

HALDIMAND-NORFOLK HEALTH UNIT

HEALTHYSCHOOLS

Parents are children’s best role models

Since the choices children make are greatly influenced by their families, it is important to keep the following in mind: Choose your words, for they become your child’s words. Watch your actions, for they become your child’s actions. Examine your habits, for they become your child’s habits.

“Who has time to exercise?”

By Michele Crowley, Health Promoter

Do these words sound familiar? What you say and do in front of your children affects their attitudes about exercise. If your children hear you say these words often enough, they may learn that physical activity isn’t important.

Be a good role model. Set a good example for your children and make physical activity a priority for you and your family. Children copy what they see, so it’s important for parents to lead by example by being physically active every chance you get.

Be creative. Go for a brisk walk after dinner instead of watching TV. Take the stairs instead of the elevator. Leave the car at home for short trips. Instead of watching your child’s hockey or

soccer practice, use that time to do some physical activity of your own.

Play together. Plan activities that you can do as a family, such as a family walk, hike or bike ride. Find safe walking routes children can take to school. Attend public skates and swims. Play catch or kick a soccer ball around.

Make it fun. There are always plenty of active chores to do around the house. Make regular chores more fun by adding music and dancing so children will want to help with washing the car, walking the dog, mopping and vacuuming the floors, preparing meals, shovelling the driveway or cleaning out the garage.

Tune out. Set a family time limit for watching television or using the computer for fun. Be aware of the types of video games your children play and the web sites they visit.

Start today. Kids need to be active to grow and develop for a lifetime of health and happiness. And it’s never too late for parents to get moving, so when you finish reading this newsletter, go for a walk and take your kids with you.

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Teach kids animal safety to protect them from rabies

Many children love animals and will want to touch and play with every one they come across. That’s why it’s important for parents to teach their children about the dangers of approaching unfamiliar pets or wild animals, since a bite or scratch could result in rabies.

Rabies is a viral disease that attacks the nervous system of all warm-blooded animals, including humans. It commonly affects raccoons, foxes,

skunks, bats, cats, dogs and cattle. It is spread through the saliva of an infected animal and can be passed on if an animal bites or scratches you or if an animal’s saliva comes into contact with your mouth or eyes.

If your child is bitten or scratched by an animal, you should immediately wash the affected area thoroughly with soap and water and seek

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“Do I look fat to you?”

By Kathy Page, Public Health Dietitian

If you want your children to have healthy body images, make sure you're sending the right message yourself. When children feel good about themselves and their bodies, they are more likely to make healthy choices.

Be good to yourself. Catch yourself before making negative remarks about your own weight or appearance. If you're preoccupied with dieting, calories and weight gain, chances are your impressionable child will be too.

Think before you speak. An offhand remark about how heavy your children are getting or how they look could have a lasting negative impact.

Watch your mouth. Avoid making comments about people based on weight, shape or size. Teach your children that teasing others about their weight and shape is unacceptable.



Accept yourself. Love yourself for who you are and do the same for your children. Focus on talents and abilities rather than looks. Identify your own strengths and help your children identify theirs.

Eat well. Focus on eating healthy and enjoying an active lifestyle, not dieting. Shift your thinking from being thin-at-any-cost to being healthy and feeling good. It

will help everyone feel competent, energetic and good about their bodies.

“I'm such a loser”

By Andrea Bodkin, Heart Health Coordinator

You may never say to your child, “You are a loser,” but how often do you say that to yourself? Your children learn just as much from the things you say to yourself as they do from the things you say to them. So, it's important to think about everything you say, even when you think they aren't listening.

Be positive. Boost your children's self-esteem – and your own – by remarking on jobs well done. Compliments are most effective when they are sincere and are about a specific accomplishment. There are lots of ways to compliment a child, including: Excellent! Fantastic! Super! Amazing! Or how about: I trust you. That was a thoughtful thing to say/do. I was proud of the way you.... You made my day! Beautiful job! You worked hard on that! That's good thinking! Great work! Good for you! I worked really hard on that! I handled that well! I'm happy about the way I....

Use rewards. Rewards and incentives can be helpful ways to encourage positive behaviour. Often, candy, chocolate and cookies, foods that counteract healthy eating messages, are used. So instead, try these heart-healthy ways to reward your children: Do a craft or activity together. Go to the park and feed the ducks. Go to the library or read a book with them. Cook or bake together. Play dress up. Have a tea party. Go for a bike ride or walk together. Invite friends over to play games.

