



Child Care Centres: **DISCLOSURE** **GUIDE**

Health and
Social Services
Haldimand and Norfolk

Letter from the Medical Officer of Health

Dear Owner/Operator:

The Ontario Public Health Standards requires public disclosure of inspections of restaurants, public pools and spas, daycare centers, as well as personal services settings such as tattoo parlours and hair salons.

As of January 1, 2019, these results will be posted on the Haldimand-Norfolk Health Unit's InspectOUR Community website at <https://InspectOURcommunity.hnhss.ca>.

All establishments in the province of Ontario will be required to post notices related to results of inspections. After an inspection is completed, establishments will be required to post the certificate of inspection as requested by the public health inspector. This is to improve transparency and ensure accountability.

This guide book was created to highlight the changes under the new legislation, provide additional information about the disclosure program and outline your responsibility as a business owner. Please review carefully.

The public health inspectors at the Haldimand-Norfolk Health Unit are available to answer any questions you may have. Our public health inspectors are available Monday to Friday between 8:30am – 4:30pm and can be reached at 519-426-6170 or 905-318-6623.

Thank you for your cooperation. We look forward to continue working with you to keep our community safe and healthy.

Sincerely,

A handwritten signature in blue ink, appearing to read "S. Nesathurai".

Dr. Shanker Nesathurai, MD, MPH, FRCPC(C)





Child Care Centres: DISCLOSURE GUIDE

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Introduction

The operation and maintenance of child care centres are governed by the Infection Protection and Control (IPAC) in Child Care Centres Protocol, the Infection Prevention and Control Disclosure Guideline and the Ontario Regulation 493/17: Food Premises, under the Health Protection and Promotion Act, RSO 1990. In addition, the medical officer of health (MOH) has the duty to enforce any sections of the Child Care and Early Years Act, enforced by the Ministry of Education.

As a child care centre owner or operator, it is your legal responsibility to ensure that your facility complies with all of the necessary legislation and operating standards so that the students and staff can safely consume food from the facility and prevent disease transmission.

The new protocols for child care centres came into effect on July 1st, 2018. Under the Infection

Prevention and Control Disclosure Guideline and the Ontario Regulation 493/17: Food Premises, the HNHU is required to disclose inspection results. To make the transition easier the Haldimand-Norfolk Health Unit (HNHU) has created this guide. It is important to note that this guide does not discuss all requirements in the regulation(s), and following this manual does not exempt owners or operators from any regulatory responsibilities.

Please note that changes or alterations to your facility or operational equipment will require a written approval from your public health inspector (PHI) and may also require a permit from the Building and Bylaw Department. Call your building inspector and your PHI before you make any changes.





Role of the Public Health Inspector

Children are a part of our vulnerable population as they have a lower immune system as compared to an average young adult. It is important to ensure that all necessary precautions are taken to prevent them from getting ill. Poorly implemented infection prevention and control strategies can lead to illnesses in the children under your care. It could even lead to an outbreak.

The kitchen in your child care centre is considered to be a food premise and you are required to adhere to the Ontario Regulation 493/17: Food Premises. Improperly maintained kitchens/serving areas or poor food handling practices can cause a foodborne illness. The goal of the PHI is to reduce or eliminate the incidence of such illnesses and to prevent any health hazards that may pose a risk to children and staff within your facility. Compliance with the regulation and good operational practices are major factors

in helping reach this goal. PHIs regularly inspect food premises, conduct outbreak investigations and follow-up on public complaints to ensure compliance to the legislation and public health safety.

Your PHI can help you operate and maintain your child care centre in a safe and sanitary manner. The Health Protection and Promotion Act provides the authority under which enforcement measures can be taken if conditions are found that are, or may be, hazardous to the attendees or staff. At the end of an inspection, your PHI will issue a report listing any contravention of the regulations or the protocols. Enforcement action maybe taken, this may include a closure until hazards are either eliminated or mitigated, and/or may even include a set fine, in the form of a ticket. PHIs are available for consultation.

Disclosure

What is it?

The disclosure program is a new requirement from the Ontario Ministry of Health and Long-Term Care (MOHLTC) for every board of health to display the results of the inspections conducted in their jurisdiction.

While this program is not new in the province of Ontario, it is new to Haldimand and Norfolk counties.

As of January 1st, 2019, all inspections conducted by our public health inspectors will be posted on the Haldimand-Norfolk Health Unit's website. In addition, a certificate of inspection needs to be posted on-site, at each facility.

