

Child Day Care Facilities Operator Standards

Education and Early Childhood Development

April 1, 2013

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CHILD DAY CARE FACILITIES OPERATOR STANDARDS

Subject
INTRODUCTION

Section
1

1.1 Definitions

Throughout these Operator Standards, the term:

- **“Operator”** denotes a Corporation or a person, by himself/herself or through an administrator / director, who operates a facility
- **“the Department”** means the Department of Education and Early Childhood Development
- **“the Coordinator”** means the Regional Early Childhood Services Coordinator
- **“child day care services”** means day care services, that is, the care and supervision of a child for a period of less than twenty-four hours in a day care facility
- **“child day care facility”** means a day care facility, including day care centres operated for full days, half days or after school and community day care homes
- **“community day care home”** means a home in which day care services are provided for a maximum of:
 - a) three infants;
 - b) five children of the ages two to five;
 - c) nine children who are of the age six and over, or
 - d) six children where the children are of the ages five and under and six and over, including those of the Operator.
- **“day care centre”** means a facility in which day care services are provided for:
 - a) four or more infants;
 - b) six or more children of the ages two to five;
 - c) ten or more children of the age six and over, or
 - d) seven or more children where the children are of the age of five and under and six and over, including those of the Operator.
- **NB Curriculum Framework** means either the Early Learning and Child Care Curriculum (English) or the Curriculum éducatif pour la petite enfance francophone du Nouveau-Brunswick

1.2 Legislative Authority

Section 24(2) of the Family Services Act provides the Minister with the authority to establish Regulations and Standards governing the approval and operation of the Day Care Services.

It is an offence to operate a child day care facility without the approval of the Minister of Education and Early Childhood Development.

Therefore, these Standards along with Regulation 83-85 must be followed by any person or Corporation who wishes to operate a Day Care Centre or a Community Day Care Home.

1.3 Principles

Operators must provide child day care services and maintain a child day care facility in accordance with the following principles:

1.3.1 Family –Focused and Child Centred

Families have the right and responsibility to make child care choices for their children.

Parents are an essential source of expertise with respect to their own children, and hence, must be actively involved in planning for the inclusion and development of their children within the child day care facility.

1.3.2 Inclusive

Child day care services must be planned to foster the inclusion of all children which means:

- Each child must be provided the opportunity to participate in every activity, routine and learning opportunity
- Activities are appropriate for both the developmental abilities and interest levels of the children
- All children are welcomed, supported and valued

1.3.3 Community Services

Child day care facilities must be developed as a community service, with community support and in response to community needs.

1.3.4 Accountability

Operators must:

- be accountable for the effectiveness, efficiency and appropriateness of services provided to children
- provide and maintain quality child day care services, in accordance with these Standards
- respond effectively to the parents of the children and those community and service groups providing complimentary services to children

2.1 Approval Process

All child day care facilities must:

- adopt a name that is not the same as or similar to an existing facility operating within the province
- not advertise for child registration unless the advertisement states that an application for approval has been made to the Department

2.1.1 Day Care Centres

To request an approval to operate a day care centre:

- submit to the Coordinator
 - an Application Form (Appendix 12.1.1) and the following documents:
 - a letter from the municipal authorities stating that the location complies with local bylaws
 - three (3) copies of the official plans of the indoor and outdoor play space

In addition, the following documents must be submitted, upon request during the approval process.

- a completed Staff Medical Form (Appendix 12.1.6), First Aid Certificate, references, and SD Record Check Consent Form/Application Form (Appendix 12.1.5) of the Operator and/or the administrator
- the licensing fee, on the Coordinator’s first visit and payable to the Minister of Finance
- Beginning April 1, 2012 the approval fees for child day care facilities are increased as outlined below.

Spaces	Fee
6 – 25	\$100
25 – 60	\$200

CHILD DAY CARE FACILITIES OPERATOR STANDARDS

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APPROVAL

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Child day care centres providing services to infants and/or preschool children up to kindergarten entry must submit documentation describing:

- their understanding and intent to comply with the vision, values, goals and learning principles of the NB Early Learning and Child Care Curriculum framework chosen by the facility ,
- the vision and values on which their program is based, the goals of the service and pedagogical approach that will be taken to support early learning and care, growth and development
- how intend to provide a suitable environment and materials and equipment for the proposed number of children and program categories

Child day care centres providing services for school age children must submit documentation describing:

- the vision and values on which their program is based, the goals of the program and the approaches that will be taken to support the needs and interests of school age children
- how intend to provide a suitable environment and materials and equipment for the proposed number of children

Helpful Information

Upon request, an information package is forwarded to a prospective Operator. The information package contains a copy of the Day Care Regulation 83-85, the Child Day Care Facilities Operator Standards, and information outlining the steps in the approval process, the details required on the official plan and suggested equipment and materials.

It is strongly recommended that prospective Operators conduct a survey to determine if there is a need for the proposed service. A sample survey form and control sheet may be obtained from the Coordinator.

SD Record Check Consent Form may not be part of the initial information package. Operators should contact the Coordinator prior to submitting their application to receive a copy of this form.

To verify whether the proposed name exists elsewhere in the province, prospective Operators should contact the Coordinator and may also check under Service New Brunswick (SNB) Corporate Affairs Registry Database to confirm if any other business in the province is registered with the proposed name.
(https://www.pwx2.snb.ca/card_online/cardsearch.aspx)

Documentation describing how the facility will meet the NB Curriculum Framework chosen by the facility is a required part of the approval process. However, it may be submitted separate from the Application Form as prospective Operators may consult with the Coordinator prior to submission.

Official plans are plans drawn to scale, which must include the required information, as outlined on the Details of the Official Plan, included with the information package. Architectural plans are not required.

The approval fee for a new day care centre is based on the facility's number of approved child spaces. Therefore, the approval fee is not collected until the facility is measured for the approved number of child spaces.

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2.1.2 Community Day Care Homes

To request an approval to operate a community day care home, submit to the Coordinator:

- an Application Form (Appendix 12.1.2), the licensing fee in the amount of \$100, payable to the Minister of Finance and the following documents:
 - plan of the indoor and outdoor play space (1 copy)
 - copy of the insurance policy
 - a well water inspection certificate, where applicable

In addition, the following documents must be submitted, upon request, during the approval process:

- a completed Staff Medical Form (Appendix 12.1.6), First Aid Certificate, references, and SD Record Check Consent Form/Application Form (Appendix 12.1.5) of the Operator

Community day care homes providing services to infants and/or preschool children up to kindergarten entry must submit documentation describing

- their understanding and intent to comply with the vision, values, goals and learning principles of the NB Curriculum Framework chosen by the facility ,
- the vision and values on which their program is based, the goals of the service and pedagogical approach that will be taken to support early learning and care, growth and development
- how intend to provide a suitable environment and materials and equipment for the proposed number of children

Community day care homes providing services for school age children must submit documentation describing:

- the vision and values on which their program is based, the goals of the program and the approaches that will be taken to support the needs and interest of school age children
- how intend to provide a suitable environment and materials and equipment for the proposed number of children

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Helpful Information

Plans of community day care homes are not required to be drawn to scale but should provide the floor plan of the individual's home and the outdoor play space indicating the areas that will be used by the children.

The approval process of a community day care home does not require municipal zoning approval, or fire and health inspections.

It is the responsibility of Operators of community day care homes to confirm if their operation complies with municipal by-laws.

2.2 Renewal Process

2.2.1 Day Care Centres

To apply for renewal of a day care centre submit to the Coordinator:

- the completed Renewal Form (Appendix 12.1.3) and licensing fee, payable to the Minister of Finance, sixty (60) days prior to expiry and the following documents:
 - original medical report(s) for each new staff member
 - copy of first aid card or certificates for all staff
 - a letter from an insurance company indicating that the facility has the required coverage
 - a copy of the facility's written statements of services
 - copy of the menu plan

Beginning April 1, 2012 renewal fees for child day care facilities will be increased as outlined below:

April 2012	6- 25 spaces	26 – 60 spaces	Over 60
Renewal	\$60	\$90	\$120
April 2013			
Renewal	\$70	\$100	\$135
April 2014			
Renewal	\$75	\$112.50	\$150.00

Helpful Information

A copy of the facility's written statements of service and menu plan are only required if there have been changes since the last inspection of the Coordinator. The SD Record Check Consent Form is to be submitted for new employees as staff changes occur and renewed every five years for existing employees.

2.2.2 Community Day Care Homes

To apply for renewal of a community day care home, submit to the Coordinator:

- the completed Renewal Form (Appendix 12.1.4) and licensing fee, as outlined under 2.2.1 above, payable to the Minister of Finance, sixty (60) days prior to expiry, and the following documents:
 - copy of first aid card and certificate
 - letter from an insurance company indicating that the facility has the required coverage
 - a well water inspection certificate, where applicable

2.3 Sale of Facilities**2.3.1 Day Care Centres**

To sell a day care centres, advise the Coordinator, in writing, a minimum of thirty (30) days prior to the transaction.

Approvals are not transferable from one Operator to another. The new Operator must submit:

- Application Form (Appendix 12.1.1) and the licensing fee, payable to the Minister of Finance
- other documents, as requested by the Coordinator, under the approval process for a day care centre (section 2.1.1)

Where no physical changes are being made, it is not necessary to re-submit the official plans. Public Health and Fire Inspection reports are required when the new Operator is making changes to the physical facility.

2.3.2 Community Day Care Homes

To sell a community day care home, advise the Coordinator, in writing, a minimum of thirty (30) days prior to the transaction.

Approvals are not transferable from one Operator to another. The new Operator must submit:

- Application Form (Appendix 12.1.2) and licensing fee, payable to the Minister of Finance.
- Other documents, as requested by the Coordinator, under the approval process for community day care homes (section 2.1.2)

2.4 Closure of Facilities

To discontinue services, both when closing permanently or when selling to a new Operator, all facilities must provide at least thirty (30) days written notice to the Coordinator and to the parents of the children enrolled in the facility.

2.5 Relocation of Facilities

2.5.1 Day Care Centres

To relocate an approved day care centre:

- advise the Coordinator in writing thirty (30) days in advance
- submit three (3) copies of the official plan of the indoor and outdoor play spaces together with the municipal zoning approval

Helpful Information

For relocation, the physical site requires approval from all parties, including public health, fire, the municipality, and the Coordinator. The Operator does not require re-approval.

2.5.2 Community Day Care Homes

To relocate an approved community day care home:

- advise the coordinator, in writing, thirty (30) days in advance
- submit a plan of the indoor and outdoor play spaces

3.1 Responsibilities

All child day care facilities must:

- provide the Department with the name of an alternative person who is available to replace the Operator in an emergency, where the facility is solely operated and serviced by the Operator
- inform all staff and volunteers of the reporting requirements set out in the Child Victims of Abuse Protocols of the Province of New Brunswick; and follow the procedures as outlined in the Child Victims of Abuse Protocols for the reporting of child abuse/neglect
- ensure that the number of children in attendance is at no time greater than the number of child spaces stated on the Certificate of Approval
- post the following information in a conspicuous place:
 - Certificate of Approval
 - daily menu, including any substitutions
 - routines and transitions, as described in 8.1
 - evacuation procedures
 - name of the individual in charge
 - name and telephone number of the regional Coordinator responsible for the approval and monitoring of child day care facilities
 - names and telephone numbers of the members of the Board of Directors, where applicable
- provide a telephone in working order within the premises

Child day care facilities operated from an individual's home must:

- store firearms in accordance with the Firearms Control Law (refer to Appendix 12.2.1)
- ensure that all person's 19 years of age and older residing in the home comply with the terms of the SD Record Check and Criminal Record Check Policy

Helpful Information

A “conspicuous place” is a parent information board that parents see when dropping off and/or picking up their children. Daily schedules may be posted either on the parent information board or in each program area.

The “individual in charge” is the Operator, and administrator or another individual designated by the Operator who is responsible for decisions respecting the daily operation of the child day care facility.

3.1.1 Day Care Centres

All centres must:

- have an identifiable governing body (Board of Directors) or person (owner/Operator) with the responsibility for and authority over the operation of the centre
- appoint an administrator / director to oversee and supervise the day-to-day activities
- comply with the requirements of the Office of the Fire Marshall and the District Medical Health Officer
- ensure that each centre meets all the requirements of the approval process, where more than one (1) Day Care Centre is in a shared accommodation

Not-For Profit Centres

In addition, all not-for profit centres must:

- be managed by a Board of Directors consisting of a least five (5) members elected at an annual public meeting
- elect at least two (2) of the board members from parents of children enrolled in the centre

Helpful Information

The Operator of a privately owned centre may be the administrator or may appoint an administrator, whose duty is to provide on-site supervision of the centre's daily operations.

3.1.2 Community Day Care Homes

All Operators of community day care homes must be responsible for the community day care home facility and its services; they may delegate their authority to an alternate in their absence but the responsibility rests with the Operator.

3.2 Written Statements of Service**3.2.1 Day Care Centres**

All centres must provide written statements of service for parents, which must be compiled in a parent handbook and must:

- include a statement that advises which NB Curriculum Framework is used by the facility, and provides parents with a description of how the framework's vision, values, goals and learning principles are reflected/demonstrated in relationships, environments and activities, and/or if providing services for school age children must provide a description of the vision, and values and goals on which their school age program is based
- advise parents how they may access the curriculum framework and supporting documents on line at <http://www.gnb.ca/0000/ECHDPE/ELCC-Curriculum.asp>
- hours of operation
- enrolment and discharge procedures
- fee payment schedule
- personal belongings permitted to be brought to the facility

CHILD DAY CARE FACILITIES OPERATOR STANDARDS

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ADMINISTRATION

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- whether the children will be participating in walks, outings, field trips, and the methods of transportation provided, including transportation methods to and from the centre
- administration of medication
- child illness, including exclusion criteria
- the emergency evacuation plan
- child guidance practices
- types of activities off the premises organised by the centre
- child abuse and neglect protocol
- parental involvement
- information on the facility's administrative structure
- complaint/grievance procedures

All centres must ensure that parent(s)/guardian(s) sign a statement, which should be kept in the child's file, stating that they have read, understand and been provided a copy of the centre's written statements of service.

All centres must have written personnel practices for staff, including but not restricted to:

- staff health policy
- job descriptions that outline the following responsibilities:
 - direct child care
 - program planning
 - facility maintenance
 - relationships with parents
- reporting requirements, as detailed in the Child Victims of Abuse Protocols, Province of New Brunswick

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- confidentiality

Helpful Information

Having parents' sign the written statement of service helps assure that they read and understand the contents.

Refer to Appendix 12.2.2 for guidelines on developing a Parent Information Handbook.

Refer to Appendix 12.2.3 for guidelines on developing Personnel Practices.

Operators should consult the requirements of the "Employment Standards Act" when developing personnel practices related to termination of employment, statutory holidays, etc.

3.2.2 Community Day Care Homes

All community day care homes must provide written statements of services for parents, which must

- include a statement that advises which NB Curriculum Framework is used by the facility, and provides parents with a description of how the framework's vision, values, goals and learning principles are reflected/demonstrated in relationships, environments, and activities, and/or if providing services for school age children must provide a description of the vision, and values and goals on which their school age program is based.
- advise parents how they may access the curriculum framework and supporting documents on line at <http://www.gnb.ca/0000/ECHDPE/ELCC-Curriculum.asp>
- hours of operation
- enrolment and discharge procedures
- fee payment schedule
- the emergency evacuation plan
- administration of medication
- child guidance practices

- child illness, including exclusion criteria
- child abuse and neglect protocol
- whether the children will be participating in walks, outings, field trips, and the methods of transportation provided, including transportation methods to and from the centre
- whether this environment is smoking or non-smoking

All community day care home Operators must ensure that parent(s)/guardian(s) sign a statement which should be kept in the child's file, stating that they have read, understand and been provided a copy of the written statements of service.

Helpful Information

Parents and Operators of community day care homes should also have a clear understanding of an agreement on each party's views and practices on feeding, toilet training, naptimes, and toys from home.

3.3 Record Keeping**3.3.1 Day Care Centre****General**

All centres must maintain the following records:

- child records
- personnel records
- administration of medication records (Appendix 12.1.7)
- daily attendance records of children indicating the arrival and departure time of each child (Appendix 12.1.8), staff and volunteers
- incident report (Appendix 12.1.9)
- menu plan (Appendix 12.1.15)

CHILD DAY CARE FACILITIES OPERATOR STANDARDS

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- smoke alarm, fire alarm and fire extinguisher inspection and maintenance records
- fire drills record (Appendix 12.1.10)
- documentary evidence of children's learning, i.e. portfolios, learning stories, projet éducatif
- child and staff records of return to day care after exclusion (Appendix 12.3.2)

All centres providing services to infants or preschool children must maintain the following records:

- documentation and assessment that provides evidence of how the facility uses a participatory and responsive planning process to make children's learning visible, illustrates ongoing project work, focuses on individuals or small groups of children and emphasizes a strength based approach

Child Records

All centres must keep individual files on each child, which must contain the following:

- a Child Profile form (Appendix 12.1.11) which must contain, but is not limited to, the following information:
 - child's full name, address, birth date and Medicare number
 - the name, address and telephone number of the family physician
 - the full name, address, and telephone numbers (home and work) of the parent(s)/guardian(s)
 - the full names, addresses, and telephone numbers of at least two (2) additional persons, authorised by the parent(s)/guardian(s) to remove the child from the centre or to be contacted in case of an emergency when the parent(s)/guardian(s) cannot be located
 - the child's health history and record of immunizations in accordance with the requirements of the Public Health Act Regulation 2009-136.
<http://laws.gnb.ca/en/showdoc/cr/2009-136>
- Infant / Toddler Daily Information Sheet for each child in attendance under age 36 months
- written consent by the parent(s)/guardian(s) for:
 - emergency care and transportation (Appendix 12.1.12)
 - all other transportation, including that provided by the facility, taxis, and other forms of public transportation (Appendix (12.1.13)

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- permission to leave the premises for daily walks and visits to public playgrounds within walking distance
- administration of medication (Appendix 12.1.7)
- release of information to outside agencies or schools, when requested
- permission for the child to participate in testing, relevant projects and photographs for publication, when requested
- permission for photographs taken to illustrate children's learning which may be posted within the child day care facility (include clause that advises parents that photographs will not be posted on public sites such as Facebook)
- authorisation to release the child to anyone other than the custodial parent(s)/guardian(s)

Personnel Records

All centres must keep individual files for all staff, including but not limited to the following information:

- full name, birth date and permanent address
- job description
- Staff Medical Form (Appendix 12.1.6)
- copy of valid First Aid Certificate, including record of CPR as required
- copy of Certificate of Participation – Program of Professional Learning Early Learning and Child Care Curriculum (English) or Curriculum éducatif
- signed statement that they have read and understand their responsibility in respect of:
 - the facility's written statements of service
 - Day Care Regulation and Child Day Care Facilities Operator Standards
 - Child Victims of Abuse Protocols of the Province of New Brunswick

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Helpful Information

Staff immunizations should be up to date in accordance with immunization schedule established by Public Health.

All staff – means the Operator, primary staff, and relief staff, support personnel, food service personnel and administrative support staff.

The required information contained on the Child Profile and in staff files should be updated as changes occur to ensure that information is current.

Recording children's arrival and departure times assists centres to identify those children in attendance at any given time in the event of a fire or other emergency.

Daily documentation regarding bowel movements is not required for children attending after school programs. However, staff observation of illness in this age group and relevant documentation where illness occurs are expected.

It is understood that as children become more independent with their toileting it is not always possible to observe every bowel movement. However, staff should be monitoring good hygiene practices and should also be aware of increased frequency of toileting and potential illness.

