene. Environmental sanitation important.	**Yes, until treatment is started.** Some restriction of activities may be recommended (depending on the infection site).	**No**	Yes	No

DISEASE	POSSIBLE SIGNS/SYMPTOMS	HOW IT SPREADS	CONTAGIOUS PERIOD	PREVENTION AND CONTROL	EXCLUSION GUIDELINES	FACILITY TO REPORT TO PH	POST NOTICE TO INFORM PARENTS	RETURN AFTER EXCLUSION FORM REQUIRED
Scabies **Parasite** Incubation period: up to 3 weeks	Caused by mites which burrow under the skin. Seen as wavy, threadlike, very small, slightly elevated grayish white burrows. Most frequently found between the fingers, on the elbow, hands and wrists, but may be found elsewhere on the body. Itching may be severe especially at night. In children younger than 2 years, rash may occur anywhere on body. On older children rash usually occurs on fingers, elbows, armpits and abdomen.	Direct contact with infected areas of the skin or contaminated articles.	Until mites are destroyed by treatment. A second treatment one week after the first course is recommended.	Educate on washing the affected child's bed linen and clothes in hot water and use hottest dryer setting.	**Yes** An infected person should be excluded until 24 hours after first treatment is completed. Note: household contacts should also be treated, even though they may be without symptoms. Watch for symptoms which may suggest other cases (such as itching).	**No**	**Yes** Notice to other parents should include a recommend-ation to examine their child.	**Yes**

References:

Canadian Pediatric Society – Caring for Kids: Health conditions and treatments | Caring for kids (cps.ca)

Heymann, DL, editor. *Control of Communicable Diseases Manual 20th edition*, Washington, DC; American Public Health Association; 2015.

Appendix B: New Brunswick Guide for Exclusion of Children in Early Learning and Childcare Facilities

Purpose of Appendix B is to simplify exclusion periods and return after exclusion requirements for both operators and parents.

Disease/Infection	Exclusion Criteria	Return After Exclusion Form Required?
GASTROINTESTINAL INFECTIONS		
Campylobacter	Exclude until symptom free (diarrhea has stopped).	YES
Clostridium difficile	Exclude until symptom free (diarrhea has stopped).	YES
Cryptosporidum	Exclude until symptom free (diarrhea has stopped). No swimming for 2 weeks.	YES
E. coli 0157:H7	Exclude until symptom free (diarrhea has stopped) and 2 stool cultures taken 24 hours apart are negative. **Proof of negative cultures must be provided to Public Health, who will then notify the facility of re-admittance permission.**	YES **Public Health signature required**
Gastroenteritis - Undiagnosed undiagnosed suspect infectious outbreak/ cluster – 2 or more cases (i.e., viral, bacterial)	Exclude until 48 hours symptom free (diarrhea has stopped) or as directed by Public Health.	YES
Gastroenteritis - Undiagnosed single case	Exclude until symptom free (diarrhea/vomiting/fever has stopped) and child is well enough to attend. Note: Any cases of bloody diarrhea must be reported **immediately,** and the child must be seen by a healthcare practitioner. Upon consultation with public health, the operator of a centre has the discretion to exclude a single undiagnosed case for a longer time period (i.e.: 48 hours) if norovirus/Norwalk is strongly suspected.	NO
Giardia	Exclude until symptom free (diarrhea has stopped). No swimming for 2 weeks.	YES
Hepatitis A	Exclude as directed by Public Health, usually until one week after onset of jaundice. If no jaundice was present, exclude 2 weeks after onset of symptoms.	YES
Norovirus/Norwalk	Exclude until 48 hours symptom free (diarrhea has stopped).	YES
Rotavirus	Exclude until 48 hours symptom free (diarrhea has stopped).	YES
Salmonella	Exclude until 48 hours symptom free (48 hours after diarrhea has stopped).	YES
Salmonella typhi	Exclude until symptom free (diarrhea has stopped) and stool cultures taken 24 hours apart are negative (number of stool cultures to be determined by Public Health). **Proof of negative cultures must be provided to Public Health, who will then notify the facility of re-admittance permission.**	YES **Public Health signature required**