Why is it being implemented?

The Haldimand-Norfolk Health Unit supports the MOHLTC's goal of improving transparency and reporting practices.

The disclosure program will allow anyone to access inspection information, which will allow them to make informed decisions that may affect their health.

For more information about the disclosure program, you may consult the Ontario Public Health Standards or visit our website at www.hnhss.ca.

DID YOU KNOW?

The Haldimand Norfolk Health Unit's disclosure website, named "InspectOUR Community" will be launched in 2019.

Inspections conducted after January 1, 2019 will be publicly available on inspectourcommunity.hnhss.ca.

Disclosure: What Does It Mean for You?

What information will be disclosed?

The following information will be disclosed to the public:

1. All critical and non-critical infractions noted during:
 - All compliance inspections
 - All re-inspections
 - Certain complaint inspections: Inspections that are conducted due to a complaint will only be posted if the PHI observes infractions at the time of their visit.
2. Actions taken by the PHI. For example: Pool or spa closure.
3. If no infractions were observed during your compliance or your re-inspection, the website will reflect that the premise was in compliance with the Food Premise Regulation at the time of the inspection.

What information will not be disclosed?

Opening comments, closing remarks, and any other comments that are manually typed within the inspection report by the PHI will not show up on the website. These comments will be documented on the hard copy of the inspection report provided to you by your PHI.

Where will the inspection results be disclosed?

On our website InspectOUR Community at <https://InspectOURcommunity.hnhss.ca>.

Who can see those results?

Anyone visiting the InspectOUR Community website will be able to access the information posted for inspections as of January 1, 2019. For inspections prior to this date, please contact the HNHU at 519-426-6170 or 905-318-6623.

What is a certificate of inspection?

A certificate that allows any patrons entering your premises to see that the premise was inspected by a PHI from the Haldimand-Norfolk Health Unit. The certificate of inspection will include the name of the premise, the

address, the date of the inspection and the name of the website where they can access more information about the inspection results. You are required to post this certificate of inspection in an area that is clearly visible to the public, until the next visit from your PHI. An example of the certificate can be found in Appendix D.

What if I correct an infraction during the inspection?

Any infractions that are corrected during the inspection (CDI) are still documented as an infraction on your inspection report and on the disclosure website; but both the report and the website will reflect that the infraction was corrected.

What if I correct an infraction after the inspection, will the website be updated to reflect that the infraction has been corrected?

No. Once an inspection report is signed by a PHI, they cannot edit the report. Closed inspections will be sent to the disclosure website, if they meet the above mentioned criteria. If a re-inspection is required, the PHI will conduct a re-inspection. If you have corrected the infractions your re-inspection report will show up on the website.

Note: Re-inspections are conducted at the discretion of the PHI. Issues that are deemed critical but not an immediate health hazard, and that cannot be eliminated at the time of the inspection will require a re-inspection. In situations like this, your PHI will conduct a risk assessment of the situation and take actions to mitigate the risk and will conduct a re-inspection to ensure the safety of the public and compliance to the legislation. The time frame will vary depending on the type of infractions noted and the risk assessment conducted by the PHI.

For how long will the inspection results be posted on the website?

As required by the MOHLTC, the results will be posted for a minimum of two years on our disclosure website.

Your Kitchen

If your child care centre prepares food on-site or serves a catered meal for the children then your kitchen needs to be in compliance with the Ontario Regulation 493/17: Food Premises.

You should receive a copy of the Food Premises: Disclosure Guide created by the Haldimand-Norfolk Health Unit. It outlines your responsibilities and the requirements of the regulation. If you have not received a copy, please call 519-426-6170 or 905-318-6623 to request one. If you want more information about the regulation, you can visit www.e-laws.gov.on.ca.

DID YOU KNOW?

Your kitchen staff are considered to be food handlers, and as per the new Ontario Regulation 493/17: Food Premises, they need to be certified. Visit our website: hnhss.ca or call for more information.



Inspection Frequency

The HNHU conducts both infection prevention and control (IPAC) and food premise inspections at licensed child care centers.

IPAC inspections are conducted at least once every 12 months. However, PHIs use a risk based approach to determine if the number of inspections need to be increased. Factors that are taken into consideration when assessing the risk of the facility include:

- Past compliance to IPAC practices
- The number of outbreaks linked to the child care centre
- The response of the child care centre to an outbreak

Note: Complaints received from members of the public, re-inspections or outbreak investigations can prompt additional inspections.