3.3.2 Community Day Care Homes

General

All community day care homes must maintain the following records:

- child records
- personnel file, where applicable
- copy of Certificate of Participation – Program of Professional Learning Early Learning and Child Care Curriculum English or Curriculum éducatif
- administration of medication records (Appendix 12.1.7)
- incident reports (Appendix 12.1.9)
- attendance records of children (Appendix 12.1.8)
- menu plans (Appendix 12.1.15)

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- fire drill records (Appendix 12.1.10)
- smoke alarm and fire extinguisher maintenance records
- child and staff return after exclusion (Appendix 12.3.2)

All community day care homes providing services to infants or preschool children must maintain the following records:

- documentation and assessment that provides evidence of how the facility uses a participatory and responsive planning process to make children's learning visible, illustrates ongoing project work, focuses on individuals or small groups of children and emphasizes a strength based approach

Child Records

All community day care homes must maintain a file on each child, which must contain the following information:

- Child Profile form (Appendix 12.1.11) which must contain, but not limited to the following information:
 - child's full name, address, birth date and Medicare number the name, address, and telephone number of the family physician
 - the full name, address and telephone numbers (home and work) of the parent(s)/guardian(s)
 - the full names, addresses and telephone numbers of at least two (2) persons authorised by the parent(s)/guardian(s) to remove the child from the centre or to be contacted in case of an emergency when the parent(s)/guardian(s) cannot be located
 - the child's health history and record of immunizations in accordance with the requirements of the Public Health Act Regulation 2009-136.
<http://laws.gnb.ca/en/showdoc/cr/2009-136>
- Infant / Toddler Daily Information Sheet for each child under age 36 months, in attendance
- written consent by the parent(s)/guardian(s) for:
 - emergency care and transportation (Appendix 12.1.12)

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- all other transportation, including that provided by the Operator, taxis and other forms of public transportation (Appendix 12.1.13)
- permission to leave the premises for daily walks and visits to public playgrounds within walking distance
- administration of medication (Appendix 12.1.7)
- release of information to outside agencies or schools, when requested
- permission for the child to participate in testing, research projects and photographs for publication, when relevant
- permission for photographs taken to illustrate children's learning which may be posted within the child day care facility (include clause that advises parents that photographs will not be posted on public sites such as Facebook)
- authorisation to release the child to person other than the custodial parent(s)/guardian(s)

3.4 Confidentiality

All child day care facilities must:

- treat child and personnel records as confidential
- require written consent from the person involved or, in the case of a child their parent(s)/guardian(s), before releasing personal identifying information pertaining to an employee, children attending the centre, or their family
- make all records available to authorised Departmental staff, upon request

Helpful Information

Non payment of fees is not personal identifying information. Therefore information about payment patterns of a child's family may be released to the Operator/administrator of another centre.

"Authorised Departmental staff" are those individuals who have been designated under the *Family Services Act* to inspect any documents/records required by these standards to monitor compliance.

3.5 Service Changes

Proposed changes in a facility's status or service delivery must be submitted to the Coordinator for approval prior to proceeding with the changes.

The following service changes require prior written approval:

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- change in status from a community day care home to a day care centre or vice versa
- intent to introduce a service for a new age group, for example, infant care, school age care
- physical or structural changes to the facility, or changes in room utilisation, which impact on the approved child spaces, for example, movement of infants to a different room, changes in the method of grouping children by age

Helpful Information

Physical changes may require reviews by the Office of the Fire Marshall, and/or Public Health inspection.

Changes in room arrangements i.e. furniture and equipment do not require prior approval.

3.6 Insurance

Operators of day care centres and community day care homes must obtain and maintain comprehensive general liability insurance coverage to protect the business, the Operator and staff 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 and mandatory automobile insurance coverage, where transportation is provided if the Operator owns or leases a vehicle for these purposes.

Helpful Information

It is recommended that Operators of day care centres and community day care homes also consider the following; proof of mandatory automobile insurance coverage from staff, parents, volunteers who may use their own vehicles for day care operation purposes, i.e. excursions, field trips.

3.7 Funding

Helpful Information

The Department of Education and Early Childhood Development (EECD) provides funding to all facilities for families who qualify under the Day Care Assistance Program. Operators and parents continue to direct inquiries to the local area office of Social Development who determines a family's eligibility.

Funding is available to child day care facilities under the Early Childhood Initiatives of the Department of Education and Early Childhood Development. This is on behalf of children who require additional/extra supports to facilitate their inclusion in a child day care facility.

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3.8 Parental Involvement

3.8.1 Day Care Centres

All day care centres must:

- advise parent(s)/guardian(s), in the written statement of service (3.2.1), that they may visit the facility and be admitted immediately at any time when their child is present

3.8.2 Community Day Care Homes

The Operator must:

- ensure that parent(s)/guardian(s) have access to the Operator's home during normal operating hours

Helpful Information

Operators should encourage the parent(s)/guardian(s) and their child(ren) to have at least one visit to the centre/home prior to enrolment.

All facilities should encourage parent participation and involvement to foster better understanding of each other's needs and to better serve the child.

Facilities may support and encourage parental involvement through information bulletins, hosting potluck dinners, family picnics, and special event days.

4.1 Indoor Play Space**4.1.1 Day Care Centres**

The usable indoor play space must:

- be measured by the Coordinator and provide a minimum of three and one-quarter (3.25) square metres/thirty five (35) square feet per child
- not include office, staff room, stairways, hallways, washroom, lockers, kitchen facilities, storage and isolation areas
- be on the first floor, second floor or basement level

Basement levels must:

- be no more that 1.52 metres (5 feet) below ground level

The usable indoor play space of a day care centre operated in an individual's home must be calculated exclusive of space used by family members outside of the facility's hours of operation, for example, living and dining rooms, family bedrooms, unless this space has been arranged to provide play environment, as described in section 5.1.1 of these Standards, during the facility's operating hours.

The usable indoor play space in a day care centre operated in a public building must be solely for the day care's use during its normal operating hours and the available space must permit portable shelving, materials and equipment to be present daily.

The usable indoor play space for infants less than 15 months must be doubled to provide a rest area separate and apart from the floor area used for play activity.

Operators must not place more children in a room than the measured child spaces allow; if a collateral authority of the day care approval process recommends fewer children than the measured child spaces would allow, Operators must comply with the lower number.

Helpful Information

An example of a public building is a school or a community centre where the usable indoor play space may be a gym, a cafeteria, and/or multi-purpose rooms.

Usable indoor play space is space for use by children when playing, resting and eating.

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

The approval capacity of a day care centre is based on the total of all measured spaces and on the number of available toilets and washbasins.

A centre that groups children according to the maximum group size per age must ensure that the room/area to be used has measured child spaces equal to the maximum group size.

Collateral authorities of the day care approval process are municipal zoning, public health inspection and fire inspection.

4.1.2 Community Day Care Home

A community day care home must provide space for the following:

- rest
- active and quiet play
- messy play, for example, painting, water play
- individual and group activities

Helpful Information

Measurements of usable indoor play space are not required for the approval of a community day care home.

Areas used by the family outside operating hours may also be used by children attending a community day care home.

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4.2 Bathroom

All child day care facilities must provide toilets and wash basins that children can use safely and independently, and that are for the use of staff and the children enrolled during the facility's operating hours.

Child day care facilities in multi-use buildings must ensure that children are supervised at all times when using washrooms that are also used by the public.

Wash basins and toilets must be provided for children over the age of two (2) in the following ratio.

1 toilet	1 wash basin	1-9 children
2 toilets	2 wash basins	10-24 children
3 toilets	3 wash basins	25-49 children
4 toilets	4 wash basins	50-75 children

All child day care facilities must provide:

- steps or platforms that allow children access to adult sized fixtures, both sinks and toilets
- toilet training seats and/or potty chairs in the ratio of one (1) for every three (3) children who are being toilet trained

After each use, potty-chairs must be emptied into a toilet, cleaned and sanitised and stored in the bathroom.

Helpful Information

“Clean” means to remove dirt and debris (e.g. blood, urine, feces) by scrubbing and washing with soap, detergent and/or household cleaners.

“Sanitize” means to remove filth or soil and small amounts of certain bacteria to a safe level. This procedure is applicable to a wide variety of routine housekeeping procedures, involving, for example, bedding, bathrooms, kitchen countertops, floors and walls.

Bathrooms in community day care homes may be those used by family members of the Operator.

4.3 Kitchen Space

The kitchen space in all child day care facilities must:

- be inaccessible to children, except under supervised conditions
- never be used as play space

Helpful Information

“supervised conditions” may be cooking or special art activities and a staff member must be present with the children at all times.

4.4 Quiet Space**4.4.1 Day Care Centres**

Day care centres must:

- provide a designated area for each child to rest during rest periods
- provide a designated area for temporary isolation of children in case of illness

The designated rest area must provide space between resting equipment, to allow unobstructed movement to ensure safe and effective evacuation during an emergency.

The designated rest area for infants less than 15 months must be separate from all other activity areas.

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The designated area for temporary isolation of ill children must be separate from the children's play areas.

Helpful Information

The recommended space between rest equipment is 45 – 61 cm (18 – 24 inches) except where in contact with a wall.

A "designated rest area" may be: i) any location, not used for play activity, during the rest period that permits children to rest undisturbed; ii) a separate room; iii) an area separated by dividers that provide sight and sound barriers.

"designated area for temporary isolation" may be i) a separate room; i.e. office space or ii) an area separated by dividers from the children's play area. It is not the intent that child day care facilities create "sick rooms".

Most preschool children attending day care 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. Centres should provide the opportunity for rest by having cots/mats available and a quiet area designated for this purpose. In general, cots/mats are not required for children attending half (1/2) day programs and school age programs.

4.4.2 Community Day Care Homes

Community day care homes must provide an area for children to rest during rest periods.

Helpful Information

The Operator may use the bedrooms of his/her home.

4.5 Storage Space

Equipment and Materials

All child day care facilities must provide low open shelves and cupboards for both the display and storage of toys, program materials and supplies that are accessible to children, appropriately labeled and permit independent selection.

Medications

All child day care facilities must store medications refrigerated or unrefrigerated in a space that is inaccessible to children.

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First Aid Supplies

All child day care facilities must store first aid supplies in a space that is accessible to staff at all times, but out of reach of children.

Toxic Products

All child care facilities must store all chemical and potentially dangerous products and cleaning supplies in a locked space inaccessible to children and separate from stored food and medications.

Personal Belongings

All child day care facilities must provide easily accessible storage space for the personal belongings of each child in attendance:

- either in cubicles or lockers which are shared by no more than two (2) children at one time

or

- on hangers or hooks with additional provisions for personal storage space

In addition, all day care facilities providing services to children in diapers must provide individual storage space for the diapers, creams and diaper wipes of each child.

Helpful Information

“personal belongings” include, but are not restricted to, bedding, clothing, combs/brushes, and toys brought from home.

“additional provisions” may be separate bins, for example, plastic containers that store things such as the child’s bedding or changes of clothing, or children’s individual backpacks.

“accessible” means storage space, such as cupboards, shelves, and space containing children’s toys and play materials which are at child level and permit the child to use them without adult assistance.

There should be additional storage space for materials and equipment to permit rotation.

“inaccessible” means that no child can gain access by himself/herself.

Storage space for the outdoor clothing of children in attendance at a community day care home may be the closet space used by family members. However, bins or the equivalent should be present for the child’s personal belongings.

4.6 Outdoor Play Space**4.6.1 Day Care Centres**

Outdoor play space must:

- be measured by the Coordinator and provide a minimum of four and one half (4.5) square metres (48 square feet) per child to accommodate fifty per cent (50%) of the centre's approved capacity
- be enclosed on all sides by a fence of a least 1.22 metre (4 feet) in height for children under the age of five (5)
- have gates equipped with bolts and latches which must be locked at all times when children are using the play space
- have a surface which is well drained and free from depressions in which water may stand
- be maintained free of glass, debris, animal litter
- be adjacent to the centre

Day care centres, approved to care for children under the age of two (2) must either:

- ensure this age group use the outdoor play space at a time separate from all other age groups

or

- designate an area within the outdoor play space to meet the needs of this age group

A fenced outdoor play space is not required for school age children. Day care centres, approved to care for school age children, must ensure that the children have access to an outdoor play space; if this space is not adjacent to the facility, it must be within reasonable walking distance.

Day care centres approved as half day programs, for example nursery schools, are exempt from the provisions for outdoor play space as outlined in section 4.6.1.

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All stairs, walkways, ramps, porches, parking areas and driveways must be maintained free from accumulations of water, ice and snow.

Helpful Information

“adjacent” means directly adjoining the facility or within a walking distance of no more than 350 meters (approximately ¼ mile).

“reasonable walking distance” for school age children should be not more than 700 metres (approximately ½ mile) from the centre.

The outdoor play space is measured for fifty percent (50%) of the approved capacity; therefore only fifty percent (50%) of the approved capacity may use the outdoor play space at any one time.

Where the total area of the outdoor play space is greater than the required 4.5 square metres (48 square feet) for 50% of the approved capacity, children under 2 may be outdoors at the same time as other age groups providing their safety is not compromised.

4.6.2 Community Day Care Homes

Community day care homes must provide outdoor play space, which is either directly adjacent to the Operator’s home or within walking distance, for example, a neighbourhood park or playground.

The outdoor play space of a community day care home is not required to be fenced.

Where the Coordinator is of the opinion that the community day care home is located in a traffic area where the safety of the children may be at risk, a fence could be required.

5.1 Environment

5.1.1 Day Care Centre

Indoor and outdoor environments must:

- be safely maintained
- be purposefully planned and encourage playful exploration, problem solving and creativity
- have a layout conducive to effective supervision
- allow opportunities for free choice
- respond to children’s changing interests, abilities and desires
- be organized into flexible learning centres that
 - 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
 - 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 for large motor play indoors and out
 - provisions for play with **elemental** materials – sand, water, mud, clay, snow (indoors and outdoors)

In addition, outdoor play environments must provide:

- an area for quiet play
- a shaded area
- storage space

Helpful Information

The requirements of section 5.1.1 apply to all facilities, including services for school age children.

“effective supervision” means that staff members are able to view children from any location within a room/area, both indoors and outdoors.

“shaded area” may be natural shade, for example trees, or may be created by using large beach umbrellas or tarps.

It is highly recommended that Operators request that parents provide a sun block cream with an SPF (Sun Protection Factor) of at least 15 as well as sun hats or visors to protect their children from over exposure to the sun.

Learning centres provide the organisational structure to promote a free-choice environment with a sufficient quantity and variety of play materials. Activity centres should be well-defined areas, easy to get to and with plenty of space for children to carry out the intended activity.

For guidelines on the equipping of activity centres for infants/toddlers; pre-schoolers and school age children, refer to Appendix 12.2.7 Guidelines for Equipping of Activity Centres.

The recommended minimum sand depth in a sand play area is 200mm (8 inches).

5.1.2 Community Day Care Home

The indoor and outdoor play environments of a community day care home must support the intent of section 5.1.1, in relation to the requirements of the NB Curriculum Framework.

5.2 Indoor Play Equipment, Furnishings and Program Materials

All child day care facilities must provide indoor play equipment, furnishings and program materials that must be:

- available in sufficient quantity and variety for the number of children enrolled at any one time
- arranged on low, open shelves to permit independent selection and use
- in compliance with the Canadian Consumer Product Safety Act and any regulation there under
- surfaced with a lead-free, non-toxic paint, if painted
- maintained clean and in good repair

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 must be present

- art materials
- 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
- materials that support learning in science and technology

All Operators must be aware of and take action according to recall notices on defective equipment.

Helpful Information

“furnishings” include tables and chairs, book cases, shelves.

“sufficient quantity” means the availability of enough play equipment and materials, for each age group served, to avoid excessive competition and long waits for the children.

Suggested materials and equipment should not be limited to use in a particular learning centre only – most of the materials related to more than one area of learning and children/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 should be given to the developmental needs, individual interests and ages of the children attending the facility.

Provide a landscape space that invites children to engage in activities of discovery, learning and creativity : move, create, manipulate, explore, isolate themselves, play with others and pursue their fields of interest.

Operators should refer to The Indoor Play Equipment, Furnishings and Program Materials Checklist (Appendix 12.2.4) for guidelines to assist them to meet the requirements of section 5.2.

The requirements of 5.2 may be applied to both day care centres and community day care homes. Operators of community day care homes should therefore complete those items of the checklist appropriate to the available materials and equipment in their homes.

For further details on the *Canadian Consumer Product Safety Act* and its requirements visit their website at <http://www.hc-sc.gc.ca/ahc-asc/legislation/reg/index-eng.php>

5.3 Outdoor Play Equipment

All child day care facilities must complete a monthly maintenance and inspection plan, which must include but is not limited, to the following:

- the date(s) when checked and when repairs were completed
- the action(s) required and taken
- the name of the staff who conducted the check(s)

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Equipment

Outdoor play equipment on the premises of a child day care facility must:

- be well anchored
- have adequate guardrails and/or handrails to prevent falls
- have openings less than 3" (76mm) or greater than 10" (254 mm) in diameter to guard against entrapment
- be free from protrusions that may act as hook, catch or entanglement points
- be free from loose splinters, cracks, decay, splitting or cracking parts, rust or corrosion
- have no sharp points, nuts, bolts or other parts that could cut or pierce
- have no exposed moving parts that could pinch or crush
- be spaced to allow sufficient spacing between stationary and/or moving equipment
- be surrounded by protective surfacing

Surfacing

Protective surfacing where required must:

- be fine loose sand and pea gravel (5 – 7 mm in diameter), wood chips, wood mulch, or approved synthetic materials
- be maintained at a depth of between 150 – 300mm (6 – 12 inches)
- extend at least 1800mm (72 inches) around all sides of the equipment and into the no encroachment zone, as determined by the type of equipment
- be maintained in a non-compacted condition, evenly distributed and free of glass and debris

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Helpful Information

Outdoor play equipment includes: climbing structures, swings, slides, rocking equipment. Play equipment intended for residential private backyard use is not recommended for use by child day care facilities.

The Outdoor Play Equipment Maintenance Checklist (Appendix 12.2.5) is consistent with the CSA Standards "Children's Playspaces and Equipment" (1998). Its use is recommended to meet the requirement for a maintenance and inspection plan.

It is understood that community day care homes may not have outdoor play equipment in the same quantity and variety as day care centres. However, what is present should meet safety requirements.

"Critical height" – the highest point from which a child might fall onto a certain depth and type of surface without suffering a life threatening injury. A chart detailing the required depths of protective surfacing relative to the critical height of the equipment is included with Appendix 12.2.5.

It is recommended that the protective surfacing be turned over or raked weekly to ensure proper depths are maintained. Grass is not a protective surface.

The ground beneath and surrounding a piece of playground equipment is referred to as the "fall" or "protective" zone. For stationary equipment (climbers, slides), it should extend 1800mm (72 inches) in all directions. For swings, the fall zone is determined by measuring the arc of the swing (i.e. the length from the top of the chain to the bottom of the seat), multiplying by 2 and adding 1800mm (72 inches) at the front and back of the swing.

A "no encroachment" or "circulation" zone is required around moving equipment and at slide exits. This zone is an additional 1800mm (72 inches) of protective surfacing outside of the protective (fall) zone.

For additional information on requirements for playspaces and equipment, Operators should refer to the document "Children's Playspaces and Equipment" of the Child's Play – Playground Safety Video and Guide. Both are available through the Canadian Standards Association, 178 Rexdale Blvd, Etobicoke, Ontario, M9W 1R3 or by calling 1-800-463-6727. The Coordinator may also have copies of these available on loan.

5.4 Rest Equipment

5.4.1 Day Care Centres

All day care centres must provide:

- cots, mats, cribs or portable playpens for each child who is in attendance more than four (4) consecutive hours daily
- a separate crib or portable playpen, for each infant less than fifteen (15) months, which must comply with the Cribs, Cradles and Bassinettes Regulations under the Canadian Consumer Product Safety Act (SOR/2010-261)

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- a cot or mat, for children fifteen (15) months and over, up to five (5) years of age, that is appropriate to the child's size and level of development
In addition, all day care centres must:
- ensure all cribs and portable playpens have mattresses made of moisture resistant materials
- ensure that all cots and mats have non-absorbent, cleanable coverings
- store all mats so that there is no contact with the surface of another mat or disinfect mats on both sides after each use
- not place bed linens directly on the floor in place of cots, cribs, portable playpens or mats
- ensure that stacked cribs are never used

Helpful Information

Children over thirty-five (35) inches (89 cm) in height who can get out of a crib by themselves should not be placed in a crib but should be provided with a cot or mat instead.

Children should be provided with blankets from either the centre or home.

"appropriate to the child's level of development" means 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.

5.4.2 Community Day Care Homes

Community day care homes must provide or require that the parent provides a crib or portable playpen for each child less than fifteen (15) months, which must comply with the Cribs, Cradles and Bassinets Regulations under the Canadian Consumer Product Safety Act (SOR/2010-261)

Where family beds of the home are used for children fifteen (15) months and over, the original bed and bedding must be completely covered with a sheet or other covering used only for the child resting.

Upper levels of bunk beds and waterbeds must never be used.