Disease/Infection	Exclusion Criteria	Return After Exclusion Form Required?
Shigella	Exclude until 48 hours symptom free (diarrhea has stopped) plus 2 stool cultures taken 24 hours apart are negative. **Proof of negative cultures must be provided to Public Health, who will then notify the facility of re-admittance permission.**	YES **Public Health signature required**
RESPIRATORY ILLNESSES		
Measles	Exclude until 4 days after onset of rash.	YES
Meningitis (Bacterial)	Exclude until 24 hours after child has started effective treatment and is well enough to participate in normal daily activities. No exclusion for viral meningitis.	YES
Mumps	Exclude cases until 5 days after onset of swelling.	YES
Rubella (German Measles)	Exclude for 7 days after onset of rash. If child has congenital rubella and is less than one year old, consult with Public Health.	YES
Scarlet Fever	Exclude until 24 hours after antibiotic treatment has been initiated.	YES
Strep Throat	Exclude until 24 hours after antibiotic treatment has been initiated.	YES
Varicella Zoster (Chicken Pox)	Exclude until child feels well enough to return to facility.	NO
Whooping Cough (Pertussis)	Exclude as directed by Public Health.	YES
OTHER		
Fever (from an unspecified cause)	Exclude- child can return once they are fever free for 24 hours without the use of fever-reducing medicine. Note: if fever is part of a diagnosed illness, a longer exclusion period may apply as directed by Public Health.	YES
Herpes Simplex (cold sores)	Exclude children who are not able to cover lesions, have poor personal hygiene, excessive drooling, or are too ill to participate in activities. Exclusion is not indicated for recurrent cold sores.	NO
Pinkeye (conjunctivitis)	Exclude until child is seen by a healthcare practitioner. If cause is viral, can return to the childcare setting with a healthcare practitioner's approval. If cause is bacterial, can return after 24 hours of appropriate antibiotic treatment completed.	YES
Ringworm	Exclude until treatment is started. Some restriction of activities may be recommended (depending on the infection site).	YES
Scabies	Exclude until 24 hours after first treatment is completed.	YES

Note: Parents must notify the operator within 24 hours of a confirmed diagnosis from a health care practitioner.

In a situation where a risk to public health exists (such as during an outbreak or with certain diseases of public health significance), the Regional Medical Officer of Health, may, under the *Public Health Act*, require the implementation of any measures necessary to reduce the risk of spreading communicable diseases. This may include excluding certain children or staff from the facility, closing sections of the facility or the entire facility.

Appendix C: Links to hand washing signs and procedures

Sample cleaning schedule:
https://www.caringforkids.cps.ca/uploads/wellbeings/Cleaning_and_sanitizing_ENG_2016.pdf

Sample hand washing signs and procedures:

Canadian Paediatric Society "*When to Wash Hands*"
www.caringforkids.cps.ca/uploads/wellbeings/wash_hands.pdf

Department of Health Download a poster (gnb.ca)

Appendix D: Recommended Routine Procedures for Cleaning, Sanitizing, and Disinfecting in Early Learning and Childcare Facilities

Refer to section 4.3 Environmental cleaning, sanitizing and disinfection and appendix 39 in the Operator Manual- Full-time and Part-time Early Learning and Childcare Centres for specific information on disinfectants, sanitizers and cleaning procedures.

Appendix E in the *Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare Facilities* has recommendations on how to mix bleach disinfectants and sanitizers. All other chemicals should be mixed and used according to manufacturer's instructions.

Operators should have test strips to verify that appropriate sanitizer and disinfectant strengths have been mixed.

This Appendix is intended to guide operators when they are cleaning, sanitizing and disinfecting within the ELC facility. It replaces previous recommendations for cleaning, sanitizing and disinfection in ELC facilities. Appropriate sanitizers or disinfectants should be used, depending on the surfaces.
Items unable to be cleaned are to be discarded as recommended or when necessary. "Necessary" is deliberately broad and requires use of discretion. For example, sensory items (such as feathers, pine cones, and commercial play dough are unable to be cleaned and disinfected after use so are recommended to be discarded after one week of use or always when in an outbreak. Handmade play dough is to be discarded more frequently as recommended.

Low touch areas, such as walls, blinds and floors, should be disinfected daily if there is an outbreak High touch areas such as light switches, doorknobs, toilets and faucets require cleaning and disinfection daily or twice daily if an outbreak..

Note: sometimes a low-touch surface may be considered as high-touch. For example, where young children frequently play on the floor or climb on window sills, those surfaces should be considered high-touch surfaces and should be cleaned and disinfected frequently and cleaning schedules adjusted as needed.