DID YOU KNOW?

Children often imitate what grown ups do.

It is important for staff and other administrators to lead by example. Safety starts with you.



Hand Washing

Hand washing is key to preventing the spread of infection. Staff and children need to ensure that they are washing their hands with soap and water for a minimum of 15 seconds.

When:

- After using the toilet
- After assisting a child with the toilet and/or after diapering
- Before and after preparing food
- Before serving food
- When starting work
- After coughing and sneezing
- After coming back from smoking or from break

DID YOU KNOW?

Alcohol-based hand sanitizers, need to have a minimum of 60% alcohol in order to be effective and should be used when hands are not visibly soiled.

It is important to teach and remind children to wash their hands. Posters are available from the HNHU that can be posted in classrooms and washrooms. Visit our website at <https://hnhu.org> and look for the “Let’s wash our hands” poster or ask your PHI.



Policies and Procedures¹

Creating policies and procedures is important in a licensed child care center. Well-written, up to date and accurate policies and procedures promote an effective, efficient and consistent approach to infection prevention and control.

Your PHI will review your policies and procedures during their inspection. These policies include:

- Exclusion policy (includes re-admission and cohorting of ill children and staff)
- Reporting communicable diseases and outbreaks to the HNHU
- Communicating illnesses and outbreaks to parents or guardians
- Handling blood and body fluids, and recording such incidences
- Dealing with emergency situations, such as power outages, sewage back-up, no heat, no water or water interruption
- Diapering
- Clean and disinfecting of toys, pet cages, furniture, high-touch areas, sensory and water play tables
- Managing animals in child care centers

If you're unsure about the creation of any of the above mentioned policies, you can contact your PHI for a consultation.



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Immunization

Immunization is important in preventing outbreaks of vaccine preventable diseases. A vaccine assists the human body in developing its own antibodies to fight off infections. It is important for children in group settings such as child care centres to be immunized.

Children attending licensed child care centres must be immunized against the following diseases:

- Pertusis (Whooping cough);
- Tetanus, diphtheria, polio;
- Measles, mumps, rubella;
- Meningococcal disease (Meningitis);
- Chickenpox and
- Haemophilus influenza type B

Immunization Requirements & Exemptions

Children attending a licensed child care centre must be immunized, as per the Child Care and Early Years Act, 2014.

Amendments to this Act were made in 2016 to consider exemptions for children and staff attending a licensed child care centre. Any child or staff who is not immunized must fill out a Ministry of Education approved exemption form.

For more information about immunization, visit the HNHU's immunization page at <https://hnhu.org/health-topic/immunizations/>

Outbreak in your Centre

What is an outbreak?²

Outbreaks occur when a greater than expected number of children and child care staff have similar symptoms (e.g., fever, diarrhea, vomiting, rash, respiratory symptoms) and are absent due to illness in a given period of time.

Recognizing an outbreak

Ideally, you want to prevent an illness from becoming an outbreak. In order to do so, it is important to know when children or staff members are sick or have been sick. Record signs and symptoms of any ill staff or children. An indication is when 10% of children are ill with the same symptoms³. If you notice an unusual activity or if the indication is 10% or greater, contact a PHI. It should be noted that some diseases (e.g. measles) should be treated like an outbreak even if there is only one case. If you are unsure whether one case of an illness is an outbreak, call HNHU and ask to speak to a PHI.

An illness tracking sheet (Appendix A) can help you recognize a pattern and can be provided by your PHI.

What to do if there's an outbreak?

- You are required to report an outbreak to the HNHU. You can call us at 519-426-6170 or 905-318-3326.
- Provide your PHI with the following information:
 - Number of ill staff and children
 - Signs and symptoms of the illness
 - Date of symptom(s) onset
 - Area(s) affected
 - Total number of staff and children in your facility
- Call parents of the sick children. Activate your illness exclusion policy.
 - Remind parents that sick children need to stay home



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³ Adapted and reproduced with permission of Public Health, Region of Peel

- Post signs at the entrances and exits of the centre to inform the public that you are experiencing an outbreak.
- Implement your outbreak control measures:
 - Increase handwashing for all staff and children
 - Stop all sensory and water play
 - Increase cleaning and disinfection of common surfaces (e.g. door knobs, tables, chairs, etc.), diapering and toileting area
 - Decrease the number of toys that the children can play with
 - Do not allow mouthed toys
 - If the outbreak is gastrointestinal and food is being catered by a third party, stop the use of their services.