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6.1 Communicable Diseases

All child day care facilities must:

- report, exclude and inform parent(s)/guardian(s) of any communicable disease(s), illnesses, infections and infestations, in accordance with the criteria set out in Management of Illness in Children and Staff in New Brunswick Child Day Cares. (Appendix 12.2.10) and the Guide for Managing Potential Illness in Child Day Care Facilities in New Brunswick (Appendix 12.3.2)
- ensure that staff and children follow hand washing procedures, as described below

Hand Washing Procedure

- use liquid soap
- lather and wash for at least 30 seconds with at least 30 washing strokes, including fingernails, back of hands and between fingers
- rinse in running water
- dry with a paper towel
- turn off faucet with paper towel, then discard

Helpful Information

Day care Operators should contact the local Public Health offices if they have questions on communicable diseases and their recommended exclusion periods. "Well Beings" is a comprehensive resource produced by Canadian Paediatric Society (2008) which provides detailed information and fact sheets on this subject. To order "Well Beings" contact Canadian Paediatric Society, 2305 St. Laurent Boulevard, Ottawa, Ontario K1G 4J8. Telephone number: (613) 526-9397. Website: www.caringforkids.cps.ca/wellbeings/about_well_beings

Hand washing significantly reduces the transmission of infections. It is important for staff and children to wash their hands at least at the following times and whenever hands are contaminated with body fluids: before food preparation; after toileting or changing diapers; after assisting a child with toilet use; before handling food; before any food service activity, including setting the table; before and after eating meals and snacks; after handling pets or other animals. This requirement is also set out in the Public Health Inspection Standards. (Appendix 12.3.1)

6.2 Child Illness

All child day care facilities must:

- develop written statements of service with respect to child illness to advise parent(s)/guardian(s) of the following:
 - the reporting and exclusion criteria for communicable diseases, illnesses, infections and infestations, as set out in Management of Illness of Children and Staff in New Brunswick Child Day Cares. (Appendix 12.2.8)
 - the requirement to notify the facility each time their child is absent and to provide the reason, whether or not the absence is illness related.
 - the requirement to complete the form “Return After Exclusion”.
- 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.
- provide supervised care for the sick child in the designated area separate from other children until the child is picked up from the facility
- complete the form Return After Exclusion, upon each child’s return to day care.

Helpful Information

Operators are encouraged to consult the resource “Well Beings” (previously referenced in 6.1) which also provides useful information on the subject of managing illness and infection in child care.

The following will assist Operators in the development of the written statement of service for child illness:

- a) the illness prevents the child from participating comfortably in facility activities;
- b) the illness results in a greater care need than the staff can provide without compromising the health and safety of the other children;
- c) the child has any of the following conditions: i) temperature – oral temperature 38.5° C) 101° F or greater, rectal temperature 39° C) (102° F) or greater, armpit temperature (38° C) (100° F) or greater accompanied by behaviours changes or other signs or symptoms of illness; and, ii) the onset of any signs/symptoms, as outlined in Management of Illness in Children and Staff in New Brunswick Child Day Cares, requiring notification of parents and/or informing of Public Health authorities.

6.3 Incidents

Reportable Incidents

All child day care facilities must:

- obtain all required assistance indicated by the situation
- immediately notify the parent(s)/guardian(s) of the child
- complete the Incident Report Form (Appendix 12.1.9), forward the original to the Coordinator within twenty-four (24) hours, retain a copy for the child's file at the facility and provide a copy to the parent(s)/guardian(s)

Non-reportable Incidents

All child day care facilities must:

- maintain a chronologically filed daily log
- inform parent(s)/guardian(s) the same day of the details of the incident and the treatment given
- ensure that parent(s)/guardian(s) sign the daily log

Helpful Information

Reportable incidents include: unexpected illnesses where the child requires immediate transfer to a hospital; motor vehicle accidents; injuries that occur during transit of a child while under the care and supervision of the day care; other injuries such as falls where the child requires emergency transfer to a hospital; incidents where a child wanders off and is missing from the day care; the death of a child while in the care of the facility.

Non-reportable incidents do not require emergency medical attention for the child, for example, hospital, doctor, ambulance but may require proper cleaning of cuts and application of ointments, band aids, etc

The Incident Report Form (Appendix 12.1.9) may also be used as the daily log for the tracking of non-reportable incidents.

6.4 Diapering**Equipment**

Diapering surfaces in child day care facilities must be:

- sturdy, of adult height and equipped with rails or safety straps
- of an impervious and non-absorbent material
- located separate from the food preparation areas and never be used for serving food
- adjacent to a hand washing sink

A mat used exclusively for diaper changing is approved as a diapering surface for children aged 15 months and over.

Diaper Changing

All child day care facilities must:

- post diaper changing procedures consistent with those outlined in Appendix 12.2.6 in the diaper changing area
- never leave children unattended during diaper changing

Helpful Information

Diapers should be checked for wetness or feces hourly or whenever a child indicates discomfort or exhibits behaviour that suggests a soiled or wet diaper.

“impervious” means a smooth surface that does not absorb liquid or retain soil

“adjacent” means that the sink is not more than one (1) metre (3feet) from the diapering surface

Diapers should not be disposed of in kitchen garbage containers or in waste baskets in children’s play areas.

6.5 Personal Belongings

In all child day care facilities combs, brushes, toothbrushes, towels, facecloths, and bedding must:

- be labelled identifying the owner
- be stored separately
- not be shared

All pacifiers and soothers must:

- conform with the requirements of the Canadian Consumer Product Safety Act (C.R.C, c. 930) and any regulations there under
- be identified for the use of a particular child
- not be used with a neck string

Helpful Information

Toothbrushes should be 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; and are not in contact with any surface.

Both prohibiting the sharing of personal belongings and storing separately help prevent the spread of communicable diseases (respiratory, gastrointestinal), and skin infections such as scabies and ringworm.

6.6 Medication

All child day care facilities must:

- administer only medication, whether over the counter or prescribed, that is brought to the facility by the parent
- obtain written parental consent to administer prescription or over the counter medications
- complete Part A of the Medication Record (Appendix 12.1.7) each time medication, either over the counter or prescribed, is administered

Under conditions, where it is deemed necessary to administer acetaminophen without prior written parental consent, all child day care facilities must follow the procedures as detailed in Part B of the Medication Record (Appendix 12.1.7).

All medication must:

- be in the original container with the original label
- have child-protective caps
- be identified with the dosage and the name of the child for whom the medication is intended

In addition, prescribed medications must have:

- the name of the physician
- instructions
- the time period of use

Helpful Information

Acetaminophen should only be administered under the following conditions:

- i) the child has developed a fever after his/her arrival at the child care facility;
- ii) the parent(s)/guardian(s) have been contacted by telephone and;
- iii) a mutual decision has been reached that this is the appropriate measure to reduce the fever.

This practice should not prevent the child care facility from following their written statement of service for child illness.

Over the counter medications include Tylenol, cough syrups, and teething gels that are not prescribed by a physician.

Inaccessible means that no child can gain access by himself/herself.

Emergency medication should be inaccessible but not locked, where time is of the essence in its use and any delay in accessing could be life threatening, for example, epipens and anaphylactic kits.

6.7 Nutrition**Menus**

All child day care facilities must prepare meals and snacks in accordance with Canada's Food Guide to Healthy Eating, respecting the four (4) basic food groups and the recommended serving sizes for the age group being served.

Where milk and juice are served, the milk must be undiluted and the juice must be one hundred per cent (100%) pure fruit juice. Water may be served at meals and snacks providing the requirements of Canada's Food Guide to Healthy Eating are met throughout the day.

Drinking water must be available to children at all times either through independent access or requests through staff.

Children's allergy information must be posted in the food preparation area.

All day care centre menus must:

- be prepared four (4) weeks in advance and posted at the beginning of each week in a location that is conspicuous to staff and parents
- be amended or varied to provide for children with special nutritional requirements

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- be amended to reflect any changes in the food actually served, as changes occur
- ensure that no additives or fillers are added to stretch or colour food

All community day care homes menus must be provided to parents every two (2) weeks.

Meals/snacks provided by parent(s)/guardian(s) must:

- be labelled with the child's name, the date, and the type of food
- be properly refrigerated, as required

Infants

Infants under 12 months of age must:

- be fed on demand and in accordance with written instructions from the parent regarding the amount, type and scheduling of feedings
- be held during bottle feeding

Both the propping of bottles, in cribs, playpens or infants seats, and the carrying of bottles by young children are prohibited.

Where there is more than one bottle-fed infant, all bottles must:

- be labelled with the child's name
- only be used for the intended child
- stored with covers on each bottle

Helpful Information

Bottle propping is the practice of allowing an infant, who is too young to hold a bottle, to feed unattended from a bottle that is supported (propped) against objects adjacent to the infant, for example, a pillow or rolled blanket.

Where more than one infant requires feeding at the same time, the bottles may be held by the staff while the infants are in an infant seat providing the staff member is interacting with the infants.

Servings

Children who are in attendance at a child day care facility for:

- less than three (3) hours, must be served one (1) snack which must provide one (1) serving each from two (2) or more of the basic four (4) good groups
- at least three but less than six hours (3-6) hours, must be served one (1) snack which must provide one (1) serving each from two (2) or more of the basic four (4) food groups and one (1) meal which must provide one (1) serving from each of the four (4) food groups
- at least six but less than ten hours (6-10) hours, must be served two (2) snacks and one (1) meal which must provide: for each snack, one (1) serving each from two (2) or more of the basic four (4) food groups; and for the meal, one service from each of the four (4) food groups; and in total include at least two (2) servings from the Milk Products food group

Helpful Information

For assistance in meeting the requirements for menu planning, and information on Canada's Food Guide to Healthy Eating Operators should consult with a nutritionist or registered dietician. When planning menus, Operators should also be sensitive to the needs of other cultures.

Publications, such as Canada's Food Guide to Healthy Eating Focus on Preschoolers, are available through Health Canada, Ottawa, Ontario, K1A 0K9.

Infants under 12 months should be fed on demand unless the parents instruct otherwise, that is based on the infant's needs and not on a schedule established by the child care facility.

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.

6.8 First Aid

All child day care facilities must maintain a minimum of two (2) first aid kits. One (1) must remain on the premises and the other must be available to take on field trips and outings away from the facility.

Child day care facilities providing transportation must have a first aid kit in the vehicle at all times.

Each first aid kit must:

- be accessible to staff at all times, but out of reach of children
- be restocked after each use
- checked monthly using the Inventory Form (Appendix 12.1.14)

6.9 Animals/Pets

Refer to Appendix 12.3.1 Public Health Inspection Standards for New Brunswick Day Care Centres, Section 3.9 Pets/Animals.

6.10 Smoking

All child day care facilities must forbid smoking in all areas occupied by the children, during operating hours, including the outdoor play space, on field trips and walks, and in vehicles.

Smoking is prohibited in food preparation areas.

Parents of children attending child day care facilities operated from the individual's home must be advised at the time of enrolment if the Operator or any other individual residing in the home smokes.

All child day care facilities operated from an individual's home must ventilate (open windows) all rooms, where smoking occurs, daily before the children arrive.

Helpful Information

It is recommended that rooms be ventilated for a minimum of 20 minutes prior to the children's arrival.

7.1 Evacuation Plans

7.1.1 Day Care Centres

All day care centres must have a written emergency plan that:

- outlines staff responsibilities
- shows the evacuation routes
- informs parent(s)/guardian(s) of the location of an alternate accommodation
- informs parent(s)/guardian(s) of the transportation arrangements to the alternative accommodation

Helpful Information

Operators should contact the local Fire Department for assistance in developing their evacuation plans.

Plans should be clear enough that a visitor to the centre could easily follow the instructions. Diagrammed evacuation procedures are easiest to follow in an emergency. Floor plan layouts that show two (2) exit routes are best.

The outline of staff responsibilities should ensure that staff are clear how many children each person is responsible for and how to physically remove children from the facility, in particular, how to evacuate infants and children with additional needs.

7.1.2 Community Day Care Homes

Community day care homes must have a written emergency plan that:

- shows the evacuation routes
- informs parent(s)/guardian(s) of the location of an alternate accommodation
- informs parent(s)/guardian(s) of the transportation arrangements to the alternative accommodation

7.2 Fire Drill

All child day care facilities must:

- conduct monthly fire drills which are to be practised alternately from all exit locations at varied times of the day and during varied activities, including rest periods
- complete the Record of Monthly fire Drills (Appendix 12.1.10) each month
- retain the Record of Monthly Fire Drills on file for one (1) year

7.3 Emergency Numbers

All child day care facilities must post emergency numbers beside each telephone, including but not restricted to: fire station, police, hospitals, poison control centres, taxi, and ambulance services.

Helpful Information

Where 911 service is available, this may be posted in place of fire, police and ambulance services numbers.

The facility's street address should also be posted by the phone. This is helpful in a stressful situation, especially for a new or substitute caregiver.

7.4 Toxic Products

All child day care facilities must:

- use toxic products according to the manufacturer's instructions and only for the intended purpose
- store them in their original, labelled containers
- store them in a locked area inaccessible to children
- separate them from stored medications and food

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Examples of toxic products are: cleaning materials, detergents, pesticides, health and beauty aids, deodorisers, insecticides with repellents. Mixtures of bleach and water in the recommended proportions are not considered toxic. Labelling of these concentrations is still required.

Toxic plant knowledge is necessary in case a child ingests plant material and emergency attention is required.

7.5 Transportation

Where transportation is provided by child day care facilities, all vehicles owned by the facility must:

- be equipped with a first aid kit and emergency records for all children being transported
- provide infant seats and/or individual seatbelts according to the children(s) ages and weights and sufficient in number for the children being transported

Where children are routinely transported to and from the child day care facility by taxi, the facility must develop written guidelines, which state the responsibilities of all parties, that is, parents, the taxi company and the facility.

Where child day care facilities are transporting children in private cars i.e. volunteers on outings, individuals must be advised to confirm with their insurance agent that they have proper coverage for the transporting of children.

All child day care facilities using 15 passenger vans to transport children during operating hours must:

- equip these vans with winter tires between November 1st and April 30th annually
- ensure that vehicle tire pressures are properly maintained year round
- not transport children beyond 6 PM daily between the months of March and November and not beyond 5 PM daily between the months of December and February
- limit travel to their local geographic community with no major highway driving permitted
- ensure vehicle stability through even distribution of passengers and equipment
- comply with all applicable regulations under the **Motor Vehicle Act** related to driver qualifications, use of infant seat, booster seats and/or seat belts for young children, and the registration and inspection of vehicle

Note: local geographic community is defined as no greater than a 25 km radius

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Helpful Information

For additional information regarding the installation and other requirements for child safety seats, day care facilities should contact the NB Department of Transportation, Highway Safety and Education Promotion at (506) 453-3645.

Emergency records should contain the following information: name of the child, his Medicare number; telephone numbers of his parents; name and telephone number of the child's doctor, as well as pertinent information with respect to allergies and health of the child. For quick access, this information may be written on recipe index/cards.

7.6 Smoke Alarm

7.6.1 Day Care Centres

Helpful Information

Day care centres are inspected by Assistant Fire Marshall's or Fire Prevention officers, under the authority of the NB Fire Prevention Act. Any requirements for smoke alarms and/or fire alarm systems are handled through the Office of the Fire Marshall.

7.6.2 Community Day Care Homes

Smoke alarms that are ULC (Underwriter's Laboratory Canada) and CSA (Canadian Standards Association) approved must:

- be installed and maintained in working order on each floor level
- checked weekly to ensure working order

7.7 Fire Extinguishers

7.7.1 Day Care Centres

Helpful Information

Day care centres are inspected by Assistant Fire Marshall's or Fire Prevention officers, under the authority of the NB Fire Prevention Act. Any requirements for fire extinguishers in day care centres are handled through the Office of the Fire Marshall.

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7.7.2 Community Day Care Homes

Each community day care home must have type 2A10BC multi-purpose portable fire extinguishers, which must be:

- wall mounted in visible and accessible location with one (1) in the kitchen and at least one (1) on each floor level where the children have access
- checked annually to ensure working order by an authorized individual or company

Helpful Information

Operators of community day care homes should request training by fire prevention authorities on the proper use of fire extinguishers.

Operators of community day care homes are cautioned that fire authorities emphasise that extinguishing or controlling a fire should be last in the list of priorities for handling fire and should only be considered when the Operator is certain that all children are safe and that the fire can be controlled with the proper type of extinguisher.

7.8 General Safety

All child day care facilities must observe the following general safety precautions:

- install protective receptacle covers in electrical outlets, where children are five (5) years of age or under
- 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
- 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 authorities
- check and clean chimneys and wood stoves annually
- keep lighters and matches inaccessible to children

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- ensure that exit door(s) do not have keyed dead bolts

- provide an operable flashlight for each floor level

- ensure that no person(s) carries hot beverages or liquids in areas where children are engaged in play activities

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8.1 Routines/Transitions

All child day care facilities must have a flexible daily schedule which must be accessible/visible to both parents and children.

Daily routines and transitions must:

- provide ample time for children to engage in sustained uninterrupted play and in activities of their own choosing
- be flexible, allowing children to initiate their own learning, explore at their own pace and follow their individual interests
- keep interruptions and transitions to a minimum
- include outdoor play, weather permitting (except in extremely inclement weather) and for a minimum of 2 hours daily including morning and afternoon

Throughout the day, opportunities must be provided for children

- to initiate discussions, explanations, demonstrations,
- ask questions
- share ideas
- lead problem solving
- invent imaginary worlds
- tell stories

Length of rest periods must:

- consider the rest pattern(s) of the age group(s) enrolled, i.e. infants, preschoolers and/or school age and the individual needs of each child
- not exceed two consecutive hours daily, unless in accordance with parent(s)/guardian(s) written instructions

Helpful Information

The requirements of section 8.1 apply to all facilities, including services for school age children.

The requirement to complete Infant / Toddler Daily Information sheets is included with the requirements for Child Records 3.3.1.

Facilities may also continue to use these as communication tools to share events and milestones of children up to age 24 months.

“all age groups” includes infants through school age. It is recognised that outdoor play for school age children will occur in the afternoon.

“weather permitting” provides the Operator/staff with the discretion to remain indoors when poor weather conditions make outdoor playtime difficult. Operators/staff are encouraged to consult their local weather office for information on temperatures and wind chill factors to assist them in their decisions.

Rest time schedules for infants should indicate both the time the child was laid down and the time the child got up.

Although homes are conducive to daily sharing of information with parents as children are dropped off and picked up, Operators are encouraged to provide this information to parents in writing.

8.2 Curriculum Planning, Documentation and Assessment

All child day care facilities providing services to infants or preschool children up to school entry must implement, in its entirety, one of the NB Curriculum Frameworks

Curriculum planning, documentation and assessment must

- be consistent with the vision, values, goals and principles outlined in the NB Curriculum Framework used by the facility

Child day care facilities must

- demonstrate that planning is a cyclical process that involves planning, engaging and reflecting informed by careful consideration of 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

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Child day care facilities must make children's learning visible through "pedagogical" documentation, including but not limited to

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

Child day care facilities providing services for school age children must have a program of activities designed to include:

- free choice of play
- opportunities to run, climb, jump i.e. be physically active
- opportunities for concentration alone or in a group
- time to read
- opportunities to be creative, to explore the arts, sciences and social studies, and to solve problems
- opportunities to develop trusting, supportive relationships with staff and peers

Helpful Information

A school age child care facility should provide an enriching contrast to the formal school program. Facilities that offer a wide range of activities, e.g. team sports as well as collaborative games; cooking, dramatics, art, music, games, open time and quiet time allow children to explore new interests and relationships.

Television viewing is not considered part of the daily program in a day care centre.

9.1 Staff Employment Criteria**9.1.1 Day Care Centres**

All staff members must:

- comply with the terms of the SD Record Check and Criminal Record Check Policy (Appendix 12.1.5)
- have a valid First Aid and CPR certificate, as approved by the Department. Certification must be renewed prior to expiry date
- submit a completed Staff Medical Form (Appendix 12.1.6) and have a tuberculosis screening by the Mantoux method within one month of employment
- be (16) years of age or over

Any staff who is under nineteen (19) must be supervised by an adult primary staff while providing services directly to children.

Food service personnel and administrative support staff are exempt from the requirement for first aid training except where the conditions of 9.3.1 are applied.

Volunteers must:

- comply with the terms of the SD Record Check and Criminal Record Check Policy (Appendix 12.1.5)
- have a valid First Aid and CPR certificate if providing more than 10 hours per week of direct care to children

Students on practicum placements and parent(s)/guardian(s) who are volunteering at the facility attended by their children:

- are not required to comply with the SD Prior Contact Check and Criminal Record Check Policy. (Appendix 12.1.5)
- are not required to have a valid First Aid and CRP certificate

- must never be left alone with children

Helpful Information

For these purposes, all staff – includes the Operator, the administrator/director, primary staff, relief staff, support personnel.

“primary staff” individuals employed in the child care facility who spend 75% or more of their time providing child day care services directly to children and who are responsible for the supervision, safety, well being and development of children

“support personnel” individuals responsible for a particular child(ren) who may also be referred to as aids.

“relief staff” individuals who replace primary staff in situations of illness, vacation or sudden resignations. Situations may occur where due to the immediacy of the situation relief staff may not have completed all requirements of the Staff Employment Criteria. It is however recommended that facilities have at least one relief staff who has completed the requirements for first aid and prior contact criminal record check.