Areas/Items	Cleaning Method	After Each Use	At least daily or more frequently when necessary	At least weekly or more frequently when necessary	At least monthly or more frequently when necessary	Other
Toys and equipment						
Non-porous toys	Cleaned and disinfected			X		
Toy shelves and boxes	Cleaned and disinfected			X		
Soft washable toys	Laundered*			X		
Dress-up clothes Suspend use/discard when lice present	Laundered*			X		
Mouthed toys	Cleaned and sanitized	X				
Bibs	Cleaned and sanitized	X				
High chair table	Cleaned and sanitized	X				
Cribs/cots	Cleaned and disinfected			X		
Soothers/pacifiers	Cleaned and sanitized	X				

Areas/Items	Cleaning Method	After Each Use	At least daily or more frequently when necessary	At least weekly or more frequently when necessary	At least monthly or more frequently when necessary	Other
Play dough-commercial Suspend use/discard during outbreaks	Discarded			X		
Play dough-homemade Suspend use/discard during outbreaks	Discarded		X			
Water play table Suspend use/discard during outbreaks	Cleaned and disinfected	X				
Water play toys Avoid toys that allow entry of water into areas that cannot be cleaned	Cleaned and disinfected		X			
Dry sensory food materials (macaroni, rice, etc.) Suspend use/discard during outbreaks	Discarded			X		
Sensory play items (items unable to be cleaned such as unfinished wood, pine cones) Suspend use/discard during outbreaks	Discarded				X	
Dry sand table contents	Discarded				X	
Sand table toys	Cleaned and disinfected			X		
Foam play mats	Cleaned and disinfected		X			
Sleep areas						
Sheets and blankets (from either the facility or home)	Laundered*			X		
Nap mats/cots (stored so there is no contact with another nap mat/cot)	Cleaned and disinfected			X		
Nap mats/cots (not stored separately)	Cleaned and disinfected on both sides	X				
All areas						

Areas/Items	Cleaning Method	After Each Use	At least daily or more frequently when necessary	At least weekly or more frequently when necessary	At least monthly or more frequently when necessary	Other
Food contact surfaces	Cleaned and sanitized	X				
Doorknobs, light switches, tabletops, railings, floors, sinks, non-food contact surfaces, chairs	Cleaned and disinfected		X			
Upholstered furniture	Vacuumed**		X			
Upholstered furniture	Steam cleaned					2 times per year and when contaminated
Small area rugs	Laundered				X	
Carpets	Vacuumed**		X			
Carpets-general areas	Steam cleaned					2 times per year and when contaminated
Carpets- Infant rooms	Steam cleaned					Every 3 months and when contaminated
Floors	Cleaned and disinfected		X	X		Weekly if low touch, daily if medium to high touch
Garbage containers	Emptied		X			
Garbage containers	Cleaned and disinfected			X		
Washrooms						
Change table/pad Including the entire surface of the change area and the sides of the change surface	Cleaned and disinfected. For commercial disinfectants follow the manufacturer's instructions.	X				
Toilets/urinals	Cleaned and disinfected		X			
Stall walls/partitions	Cleaned and disinfected		X			
Stall walls/partitions-fabric	Laundered		X			
Potty chairs/seats	Cleaned and disinfected	X				
Sinks	Cleaned and disinfected		X			

Areas/Items	Cleaning Method	After Each Use	At least daily or more frequently when necessary	At least weekly or more frequently when necessary	At least monthly or more frequently when necessary	Other
Animal equipment						
Litter boxes	These should not be cleaned in the kitchen, food preparation areas or child play areas. Sink or tubs used for cleaning must be thoroughly cleaned and disinfected after each use.		**X**			
Cages, aquariums	These should not be cleaned in the kitchen, food preparation areas or child play areas. Sink or tubs used for cleaning must be thoroughly cleaned and disinfected after each use.					As required

*Ensure proper segregation of clean and soiled laundry. Do not shake soiled linens and laundry. Use pre-wash cycle. Use regular wash cycle with hot water (60°C/140°F) and detergent. Dry separately from uncontaminated items at a temperature greater than 77ºC (170ºF). There is no need to wash or disinfect tubs of washers or dryers if cycles are run until complete.

** If contaminated by bodily fluids clean as per section 4.3 in the Guidelines for the Prevention and Control of Communicable diseases in Early Learning and Childcare Facilities

Appendix E: Guide for Mixing Bleach-based Sanitizers and Disinfectants in Early Learning and Childcare Facilities

A guide for mixing bleach is included, as this chemical strength can vary depending on use. Other commercially prepared sanitizers and disinfectants should come with instructions on mixing for the desired strength or pre-mixed to a specific strength by the manufacturer.