Note: Your control measures will vary depending on the type of outbreak you are dealing with.

DID YOU KNOW?

Outbreaks must be reported to the Haldimand-Norfolk Health Unit.

Your public health inspector is the only one who can declare an outbreak over.

Your PHI will follow up with an inspection at the child care centre. The inspection will depend on the type of outbreak that the centre is experiencing. We encourage parents of the children to contact HNHU to obtain and submit a stool kit to determine the pathogen. We recommend that ill children seek medical attention.

Stay in touch with your PHI and communicate regularly.



Reporting a Disease

In accordance to the Health Protection and Promotion Act, R.S.O. 1990. c. H. 7., licensed child care centres are required to report all diseases of public health significance to their local health unit. Some childhood illnesses are more commonly seen in licensed child care centres. A list of all the common childhood illnesses can be found in Appendix B of this guidebook.

For your convenience, the common childhood illnesses that are also reportable to the Haldimand-Norfolk Health Unit have been highlighted in blue.

DID YOU KNOW?

A person with measles can be contagious 4 days before the rash appears.

A person with chicken pox is the most contagious 12-24 hours before the rash appears.



Environmental Cleaning and Disinfection

What is the difference between cleaning and disinfection?

Cleaning is the act of removing physical debris or dirt from a surface (CFIA, 2018). Cleaning can be done using water and soap.

Disinfection occurs after cleaning. A disinfectant is used to remove pathogens that are not visible to the naked eye. A bleach solution is commonly used in child care centres.

It is important to remove all soap suds before using the disinfectant in order for the disinfectant to work properly.

If you choose to use a different disinfectant, ensure that it is approved by Health Canada, the Canadian Food Inspection Agency or by the local medical officer of health, and that you are following the manufacturer's instructions.

Remember!

It is important to frequently disinfect high touch surfaces in order to prevent the spread of illness. Check with your public health inspector about disinfectant strength and contact time, and include this information in your cleaning policy.



DID YOU KNOW?

Bleach solutions used as disinfectants evaporate over time, rendering your sanitizer useless. It is recommended that you make the bleach solution daily or as needed.

DID YOU KNOW?

You must provide test strips for any disinfectant you use to test its strength. Your public health inspector will be checking to see that you have them.

Diapering and Toileting Practices⁴

A number of pathogens can be spread via the fecal-oral route. Staff members need to be careful and diligent when performing diapering and assisting a child to the toilet.

Diapering Area: what you need

Diapering location and surface

- Separate diapering area from feeding and food preparation areas.
- Use a diapering surface that is non-absorbent and easy to clean.
- Do not rinse or wash soiled diapers and clothing.
- Use a foot activated garbage receptacle with a disposable liner.
- Post and follow appropriate diapering procedures.

Creams, ointments and wipes

- Prevent contamination of creams and ointments. Use squirt or squeeze containers, a new single use applicator or a new pair of disposable gloves when applying creams and ointments.
- Label creams, ointments and wipes for each child.

Hand sink

- Provide a designated hand sink adjacent to diapering table.
- Provide liquid soap and paper towels in dispensers.
- Potable hot/cold running water.



DID YOU KNOW?

Glove use does not replace hand washing. Hands must be washed with soap and water before and after putting on your gloves. Discard gloves after every use.

Cleaners and disinfectants

- Provide appropriate cleaner and disinfectant at or near the diapering table. Label the spray bottle with the disinfectant name. Do not store disinfectant in a locked cupboard but do store it away from children's reach.

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Procedures⁵

Diapering Procedure:

1. Collect supplies.
2. Wash your hands.
3. Put on a new pair of disposable gloves.
4. Clean child with moist disposable wipes. Discard soiled diaper and wipes.
5. Remove and discard soiled rubber gloves.
6. Diaper and dress the child.
7. Wash your hands and help child wash their hands.
8. Clean and disinfect the diaper changing surface. Make sure the disinfectant remains for the appropriate contact time.
9. Wash your hands again.