“students” are those individuals who are enrolled in the community college child care training, or who are secondary school students participating in course work in early childhood education or who are completing co-op education placements.

9.1.2 Community Day Care Homes

The Operator of a community day care home and his/her designated alternate must:

- comply with the terms of the SD Record Check and Criminal Record Check Policy (Appendix 12.1.5)
- have a valid First Aid and CPR certificate, as approved by the Department. Certification must be renewed prior to expiry date
- submit a completed Staff Medical Form (Appendix 12.1.6) and have a tuberculosis screening by the Mantoux method within one month of application
- be nineteen (19) years of age or older

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Staff medicals are required upon initial employment in a child day care facility not annually. When an individual transfers from one child day care facility in the province to another, the original medical certificate remains valid providing the staff member can provide the original.

The tuberculosis screening is not required to be repeated during employment, unless a positive result in which case follow up would be directed by a physician.

As of April 1, 2012 the recognized courses for all Early Childhood Educators employed in approved facilities are:

- **Work Place Standard First Aid** (16 hour course given the Saint John Ambulance or recognized provider)
- **Standard Childcare First Aid** (16 hour given by the Canadian Red Cross or recognized provider)
- Recognized providers- as listed by WorkSafe NB (http://www.worksafenb.ca/docs/firstaidproviders_e.pdf)

One of the above 16 hour courses is required for the initial certification. Any new employees from this date must complete a 16 hour course.

The 8 hour Emergency First Aid courses given by the two providers are acceptable for renewals.

Those Early Childhood Educators who have completed an 8 hour course up to the effective date will not have to re-do a first aid course.

The Heart and Stroke Foundation recommends that the CPR component be updated annually.

Staff members are responsible to ensure that their first aid certification is current.

As employers, Operators of child day care facilities are responsible to consult the **Occupational Health and Safety Act** to ensure they meet all the applicable first aid requirements. The Act can be viewed at the following link. <http://laws.gnb.ca/en/ShowPdf/cr/2004-130.pdf>

9.2 Staff Qualifications

All directors and primary staff employed at a child day care facility serving children between the ages of infants and preschool to kindergarten entry must

- enroll in the required Program of Professional Learning (PPL) applicable to the curriculum framework used by their facility within 3 months of employment
- Upon request, Certificate of Participation provide departmental staff with proof of enrolment or a copy of his/her

9.2.1 Day Care Centres

Effective **April 1, 2006**, one in four staff or the director, or his/her designate, must have completed a minimum of one year of community college training in child care or its equivalent.

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All approved child day care facilities who do not meet the training requirement must

- confirm, in writing, their intent to enroll the director, or his/her designate or one in four staff in the one year community college training program in child care or the equivalent; or
- apply to the regional ECS Coordinator for an exception to the training requirement

All new applicants for approval must meet the requirements of section 9.2.1 of the Child Day Care Facilities Operator Standards prior to a certificate of approval being granted

The requirements of 9.2.1 do not apply to school age **only** child care centres that provide child day care services to children attending public school; kindergarten to age 12.

9.2.2 Community Day Care Home

The requirements of 9.2.1 do not apply to Operators of community day care homes.

9.3 Staff: Child Ratio and Group Size

9.3.1 Day Care Centres

Staff child ratios must be maintained during all hours of operation including outdoor play periods, meal preparation, rest periods and staff lunch and coffee breaks. During staff coffee and lunch breaks and children's rest periods, there must be sufficient staff present, on the premises of the centre, to ensure that the staff: child ratio is maintained.

Centres must not include, in the staff to child ratios:

- students (on field placements)
- Individuals whose primary responsibilities are for maintenance and food preparation and administrative support, except under specific conditions as described below.

Food service and administrative support staff personnel are calculated in the staff: child ratio during staff coffee and lunch breaks providing they assume the staff's child care responsibilities during these periods and have complied with all requirements under Staff Employment Criteria.

Support personnel may have either of the following functions:

- i) provide specific specialized attention for a particular child; or

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- ii) lower the required staff child ratio for a particular group of children

Support personnel are considered in the staff child ratio calculations under conditions where ii) above is applied.

The lowered ratio must be maintained within the group at all times while the circumstances for requiring support personnel continue to exist.

Volunteers are calculated in the staff/child: ratio where the provisions of ss.23 (5) of the Day Care Regulation are applied.

Helpful Information

According to ss.23(5) of Regulation 83-85 of the *Family Services Act*, two volunteers may constitute one staff member where each volunteer provides more than 10 hours of service per week and each volunteer provides 75% or more of his time of work providing direct care to the children.

Same Age Groups

The following minimum staff to child ratios and the maximum number of children who may be included in a group, outlined below, must be in effect at all times, in accordance with schedules A and B of the Day Care Regulation 83-85.

Age	Ratio Staff: Child	Maximum Group Size
Birth – 24 months	1:3	9
2 years	1:5	10
3 years	1:7	14
4 years	1:10	20
5 years	1:12	24
6-12 years	1:15	30

Mixed Age Groups

Staff: child ratios, for mixed age groups, must be determined according to the policy direction on Family Grouping: Calculations of Ratios for Multiple Age Combinations that is, by adding the proportion of staff members required for each child in the group.

Whenever a fraction of a primary staff member (beyond .05) is required in the total, the staff requirements must be rounded to the next whole number. The maximum group

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size in a mixed age group must not exceed the number requiring the supervision of two staff members.

Helpful Information		
Family Grouping: Calculations of Ratios for Multiple Age Combinations		
Proportions of staff members required per age group		
i) 0 – 24 months	.333	iv) 4 years .100
ii) 2 years	.200	v) 5 years .083
iii) 3 years	.143	vi) 6 – 12 years .066
<u>Example:</u>		
Age of children present	Number of Children/Age	Number of Staff required
3 years	4	$4 \times .143 = .572$
4 years	<u>8</u>	$8 \times .100 = .8$
TOTAL	12	1.372
Required number of staff = 2		

In keeping with their developmental needs, infants under twenty-four (24) months are not to be part of a mixed age grouping with children aged two to four (2 – 4); as well, children aged two to four (2 – 4) should not be part of a mixed age group of school age children aged five to twelve (5 – 12).

Under the following conditions and as approved by a Coordinator:

- children of different age combinations may be combined providing, i) the Staff: Child ratio is calculated in accordance with the policy direction, Family Grouping: Calculations of Ratios for Multiple Age Combinations: ii) the facility has demonstrated that the developmental needs of all children will be met and iii) toys, equipment and materials are appropriate for the age groups that are present.

Helpful Information

“Staff: Child ratio” refers to the maximum number of children permitted per staff person.

“a group” is the number of children assigned to a staff person(s) occupying an individual room or a well defined area within a larger room.

“maximum group size” refers to the maximum number of children permitted in a group.

Children in day care 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.

It is recognized that 5 year olds may also be considered with a preschool grouping of children ranging in age from 2 through 5.

9.3.2 Community Day Care Homes

One individual is responsible for providing care and supervision for no more than six (6) children of a combination of ages; there must be no more than two (2) children under the age of two (2); at least one of the six (6) must be of school age which is between five and twelve (5 – 12) years of age.

If an Operator provides care solely for infants up to age twenty-four (24) months, the maximum number allowed is three (3) and no other children are permitted.

If an Operator provides care solely for school age children, the maximum number allowed is 9 and no other children are permitted.

The number of children permitted includes those of the Operator.

An Operator must not hire additional persons to increase the number of children permitted to be cared for in her home.

9.4 Supervision**9.4.1 Day Care Centres**

Operators must ensure that children attending their facility are supervised at all times.

If the supervision of a child is not direct supervision, the Operator must:

- obtain the written approval from the child’s parent(s)/guardian(s) as to the type of supervision given

CHILD DAY CARE FACILITIES OPERATOR STANDARDS

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PERSONNEL

Section
9

- maintain this approval on file

When supervising the outdoor play space staff must position themselves throughout the play space to ensure children's health and safety.

Supervision during rest periods for children less than 15 months must:

- include a documented physical check every 15 minutes
- permit staff to see and hear the children
- ensure that supervising staff are on the same floor level as the children

Rest areas for children 15 months and over must be supervised by at least one (1) primary staff member per group who must remain in the room with the children.

Helpful Information

Supervision requirements should be appropriate to each child's developmental age as well as protecting the health and safety of each child.

It is recognized that the supervision of school age children may not always be direct. Operators are advised to contact their insurance agent to determine whether there are any liability provisions to consider if permission has been given by parents for a school age child to leave the premises without direct supervision.

9.4.2 Community Day Care Homes

The Operator must supervise children, both indoors and outdoors, at all times during the home's operating hours.

Helpful Information

It is recommended that one operable night light be located in each rest area.

Monitors may be used to meet the requirements for hearing children in rest areas.

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CHILD DAY CARE FACILITY OPERATOR STANDARDS

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10

10.1 Staff/ Child Interactions

All child day care facilities must:

- maintain a positive approach in the guidance, care and discipline of children.
- facilitate learning by providing positive reinforcement, encouraging efforts and recognizing accomplishments.

10.2 Positive Techniques

All child day care facilities must follow positive techniques of guidance including:

- reflect with the child on the incident
- redirect negative energy
- eliminate potential problems
- use positive reinforcement and encouragement rather than competition, comparison and criticism
- administer, in a consistent manner, rules that are logical and comprehensive
- explain rules clearly to staff, children and parents

10.3 Corporal Punishment

All child day care facilities must prohibit the following behaviour and forbid anyone to:

- strike a child
- shake, shove, spank pinch or other measures that produce physical pain
- require the repetition of physical movements
- humiliate, belittle or degrade in any way
- withdraw or threaten to withdraw food, rest or bathroom opportunities
- send a child to a cot or mat

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CHILD DAY CARE FACILITY OPERATOR STANDARDS

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- deprive a child of any outing or group activity
- physically restrain a child

Helpful Information

To ensure responsive and reciprocal relationships are established, 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.

These practices help to develop a relationship that promotes a child's well-being and sense of belonging.

Repetition of physical movements – means having a child repeat actions over and over to reinforce a desired behaviour. Example: to reinforce not running in the halls by having the child walk up and down 10 times.

Repetitive Misbehaviour

In cases of repetitive misbehaviour, review possible causes, for example,

- program content to ensure that it has a good balance of activities
- arrangement of physical environment including but not restricted to lighting, ventilation, arrangement of furniture
- availability of equipment, material, books and toys for adequacy of quality and sufficiency in quantity
- personality conflicts amongst children or between staff and children

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11.1 Definitions

Extended Hour Care Services

- Child day care services provided in an approved child day care facility whose hours of operation exceed the traditional 7:00 AM to 6:00 PM daily Monday through Friday including:
 - week days (Monday through Friday) between the hours of 6:00 PM and 9:00 PM
 - and/or
 - weekends (Saturday and Sunday) between the hours of 7:00 AM and 9:00 PM

Overnight Care Services

- Child day care services provided in an approved child day care facility whose hours of operation include
 - overnight care (Monday through Sunday) between the hours of 9:00 PM and 7:00 AM

Extended Hour Care Services, including Overnight Care

- A child day care facility may be approved to provide both extended hour care services and overnight care services.
- A child day care facility approved to provide Extended Hour Care Services, including Overnight Care may operate seven days a week, 24 hours per day.
- No child may attend for more than 14 consecutive hours in a 24 hour period.
- The maximum capacity for extended hours, including overnight care, is 12 children, including not more than 3 infants less than 24 months of age.

Helpful Information

A child day care facility may choose to provide extended hour services without providing overnight care, therefore overnight care services has been defined separately. However, it is understood that child day care facilities will be providing either extended hour care services or extended hour care services, including overnight care. Few, if any facilities will be providing only overnight care.

11.2 Approval Process

The following requirements are in addition to relevant sections under Section 2 Approval of the *Child Day Care Facilities Operator Standards*

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11.2.1 Day Care Centre

To request an approval to provide either extended hour care services or extended hour care services, including overnight care:

- Submit to the ECS Coordinator
 - A written request for approval clearly stating which services will be provided
 - a letter from the municipal authorities stating that the proposed extended hour care service or extended hour care service, including overnight care service complies with local by-laws
 - three (3) copies of the official plan

11.2.1 Community Day Care Homes

To request an approval to provide either extended hour care services, or extended hours services, including overnight care services:

- Submit to the ECS Coordinator
 - A written request for approval clearly stating which services will be provided

Helpful Information

Approved child day care facilities who wish to add these services are required to submit the additional information as stated above. New applicants will be required to complete the requirements of the Child Day Care Facilities Operator Standards Section 2, plus those stated above.

Any new or existing child day care facility that intends to provide extended hour care services and/or extended hour care services, including overnight care may be required to comply with additional health and safety requirements. Official plans must therefore be re-submitted for review by the Office of the Fire Marshall and Public Health Inspection Services.

11.3 Renewal Process

11.3.1 Day Care Centres

To request a renewal of an approval to provide either extended hour care services or extended hours services, including overnight care services:

- complete the appropriate sections of the Renewal Form

11.3.2 Community Day Care Homes

To request a renewal of an approval to provide either extended hour care services, or extended hours services, including overnight care services:

- complete the appropriate sections of the Renewal Form

11.4 Administration

The following requirements are in addition to relevant sections under Section 3 Administration of the *Child Day Care Facilities Operator Standards*.

11.4.1 Written Statements of Service

All child day care facilities must add the following to their written statements of service for parents

- the extended hours of operation as indicated on the Certificate of Approval
- that children will not be admitted to the service after 9:00 PM
- that no child may be in attendance for more than 14 consecutive hours in a 24 hour period
- fee schedule for the extended hour care services or extended hour care services, including overnight care

Parents must provide the facility with a copy of their weekly schedule each Friday to permit the facility to staff appropriately.

Pick up times beyond 9:00PM must be arranged in consultation with the parents.

11.4.2 Record Keeping

All child day care facilities must have

- written parental consent for the bathing of children

Helpful Information

Bathing of children should only occur at parental request. Parents are to sign a consent form each time they request their child to be bathed.

11.4.3 Insurance

All child day care facilities must:

- ensure that the limits of their liability coverage includes coverage for extended hour care services and/or extended hour care services, including overnight care

11.5 Physical Facility

The following requirements are in addition to relevant sections under Section 4 Physical Facility of the *Child Day Care Facilities Operator Standards*.

11.5.1 Indoor Play Space

11.5.1.1 Day Care Centres

- Usable floor space does not include designated sleep areas.

11.5.1.2 Community Day Care Homes

- No additional requirements than set out in current standards.

Helpful Information

If rollaway cots are provided for children > 15 months and there is adequate storage then the sleep area may be included in usable floor space providing children's individual sleep patterns are respected.

11.5.2 Bathroom

All child day care facilities must:

- clean and sanitize bathtubs and showers after each use

When bathing or showering is provided,

- children must be bathed individually
- children must be supervised according to their developmental needs

Helpful Information

Day care centres are not required to have bathing or showering facilities.

11.5.3 Quiet Space

All child day care facilities providing extended hour care services, including overnight care must:

- designate an area for sleeping
- ensure that the sleeping space permits 18 to 24 inches between each crib, rollaway cot and/or bed
- provide a separate sleeping area for boys and girls aged 6 and over

Helpful Information

Community day care homes providing overnight care may use the family bedrooms. Day care centres must have a separate sleeping area as the bedtimes of children will vary depending on their ages.

11.5.4 Storage Space

11.5.4.1 Day Care Centres

- Where applicable, day care centres must provide space for the storage of beds, cots and bedding.

11.5.4.2 Community Day Care Homes

- No additional provisions

11.6 Play Environment/Equipment/Furnishings

The following requirements are in addition to relevant sections under Section 5 Play Environment/Equipment/Furnishings of the *Child Day Care Facilities Operator Standards*.

11.6.1 Sleeping Equipment

In all child day care facilities where children are present overnight

- each child less than 15 months of age must sleep in a crib
- each child greater than 15 months of age must sleep in a bed or approved rollaway cot

Beds, cribs and rollaway cots must

- be cleaned and sanitized between use
- have mattresses that are

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- made of moisture resistant materials
- easily cleanable

Helpful Information

Mats and stackable cots are **not** permitted for overnight care services. Rollaway cots are permitted providing the mattress is 6 inches or greater. Portable playpens may only be used if provided by the parent of the child using it.

11.7 Health

The following requirements are in addition to those under Section 6 Health of the *Child Day Care Facilities Operator Standards*.

11.7.1 Personal Belongings

In all child day care facilities,

- sleepwear must not be shared among children
- children must be sleep in garments provided by the child's parent
- bedding must be provided by the facility; include blankets and a bottom sheet that must be secured and completely cover the sleeping surface
- all children must have the personal effects needed to clean up and prepare for sleep, including an individual wash cloth, towel, toothbrush, toothpaste

11.7.2 Nutrition

In all child day care facilities providing extended hour care services, menus must

- be amended to include the evening meal.

In all child day care facilities providing extended hour care, including overnight care services, menus must

- be amended to include both the evening meal and breakfast,
- must contain one serving from each of the four food groups, including at least one serving from the Milk Products Food Group
- include a bedtime snack for all children in attendance.

Parents must be provided a copy of the weekly menu in advance.

An evening meal must be served for each child present between 6:00 PM and 7:00 PM. Eating times and schedules must be consistent with patterns established in consultation with the parents.

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Helpful Information

If the facility does not prepare and serve an evening meal and/or the required bedtime snack parents must be informed in the written statement of services and agree to provide for their child(ren). Parents of children who are in attendance beyond regular day time hours up to 7:00PM may request that the evening meal not be served to their children.

11.8 Fire/Safety

The following requirements are in addition to relevant sections under Section 7 Fire/Safety of the *Child Day Care Facilities Operator Standards*, and in addition to the requirements set out by the Office of the Fire Marshall.

11.8.1 Evacuation Plans

11.8.1.1 All Day Care Facilities

All day care facilities providing extended hour care services, including overnight care must:

- install a security system and/or extra lighting (re: locking doors, etc)

Helpful Information

The Office of the Fire Marshall requires that a fire safety plan for the evacuation of children must be developed, practiced monthly and posted in the facility. Children who are not present during regular day time hours need to participate in these fire drills during the hours they are present.

11.9 Program

The following requirements are in addition to relevant sections under Section 8 Program of the *Child Day Care Facilities Operator Standards*.

11.9.1 Evening Schedule

In all child day care facilities, the evening schedule must

- permit a family atmosphere; allowing siblings to be together
- ensure that a child's bedtime is scheduled in consultation with his/her parent
- ensure that outdoor play time is available to the children during daylight hours
- permit television and/or movies only with parental permission on the types of shows and movies that will be available

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11.10 Personnel

The following requirements are in addition to relevant sections under Section 9 Personnel of the *Child Day Care Facilities Operator Standards*.

11.10.1 Staff Employment Criteria

All staff must meet the requirements for employment set out under section 9.1 of the *Child Day Care Facilities Operator Standards*

11.10.2 Staff Child Ratio

11.10.2.1 Day Care Centres

Staff child ratio and group size must be maintained in accordance with Schedules A and B of the Day Care Regulation

Where overnight care services are provided, at least two staff persons must be present in the center at all times during the hours of operation

11.9.3 Supervision

11.10.3.1 Day Care Centres

All staff on duty must be awake and alert to the needs of the children.

While children are sleeping, lighting must be maintained at a level that will enable children to be visible.

Helpful Information

It is recommended that night lights be used in each room where children are sleeping.

11.10.3.2 Community Day Care Homes

Operators of Community Day Care Homes will be permitted to sleep during overnight care if a monitoring device is used. The monitoring device must be able to wake them in order to attend to a child's needs.

11.11 Interaction and Relationships

Existing requirements under Section 10 of the *Child Day Care Facilities Operator Standards* must be followed.

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12.0

APPENDICES

12.1

FORMS

Child day care facilities must use the following forms:

1. Application for Approval Day Care Centre
2. Application for Approval Community Day Care Home
3. Request for Renewal Day Care Centre
4. Request for Renewal Community Day Care Home
5. Staff Medical Form
6. Child Profile
7. Consent/Application Form – Criminal Record and Prior Contact Check
8. Incident Report Form
9. Return After Exclusion Form – Child
10. Return After Exclusion Form – Employee
11. Infant / Toddler Daily Information Sheet
12. Child Day Care Facility Attendance Record

Child day care facilities may use the following forms or develop their own providing all the information required by these standards is included.

1. Medication Record
2. Fire Drill Record
3. Parental Consent – Emergency Care and Transportation
4. Parental Consent – Outings Excursions Away from the Premises
5. First Aid Supplies
6. Sample Menu Plan

All forms are available from the Coordinator.