“I could use a cigarette right now”

By Fiaza Siddiqi, Health Promoter

The research has been clear for many years about the negative effects of tobacco, both for those who smoke and for those exposed to second-hand smoke. On May 31, 2006, the Smoke Free Ontario Act made all public spaces smoke-free.

Keeping second-hand smoke away from

your children is important. And if you smoke, you should think about the message this sends to your children. Research shows that when parents smoke, their children think it is normal and are almost twice as likely as children of non-smokers to start smoking themselves.

Your children are listening. When you are feeling stressed or anxious, have you ever said, “Boy, I could use a cigarette right now”? When your children want to spend time with you or need your help, do you ever say, “Wait until I have a smoke”? What message does that send to your children?

Talk about peer pressure. Children and youth face peer pressure every day. If their friends smoke, your child is more likely to smoke. For teenagers, smoking is a symbol of belonging to a social group, especially when they get to high school.

Talk about the media. The media are a powerful influence on how children feel and look and what they eat and do. Smoking is no different. Advertising is one of the key factors in convincing children to start smoking.

Be clear. Children who believe their parents would disapprove of their smoking are less likely to start. So, be aware of what you say and do about smoking and tobacco – your children are watching.

“I could use a drink”

By Michelle Lyne, Public Health Promoter

Kids are constantly watching and imitating their parents, picking up their habits and beliefs, both good and bad. It can be confusing for children when parents' actions don't match their words. So, while it is important to talk to your kids about alcohol and other drugs, it is also essential to set a good example for them.

What kind of example are you setting? Do you drink alcohol every day? Has your child ever seen you drunk? Do you always drink when you celebrate something important? Do you think it's cool or funny to get drunk? Do you ever drink and drive? Do you smoke cigarettes? Do you ever talk about needing or craving a cigarette? Do you smoke marijuana? Do you take sleeping pills often?

If you answered yes to any of these questions, it may be time to think about making a change. If you use alcohol or prescription drugs, be sure to use them in a manner that sets a good example for your child. It is important to think about the messages you send. Don't just be a role model – be a good role model.

Know your limit. If you choose to drink, follow the Low-Risk Drinking Guidelines – no more than two standard drinks a day, with a weekly limit of nine for women and 14 for men. Know your own limits and stick to them, especially around your child.

Talk to your kids. Talk to your child about what you feel is appropriate when it comes to alcohol use. Discuss why some people choose to drink, with whom and under what circumstances. Be sure to highlight both the positive and negative reasons (e.g., for religious reasons, to celebrate, to relax, because others are doing it, because they are bored, to cope with certain situations, etc.).

Stay away. Avoid smoking in front of your child and/or talking about cigarette cravings.

Explain medications. Explain why some people take prescription drugs. Emphasize the importance of using prescriptions only as directed by a doctor. Never give your child a medication prescribed for someone else.

Have fun. Show your children that you can have a good time without using alcohol or other drugs.

“I hate wearing a helmet”

By Joanne Alessi, Health Promoter



Children are constantly watching and imitating their parents, so it should come as no surprise that their use of bike helmets is closely linked to their parents' use of helmets.

Set a good example. Over a nine-year period, researchers from the University of Toronto collected data from more than 2,000 child cyclists. They discovered that 95% of kids wore a helmet if they were riding with an adult who also wore one, but only 40% wore a helmet if they rode with an adult who was not wearing one. This research was backed up by a study from the University of West Virginia. In this study, of those children who said they never wore bike helmets, 88% of them had parents who also said they never wore helmets.

Reduce injuries. Each year in Canada, more than 1,800 children are hospitalized because of bike-related injuries, and 29% of those injuries are traumatic brain injuries. Parents can drastically reduce these statistics by choosing to act as role models for their kids. By wearing helmets, adults will not only reduce their own chances of a serious injury, but they will have a greater impact on encouraging their children to play safe. So, it's not just a matter of telling your children, “Do what I say.” It's more important to show your children to “do what I do.”

Re-think your drink

While they're at school all day, children may not be able to take care of their teeth properly, especially if they don't carry a toothbrush. But parents can help make sure their children's teeth stay healthy by choosing the right drinks.