Toileting Procedure:

1. Place the child on the toilet or the potty.
2. Assist the child with cleaning themselves (if necessary).
3. Wash your hands.
4. Help the child get dressed (or diapered).
5. Wash child's hands.
6. Put on a new pair of disposable gloves.
7. Clean and disinfect the toilet and toilet ring as required. If using a potty, empty contents of potty into the toilet carefully to avoid splashing. Clean and disinfect the potty. Make sure the disinfectant remains for the appropriate contact time.
8. Remove gloves and dispose in a lined waste receptacle.
9. Wash your hands.

⁵ Adapted and reproduced with permission of Public Health, Region of Peel

Sensory & Water Play Tables⁶

Sensory and water play tables should always be used under adult supervision.

Follow these guidelines to ensure safe and fun play time:

- Choose a table that is easy to move, clean and disinfect.
- Provide a cleaning and disinfecting procedure for sensory play tables.
- Wash, rinse and disinfect the table, individual bins and toys after each play session.
- Ensure children wash their hands before and after using a water play table.
- Keep sick children, including those with open sores or wounds, away from group water play. You can use individual bins for sick children.
- Do not use water play tables during an outbreak.
- Discard water after every use or every couple of hours, whichever is shorter.
- Protect or cover water play tables if room is shared with other groups.
- Discard confetti, paper and other sensory items after a maximum of five uses, or if visibly soiled or wet.
- Discard cereal, rice, pasta, beans and other food products weekly. If the food product becomes wet, it must be discarded and replaced.
- Use discretion when using natural products such as pine cones and leaves. It is the responsibility of the child care center to assess each item before it is placed in circulation.
- Due to the difficulty of cleaning and



REMEMBER!

Stop all sensory and/or water play in the event of an outbreak.

disinfecting toilet paper rolls, egg cartons and trays previously used to store hazardous food items (e.g. Styrofoam meat trays); they should not be used for crafts.

- Clean and disinfect the basin when the sensory material is changed.

⁶ Adapted and reproduced with permission of Public Health, Region of Peel

Toys

Although toys can be educational and fun for children, they can also act as host for a number of pathogens. Therefore, it is important to ensure that the toys provided and brought to your child care center do not support the growth of pathogens.

The following list includes some guidelines that were developed by IPAC Canada's Pediatric and Neonatal Interest Group in 2016:

- Toys should be made of smooth, non-porous and easily cleaned material. Ensure that there are no open seams.
- Do not allow toys that can retain water (e.g. bath toys).
- Written policy is required for toy use, including cleaning and disinfecting frequency.
- Mouthed toys should be cleaned and disinfected in between children use.
- Toys (e.g. playhouses, dollhouses, etc.) that are high touch should be cleaned and disinfected at the end of each play day.
- Dedicated bins need to be available to hold 'dirty' toys. Keep those bins away from children's reach. These toys must be cleaned and disinfected at the end of the day.
- Store clean toys in such a way to prevent contamination (e.g. using a box with a lid).
- Disinfection options include the use of a chemical, such as bleach or the use of a high temperature dishwasher.
- After washing and disinfecting toys, allow them to air dry.

Note: If toys are being donated to the child care centre, ensure that they are in their original packaging and meet the requirements of the child care center. If you are unsure, call the HNHU and ask to speak to a PHI.



Animals

While the presence of animals on site at your child care centre provides a good learning opportunity for the children, the following provides you an overview of your responsibilities when it comes to bringing animals into your facility.

Policies and Procedures

- If the child care centre is planning on having an in-house pet, then a policy needs to be created in consultation with the PHI. Your policy needs to include details about feeding the animal, cleaning the cages or tanks, hand-washing, cleaning the environment after the children have played with the pet, among others.

Health Concerns

- Consult with parents and/or guardians about allergies, asthma and phobias before bringing a pet into your child care centre.
- If a pet is already present in your child care center, owners and/or operators must ensure that they are disclosing this information to the parents and/or guardians before a child is enrolled.

General Guidelines

- Ensure that any animal interaction is supervised.
- Handwashing with soap and water after handling an animal is required.
- Animals must be healthy at the time of their visits to the centre.
- If your child care centre has an in-house pet, then annual visits to a veterinarian are required.

Pet Foods

- Store all pet foods out of reach of children; preferably in a locked cabinet.



DID YOU KNOW?

Reptiles carry Salmonella in their normal gut flora and can cause infections in children, even if they don't come into contact with the animal. Reptiles are therefore not recommended for any child care centers

- Kids should not feed pets from their hands.
- Raw animal food is not permitted in a licensed child care centre; they have a greater risk of being contaminated with pathogens such as Salmonella.