**APPLICATION FOR APPROVAL
DAY CARE CENTER**



**DEMANDE D'AGRÉMENT
GARDERIE**

- FULL DAY CENTRE
- HALF DAY CENTRE
- SCHOOL AGE CENTRE

- GARDERIE : PROGRAMME D'UNE JOURNÉE
- GARDERIE : PROGRAMME DEMI-JOURNÉE
- GARDERIE : PROGRAMME APRÈS CLASSE

**Private Facility, complete Parts A, B, and D / Installation à but lucratif, compléter les parties A, B, et D
Not for profit Facility, complete Parts A, C, and D / Installation à but non lucratif, compléter les parties A, C, et D**

Part A / Partie A

**1. General Information
Renseignements généraux**

Name of the Facility / Nom de l'installation _____

Address / Adresse _____

Postal Code / Code postal

Mailing Address / Adresse postale _____

Postal Code / Code postal Telephone / Téléphone _____

Hours of operation / Heures d'ouverture _____

If this application represents a change of operator, give former name of facility and operator.
Si la présente demande fait suite à un changement du responsable, veuillez indiquer le nom antérieur de l'installation et du (de la) responsable. _____

Part B / Partie B

**1. Name of the operator
Nom du(de la) responsable**

Address / Adresse _____

Postal Code / Code postal Telephone / Téléphone _____

2. Operator

a) Indicate what experience and/or training you have in child care or in the operation of a day care facility.

2. Responsable

a) Décrivez votre formation professionnelle ainsi que votre expérience de travail en relation avec les enfants et la gestion d'un service de garde.

b) Provide the names of three persons able to provide references (except for relatives).

b) Donnez le nom de trois personnes pouvant nous fournir des références (aucun lien de parenté).

Name / Nom	Complete Mailing Address / Adresse postale complète	Telephone / Téléphone

Part D / Partie D

Languages / Langues

In which official language do you wish to receive your correspondence ?
Dans quelle langue officielle désirez-vous recevoir votre correspondance ?

English / Anglais French / Français

In which of the official languages will you be providing day care services ?
Laquelle des deux langues officielles offrirez-vous votre service ?

English / Anglais French / Français

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION

LES DOCUMENTS SUIVANTS DOIVENT ACCOMPAGNER CETTE DEMANDE

1. A letter from the municipal authorities indicating that the location of the proposed service is in accordance with the municipal by-laws.
2. Consent / Application Form Criminal Record and Prior Contact Check.
3. Documentation supporting the need for the proposed service.
4. Three copies of the official plan of the area within the premises and of the outside area which will be used as a playground.
5. A complete program outline.

1. Une lettre des autorités municipales attestant que l'emplacement du service proposé répond aux normes fixées par les arrêtés municipaux.
2. Formule de Consentement et de Demande Vérification Du Casier Judiciaire et des Contacts Antérieurs.
3. De la documentation démontrant la nécessité d'un tel service.
4. Trois copies des plans officiels de la superficie des locaux et du terrain de jeu qui seront utilisés.
5. Un aperçu du programme d'activités.

Please ensure that copies of the submitted documents are kept. No documents will be returned. No application will be assessed if requested documents are missing.

Veillez conserver une copie des documents soumis. Aucun document ne vous sera retourné. Toute demande incomplète ne sera pas considérée.

Date of application
Date de la demande

Signature of the Operator or of the President of the Board of Directors
Signature du (de la) responsable ou du (de la) président(e) du conseil d'administration

Kindly forward your application duly completed to the address below.

Veillez faire parvenir votre demande dûment remplie à l'adresse ci-dessous.

**APPLICATION FOR APPROVAL
COMMUNITY DAY CARE HOME
GENERAL INFORMATION**



**DEMANDE D'AGRÈMENT DE FOYER-
GARDERIE DE TYPE COMMUNAUTAIRE
RENSEIGNEMENTS GÉNÉRAUX**

1a) Name of Community Day Care Home
Nom du foyer-garderie de type communautaire _____

b) Name of Operator Telephone
Nom du (de la) responsable _____ Téléphone _____

Address
Adresse _____

Postal Code
Code postal _____

Date of Birth Y / A M / M D / J
Date de naissance _____

Mailing Address
Adresse postale _____

Postal Code
Code postal _____

2a) Please indicate all household occupants, including your children. a) Indiquer le nom des personnes résidant à votre domicile (y compris vos enfants).

Name / Nom	Date of Birth Date de naissance	Sex Sexe	Relationship to Applicant Lien de parenté	Occupation / Emploi

b) Provide the names of three persons (excluding relatives) who we may contact for references. b) Donnez le nom de trois personnes pouvant nous fournir des références (aucun lien de parenté).

Name / Nom	Complete mailing address / Adresse postale complète	Telephone / Téléphone

c) Are you caring for children at this time? Yes No c) If yes, how many?
Présentement, prenez-vous soins des enfants? Oui Non Si oui, combien? _____

d) Hours of operation?
Heures d'ouverture? _____

3a) Name of the alternate provider. 3a) Nom de la personne suppléante.

Name Telephone
Nom Téléphone _____

- b) Provide the names of three persons (excluding relatives) who we may contact for references. b) Donnez le nom de trois personnes pouvant nous fournir des références (aucun lien de parenté).

Name / Nom	Complete mailing address / Adresse postale complète	Telephone / Téléphone

4. In which official language do you wish to receive your correspondence? 4. Dans quelle langue officielle désirez-vous recevoir votre correspondance?

English French

Anglais Français

In which official languages will you be providing day care services?

Dans laquelle des deux langues officielles offrirez-vous votre service?

English French

Anglais Français

5. Do you have well water? Yes No

5. Votre eau provient-elle d'un puits? Oui Non

If yes, attach certificate of last inspection

Si oui, joindre le certificat de la dernière inspection

PLEASE ATTACH CERTIFICATE

JOINDRE LE CERTIFICAT

The following documents must accompany this application:

Veillez inclure les documents suivants avec votre demande :

1. A copy of the plan of the indoor area to be used and a plan of the outdoor play area available.
2. Approval fee.
3. Your insurance policy.

1. Une copie du plan des locaux et de la cour extérieure qui seront utilisés pour le foyer garderie de type communautaire.
2. Les frais d'agrément.
3. Votre police d'assurance.

Please ensure that copies of the submitted documents are retained. No documents will be returned. No application will be assessed if requested documents are missing.

Veillez conserver une copie des documents soumis. Aucun document ne vous sera retourné. Toute demande incomplète ne sera considérée.

Signature of Applicant
Signature du requérant

Date

Kindly forward your application, duly completed, to the address below.

Veillez faire parvenir votre demande dûment remplie à l'adresse ci-dessous.

**REQUEST FOR RENEWAL
DAY CARE**



**DEMANDE DE
RENOUVELLEMENT GARDERIE**

- FULL DAY CENTRE
- HALF DAY CENTRE
- SCHOOL AGE CENTRE

- GARDERIE : PROGRAMME D'UNE JOURNÉE
- GARDERIE : PROGRAMME DEMI-JOURNÉE
- GARDERIE : PROGRAMME APRÈS CLASSE

Private Facility, complete Parts A, B, D, and E / Installation à but lucratif, compléter les parties A, B, D, et E
Not for profit Facility, complete Parts A, C, D, and E / Installation à but non lucratif, compléter les parties A, C, D, et E

PART A - GENERAL INFORMATION

PARTIE A - RENSEIGNEMENTS GÉNÉRAUX

Name of Facility / Nom de l'installation _____ Telephone / Téléphone _____

Address / Adresse _____

Postal Code / Code postal _____

Mailing Address / Adresse postale _____

Postal Code / Code postal _____

Hours of operation / Heures d'ouverture _____

Is your facility closed during certain periods of the year? / Votre service est-il fermé pendant certaines périodes de l'année? Yes / Oui No / Non

If yes, please specify / Si oui, veuillez préciser _____

PART B / PARTIE B

Name of the Operator of the Facility / Nom du responsable de l'installation _____ Telephone / Téléphone _____

Mailing Address / Adresse postale _____

Postal Code / Code postal _____

PART C / PARTIE C

1. Board of Directors

1. Conseil d'administration

Name / Nom	Complete Mailing Address / Adresse postale complète	Telephone Number / Numéro de téléphone	Position on Board / Situation au sein du conseil

**REQUEST FOR RENEWAL
COMMUNITY DAY CARE HOME**



**DEMANDE DE RENOUELEMENT
FOYER-GARDERIE DE
TYPE COMMUNAUTAIRE
RENSEIGNEMENTS GÉNÉRAUX**

GENERAL INFORMATION

1a) Name of Community Day Care Home
Nom du foyer-garderie de type communautaire _____

b) Name of Operator
Nom du(de la) responsable _____

Address
Adresse _____

Postal Code
Code postal

Telephone
Téléphone _____

Mailing Address
Adresse postale _____

2. Please indicate all household occupants, including your children.

2. Indiquer le nom des personnes résidant à votre domicile (y compris vos enfants)

Name Nom	Date of Birth Date de naissance	Sex Sexe	Relationship to Applicant Lien de parenté	Occupation Emploi

3a) Hours of operation?
Heures d'ouverture? _____

b) Is your facility closed during certain periods of the year?
Votre service est-il fermé pendant certaines périodes de l'année? Yes / Oui No / Non

If yes, please specify
Si oui, précisez _____

4. Name of the alternate provider
Nom de la personne suppléante _____ Telephone / Téléphone _____

Mailing address
Adresse postale _____

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THE RENEWAL REQUEST.

1. Renewal fee.
2. Copies of first aid certificates or cards.
3. Your insurance policy.
4. Well water inspection certificate.

VEUILLEZ INCLURE LES DOCUMENTS SUIVANTS À VOTRE DEMANDE.

1. Les frais de renouvellement.
2. Les copies des certificats ou cartes de premiers soins.
3. Votre police d'assurance.
4. Le certificat d'inspection du puits d'eau.

Date _____

Signature of Operator / Signature du(de la) responsable _____

Kindly forward your application duly completed to the address below.
Original - ECS Coordinator / Une copie originale - Coordinateur(riche) SPE
Copy - Operator / Copie - Responsable

Veillez faire parvenir votre demande dûment remplie à l'adresse ci-dessous.
76-5180 (708)

Please return to:

APPENDIX "D"

Name of Agency/Service: _____

Address: _____ Telephone: _____

Full Name of Applicant: _____

_____ *Surname* *First Name* *Middle Name*
 Maiden Name: _____ Other surnames: _____

Date of Birth: _____ Sex: _____ Medicare #: _____
 _____ *Year* *Month* *Day*

Current Address: _____

Previous Addresses (within past five years): _____

The undersigned hereby expressly authorizes and consents to the Department of Education and Early Childhood Development conducting an SD Record Check & disclosing information obtained through that record check 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

- a) against whom a court order has been made under the Family Services Act in relation to a child's security or development under paragraph 31(1)(e) and/or an adult's security under paragraph 37.1(1)(e); or
- b) who has been found, as the result of a documented investigation under subsection 31(2) of the Act, to endanger the security or development of a child in accordance with paragraph 31(1)(e) and who has been informed, under paragraph 30(8)(b), of the findings and conclusions of the investigation; or
- c) who has been found, as the result of a documented investigation under subsection 35(1) of the Act, to endanger the security of an adult in accordance with paragraph 37.1(1)(e) and who has been informed of the findings and conclusions of the investigation; or
- 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.

X _____ Dated this ____ day of _____, 20____
 Signature of Applicant

TO BE COMPLETED BY SD	
<input type="checkbox"/> Contravention not indicated	<input type="checkbox"/> Contravention indicated
Signature _____	Date _____

COPY OF THIS PAGE TO BE PROVIDED TO AGENCY/SERVICE FOR ITS RECORD. DETAILS OF CONTRAVENTION TO BE RECORDED ON THE ATTACHED FORM.

STAFF MEDICAL FORM



CERTIFICAT MÉDICAL DU PERSONNEL

Name / Nom _____ Date of Birth / Date de naissance [] [] [] [] [] []

Address / Adresse _____

Postal Code / Code postal _____ Telephone / Téléphone _____

Name of Day Care Facility / Nom de l'installation de garderie _____

Address / Adresse _____

I authorize Dr. / J'autorise le Dr. _____ Telephone / Téléphone _____ Address / Adresse _____

Postal Code / Code postal _____

to provide the Department of Social Development with the following information. / à fournir les renseignements suivants au ministère du Développement social

Date _____ Signature of Operator or Staff Person / Signature du responsable ou de l'employé(e)

FOR THE PHYSICIANS USE ONLY / À L'USAGE DU MÉDECIN SEULEMENT

The above-mentioned person has applied to become an operator or employee of a day care facility. In your opinion, are there any medical reasons that would prevent this person from operating or working in such a facility? (aptitudes, emotional, social stability)?

La personne mentionnée ci-dessus a postulé un emploi de responsable ou d'employé dans un service de garde. Y a-t-il à votre avis, un motif d'ordre médical pouvant l'empêcher de diriger une telle installation ou d'y travailler? (i.e. aptitudes, stabilité affective, sociale)?

Is this individual receiving medical treatment. If so, specify.

Est-ce que cette personne reçoit un traitement médical? Si oui, en indiquer la nature.

How long have you known this person? / Depuis combien de temps connaissez-vous cette personne? _____

Date of last medical examination / Date du dernier examen médical _____

Date of Tuberculosis test / Date du test de tuberculose _____ Results / Résultats _____

Comments / Commentaires _____

Date _____ Physician's or Nurse Practitioner's Signature / Signature du médecin ou Infirmière Practicienne _____

**CHILD DAY CARE FACILITIES
ADMINISTRATION OF MEDICATION RECORD
PART A**



**INSTALLATIONS DE GARDERIE
RAPPORT QUOTIDIEN DES MÉDICAMENTS
PARTIE A**

SAMPLE / ÉCHANTILLON

TO BE COMPLETED BY THE PARENT / À ÊTRE REMPLI PAR LE PARENT				TO BE COMPLETED BY STAFF AT THE TIME OF ADMINISTRATION OF THE MEDICATION / À ÊTRE REMPLI PAR LE PERSONNEL AU MOMENT DE L'ADMINISTRATION DES MÉDICAMENTS				
Child's name / Nom de l'enfant		Date / Date	Parent's signature / Signature du parent	Medication administered / Médicament administré	Amount given / Quantité administrée	Date / Date	Time / Heure	Staff signature / Signature du membre du personnel
Medication to be administered / Médicament à administrer	Amount / Quantité	Time / Heure	Special Instructions (eg. Taken with food) / Directives spéciales (p. ex à donner avec de la nourriture)					
1.								
2.								
Child's name / Nom de l'enfant		Date / Date	Parent's signature / Signature du parent	Medication administered / Médicament administré	Amount given / Quantité administrée	Date / Date	Time / Heure	Staff signature / Signature du membre du personnel
Medication to be administered / Médicament à administrer	Amount / Quantité	Time / Heure	Special Instructions (eg. Taken with food) / Directives spéciales (p. ex à donner avec de la nourriture)					
1.								
2.								
Child's name / Nom de l'enfant		Date / Date	Parent's signature / Signature du parent	Medication administered / Médicament administré	Amount given / Quantité administrée	Date / Date	Time / Heure	Staff signature / Signature du membre du personnel
Medication to be administered / Médicament à administrer	Amount / Quantité	Time / Heure	Special Instructions (eg. Taken with food) / Directives spéciales (p. ex à donner avec de la nourriture)					
1.								
2.								

Staff and parents must sign using full signature, not initials. / Les membres du personnel et les parents doivent apposer leur signature complète et non uniquement leurs initiales.

CHILD DAY CARE FACILITIES / INSTALLATION DE GARDERIE
ADMINISTRATION OF MEDICATION RECORD / RAPPORT D'ADMINISTRATION DES MÉDICAMENTS

PART B / PARTIE B
CONSENT FORM / FORMULAIRE DE CONSENTEMENT
ADMINISTRATION OF ACETAMINOPHEN / ADMINISTRATION DE L'ACÉTAMINOPHÈNE

This authorizes staff of
Ceci autorise le personnel de la Garderie _____
(name of the Day Care Facility / nom de l'installation de garderie)

to administer acetaminophen to
d'administrer de l'acétaminophène à _____
(name of child / nom de l'enfant)

Providing the procedures outlined below have been taken. / lorsque les procédures énumérées ci-bas auront été prises.

1. At the first sign of the following symptoms (i.e. fever) / Au premier signe suivants (ex.: fièvre) :

(TO BE COMPLETED BY THE PARENT / À ÊTRE COMPLÉTÉ PAR LE PARENT) _____

-
2. Take the child's temperature and record it in the space provided on the second page of this form. / Prendre la température de l'enfant et documenter dans l'espace prévue à la deuxième page de ce formulaire.
 3. Contact the parents to discuss the symptoms and the child's temperature and to receive the parent's oral consent for administering acetaminophen. Be sure to have the parent confirm with you the dosage to be administered. / Contacter un parent pour discuter les symptômes et le degré de température de l'enfant, afin de recevoir le consentement oral du parent pour l'administration de l'acétaminophène. Veuillez vous assurer que le parent vous confirme la dose à administrer.
 4. Administer the medication in accordance with the parent's directions. / Administrer le médicament selon les directives du parent.
 5. Ensure that the parent signs the appropriate space upon their arrival at the day care centre to confirm that he/she was consulted and is in agreement with the dosage given. / S'assurer que le parent appose leur signature à la fiche appropriée à leur arrivée à la garderie, afin de confirmer qu'il/elle a été consulté et est d'accord avec le dosage donné.

I agree with this procedure and give my consent. / Je suis d'accord avec cette procédure et je donne mon consentement :

Parent/guardian signature /
Signature du parent/tuteur

Parent/guardian signature /
Signature du parent/tuteur

PART B / PARTIE B
CONSENT FORM / FORMULAIRE DE CONSENTEMENT
ADMINISTRATION OF ACETAMINOPHEN / ADMINISTRATION DE L'ACÉTAMINOPHÈNE

Date :

Symptoms observed / Symptôme(s) observé(s) chez l'enfant :

Time temperature taken / Heure – température prise :

Temperature / Température :

Name of parent contacted / Nom du parent contacté :

Dosage consented to by parent / Dosage consenti par le parent :

Temperature 1½ to 2 hours after administration of the medication / Température 1½ à 2 heures après l'administration du médicament :

Staff signature / Signature du personnel

Parent/guardian signature / Signature du parent/tuteur

Date :

Symptoms observed / Symptôme(s) observé(s) chez l'enfant :

Time temperature taken / Heure – température prise :

Temperature / Température :

Name of parent contacted / Nom du parent contacté :

Dosage consented to by parent / Dosage consenti par le parent :

Temperature 1½ to 2 hours after administration of the medication / Température 1½ à 2 heures après l'administration du médicament :

Staff signature / Signature du personnel

Parent/guardian signature / Signature du parent/tuteur

Date :

Symptoms observed / Symptôme(s) observé(s) chez l'enfant :

Temperature / Température :

Name of parent contacted / Nom du parent contacté :

Dosage consented to by parent / Dosage consenti par le parent :

Temperature 1½ to 2 hours after administration of the medication / Température 1½ à 2 heures après l'administration du médicament :

Staff signature / Signature du personnel

Parent/guardian signature / Signature du parent/tuteur



Child Day Care Facility Attendance Record

Facility Name:	Group Name:
Facility ID:	For The Week Of:

Child's Name:	Monday		Tuesday		Wednesday		Thursday		Friday	
	Time IN	Time OUT	Time IN	Time OUT	Time IN	Time OUT	Time IN	Time OUT	Time IN	Time OUT
1	:	:	:	:	:	:	:	:	:	:
Illness Symptom:	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO
2	:	:	:	:	:	:	:	:	:	:
Illness Symptom:	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO
3	:	:	:	:	:	:	:	:	:	:
Illness Symptom:	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO
4	:	:	:	:	:	:	:	:	:	:
Illness Symptom:	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO
5	:	:	:	:	:	:	:	:	:	:
Illness Symptom:	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO
6	:	:	:	:	:	:	:	:	:	:
Illness Symptom:	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO
7	:	:	:	:	:	:	:	:	:	:
Illness Symptom:	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO
8	:	:	:	:	:	:	:	:	:	:
Illness Symptom:	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO
9	:	:	:	:	:	:	:	:	:	:
Illness Symptom:	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO
10	:	:	:	:	:	:	:	:	:	:
Illness Symptom:	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO	I H U EDVI EDVO