Many students drink pop throughout the day, which can be harmful to their teeth. Even diet pop, though it is low in sugar, contains acid and that can damage children's teeth. Juice drinks and sports drinks can also be harmful because they contain a lot of sugar and acid.

When any type of sugary drink mixes with bacteria in the mouth, it produces acid, and that acid breaks down tooth enamel and causes cavities. Each sip of a sugary or acidic drink exposes teeth to 20 minutes of danger, so brushing, flossing or rinsing with water after drinking sugary drinks helps prevent cavities.

Brushing your teeth is the best way

to help stop decay. But since most children don't brush their teeth at school, here are some other ways you can help them protect their teeth during the day:

- Send a small bottle of water with their lunch for them to clean their mouths with after eating or drinking.
- Pack crunchy vegetables or fruits, like carrots or apples.



- If your children's school allows it, suggest they have a stick of gum after snacking. Only choose sugar-free gums, though.
- Check your school's beverage vending machines and encourage your children to drink water or milk instead of pop, juice drinks or sports drinks.
- If your children drink bottled water, be sure they are getting fluoride needed to help keep their teeth strong and healthy. Ask your dentist if fluoride supplements or treatments are needed.

Submitted by Kim Casier, Dental Hygienist

Free help available for late talkers

Did you know that children usually begin using words between 12 and 18 months of age? It's normal for these words to be unclear, such as baba for bottle and ba for ball. By 18 months, a child should use at least 10 specific words. By 24 months, children should use more than 50 words and combine them into two- and three-word phrases regularly. For example: "Hi dada," "No, mama," "More juice please" and "Whe(re) ba go?"

A child who uses fewer words or phrases than expected could be experiencing language delay. About half of children who are language delayed at 18 months catch up by 30 months. These kids are considered late-talkers. The other half do not catch up on their own and can benefit from the help of the trained speech-language pathologists at the Haldimand-Norfolk Pre-School Speech and Language Program.

Children with language delay who do not catch up by 30 months are at risk for academic failure once they reach kindergarten.

They have more social problems and have a harder time learning to read. No parent wants this for their child and no child needs to go through this alone.

The Haldimand-Norfolk Pre-School Speech and Language Program offers free services to all parents and preschoolers in Haldimand and Norfolk, with offices in Dunnville, Caledonia, Simcoe and Langton. Once your child reaches school, services are really hard to access. We can provide services until your child enters senior kindergarten, but children need to be referred before December of their junior kindergarten year. Don't wait and see. If you think your child is experiencing language delay, you're probably right, so call the Parent Info Line at 1-866 463-2759. A doctor's referral is not needed.

Submitted by Lori Holstein, Senior Speech-Language Pathologist

Quick tips for making food-safe lunches

Packing lunches for your children that are not only healthy but food safe is quick and easy as long as you follow these three steps:

Get off to a clean start. Hand-washing is one of the best ways to prevent the spread of foodborne illness. Always wash your hands for at least 20 seconds with soap and warm water before and after handling food. Be sure to clean and sanitize your countertops, utensils and lunch boxes, too, because sanitizing kills bacteria and can prevent foodborne illness.

You can make your own bleach sanitizer by combining 5 ml (1 tsp.) of bleach with 750 ml (3 cups) of water in a labelled spray bottle. After cleaning, spray the sanitizer on surfaces, utensils and lunch boxes, and then air dry.

Because raw fruits and vegetables can be contaminated with bacteria, viruses and parasites, wash them thoroughly with safe,



clean water before you prepare and eat them. Use a brush to scrub produce with firm or rough surfaces, such as oranges, cantaloupes and carrots.

Keep cold food cold. Perishable foods such as beef, chicken, seafood, eggs, mayonnaise, dairy products and all leftovers must stay cold to stay safe. Use frozen freezer or gel packs to keep food properly chilled at or below 4°C (40°F). Frozen juice boxes will act like extra freezer packs, so place them between foods that need to stay cold. You can also refriger-

ate or freeze lunch-box items the night before to get your child's lunch off to a cool start.

You can also use an insulated lunch box or bag. Remind your children to keep lunch boxes and bags out of direct sunlight and away from radiators and other heat sources.