After Animal Related Activities:

- Environmental surfaces where the animal was present need to be cleaned and disinfected at the end of the activity.

For additional detailed information about caring for pets or receiving a furry visitors to your child care centre, refer to the Guidance Document for the Management of Animals in Child Care Centres, created by the Ministry of Health and Long-Term Care (2016).

Animals & Rabies

Vaccination

- Animals visiting the child care centre or in-house pets (e.g. cats, dogs, ferrets etc.) must be up to date with their rabies immunization; it is the law.

Strays and/or Wild Animals

- Kids and staff members need to avoid contact with stray animals and wildlife.

Animal Bites or Scratches

- In the event of an animal bite or scratch:
 - Wash the wound with soap and water and let the wound stay under running water for a minimum of 10 minutes.
 - Cover the wound with a bandage.
 - Take the child or staff member to the hospital.

DID YOU KNOW?

In recent years, there has been an increase in the incidence of rabies in wild animals.

Avoid any contact with wild animals. If you think an animal needs any assistance, call a professional.

- ALL animal bites and scratches must be reported to the Haldimand Norfolk Health Unit. Contact us at 519-426-6170 or 905-318-6623.
- A PHI assesses every animal exposure on a case by case basis in order to determine whether a post-exposure vaccine is required.



Adapted from a resource produced by the City of Hamilton Public Health Services. Distributed by Haldimand-Norfolk Health Unit.

Gardening

Involving children in gardening at a child care centre can have several benefits, such as an increased awareness and consumption of fruits and vegetables and a greater likelihood that they will try them out. However, soil can carry bacteria, viruses or parasites and it is important to take precautionary measures to ensure that gardening is not only fun but safe as well.

Guidelines⁷:

- Protect the enclosure where the food is being grown.
- Use sterile soil and fertilizer- you can buy sterile soil from your local home improvement store.
- Get consent from parents about their child gardening and possibly eating the fruits and vegetables from the garden (remember to ask about any allergies or other health concerns).
- Smaller hands need smaller tools: ensure to provide size appropriate tools to prevent any injuries.
- Hazardous foods, like mushrooms and sprouts, should not be planted in the garden.
- Remind kids that they should not consume anything from the garden without getting permission first.
- Take kids out to the garden in smaller groups for increased supervision.
- Do not use any pesticides, herbicides or other potentially dangerous chemicals in the garden.
- Handwashing after gardening is a must.
- Ensure to have a written gardening policy on site if your child care centre has or plans to have a garden in the summer; your PHI will review this policy.



⁷ Adapted with permission of the North Bay Parry Sound District Health Unit. Further reproduction prohibited without permission.

General Hygiene⁸

Cots, Linens & Blankets

- Cots and mattresses must be non-absorbent and easy to clean.
- Clean and disinfect cots and mattresses at least once a week and when soiled.
- Label bed linens, cots and mattresses with an identifying label (e.g., child's name, assigned #).
- Store cots and linens in clean dry areas to prevent mould and mildew growth and keep them out of the way of everyday activities.
- Launder bed linens at least once a week and when soiled. Use the hottest setting of the clothes dryer.
- Launder bed linens if a child inadvertently uses another child's bed or cot.

DID YOU KNOW?

Any object or area that is touched or frequently used needs to be cleaned and disinfected daily. This frequency needs to be increased during an outbreak.

Combs

- Store children's personal items in a clean and sanitary enclosure. Ensure combs are labelled with children's names.
- Alternately combs can be cleaned, rinsed and disinfected between each use.



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Toothbrushes

- Choose a toothbrush with a small head and soft bristles.
- Clearly label all toothbrushes and toothbrush covers with the child's name. Do not allow sharing or borrowing.
- If a child uses another child's toothbrush or if two toothbrushes come in contact, throw them away and give the children new toothbrushes.
- Replace toothbrushes every three to four months; sooner when the bristles look worn and bent or after an illness.
- Child care staff are to dispense toothpaste in a manner to prevent contamination. For example, place a separate drop of toothpaste on a paper towel for each child, then use a toothbrush to scoop up the toothpaste.