Sample

**DAY CARE FACILITIES
INCIDENT REPORT**

**RAPPORT D'INCIDENT
INSTALLATIONS DE GARDERIE**

FACILITY INFORMATION/ RENSEIGNEMENTS RELATIFS À L'INSTALLATION DE GARDERIE	Facility Name / Nom de l'installation de garderie				Facility I.D. # / N° d'identification de l'installation				
	Address / Adresse						Telephone / Téléphone		
	Name of Operator / Nom du responsable				Day Care/ Garderie		Community Day Care Home/Foyer garderie de type communautaire		
CHILD/PERSON(S) INVOLVED/ENFANT ET AUTRES PERSONNES EN CAUSE	Name of Child / Nom de l'enfant				Date of Birth/Date de naissance		Sex / sexe M <input type="checkbox"/> F <input type="checkbox"/>		
	child/children / enfants <input type="checkbox"/>		visitor / visiteur <input type="checkbox"/>		No. of Children Affected / N° d'enfants qui sont en cause				
TYPE OF INCIDENT/ TYPE D'INCIDENT	<input type="checkbox"/> Unexpected Illness / Maladie imprévue		<input type="checkbox"/> Motor Vehicle Accident / Accident de la route						
	<input type="checkbox"/> Unexpected Death / Mort soudaine		<input type="checkbox"/> Other Injury / Autre - Explain / Précisez						
	<input type="checkbox"/> Fall / Chute		<input type="checkbox"/> Poisoning / Empoisonnement						
	<input type="checkbox"/> Missing / Lost / Abducted / Enfant perdu ou enlevé								
DETAILS OF INCIDENT/DÉTAILS DE L'INCIDENT	Date of Incident / Date de l'incident		Time of Incident / Heure de l'incident		Location of Incident / Lieu de l'incident				
	WHAT HAPPENED? / QU'EST-IL ARRIVÉ? ACTION TAKEN? / MESURES PRISES? CURRENT STATUS OF CHILD? / PRÉCISER L'ÉTAT ACTUEL DE L'ENFANT?								
EQUIPMENT IN USE / ÉQUIPEMENT EMPLOYÉ									
Parent(s)/Guardian(s) / Parent(s)/Tuteur(s) <input type="checkbox"/> Yes/Oui <input type="checkbox"/> No/Non									
Date		Time/Heure		Name/Nom		Relationship/Lien de parenté		Telephone/Téléphone	
NOTIFICATION/ PERSONNES ET AUTORITÉS AVISÉES									
Notified/Avisé		Yes/ Cui		No/ Non		Date		Time/Heure	
Physician/Médecin		<input type="checkbox"/>		<input type="checkbox"/>				Fire Dept./Service des incendies <input type="checkbox"/>	
Ambulance/Service d'ambulance		<input type="checkbox"/>		<input type="checkbox"/>				Coroner/Coroner <input type="checkbox"/>	
Police/Service de police		<input type="checkbox"/>		<input type="checkbox"/>				ECS Coord./Coordonnateur(ric)e/SPE <input type="checkbox"/>	
SIGNATURES WITNESS/TÉMOIN ATTENDING STAFF/ MEMBRE DU PERSONNEL PRÉSENT		Name/Nom		Position/Fonction		Signature		Date	
REPORT COMPLETED BY/ AUTEUR DU RAPPORT									
OPERATOR/ RESPONSABLE									

Sample / Exemple

CHILD PROFILE



Appendix 12.1.11

Registration Date: _____

Start Date: _____

CHILD/FAMILY INFORMATION:

Name of child: _____ Male Female

Date of Birth _____ Medicare #: _____ Expiry date: _____

Name of Family Physician: _____ Telephone: _____

Address: _____

ALLERGY ALERT: Please list your child's allergies

_____	_____	_____
_____	_____	_____

Home Address: _____ Apt # _____

City _____ Postal Code _____

Telephone#: _____ Cell#: _____ E-mail: _____

Mother/Guardian Name: _____ Father/Guardian Name: _____

Place of work: (mother) _____ Work telephone #: _____

Place of work: (father) _____ Work telephone #: _____

Marital Status: Single Married Widowed Separated Divorced

With whom has the child lived for most of the past year? Mother Father Both Guardian
 Other (specify) _____

Who has permission to pick your child up from the center? _____

- If changing pick up arrangements parents(s) must call the center prior to the child being picked up.

Is there anyone who does not have permission to pick your child up from the center?

What language(s) are spoken at home? English French Other (specify) _____

Siblings: Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Other people living in the home:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

EMERGENCY CONTACTS (not including parents/guardians)

1. Name _____ Address: _____

Telephone #: _____ Relationship: _____

XXXXXXXXXXXX

2. Name _____ Address: _____

Telephone #: _____ Relationship: _____

PRESCHOOL/CHILD CARE HISTORY

Has your child attended preschool/child care before? Yes No

If yes, for how long? 6 months 1 year 2 years more than 2 years

Name of child's present or most recent preschool/child care center:

CHILD HEALTH RECORD

1. **Immunizations:** Please provide a copy of your child's immunization record. If for any reason your child has not received any or all of these immunizations appropriate to his/her age, please inform us.

2a) Health Status: Please indicate if your child has any of the following:

	Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Eczema/Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

2b) Medical Treatment Please indicate medical treatment your child may require.

Name of Medication _____ Dosage _____

Instructions: _____

2c) Emergency Treatment Please indicate any situations where emergency treatment and/or medication(s) may be required by your child (ie. EpiPen, Benadryl)

Instructions: _____

3. Allergies a) Please list any medication allergies _____

b) Please list any food allergies _____

c) Any other allergies? _____

4. Additional information Indicate if there are any activities in which your child **cannot** participate.

CHILD DEVELOPMENT

To help us better understand your child, his interests and development, please assist us by completing the following.

1. Child's Health at Birth

Was your child more than 3 weeks premature?

Yes

No

If yes, how many weeks premature? _____

Did he/she stay in the hospital longer than the mother? Yes No
If yes, please explain _____

Were there any difficulties with your child at the time of delivery? Yes No

If yes, please explain _____

2. Child's Health Since Birth

EYES

Have you ever suspected that your child has vision problems?
(ie. holding books too close, constant rubbing of his/her eyes, lazy eye) Yes No

If yes, please explain: _____

EARS

Has your child had frequent ear infections? Yes No

Have you ever suspected that your child has hearing problems?
(ie. turning volume up, lack of response to voice levels) Yes No

If yes, please explain: _____

COORDINATION

Has your child ever had trouble walking, climbing, reaching, holding on to things?
 Yes No

Has your child ever had any significant injuries for which he/she was hospitalized?
 Yes No

If yes, please explain: _____

3. Child's Interests

- A. Does your child:
- | | | |
|---|------------------------------|-----------------------------|
| play with blocks, boxes, cups, or other construction toys without help? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| use crayons and/or markers to scribble or draw? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| listen to stories being read? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| turn pages of a book and look at pictures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- recall stories or events? Yes No
- enjoy playing alone or with imaginary friends? Yes No
- talk with your friends/relatives who come to visit? Yes No
- follow simple, age-appropriate directions? Yes No

How many hours a day does your child spend watching TV? _____

Are there other things you would like to tell us about your child?

B. Self Help

In what way does your child need our help with the following self help skills?

Dressing/Undressing:

Eating:

Toileting:

Handwashing/Toothbrushing: _____

Other: (i.e. gross and fine motor skills)

How does your child communicate his needs/feelings?

C. Sleeping Habits

What is your child's sleeping habits at home? (Usual bedtime; hours of sleep; napping; early riser; trouble sleeping or going to bed)

Does your child require a "favorite something" to rest? What is it? Please feel free to send it with your child

D. Personality Traits

Describe your child's personality (i.e. trusting, shy, angry, happy, sad, curious, active, anxious, fearful, and affectionate)

Has your child had opportunities to play with other children? (i.e. church, neighbours, play groups, relatives)? Yes No

Further comments: _____

Does your child make friends easily? Yes No
Please explain:

How does your child respond to adults?

How does your child respond to change? (i.e. separation from parents/guardians, routine transitions, scheduling, introduction of new foods)

Are there any hints/suggestions you could share with us to make your child's transition to the centre a positive one?

E. The "Good Things in Life"

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/TV, imaginative play/dress-up)

What doesn't your child like to do?

The time I enjoy best during the day with my child is:

Because:

The thing that frustrates me most in trying to care for my child is: _____

Because:

I would describe my child as: _____

What I like best about my child is:

What concerns me most about my child is:

One of our favorite family activities is:

General comments: i.e. expectations

OFFICE USE

Start date: _____
Visit date (child and parent): _____
Withdrawal date: _____

Notable Changes: _____



**CHILD DAY CARE FACILITIES
PARENTAL CONSENT FOR EMERGENCY
CARE AND TRANSPORTATION**

Name of child: _____

Date: _____

If at any time, due to circumstances such as an injury or sudden illness, medical treatment is necessary, I (we) authorize the Operator, administrator or staff of _____
To take whatever emergency measures are necessary for the protection of (our) my child while in their care.

I understand this may involve applying first aid, calling a physician or nurse, carrying out the instructions given, and/or transporting my (our) child to a hospital, including the possible use of an emergency vehicle.

I understand that this may be done prior to contacting me (us) and they any expenses incurred for such treatment, including emergency transportation is my (our) responsibility.

Parent signature

Operator / Administrator signature

**INSTALLATIONS DE GARDERIE FORMULE
DE CONSENTEMENT DES PARENTS POUR
L'ADMINISTRATION DE SOINS ET LE
TRANSPORT D'URGENCE**

Nom de l'enfant: _____

Date: _____

Si, en raison de circonstances telles qu'un accident ou une maladie soudaine, un traitement médical s'impose, nous autorisons le responsable, l'administrateur ou le personnel de _____
à prendre toute mesure d'urgence nécessaire pour assurer la sécurité de notre enfant, et ce, en tout temps pendant qu'ils en ont la garde.

Nous reconnaissons qu'il pourrait être nécessaire d'appuyer le premier soin, d'appeler un médecin ou une infirmière, de suivre les directives reçues out de transporter notre enfant à l'hôpital, y compris dans un véhicule d'urgence.

Nous reconnaissons que les personnes concernées pourront prendre de telles mesures avant de nous joindre et acceptons d'assumer l'entière responsabilité des frais engagés pour un tel traitement, y compris le transport d'urgence.

Signature des parents

Signature du responsable ou de
l'administrateur



Appendix 12.1.13

Annexe 12.1.13

CHILD DAY CARE FACILITIES

INSTALLATIONS DE GARDERIE

**CONSENT FOR OUTINGS, EXCURSIONS,
ACTIVITIES OFF THE PREMISES OF THE DAY
CARE FACILITY**

**FORMULE DE CONSENTEMENT POUR LES
SORTIES, LES PROMENADES ET LES
ACTIVITÉS HORS DES LIEUX DE
L'INSTALLATION DE GARDERIE**

I (we) _____,
the parent/guardian(s) of _____
authorize the Operator, administrator, or staff of _____
to
take my (our) child on outings, excursions and
activities away from the facility, either on foot or in
a vehicle providing the driver and said vehicle are
properly insured for the carrying of passengers.

Nous, _____,
parents ou tuteurs de _____,
autorisons le responsable, l'administrateur ou le
personnel de _____
à amener notre enfant au cours de sorties, de
promenades ou d'activités hors des lieux de
l'installation de garderie, que ce soit à pied ou en
véhicule, pourvu que le conducteur et le véhicule
utilisé soient assurés de façon adéquate pour le
transport de passagers.

I (we) understand that I (we) will receive advance
notice of each planned outing, excursion, or activity
away from the premises.

Il est entendu que nous recevrons un avis préalable
chaque fois qu'une sortie, une promenade ou une
activité hors des lieux de l'installation de garderie
est organisée.

Parent signature

Date

Signature des parents

Date

Parent signature

Date

Signature des parents

Date

MENUS FOR THE WEEK OF _____

SPECIAL NOTE: - 2 servings from the milk group must be included **EACH** day!
 - meat alternates include eggs, fish, peanut butter, dried peas, beans and lentils.

Day of the Week	A.M. Snack	Canada's Food Guide 1 Serving From 2 or More Food Groups	Noon	Canada's Food Guide 1 Serving From Each Food Group	P.M. Snack	Canada's Food Guide 1 Serving From 2 or More Food Groups
Monday		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____
Tuesday		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____
Wednesday		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____
Thursday		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____
Friday		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____

*FULL DAY CENTRES

MENUS FOR THE WEEK OF _____

SPECIAL NOTE: - 2 servings from the milk group must be included EACH day!
 - meat alternates include eggs, fish, peanut butter, dried peas, beans and lentils.

Day of the Week	A.M. Snack	Canada's Food Guide 1 Serving From 2 or More Food Groups	Noon	Canada's Food Guide 1 Serving From Each Food Group	P.M. Snack	Canada's Food Guide 1 Serving From 2 or More Food Groups
Monday		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____
Tuesday		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____
Wednesday		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____
Thursday		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____
Friday		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____		Grains _____ Vegetable & Fruit _____ Milk _____ Meat _____

*HALF DAY OR SCHOOL AGE CENTRE

12.2

Guidelines

Firearms Control Law

Storage

Non-Restricted Firearms

Non-restricted firearms must be unloaded – there should be no live ammunition in the firearm or in any attached or inserted cartridge magazine. They must also be made inoperable by removing the bolt or bolt carrier or by using a secure locking device that prevents the gun from being fired. Alternatively, they may be stored in a locked secure container, gun cabinet or room.

Ammunition may be stored with your firearm if you are storing the gun in a securely locked container or cabinet. Otherwise, it must be kept separate from the firearm.

You may store an unloaded, non-restricted firearm temporarily without a locking device if you require it to control predators or other animals. However, this is allowed only in a place where it is legal to fire the gun.

Restricted Weapons

Restricted firearms must be stored unloaded and locked using secure locking device and in a locked secure container or room.

A locking device is not required if the firearm is stored in a vault or safe or a room that has been specifically constructed or modified for the safe storage or restricted firearms.

Ammunition may be stored with your firearm if you are storing the gun in one of the types of containers described above. Otherwise, it must be kept separate from your firearm.

Display

If you wish to display a non-restricted firearm, you must make sure that it is unloaded, locked with a locked device or is in a secure container, gun cabinet or room. You must also make sure that no live ammunition is readily accessible.

You may display a restricted firearm in your home only if the firearm is unloaded and locked using a secure locking device. As well, it must be securely attached to a non-portable structure so that it cannot be readily removed. You must make sure that no live ammunition is displayed with, or readily accessible to the firearm.

A restricted firearm may be displayed outside your home (e.g. at a gun show); only if it is unloaded and securely attached to the structure on which it is displayed by a device such as a chain or cable. You may unlock the firearm to allow a member of the public to handle it provided this is done under your direct supervision. No live ammunition may be displayed with the firearm unless the ammunition is in a securely locked case or container.

Handling

All firearms must be unloaded and separate from ammunition except when actually in use. In other words, you may have a loaded firearm only in a place where it is lawful to discharge it.

Transportation

Non-restricted firearms must be transported unloaded. If they are left in an unattended vehicle, they must be locked in the trunk, if there is one, or kept out of sight and the vehicle locked. If the vehicle cannot be locked (e.g. snowmobiles, ATVs), the firearm must be attended.

Restricted firearm must be unloaded, individually locked and put in a locked case when being transported. If they are left in an unattended vehicle, the case must be locked in the trunk, if there is one, or stored out of sight in the locked vehicle.

Anyone who stores, displays or transports a firearm in a manner contrary to these regulations is liable to imprisonment for up to two years.

For further information, contact your local firearms officer or police service, or the Office of the Chief Provincial Firearms Officer.

CHILD DAY CARE FACILITIES

GUIDELINES: WRITTEN STATEMENTS OF SERVICE FOR PARENTS (PARENT HANDBOOK)

The Program: Written Statements of Service, include a statement that advises which NB Early Learning and Child Care curriculum framework is used by the facility, and provide parents with a description of how the framework's vision, values, goals and learning principles are reflected/demonstrated in relationships, environments and activities, and/or if providing services to school age children must provide a description of the vision, and values and goals on which their school age program is based.

Hours of operating: Provide information on the daily hours of operation, when closed i.e., statutory holidays

Enrolment and discharge procedures: Provide information regarding the enrolment and withdrawal procedures of your facility; for example, two weeks notice in lieu of payment when removing child from the facility, ages accepted, whether the child must be toilet trained, etc.

Fee payment schedule: Provide information on the fees charged for full day, half day, school age; whether additional fees are required for special outings, activities, etc. How are payments to be made – weekly, bi-weekly, monthly, post-dated checks for the year? Information on payment requirements when parents arrive late to pick up their child.

Personal Belongings Brought Into the Facility: Provide information on what children and parents should bring to the center and what should not, i.e. toys, candy be brought to the facility.

Transportation: Provide information regarding transportation including: whether the facility provides a transportation service, i.e. daily pick up and delivery of children, what the transportation arrangements are for taking the children on outings away from the facility, what are the facility and parental responsibilities are when children are being transported to and from the facility by taxi.

Medication: Provide information the facility's practices with regards to the administration of medication to children.

Child Illness: Provide information on the facility's practices with regards to the acceptance of ill children, and exclusion requirements in accordance with the Management of Illness in Staff and Children in New Brunswick Child Day Cares. Advise parents of the requirement to report absences, the reason why and to complete the Return After Exclusion form. Advise parent(s) of the requirement that a sick child must be picked up from the facility within one hour of notification.

Child guidance practices: Provide information on how staff members guide children's behaviour, discipline approaches used by the facility.

Activities off the premises: Provide information on field trips and outings that may take place away from the facility, including daily walks away from the premises.

Parental Involvement: How can parents become involved in the facility's programs.

Parent's Grievances and Suggestions: Provide information on who they should approach to discuss a particular problem/concern or to whom they would provide suggestions. Provide information on the facility's administrative structure.

Child Abuse and Neglect: Provide information on the reporting requirements for a child care facility as set out in Child Victims of Abuse Protocols.

CHILD DAY CARE FACILITIES

GUIDELINES: PERSONNEL PRACTICES

Job descriptions: The job description should provide details on the position with respect to responsibilities in terms of direct care of children, curriculum planning, and maintenance and cleaning. Staff should be clear as to the expectations for each of these areas prior to commencing employment.

Salaries: Staff should be informed of the starting salary for the position; the salary range for the position, as applicable; under what conditions salary increases will be given; the pay periods of the facility, i.e. weekly, every two weeks, etc.

Vacation Pay: Staff should be informed of how vacation pay is calculated, and if will be paid for statutory holidays.

Sick/Personal Leave: Staff should be informed whether they are paid for sick days/personal leave, how many per year, and at what point a doctor's certificate is required.

Hours: Staff should be informed of their 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 allotted for lunches and breaks.

Probationary Period: Staff should be informed whether there is a probation period for the position and the time frame of this, i.e. 3 months

Termination Notice: Staff should be informed of the expected time frame for notices of termination of employment and under what conditions staff would receive a termination notice.

Health requirements: Staff should be informed that a medical, upon employment and current First Aid certification are required and whether the facility or staff assume the responsibility to pay for these. Staff should be informed of their requirement to complete the Return after Exclusion form.

Reporting requirements: Staff must be informed of the requirements for the reporting of child abuse and neglect in the province of New Brunswick. Staff should also be informed of the SD Contact Check and Criminal Record Check consent requirements.

Confidentiality: Staff should be informed of the facility's expectations with respect to confidentiality of information with respect to parents and children enrolled in the facility.

**CHILD DAY CARE FACILITIES
INDOOR PLAY EQUIPMENT AND MATERIALS MAINTENANCE CHECKLIST**

Introduction: Section 5.2 of the Child Day Care Facilities Operator Standards states that: All child day care facilities must provide indoor play equipment, furnishings and program materials that must be: available in sufficient quantity and variety for the number of children enrolled at any one time, arranged on low, open shelves to permit independent selection and use, in compliance with the Canadian Product Safety Act and any regulation there under, surfaced with a lead-free, non-toxic paint, if painted, maintained clean and in good repair.

The following Indoor Play Equipment and Materials Maintenance Checklist has been developed to assist Operators with respect to cleanliness, safety and accessibility of indoor play equipment and materials. Although 7 key areas are highlighted below, it is understood that others may be provided. Operators are encouraged to adapt this checklist, as appropriate.

Date: _____

Checked by: _____

ACTIVITY CENTRE	NO ACTION	ACTION / DATE	ACTIVITY CENTRE	NO ACTION	ACTION / DATE
CREATIVE / ART CENTRE <ul style="list-style-type: none"> shelving/storage units are well constructed and stable the finish/paint on shelving unit is smooth, in good repair, non-toxic paint, crayons, markers are non-toxic play dough and art supplies are clean, stored and displayed at child's level tables/chairs are in good repair and free of sharp edges and splinters 			SAND/WATER PLAY CENTER <ul style="list-style-type: none"> water table is emptied and replaced with fresh water daily sand toys are cleaned and sanitized weekly water toys are sanitized weekly sand on floor is swept up and thrown away not returned to the sand box water/sand tables are sturdy, free of splinters, non-toxic paint 		
DRAMATIC PLAY CENTRE / HOUSEKEEPING CENTRE <ul style="list-style-type: none"> wooden fridge, stove and sink units are free of sharp, jagged or splintered edges finish/paint on units is smooth, in good repair, non-toxic dress up clothes are stored within reach are laundered bi-weekly dolls, doll clothes, dishes, cutlery are cleaned weekly toys and play materials checked for signs of water, i.e. chipped paint, splinters, cracks or lost pieces stuffed toys are machine washable, individually assigned if mouthed, washed bi-weekly mirrors are non-breakable, cleaned daily 			BLOCKS/CONSTRUCTION <ul style="list-style-type: none"> shelving/storage units are well constructed and stable finish/paint on shelving units is smooth, in good repair, non-toxic blocks have no sharp, splintered or jagged edges carpeting is used as a floor covering to reduce the noise level and incidences of toppling accidents carpet is vacuumed daily and maintained in good repair (not frayed) props and accessories are cleaned bi-weekly broken toys are discarded. 		