Keep hot food hot. To be safe, hot foods such as soup, chilli and stew must stay hot and remain at or above 60°C (140°F). Use insulated containers and instruct children to keep them closed until lunch time. You can preheat insulated containers by filling them with boiling water and letting them stand for a couple of minutes. Pour out the water and then fill the container with hot food right away. Or, if a microwave is available, have your children take their food cold and then reheat it at lunchtime.

Submitted by Theo Karagias, Public Health Inspector

Tools for school. . . getting your child ready for kindergarten

Starting school is a big step for your children. It's a wonderful and exciting experience, but it also means big changes. There are many things you can do to help make the transition easier for the whole family. Here are a few suggestions to encourage your children to develop more independence in preparation for school.

- Have your children spend time away from regular caregivers by taking part in an activity at the library or participating on a sports team or other social group.
- Make time every day to talk about your children's day.
- Make sure your children have a set bedtime. Your child should be getting between 10 and 12 hours of sleep.
- Give your children specific tasks for helping at home. Tidying up will be a part of the classroom routine.
- Encourage your children to be responsible for personal care such as dressing and personal hygiene.
- Plan the route to and from school.
- Read together every day.

As you get ready for the first day of school, you should also review safety rules. Don't over-emphasize hazards, but make sure your children know how to keep safe.

Generally, any child who is excited and enthusiastic about learning will do well in kindergarten. Before starting school, your children should have mastered some of the most important lessons of life. They know the difference between themselves and others, between family and strangers. They grasp the connection between cause and effect. They have a developing sense of time – of past, present and future. They understand and can express spatial relationships – up from down, in from out, front from back. They can use the grammar of their language and have a large vocabulary of words. Your children

will build on these skills during the early years of school.

The Nipissing Developmental Screen is another tool designed to monitor your children's development. These screens track growth and development from birth to six years of age. By four years of age, your child should:

- Understand three-part-related directions and longer sentences. For example: "Put your toys away and wash your hands before lunch."
- Say rhymes or sing children's songs.
- Ask lots of questions.
- Correctly say the words two, hat, do, mud, fun, off, key, cookie, go and hug.
- Use some word endings, as in running and jumped.
- Tell what is happening in a picture when asked.
- Speak clearly enough to be understood most of the time.
- Try to hop on one foot.
- Catch a large ball with outstretched arms.
- Snip paper with scissors.
- Draw a person with three or more body parts.
- Hold a pencil correctly.
- Undo buttons and zippers.
- Use the toilet during the day.
- Take turns and share with other children in small group activities.



- Play near and talk to other children while continuing with own activity.
- Look for adult approval.

It is also recommended that all children about to start school have vision, hearing and dental check-ups. Ask your family doctor or local Health Unit where these services are available in your community. If you have any questions or concerns about your child's growth and development, contact your local Health Unit.

Submitted by Melanie Holjak, Public Health Nurse

Cover your cough and wash your hands

Serious respiratory illnesses such as influenza, respiratory syncytial virus (RSV), whooping cough and severe acute respiratory syndrome (SARS) are spread by coughing and sneezing and unclean hands. To help stop the spread of germs, teach your children to cover their mouths and noses with a tissue when they cough or sneeze, and place all used tissues in a waste basket. If they don't have a tissue, they should cough or sneeze into their upper sleeves, not their hands.

It's also important for children to learn to clean their hands after coughing or sneezing. Frequent, thorough hand washing is the best way to prevent the spread of infection. Washing your hands removes visible dirt and reduces the number of germs on your hands. This makes it less likely that germs will be spread from your hands to food, wounds or other things you touch.

Teach children to wash their hands with soap and warm, running water after blowing their noses, sneezing and coughing, as well as after using the toilet, before and after meals and breaks, before

and after preparing food, before and after tending to someone who is sick, after handling an animal or animal waste, after handling garbage and before and after treating a cut or wound.

Washing your hands properly is easy. First, wet hands under warm running water; this helps to make the soap work better. Then, scrub hands all over for at least a count of 10. More time may be necessary if the hands are visibly soiled. Pay special attention to fingertips and thumbs. Then, rinse under warm, running water for at least a count of 10, holding hands downward. Dry hands thoroughly with a paper towel. At home, try to use individual towels. Then, turn the taps off with the towel.