Storage:

- Cover the bristles of the toothbrush with a ventilated cover.
- Store toothbrushes so they cannot touch another toothbrush while air drying.
- Use non-absorbent and easy-to-clean holders. Cloth and cardboard holders are not acceptable.
- Allow air to flow through so that brushes dry completely.
- Do not store in closed containers or plastic sandwich bags.
- Arrange holders so that toothbrushes are not above or below others to prevent contamination by dripping.



Child Care Centre Routine Illness Surveillance Form

Simcoe: 12 Gilbertson Dr., P.O. Box 570, Simcoe ON N3Y 4N5 • T: 519-426-6170 or 905-318-6623 F: 519-426-9974
Caledonia: 282 Argyle St. S., Caledonia ON N3W 1K7 • T: 905-318-6623 F: 905-765-8905

Updated June 2016

Room:

Month:

[illegible]

Child Care Centre Name:

Operator:

Address:

Phone:

Fax:

Appendix B: Common Childhood Illnesses

Disease	Symptoms	How it's spread	Infectious	Exclusion
Chicken Pox	Fever Small, fluid filled spots that look like tiny blisters	By an infected person coughing or sneezing By touching the fluid in the blisters before the blisters are dry	1-2 days before the spots appear up to 6 days after the spots start	Until feeling well and the blisters are crusted over and dry
Fifth Disease	Mild fever Aches Tiredness Cold-like symptoms A red face rash "slapped cheeks" appears. Rash may spread to the body	By contact with the nose and throat secretions of an infected person The virus can pass from an infected pregnant woman to her unborn baby	Before the rash appears. Probably not contagious after the rash appears.	Only if not well enough to participate Exposed pregnant women should contact their doctor.
German Measles (Rubella)	Mild fever Runny nose Swollen glands Sometimes followed by a mild red rash	By an infected person coughing or sneezing. By contact with the nose and throat secretions of an infected person. The virus can pass from an infected pregnant woman to her unborn baby.	From 7 days before until 7 days after the rash first appears	Until 7 days after the rash first appears Exposed pregnant women should contact their doctor
Hand, Foot and Mouth Disease (Coxsackievirus Disease)	Fever Sore throat Sore(s) in the mouth May be sore on the gums, tongue, palms fingers and soles of the feet	By contact with the nose and throat secretions and/or faeces (stool/bowel movement) of an infected person	While symptoms are present (However, the virus can continue to shed in the stool for weeks)	Only if not well enough to participate
Impetigo	Pus filled pimples that crust over These are usually located on the face but may be on other parts of the body not covered by clothes (arms and/or legs)	By person to person through direct contact with secretions from the sores of an infected person	From onset of skin infection until 24 hours after a specific antibiotic has been started	Until a full 24 hours after antibiotic treatment has been started

Disease	Symptoms	How it's spread	Infectious	Exclusion
Measles (Red Measles)	High fever Runny nose Cough Inflamed eyes Small red spots with bluish-white centers inside the mouth (Koplik spots) After about 4 days, a bright, red, raised blotchy rash appears	By an infected person coughing or sneezing By contact with the nose or throat secretions of an infected person	From 4 days before onset of symptoms until 4 days after the rash appears	Until 4 days after the rash first appears
Mumps	Fever Swollen salivary glands (below the ears)	By an infected person coughing or sneezing By contact with the nose or throat secretions of an infected person	From 7 days before until 9 days after the swelling appears	Until 9 days after the swelling first appears
Pinkeye (Conjunctivitis)	Scratchy, painful eye(s) and tearing with pus Whites of the eyes turn pink or red After sleep, eyelids are often stuck together from the pus	By contact with the eye pus of an infected person By contact with the nose or throat secretions of an infected person	For duration of illness or until 24 hours after antibiotic treatment has been started	Until 24 hours after antibiotic treatment has been started
Scabies	Very itchy rash (mites burrow under the skin and deposit eggs & faeces/poop in black-red bumps) In children over 2 years, the rash is usually on fingers, elbows, armpits and tummy. Younger children may have rash on the entire body.	By touching someone who has scabies. By sharing clothing or bedding of someone who has scabies. By using other personal items of someone who has scabies.	Until mites and eggs are killed. Treatment is applied to the skin usually two times, one week apart Treatment is by the same product that is used for head lice.	Until the day after one treatment has been applied. Close contacts may also need treatment
Strep Throat	Sore red throat, Fever, Tiredness, Headache Sores around the mouth, swollen tender glands in the neck Stomach ache in children.	By an infected person sneezing or coughing By contact with the nose or throat secretions of an infected person.	Until full 24 hours after a specific antibiotic treatment has been started. If infected person is untreated, infectious period is 10-21 days	Until antibiotic treatment has been taken for a full 24 hours