ACTIVITY CENTRE	NO ACTION	ACTION / DATE	ACTIVITY CENTRE	NO ACTION	ACTION / DATE
<p>FINE MOTOR/MANUPULATIVE CENTRE</p> <ul style="list-style-type: none"> shelving/storage units are well constructed and stable finish/paint on storage unit is smooth, in good repair, non-toxic tables and chairs are in good repair and free of sharp edges and splinters where infants and toddlers present, toys or pieces of toys are at least 1½" (23-35 mm) in diameter so as not to be swallowed all puzzle pieces, interlocking toy pieces, and pieces to games are present and intact plastic toys are regularly checked for brittleness, by bending toys and shelving are washed monthly 			<p>LIBRARY/BOOK CENTRE</p> <ul style="list-style-type: none"> shelving unit is well constructed and stable finish/paint on shelving is smooth, in good repair, non-toxic books are in good repair cushions and/or covers are washable and are laundered monthly tape recorder/headphones are in working order carpet is vacuumed daily and maintained in good repair (not frayed) the area is well lit 		
<p>GROSS MOTOR CENTRE</p> <ul style="list-style-type: none"> ride on toys, tricycles, etc are checked monthly for repairs climbing equipment is set up away from furniture or objects that children could fall against mats or other energy-absorbing materials are placed under and around indoor climbing structures 			<p>GENERAL FACILITY</p> <p>Safety</p> <ul style="list-style-type: none"> rooms/areas are arranged to discourage running unused extension cords are unplugged and out of reach unused electrical outlets have plastic outlet covers electrical cords are not run under carpets nor in traffic paths or doorways drapery and blind cords are tied up and secured with safety hooks; no toys have strings or cords longer than 15 cm. (6 inches) mirrors and glass panels in traffic areas are clearly marked to avoid collisions highchairs (where used) have wide bases and safety straps <p>Cleanliness</p> <ul style="list-style-type: none"> floors are swept daily, washed weekly or more frequently as needed i.e. infant areas carpets are vacuumed daily tables are cleaned and sanitized between uses (important where the same tables are being used for play activities as are being used or meals/snacks); food is not placed directly on tables toilets are cleaned and sanitized daily paper towels and liquid soap are replenished 		

Playground Checklist

A "yes" answer to each question in this checklist means that the playground meets the current safety standards.

1. The quality of the surface under and around the playground equipment will reduce the chance of injuries due to falls.

Is the surface under and around the play structure a recommended one, such as pea gravel, sand, wood chips, wood mulch, or synthetic materials?

Yes No

Is the depth of the surface at least 150 – 300mm (6-12 inches) which is considered adequate to absorb the impact of most falls? The higher the equipment, the more surface is required. (Consumer Product Safety Commission)

Yes No

Does the protective surface extend at least 1800mm (72 inches) around all sides of the equipment?

Yes No

2. The play equipment had adequate guardrails and handrails to prevent falls.

Does equipment have handrails on each side of walkways or ramps?

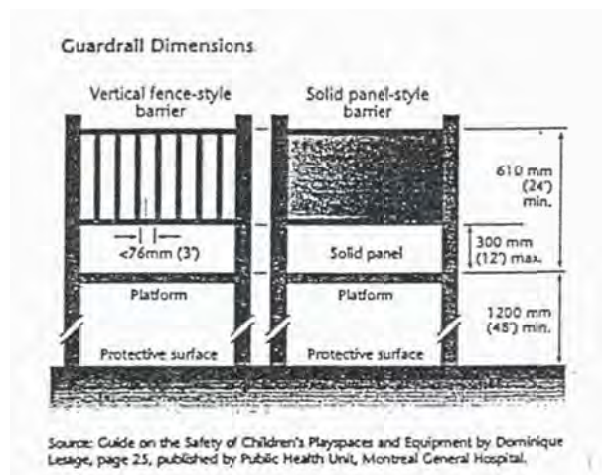
Yes No

Are guardrails on all equipment over 450mm (18 inches) high?

Yes No

Do platforms higher than 1200mm (48 inches) have vertical rails or panel styled guardrails?

Yes No



3. There are no spaces where a child's head or neck can become trapped.

Are openings in playground equipment (including handrails and guardrails) less than 76mm (3 inches) or greater than 254mm (10 inches) in diameter?

Yes No

4. There are no equipment parts that can entangle clothing or anything else around a child's neck.

Is the equipment free from any protrusions that may act as a hook or catch point, such as at the top of slides, to snag clothing? (American Society for Testing or Materials)

Yes No

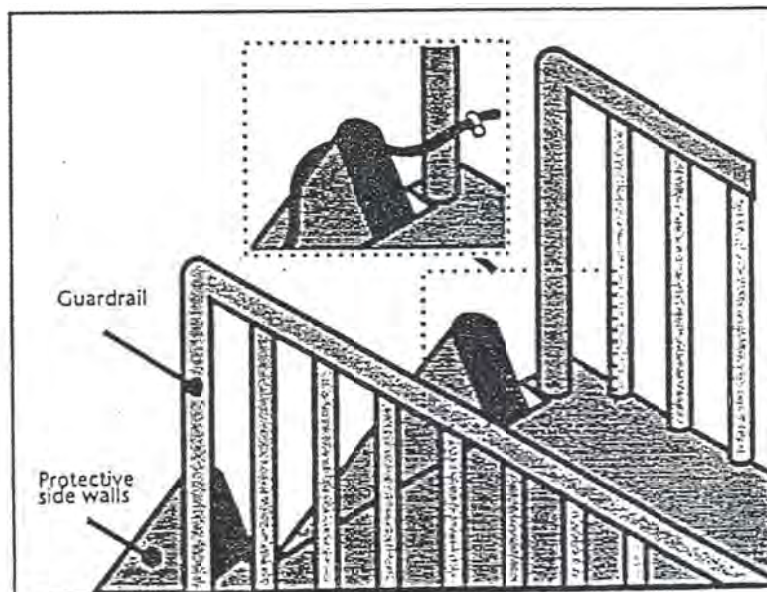
Have scarves, fringes, hooks or drawstrings been removed from children's clothing? (Product Safety, Health Canada)

Yes No N/A

Are there no entanglement points between the top platform and the slide?

Yes No

Entanglement Points on Slides



Source: Guide on the Safety of Children's Playspaces and Equipment by Dominique Lesage, page 35, published by Public Health Unit, Montreal General Hospital.

Pieces of play equipment are located far enough apart from one another.

Are two pieces of moving equipment separated by a least 5400mm / 5.4metres. (216 inches / 18 feet)? See Diagram A

- Yes No

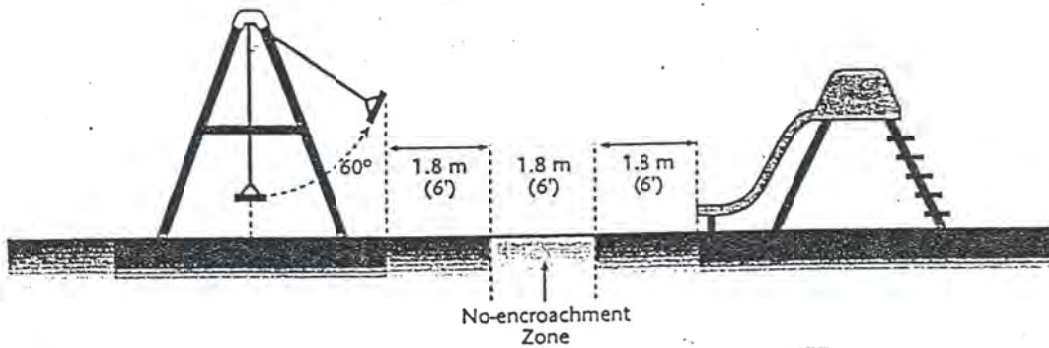
Are pieces of moving equipment separated from stationary equipment by at least 5400mm / 5.4 meters (216 inches / 18 feet)?

- Yes No

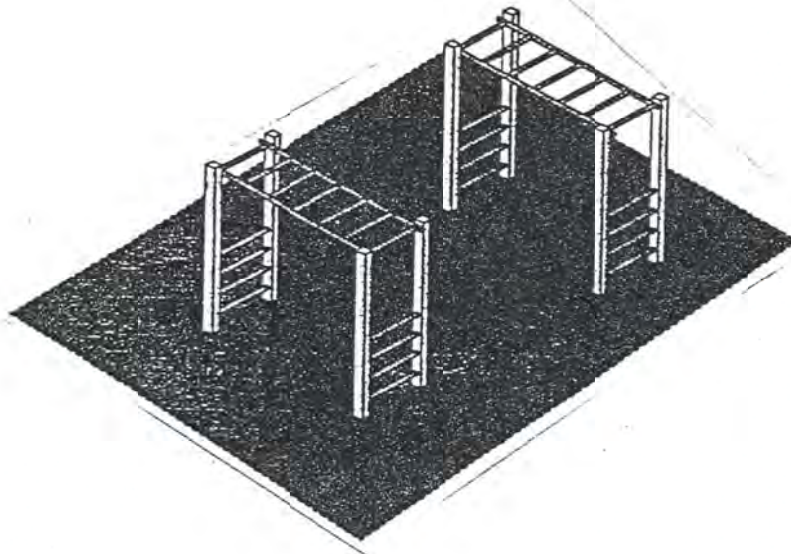
Are pieces of stationary equipment separated from other stationary equipment by at least 1800mm (72 inches)? See Diagram B

- Yes No

A – Moving Equipment



B - Stationary Equipment



5. The equipment has no sharp points, nuts, bolts, or other parts that can cut or pierce a child.

Yes No

6. There are no exposed moving parts on the play equipment that could pinch or crush parts of a child's body, especially fingers.

Yes No

7. The play equipment is in safe condition.

Are wooden parts free from loose splinters, cracks and decay?

Yes No

Are plastic parts free from splitting or cracking?

Yes No

Are metal parts rust-free and not corroded?

Yes No

Is the equipment strongly anchored to the ground?

Yes No

From more information, or to obtain copies of the Playground Fact Sheet (to be used in conjunction with this checklist) contact your local SAFE KIDS affiliate, or the Canadian Standards Association at 1-800-463-6727 or in Toronto 416-723-3847.

Sources: Unless otherwise referenced, all facts in this checklist are from the current CSA standards. This sheet has been modified from the Child's Play Playground Checklist distributed in SAFE KDIS Canada.

Critical Heights of Tested Materials

Material	150 mm 6 inches	Uncompressed depth 225 mm 9 inches	300 mm 12 inches	Compressed dept 225 mm 9 inches
Wood Mulch	7ft (2.1 m)	10ft (3 m)	11ft (3.3 m)	10ft (3 m)
Double Shredded Bark Mulch	6ft (1.8 m)	10ft (3 m)	11ft (3.3 m)	7ft (2.1 m)
Uniform Wood Chips	6ft (1.8 m)	7ft (2.1 m)	12ft (3.6 m)	6ft (1.8 m)
Fine Sand	5ft (1.5 m)	5ft (1.5 m)	9ft (2.7 m)	5ft (1.5 m)
Coarse Sand	5ft (1.5 m)	5ft (1.5 m)	6ft (1.8 m)	4ft (1.2 m)
Fine Gravel	6ft (1.8 m)	7ft (2.1 m)	10ft (3 m)	6ft (1.8 m)
Medium Gravel	5 ft (1.5 m)	5ft (1.5 m)	6ft (1.8 m)	5ft (1.5 m)

Critical Height

1. According to this table, the critical height for equipment on a playground with 22 cm (9 inches) depth of medium pea gravel inside fall zones is 1.5 m (5 feet). In other words, a fall from any point more that 1.5 m in height (i.e. the top of a slide or a climbing structure) would be potentially fatal.
2. Uncompressed: A surface that allows a 1.8 cm (3/4 inch) thick stick to be pushed down to its recommended depth.
3. Compressed: Surfaces that will not allow a 1.8 cm (3/4 inch) tick stick to be pushed down to its recommended depth.
4. It is recommended that surfacing be regularly maintained so that it remains in an uncompressed form.

CHILD DAY CARE FACILITIES

DIAPER-CHANGING

PROCEDURES

- 1 Assemble all the necessary supplies
- 2 Place the child on the changing surface and remove the soiled diaper. Fold the soiled diaper inward and set it aside. If safety pins have been used to fasten the diaper, close them and put them out of the child's reach. Never put the pins in your mouth.
- 3 Clean and dry the child's skin.
- 4 When necessary, use a facial tissue to apply ointments or creams.
- 5 Put a fresh diaper on the child.
- 6 **Wash the child's hand.** Return the child to a supervised area.
- 7 Formed stool can be flushed down the toilet. Do not rinse the diaper.
- 8 Dispose of the cloth or disposable diaper and if used, the disposable paper covering.
- 9 Spray a sanitizing solution onto the entire surface of the changing surface. Leave for 30 seconds.
- 10 Put away all diapering supplies.
- 11 **Wash your hands.**
- 12 Dry the changing surface with a single-use towel. Dispose of the cloth or paper towel.
- 13 **Wash your hands thoroughly.**
- 14 Record skin condition and bowel movements, as necessary.

CHILD DAY CARE FACILITIES

GUIDELINES FOR EQUIPPING OF ACTIVITY CENTERS

Introduction: Section 5.1 of the Child Day Care Facilities Operator Standards states that: Indoor and outdoor environments must: be safely maintained, be purposefully planned and encourage playful exploration, problem solving and creativity, have a layout conducive to effective supervision, allow opportunities for free choice, respond to children's changing interests, abilities and desires, be organized into flexible learning centres that 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. These areas must 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 for large motor play indoors and out, and provisions for play with elemental materials – sand, water, mud, clay, snow (indoors and outdoors). In addition, outdoor play environments must provide: an area for quiet play, a shaded area and storage space.

It is recognized that this list is not exhaustive and that other possibilities may exist both the activity center itself and/or in the equipment/materials to be included in the respective activity centers. Substitutions are therefore possible. Operators are to ensure that what is substituted meets the same developmental needs as the equipment listed. The specific equipment in each activity center should, in fact, change from time to time thereby providing an environment that is varied and challenging for the children.

Child Day Care Facilities may provide services to children ranging in age from infancy through school age. It is therefore understood that while the basic activity centers may remain the same, the equipment and materials to be found within each activity center may vary across the age ranges.

The quantity, age appropriateness and arrangements of equipment and materials per activity center and per age groupings served by the day care will be determined in consultation with the ECS Coordinator at the time of the day care facility's initial approval and will be reviewed annually at renewal.

PRESCHOOLERS (3 – 5 YEAR OLDS)

Dramatic Play Center / Housekeeping Center

- child sized appliances including sink, stove and refrigerator
- table and chairs, child sized/age appropriate
- male and female dress up clothes and accessories, including hats, purses, jewelry
- dolls, with size appropriate clothes and accessories, i.e. strollers, doll beds, etc.
- non-breakable shatterproof full length mirror/appropriate pictures at child level
- child size dishes, cutlery, pots and pans and food props (empty food packages, plastic fruits and vegetables, etc.)

This center may also be developed into a store, hospital, dentist office, etc. equipped with the appropriate props.

Fine Motor / Manipulative Center

- storage shelf
- tables and chairs
- puzzles e.g. Wooden, interlocking, 3-D, and floor puzzles
- table top blocks e.g. Lego, consturx, bristle blocks
- pegs and pegboards
- lacing cards
- stringing beads
- matching and sorting toys
- age appropriate board games e.g. matching and lotto games (color, picture), bingo

- **Creative /Art Center**
- shelf unit for art materials
- easel(s)
- table and chairs
- variety of paints (tempra / finger-paints) and supplies e.g. paint containers, brushes of differing sizes sponges
- play dough and accessories e.g. cookie cutters, popsicle sticks, rolling pin
- crayons/chalk/pencils
- scissors – child-sized, left and right handed
- glue and/or paste, tape/masking tape
- collage materials e.g. magazines, catalogues, wallpaper books/samples, cotton balls, shells, beads, paper plates, fabric, string/yarn, etc.
- variety of paper supplies of different sizes, colors, textures

Blocks/Construction

- storage shelf
- set of wooden blocks in assorted sizes and shapes (unit blocks are recommended)
- accessories, including but not limited to:
 - floor toys such as play space station, garage farm, house, airport/airplanes/helicopter
 - variety of hats e.g. construction, fire fighter, police officer
 - small people/animal figures
 - track and train or road set, road signs
 - assorted vehicles in varied sized
 - steering wheel

Library/Block Center

- shelf/rack to display books
- large cushions with washable covers and/or adult or child sized furniture (chair, love seat)
- carpet or area rug
- variety of age appropriate and complete simple story and picture books; including hard and soft cover, child-made, magazines, photo albums, etc.

Music Center

- record/tape player with headphones
- variety and quantity of story, song, rhythm and movement records and tapes
- an appropriate variety and quantity of children's musical instrument

Sand or Water Play Center

- sand table/water table
- sand/water (at least 6 inches (15 cm) in depth)
- storage shelf for accessories
- people/animals/vehicles
- shovels/pails/assorted plastic containers (varying sizes)
- measures/funnels/sifters/tubing
- sand moulds
- water pump
- floating and sinking toys
- plastic aprons
- dolls (to bathe)

Gross Motor Center (Indoors/Outdoors)

- climbing structure
- tricycles/riding toys/rocking toys
- small wagons/wheelbarrows
- assorted balls in a variety of sizes
- preschool balance beams

Science and Nature Center

- storage shelf or display table
- magnifying glass
- objects to examine such as cotton batting, scouring pad, leaf, sponge, piece of wax paper, glass marbles, piece of vinyl
- magnets
- balance scale and weights
- objects to load and balance such as rocks, pieces of wood, poker chips, cotton balls
- aquarium/live animals
- plants
- collections e.g. rocks, shells, leaves, twigs

Carpentry Center

- woodworking bench
- variety of real tools
- safety goggles
- nails
- scrap wood
- vice
- wood glue/sandpaper

Puppet Center

- puppet theatre
- puppets (hand/arm/finger representing familiar and fantasy figure)
- props/accessories

INFANTS/TODDLERS

Non-mobile infants

Activity centers, as outlines above, are not required for infants who are not yet mobile. However, the following basic equipment and materials should be present in child care facilities providing services to this age group.

- adult size rocking chair/easy chair
- floor/exercise mats which are comfortable for infants to lie on
- non-breakable shatterproof mirror at eye level
- objects that make a variety of sounds e.g. rattles, musical toys, bells
- simple, durable picture books (cardboard)
- tape player/records/tapes
- musical toys
- balls of a variety of sizes and textures easily handled and grasped by infants
- toys that infants can bat, kick, mouth, grasp and/or manipulate

Older Infants/Toddlers (7 months – 2 years)

Dramatic Play/Housekeeping Center

- same as listed for preschoolers (3 – 5 years), dress up clothes to be simpler e.g. hats, purses, shoes and clothes that are easy to put on

Fine Motor/Manipulative Center

- shape sorter, nesting/stacking toys
- squeeze/squeak toys
- pull apart toys (duplo)
- roly-poly toys
- snap-lock beads (large)
- disks, keys on ring

- simple puzzles (1 – 5 pieces, 7 – 10 for older toddlers)
- pop up toys/cause and effect toys/wind up toys
- containers to put things in and out of or to hide things
- large pegboards and pegs

Creative/Art Center

- low table
- easel
- non-toxic large crayons and markers, large paintbrushes
- finger-paint/tempra paints
- play dough
- paper/glue/collage materials (as outlined for preschoolers)
- scissors (supervised use)

Blocks/Construction Center

- shelf or storage containers
- light blocks (soft cloth, rubber, rounded plastic, or wood cubes)
- large plastic bricks
- unit blocks (20 – 40 pieces for over 18months)
- sets of people, animals, vehicles and other appropriate accessories

Library/Book Center

- shelf
- cushions
- cloth, plastic or cardboard picture books (short simple stories with repetition and familiar subjects)
- pop-up, hidden picture and dressing books

Music Center

- musical instruments (shaking e.g. bells, rattles), banging e.g. drums)
- tape/record player
- records and /or tapes

Sand or Water Play Center

- basic equipment as listed for preschoolers (3 – 5 year olds)
- small floating objects
- small shovel, pail and sand tools
- people, vehicles, and animals for use in sand/water
- funnels, colanders

Gross Motor/Large Muscle Center (Indoors/Outdoors)

- appropriate sized climber
- push and pull toys
- soft, lightweight balls and larger balls e.g. beachball
- ride on toys propelled by pushing with feet (no pedals or steering mechanisms and child's feet flat on floor when seated)
- bouncing or rocking ride-ons (confined rocking arc, gentle bounce and child's feet touch floor when seated)

SCHOOL AGE (5 – 12 YEARS)

In general, children in this age range are moving from concrete to more abstract thinking, becoming increasingly interested in their peer group and in cooperative activities. Activity centers for school age children therefore should include the basic centers as listed for preschoolers. The materials and equipment within these centers should reflect the skill and developmental levels of the children being served. The activities of one area may overlap with those of another ie. making costumes or props in the stitchery, weaving, knitting and quilting area or in the construction area may eventually be used in the dramatic play area to present a play.