The first two columns on the left are intended for use for both routine and outbreak sanitizing and disinfection at a facility. The second columns have specific uses only and are included for use in the situations indicated. The columns for routine and outbreak use are highlighted in green for clarity.

Routine Disinfection		**Outbreak Disinfection**	**Use Under Specific Circumstances ONLY**
Strength **100 ppm**	**Strength** **500 ppm**	**Strength** **1000 ppm**	**Strength** **5000 ppm**
***Note:* Strength equals the amount of bleach in parts per million (ppm) per amount of water**			
Use this level for sanitizing food contact surfaces such as dishes, highchair trays, utensils, pacifiers and other toys that the children place in their mouth.	Use this level for disinfecting general household surfaces. Use on low-touch surfaces such as blinds, floors and walls.	Use this level for disinfecting general surfaces and high touch areas (light switches, doorknobs, faucets, toilets) during outbreaks.	Use this level to disinfect surfaces contaminated with blood and body fluids (i.e. vomit, diarrhea, mucus or feces), and Hepatitis A and viral gastroenteritis outbreaks (ie: Norovirus, etc.) during outbreaks and **as directed by Public Health.**
Mixture	**Mixture**	**Mixture**	**Mixture**
100 ppm (5.25%) bleach 2 ml (1/2 tsp) bleach in 1 L (4 cups) water **or** 10 ml (2 tsps) bleach in 5 L (one gallon) water	**500 ppm (5.25%) bleach** 10 ml (2 tsps) bleach in 1L (4 cups) water	**1000 ppm (5.25%) bleach** 20 ml (4 tsps) bleach in 1L (4 cups) water	**5000 ppm (5.25%) bleach** 100 ml bleach in 1L (4 cups) water **or** ¼ cup bleach in 2¼ cups water
Contact time	**Contact time**	**Contact time**	**Contact time**
1 minute Let air-dry completely	2 minutes Let air dry completely	1 minute Rinse with clean water, air dry	10 minutes Rinse with clean water, air dry

Appendix F: Public Health Communicable Disease Team Contact List

The PH Communicable Disease team consists of a public health inspector, a public health nurse and the regional medical officer of health. Depending on the illness question, a PHI or PHN will be available to help you when you call the Communicable Disease line. If no CD line is indicated, call the main office and you will be directed as appropriate. The after-hours emergency number has been included to reach public health after hours during an emergency situation only.

Department of Public Safety Public Health Inspectors	Regional Health Authority Public Health Nurses
Central Region Fredericton (Regular hours): Main office (506) 453-2830 Communicable Disease Line (506) 444-5905	**Zone 3** Fredericton (Regular hours): Main office (506) 453-5200 Communicable Disease Line (506) 444-5905
Central Region After Hours Emergency Number 1-506-453-8128	
South Region Saint John (Regular hours): Main office (506) 658-3022 Communicable Disease Line (506) 658-5188	**Zone 2** Saint John (Regular hours): Main office (506) 658-2454 Communicable Disease Line (506) 658-5188
South Region After Hours Emergency Number 1-506-658-2764	
East Region Moncton (Regular hours): Main office (506) 856-2814 Communicable Disease Line (506) 856-3220 Miramichi (Regular hours): Main Office (506) 778-6765 Communicable Disease Line (506) 778-6104	**Zone 1** Moncton (Regular hours): Main office (506) 856-2401 Communicable Disease Line (506) 856-3220 **Zone 7** Miramichi (Regular hours): Main office (506) 778-6765 Communicable Disease Line (506) 778-6104
East Region After Hours Emergency Number 1-506-856-2004	
North Region Edmundston (Regular hours): Main office (506) 737-4400 Campbellton (Regular hours): Main office (506) 789-2549 Bathurst (Regular hours): Main office (506) 549-5550	**Zone 4** Edmundston (Regular hours): Main office (506) 735-2065 **Zone 5** Campbellton (Regular hours): Main office phone number (506) 789-2266 **Zone 6** Bathurst (Regular hours): Main office phone number (506) 547-2062
North Region After Hours Emergency Number 1-506-789-2428	

Note:
Regular hours are 8:15 am - 4:30 pm Monday-Friday.
The after-hours emergency number is to report notifiable diseases after 4:30 pm on weekdays and on the weekends and holidays. The after-hours number is intended for emergency reporting only – operators are asked to keep the after-hours number confidential within the facility (only for operators and staff).