Disease	Symptoms	How it's spread	Infectious	Exclusion
Scarlet Fever (Scarlatina)	Sore throat Fever Chills Vomiting Headache Pink- red rash that feels like sandpaper that starts on the upper body and may spread to cover the whole body “Strawberry tongue” (whitish coating on tongue with bright red patch).	By an infected person sneezing or coughing By contact with the nose or throat secretions of an infected person.	Until full 24 hours after a specific antibiotic treatment has been started If infected person is untreated infectious period is 10-21 day	Until antibiotic treatment has been taken for a full 24 hours
Whooping Cough (Pertussis)	Severe coughing spells followed by a high-pitched whoop and often vomiting. Mild symptoms in older children, often thought to be a “bad cold”	By an infected person sneezing or coughing By contact with nose or throat secretions of an infected person	From 2 weeks before and up to 3 weeks after the onset of cough (if untreated), OR until 5 days after treatment with a specific antibiotic	Until 5 days after treatment with a specific antibiotic If untreated, for duration of whoop (usually lasting 3 weeks)

Appendix C: Mixing a Chlorine (Bleach) disinfectant

The HNHU recommends that you follow these directions for ensuring that the proper concentration of chlorine is used and the optimal contact time is reached.

Level Required	When to be used	How to mix the bleach solution
High-level Disinfection 1:10 dilution of bleach 5000 ppm	<ul style="list-style-type: none"> Cleaning up a large blood or body fluid spill. When directed by public health. 	62 ml (1/4 cup) : 562 ml (2 3/4 cups) water or 250 ml (1 cup) : 2250 ml (9 cups) water
Intermediate-level Disinfection 1:50 dilution of bleach 1000 ppm	<ul style="list-style-type: none"> For use in washrooms and change tables in child-care. 	200 ml (4 teaspoons) household bleach + 1000 ml (4 cups) water or 100 ml (7 tablespoons) household bleach + 5000 ml (20 cups) water
Low-level Disinfection 1:500 dilution of bleach 100 ppm	<ul style="list-style-type: none"> Safe level for toys, dishes, utensils and food contact surfaces. 	1 ml (1/4 teaspoon) household bleach to 500 (2 cups) water or 20 ml (4 teaspoons) household bleach to 10 L (40 cups or approx. 2 gallons)

Definitions⁹ :

High level disinfectant: A substance, or mixture of substances, capable of destroying or irreversibly inactivating all microbial pathogens, but not necessarily large numbers of bacterial spores.

Intermediate-level disinfectant: A substance, or mixture of substances, capable of destroying or irreversibly inactivating all microbial pathogens, including mycobacteria but not bacterial spores.

Low-level disinfectant: A substance, or mixture of substances, capable of destroying or irreversibly inactivating, at a minimum, vegetative bacteria.

⁹ Definitions quoted from *Guide to infection prevention and control in personal service settings*. 3rd ed.

Appendix D: Copy of Certificate of Inspection

**Health and
Social Services**
Haldimand and Norfolk

Inspect OUR Community

CERTIFICATE OF INSPECTION

This certificate of inspection confirms that:

NAME OF PREMISE

located at

ADDRESS OF PREMISE

was inspected by a public health inspector of the
Haldimand-Norfolk Health Unit on

DATE OF INSPECTION

Under the authority of Ontario's Health Protection and Promotion Act
and applicable regulations

☐ Re-inspection required

S. Neethi

Dr. Shanker Nesathurai, (Acting) Medical Officer of Health

For more information about the inspection conducted on this day, visit our disclosure website: InspectOUR Community.

Simcoe: 519-426-6170 • Caledonia: 905-318-6623 • <https://inspectourcommunity.hnhss.ca>



All inspection results are based on observations made by the public health inspector at the time of inspection.

This certificate is the property of Haldimand-Norfolk Health Unit. Removal, altering or damaging of this certificate may result in enforcement action.

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Note: This booklet is only intended to be a guide and does not replace any legislative requirements.

Inspect **OUR Community**

For more information about the disclosure program and the InspectOur Community disclosure website, please contact the Haldimand-Norfolk Health Unit at 519-426-6170 or 905-318-6623 or visit <https://inspectourcommunity.hnhss.ca>