If water and soap are not available, use a 60% to 70% alcohol-based gel to clean hands. When using an alcohol-based hand sanitizer, apply the product to the palm of one hand, then rub hands together. Rub the product over all surfaces of hands and fingers until hands are dry.

Submitted by Lynda Linn, Public Health Nurse



Free vaccine protects youth from meningitis

Students in Grade 7 and those who are 15 to 19 years old are now eligible to receive a free vaccine that protects against meningitis, a serious disease that can spread quickly among young people, cause long-term health problems and even kill.

In January 2005, the Ontario Ministry of Health and Long-Term Care added Meningitis C vaccine to the list of publicly funded vaccines available to children. This vaccine protects against a killer disease called invasive meningococcal disease serogroup C (IMD-C), which can lead to bad infections of the blood and of the covering of the brain and spinal cord known as meningitis. Children and teens that get this disease get very sick, very quickly and may even die because of it.

IMD-C is caused by germs that can live in the body, especially in the nose and throat. They are spread from one person to another by droplets in the air from coughing and sneezing. They are also spread from the saliva, or spit, of an infected person when kissing or sharing

drinks, straws, toothbrushes, cigarettes, lip stick or musical instruments with mouth-pieces.

Although rare, outbreaks of IMD have happened in schools and communities in Ontario and other parts of Canada. Most of these outbreaks have been caused by the same serogroup the meningitis C vaccine protects against. In Ontario, many of the cases of IMD-C are seen in teens and young adults. For this reason, meningitis C vaccine has been added to the routine schedule for baby needles and is also available free of charge to Grade 7 students and 15 to 19 year olds.

Vaccinating Grade 7 students provides them with protection before they might be exposed to the disease. Teenagers who are 15 to 19 years old who have never had the vaccine will benefit from getting it because the chance of getting the disease is higher in this age group.

Meningococcal C-conjugate vaccine is a safe vaccine. The most common side effects are mild, such as a little soreness,

redness, itching and/or rash where the needle was given. Only one shot is needed to protect against this disease.

Starting in the spring of 2006, the Haldimand-Norfolk Health Unit offered meningococcal C-conjugate vaccine at school to students in Grade 7, along with Hepatitis B vaccine. Vaccine information letters and consent forms are sent to parents and guardians prior to Grade 7 clinics at school. You can also get meningitis C vaccine from your health care provider or doctor. Please let the Health Unit know about any vaccine given to your child by your health care provider so we can keep your child's records up to date.

Meningococcal C-conjugate vaccine is not one of the needles required by the *Immunization of School Pupils Act (1982)* for children to go to school, but it is recommended that all children have this shot because the disease it prevents is so severe.

Submitted by Joan Beckett, Clinical Nurse

Don't bet on children getting accurate messages about gambling

If you think children are too young to gamble, think again. According to the 2003 Brant, Haldimand and Norfolk Student Health Survey, almost half of all students in Grades 5, 7, 9 and 11 had bet or gambled. And a portion of those who do so may be at risk of developing some kind of problem.

Gambling is defined as risking something of value when there is an element of chance associated with the outcome. Just because children aren't old enough to visit a casino or buy a lottery ticket doesn't mean they aren't gambling – no scratch ticket, roulette wheel or slot machine is needed. Young people gamble in school cafeterias, in their families' rec rooms or online. Poker, in particular, has become an increasingly popular activity for young people, due in part to increased television

coverage and popular movie stars adopting the game as a favourite past-time.

Parents have an excellent opportunity to teach their children about the odds, risks and consequences of gambling. Here are some examples of how parents can deliver the right message:

- Don't buy lottery or scratch tickets for young people and resist the temptation to put them in birthday cards. You wouldn't buy your children a case of beer, so why buy them scratch tickets?
- Make sure young people have an honest understanding of the odds of winning. It is great to talk about what your family might do with lottery winnings but make sure to mention that the odds of winning a jackpot are slim (one in 21 million for the Super 7 and one in 14 million for 649). Perseverance and hard



work are the better bets for getting ahead in life.

- Encourage schools to adopt policies about gambling on school property. Many teens gamble at school during lunch hour or in spare periods. A no-gambling policy will ensure the cafeteria doesn't become a mini casino and can contribute to a healthier school environment as gambling debts can increase conflict among students.

Submitted by Linda Voss, Addictions Counsellor

Talking to kids about puberty and sexuality

Sooner or later, we all learn about the facts of life – puberty and sexuality. Puberty is the time between childhood and adulthood. Before then, you may want to think about how you learned about puberty and sexuality and how you want your own children to learn about them from you.

The information your children get from friends, movies and television is not very accurate. You can ensure they get the correct information by talking to them about the changes happening their bodies and emotions. The most important thing is to let them know they can talk to you and that you care about what is happening to them.

Try to remember how you felt when you were their age. Talking about it can be embarrassing for you, but it's usually just as embarrassing (or more) for your children. Ask them what they know about puberty and sexuality. Let them know that this stage in their lives is normal and that everybody goes through the changes at some time. You will help them feel less "weird" if you assure them they are not the only ones going through this. Explain to them the reasons for the changes that are happening.



Since children will not absorb all the information at once, it is better to talk briefly and often instead of having one big talk. Let their questions guide you as to what to tell them. You do not need to give details, but you need to give them facts. Be honest and matter-of-fact; after all, you are only having a discussion about one of their body systems. Children know about their digestive and respiratory systems, and now you are talking about their reproductive systems.

Teach them the correct names for their reproductive organs; they are not dirty words, they are what they are. Explain that a gland in their brains acts as a time clock that releases hormones that cause the emotional and physical changes they are experiencing. Everyone has a built-in time clock that decides when the changes will occur. These changes start at different times for different people; this is normal. In girls it can start any time between eight and 16 years of age; in boys, it starts sometime between the ages of 10 and 16.

Teach children about the changes that occur in both boys and girls. If they know that changes occur in both sexes, they may be more understanding and less likely to tease others when they notice changes in them. Teach them that their reproductive systems become functional during puberty, but just because they have the physical ability to have a baby does not mean they are emotionally, mentally or financially ready to have a baby.

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Children have all kinds of questions about puberty, but they may be too embarrassed to ask. If you talk to them about what they can expect to happen, they will be less afraid of the unknown and better prepared to deal with the changes.

The following are changes that occur in both boys and girls:

- Mood changes
- Skin becomes oilier and pimples may develop
- Sweat glands become activated, leading to body odour
- Underarm and coarser body hair develops
- Voice deepens (more noticeably in boys)
- Growth spurts
- Reproduction organs mature
- Breast tissue develops (breast puffiness may occur in boys. It's normal. It will disappear when the hormones settle)

The following changes happen only to boys:

- Chests get broader
- Voice becomes much deeper
- Penis and testicles grow
- Sperm is produced
- May experience erections and ejaculations during the night

The following changes happen only to girls:

- Fat is deposited in the face, hips and buttocks
- Hips and pelvis widen
- Breasts develop
- Ovulation and menstruation begins
- Whitish cervical mucous may appear at the vaginal opening
- Growth of uterus and vagina

Although each person's body clock is different, changes generally occur in the same order. For example:

The Female Body Clock

- Budding of breasts
- Growth of bony pelvis
- Growth spurt
- Growth of pubic hair
- First menstruation
- Development of underarm and coarser body hair
- Activation of oil and sweat glands
- Growth of uterus and vagina is completed

The Male Body Clock

- Growth of testes and scrotum
- Growth of straight pubic hair
- First ejaculation
- Growth spurt
- Voice change (due to growth of the larynx)
- Development of underarm and coarser body hair
- Activation of oil and sweat glands
- Growth of facial hair (beard)

Submitted by Maria Mendes Wood,
Public Health Nurse



Parenting programs
free, fun & informative

Nobody's Perfect

~ for parents of children ages 0-6

Ready or Not

~ for parents of children ages 7-12

Pursuing Independence

~ for parents of children ages 13-19

Call to register.




Teach kids animal safety

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medical treatment right away; once rabies symptoms appear, the virus is always fatal in animals and humans. You should also contact the Haldimand-Norfolk Health Unit with the following information: the date of the incident, type of exposure (bite or scratch), type of animal and contact information for the animal owner.

Make sure your children understand that they should never approach or touch pets they don't know and to stay away from all wild animals, including raccoons, skunks, foxes and bats. If you come across a dog or cat that is acting strangely, report the animal and its location to your local Humane Society right away. You can reach the Simcoe and District Humane Society at 519-428-9161.

Submitted by the Healthy Environment Team



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