It is recognized that many school age programs are operated in shared spaced environments, ie., schools, churches where daily movement of equipment and materials is required. Portable shelving must be available in these situations.

Dramatic Play/Housekeeping Center

- include basic equipment as for preschoolers but also provide opportunities for more advanced social play where children are provided the props to be used to produce plays, shows, puppet theatres and/or role playing centers such as office, beauty parlor, etc.
- costumes and/or materials to create their own

Fine Motor/Manipulative Center

- storage shelf
- jigsaw puzzles (50 + pieces), 3-dimensional puzzles
- simple card and board games
- memory games (Concentration)
- strategy games (Connect-4, Chinese Checkers, Checkers, Chess)
- word games, reading and spelling games (Scrabble)

Creative/Art Center

- storage shelf
- easel(s)
- variety of crayons, markers, pastels, art chalks, charcoal
- variety of paintbrushes
- regular scissors
- pastes/glues
- variety of art papers (drawing, tracing, painting)
- modeling media (clay, flour and salt, plasticine, sawdust)
- variety of collage materials (natural items e.g. seeds, grasses, acorns; old post card/Christmas cards; cloth; ribbon/thread, etc.

Blocks/Construction

- storage shelf
- unit blocks (approx. 480 pieces for 15 children)
- hollow block
- accessories – animals, people, vehicles
- miscellaneous – discarded license plates, heavy cardboard for roofs, rugs/blankets, telephone wire, string, pieces of rubber tube

Library/Book Center

- storage shelf
- cushions/easy chairs
- books at a variety of reading levels and appealing to variety of interests e.g. poetry, humour, adventure, myths
- books made by the children

Music Center

- tape player/record player
- variety of records and/or tapes e.g. classical, ethnic, marches, signing, rock
- real instruments e.g. recorder, drums, bells, maracas, autosharp, etc.
- ropes, scarves, streamers, hoops, balls, balloons for movement and dance activities

Sand/Water Play Center

- sand and/or water play table
- sand/water (at least 6 inches/15 centimeters in depth)
- storage shelf
- bubble pipes

- kitchen utensils – eggbeaters, sifters, measuring cups, pitchers, baster, funnels, etc
- garden hoses (outdoors – washing bikes, creative rivers, dams, etc.
- wood to make boats

Gross Motor Center (Indoors/Outdoors)

- climbing structure (larger than for preschoolers and may include rings, bars, ropes and poles for climbing, swinging, etc.)
- skipping ropes
- yo-yos
- balls e.g. basketball, soccer, tennis
- baseball bats and balls
- biking area hopscotch area
- basketball nets

Construction/Carpentry Center

- storage shelf
- muffin tins, small plastic containers, or shoe boxes for nails, screws, etc.
- real tools which may include: hammers, plane, pliers, vise, saws, screwdrivers, tape measure, square, wrench, drill and bits
- nails, screws, washers, wire, tacks, string
- sandpaper, graph paper
- turpentine, varnish
- paint
- wood – soft pine, plywood, balsa
- pencils, makers

Stitchery, Weaving, Knitting, and Quilting

- 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

Cooking

- variety of kitchen utensils – spoons, spatulas, measuring cups and spoons, cookie cutters, rolling pin, eggbeater, etc.
- bowls, pots and pans
- cookie sheets/muffin tins
- baking/cooking ingredients, as needed

Science, Nature and Gardening

- storage shelf

Items such as the following to be available as requested

- balance
- scale
- binoculars
- thermometer
- compass
- tongs
- flashlight

- reference books
- funnels
- magnets
- gardening tools
- magnifying glass
- microscope

Materials such as the following:

- adhesive tape
- aquarium
- balloons
- balsa wood
- birdfeeders
- batteries
- feathers
- cork
- fish, toads, frogs, tadpoles
- seashells
- soil
- straws
- syringes
- squeeze bottles
- soda, starch, salt, vinegar
- nails, screws
- scissors
- cardboard, cardboard tubing

Management of Illness in Children and Staff in New Brunswick Child Day Care Facilities

To support daycare staff in the management and control of communicable diseases within the child care environment, the Department of Health has prepared the document, *Management of Illness in Children and Staff in New Brunswick Child Day Care Facilities*. This document highlights many common childhood illnesses and includes mode of transmission, symptoms, most infectious period, minimum exclusion recommendations, re-admission requirements after illness where necessary, requirements for reporting to Public Health, and recommendations regarding posting notices to inform parents. The recommendations for exclusion are minimum recommendations only; individual daycare policies may dictate longer exclusion periods.

Reporting illnesses to Public Health, as per *Management of Illness in Children and Staff in New Brunswick Child Day Care Facilities* document, should be carried out as soon as the daycare staff becomes aware of an illness to be reported. All Public Health regions have after hours contact information through which such reports would be received.

On occasion, daycare staff may wish to seek Public Health advice regarding unusual or unexpected situations involving illness. In addition, daycare staff should recognize that there will be other occasions in which Public Health should be contacted. For example, when an unusual number of children become ill with similar symptoms, such as diarrhea or rash, Public Health should be notified. Depending on the situation, the Public Health staff may decide to initiate an investigation even in the absence of a confirmed diagnosis.

This was developed using the Canadian Pediatric Society's Well Beings Text as reference, in addition to input from Public Health Staff, a Pediatric Infectious Disease Specialist and adapted to confirm to New Brunswick regulations, (existing and forthcoming) accepted practices and procedures.

Management of Illness in Children and Staff in New Brunswick Child Day Care Facilities

Disease	Transmission	Symptoms / Signs	Most Infectious Period	Exclusion	Report to Public Health	Post Notice Inform Parents
GASTROINTESTINAL INFECTIONS						
DIARRHEA	May be from hand to mouth if germ is transferred from hands that have not been thoroughly washed to objects, surfaces or food (young children frequently put fingers and objects in mouth) or from eating contaminated food or drink.	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.	Typically, for duration of diarrhea	Exclude until diarrhea is gone or physician determines child is not infectious. A child with 2 or more episodes of diarrhea or one episode of diarrhea with fever, vomiting or blood in the stool should not remain in daycare and the parents should be advised to seek medical attention for the child.	Yes, report outbreaks of 2 or more cases of diarrhea occurring within 48 hours and also ANY cases of bloody or diagnosed bacterial diarrhea	Yes
<i>Campylobacter</i>	Bacteria excreted in stool. Undercooked poultry and meats, unpasteurized milk, contaminated food and water are common sources of infection. Can also be spread from person to person (hand to mouth) if germ is transferred from hands that have not been thoroughly washed to objects, surfaces or food (young children frequently put fingers and objects in mouth).	Fever, diarrhea, blood in stool, cramps.	For duration of diarrhea	Exclude until diarrhea is gone	Yes	Yes
<i>Cryptosporidium</i>	Parasite excreted in stool. Contaminated drinking water swimming pools, young animals may be a source of infection. Can also be spread from person to person (hand to mouth) if germ is transferred from hands that have not been thoroughly washed to objects, surfaces or food (young children frequently put fingers and objects in mouth).	Non-bleeding watery diarrhea, abdominal cramps, mushy stool, excessive gas	Average is 7 days	Exclude until diarrhea is gone. No swimming for 2 weeks	Yes	Yes

Disease	Transmission	Symptoms / Signs	Most Infectious Period	Exclusion	Report to Public Health	Post Notice Inform Parents
<i>Escherichia coli</i> (E.coli 0157H7)	Bacteria excreted in stool. Eating undercooked hamburger or foods contaminated with raw or undercooked meat juices is a common source of infection. Can also be spread from person to person (hand to mouth) if germ is transferred from hands that have not been thoroughly washed to objects, surfaces or food (young children frequently put fingers and objects in mouth).	Sever cramps, diarrhea, and blood in stool, fever none or slight.	For duration of diarrhea	Exclude until diarrhea is gone and two stool cultures taken 24 hours apart are negative. Proof of negative cultures must be provided to Public Health. Public Health will then notify daycare of re-admittance permission.	Yes	Yes
Giardia	Parasite in stool. Spread from person to person (hand to mouth) if germ is transferred from hands that have not been thoroughly washed to objects, surfaces or food (young children frequently put fingers and objects in mouth). Infection can occur from ingesting contaminated food or water.	Most children have no symptoms. May have loss of appetite, vomiting, cramps, diarrhea, mushy stool, excessive gas.	Infectious until cysts no longer being excreted in stool. Hand washing by children and staff especially important.	Exclude until diarrhea is gone.	Yes	Yes
Hepatitis A	Virus in stool. Spread from person to person (hand to mouth) if germ is transferred from hands that have not been thoroughly washed to objects, surfaces or food (young children frequently put fingers and objects in mouth).	Most children have no illness. May have fever, loss of appetite, nausea, vomiting, jaundice (yellow color in skin and eyes).	2 weeks before to 1 week after onset of jaundice.	Exclude for 1 week after onset of jaundice.	Yes	Yes
Norwalk virus	Virus in stool. Spread from person to person (hand to mouth) if germ is transferred from hands that have not been thoroughly washed to objects, surfaces or food (young children frequently put fingers and objects in mouth). May spread via air.	Nausea, vomiting, diarrhea and abdominal pain for 1-2 days	For duration of illness	Exclude until diarrhea and/or vomiting are gone.	Yes	Yes
Rotavirus (Most common cause of diarrhea in child care)	Virus in stool. Spread from person to person (hand to mouth) if germ is transferred from hands that have not been thoroughly washed to objects, surfaces of food (young children frequently put fingers, objects in mouth).	Fever and vomiting precede watery diarrhea. Dehydration may occur rapidly in infants.	For duration of diarrhea	Exclude until diarrhea is gone.	Yes	Yes

Disease	Transmission	Symptoms / Signs	Most Infectious Period	Exclusion	Report to Public Health	Post Notice Inform Parents
<i>Salmonella</i>	Bacteria in stool. Infection occurs from ingesting food, water contaminated with the germ. Spread from person to person (hand to mouth) if germ is transferred from hands that have not been thoroughly washed to objects, surfaces or food (young children frequently put fingers and objects in mouth).	Abdominal pain, diarrhea, fever, sometimes vomiting.	For duration of diarrhea	Exclude until diarrhea is gone.	Yes	Yes
Shigella	Bacteria in stool. Spread from person to person (hand to mouth) if germ is transferred from hands that have not been thoroughly washed to objects, surfaces or food (young children frequently put fingers and objects in mouth).	Diarrhea, nausea, fever, blood and/or mucus in stool, cramps	For duration of diarrhea. Highly infectious.	Exclude until diarrhea is gone and two stool cutlens taken 24 hours apart are negative. <i>If antibiotics administered, stool specimens to be taken at least 48 hours after completion of antibiotics. Proof of negative cultures must be provided to Public Health. Public Health will then notify daycare of re-admittance permission.</i>	Yes	Yes
RESPIRATORY INFECTIONS						
Common cold	Virus spread person to person by air (droplets from coughing, sneezing), indirect spread via contaminated hands, objects, surfaces.	Runny nose, sore throat, cough, decreased appetite	1 day before to 7 days after onset	Do not exclude unless too ill to take part in the activities	No	No required
Influenza	Same as common cold	Same as common cold, plus: fever, headache, muscle aches	1 day before to 7 days after onset	Do not exclude unless too ill to take part in activities.	No	No required
Ear infections (Otitis media)	Complications of cold	Earache or irritability, fever and cold symptoms	Not infectious	Do not exclude unless too ill to take part in the activities.	No	Not required
Pinkeye (Conjunctivitis)	Most often spread by hand, after the hand has been in contact with the infected area.	Redness, itching, pain, discharge from eye	For duration of illness or until 24 hours after treatment has started	Exclude until 24 hours after treatment has begun.	No	Yes
Scarlet Fever	Bacteria spread person to person by air (droplets from coughing, sneezing) or by direct contact with patients or carriers.	Fever, sore throat, skin rash.	Until 24 hours after treatment begun	Exclude until 24 hours after treatment begun	No	Yes
Strep Throat	Bacteria spread person to person by air (droplets from coughing, sneezing) or by direct contact with patients or carriers	Fever, sore throat	Until 24 hours after treatment begun	Exclude until 24 hours after treatment begun	No	Yes
SKIN AND SCALP INFECTIONS						
Head Lice	Parasite on scale. Spread person to person via head to head contact. Infested hats, combs, brushes may also be involved in spread.	Most children have no symptoms. Some will have itching of scalp. Nits (eggs) are seen attached to hair near scalp.	Until treated.	Exclude until first treatment is complete and no evidence of live lice.	No	Yes

Disease	Transmission	Symptoms / Signs	Most Infectious Period	Exclusion	Report to Public Health	Post Notice Inform Parents
Hand, Foot, and Mouth disease	Virus spread by direct contact with nose and throat secretions and feces of infected people. May also spread by air.	May have lesions on the inside of the cheeks and on sides of the tongue. May have lesions on palms, fingers and soles.	During acute stage of illness.	No	No	Yes
Herpes Simplex (non-genital)	Virus in saliva and infected sores. Spread person to person by direct contact.	Many infections occur without any symptoms. May cause high fever, many painful ulcers in mouth. May recur as cold sores.	For one week during first infection; 5 days during recurrent cold sores.	Exclude children who do not have control of oral secretions (droolers) and have infection for the first time. Exclusion not indicated for recurrent cold sores.	No	No
Impetigo	Bacteria on skin. Spread person to person by direct contact.	Pustules or crusted rash on face or exposed parts of body (arms and/or legs)	Form onset of rash until 1 day after start of treatment with antibiotics.	Exclude until antibiotic treatment has been taken for 1 full day.	No	Yes
Ringworm	Fungus on skin. Spread by direct and indirect contact with lesions of infected people, animal, contaminated floors, benches, etc.	Flat, spreading ring shaped lesions that may be reddish and scaly around outside with normal looking skin on inside.	As long as lesions are present.	Not required.	No	Yes
Scabies	Mites on skin. Spread person to person via skin to skin contact.	Very itchy rash, especially at night. In infants under 2 years, rash may occur anywhere on body. In older children, rash usually appears on fingers, elbows, armpits, abdomen.	Until treated.	Exclude until 24 hours after treatment. Treatment of household contacts usually recommended.	No. Public Health agencies are available for consultation if the problem persists.	Yes
OTHER INFECTIONS						
Chickenpox (Varicella Zoster)	Virus spread person to person via air. May also be spread by touching weeping blisters. Very infectious.	Rash with small blisters on top which become crusted; along with fever, itching.	Most contagious for 1-2 days before and shortly after onset of rash.	If mild and the child is able to take part in activities, no exclusion is required.	Yes	Yes
Cytomegalovirus (CMV)	Virus spread person to person. Required intimate contact. Virus in urine and saliva.	Usually causes no illness. Can infect fetus during pregnancy.	Whenever virus is present in urine or saliva	No exclusion required.	No	Yes
Fifth Disease (Parovirus B19 Erythema Infectiosum)	Virus spread person to person (contact with respiratory secretions, exposure to blood/blood products)	Symptoms range from non to mild cold like symptoms to feeling mildly ill, fever and rash (slapped cheek appearance) Can infect fetus during pregnancy.	In people with rash, greatest period of communicability is before rash appears.	No exclusion required	No	Yes

Disease	Transmission	Symptoms / Signs	Most Infectious Period	Exclusion	Report to Public Health	Post Notice Inform Parents
Hepatitis B	Virus present only in blood and certain body fluids (semen, vaginal secretions). Virus is not in stool. Spread by contact with blood or by sexual intercourse.	Illness uncommon in children. Symptoms range from none to severe and may include loss of appetite, vague abdominal discomfort, nausea, vomiting, and jaundice.	From weeks before onset to months or years after recovery from illness. May be infectious for life.	No exclusion required. Open wounds should be covered.	Yes. Also, report any incidences where a child known to have Hepatitis B bites someone and causes bleeding.	No
Measles	Virus in respiratory secretions. Spread person to person via air. Can be direct contact with nose and/or throat secretions. Very infectious.	Fever, cough, runny nose, inflamed eyes for 1-3 days before onset of rash. Rash is large red spots which often join together, starts on face and spreads rapidly over body. Illness lasts 5-10 days.	2 days before onset of fever and cough (3-5 days before onset of rash) until 4 days after onset of rash.	Exclude all cases until at least 4 days after onset or rash. Exclude all children who lack proof of immunization until vaccinated or until 2 weeks after last case in the daycare.	Yes	Yes
Meningitis (Bacterial)	Bacteria in nose and throat secretions and in saliva. Spread person to person, requiring close direct contact.	Fever, marked fussiness and/or sleepiness, vomiting, stiff neck, coma, seizures. Headache, purplish rash may be seen. Very severe infection. Seek emergency care immediately.	Until treated with antibiotics.	Yes, until well enough to return and at least 24-48 hours after starting appropriate antibiotics.	Yes	Yes
Meningitis (Viral)	Various viruses may cause illness.	Sudden onset of fever, other symptoms of meningitis, lasting 10 days or less. Recovery is usually complete.	Depends on virus involved.	No	Yes	Yes
Mononucleosis (Infectious)	Virus spread person to person by saliva. Young children may be infected by saliva on hands and toys.	Generally mild in young children. May experience fever, sore throat, fatigue.	Prolonged (up to one year or more)	No	No	Yes
Mumps	Virus in respiratory secretions. Spread person to person.	Enlargement of salivary glands causing swelling of cheeks and face. May have fever, headache, and abdominal pain. Many children have no symptoms.	7 days before to 9 days after swelling. Most infectious 2 days before until 4-5 days after onset of swelling.	Exclude child with mumps for 9 days after onset of swelling. Exclude susceptible contacts from days 12-25 following exposure if other susceptible people are present (consult Public Health)	Yes	Yes

Disease	Transmission	Symptoms / Signs	Most Infectious Period	Exclusion	Report to Public Health	Post Notice Inform Parents
Pinworms	Intestinal nematode (worm) spread by direct transfer of infective eggs from anus to mouth of the same or another person, or indirectly through clothing, bedding, food or other articles contaminated with eggs of the parasite.	Often no symptoms are seen. May be itching at anus, disturbed sleep, and irritability.	As long as the females are discharging eggs on skin around anus.	Not required.	No	No
Roseola	Caused by virus. Thought to be spread via salivary contact with caregivers and parents.	Fever, rash on trunk of body then spreading to rest of body. Rash usually fades rapidly. Usually occurs in children under 4 years, most common before 2 years.	Not known	No exclusion required	No	Yes
Rubella (German Measles)	Virus in respiratory secretions. Spread person to person by air (droplets from coughing, sneezing) or by direct contact with nose or throat secretions.	Infected children often have no symptoms. May have mild fever, sore throat, swollen glands in neck but no rash. Rash consists of small red spots which start on scalp and face and spread rapidly over entire body.	Few days before until 7 days after onset of rash.	Exclude for 7 days after onset of rash. If child has congenital rubella and is less than 1 year old, consult Public Health. Risk of severe damage to fetus if pregnant women gets rubella in first trimester, therefore all staff should prove immunity (vaccination or blood test, prior to employment, if possible)	Yes	Yes
Shingles	Shingles is a reactivation of the chicken pox virus in a person who has already had chicken pox. People do not get shingles from other people. The virus can be spread person to person by close direct contact with fluid from blisters. Transmission would result in chicken pox in people who have never had chicken pox.	Rash with small blisters on top which become crusted; is generally confined to one area on the body; may experience itching or pain.	During rash while sores are weeping.	If mild and the child is able to take part in activities, no exclusion is required. Lesions should be covered if possible.	No	Yes
Whooping Cough (Pertussis)	Bacteria in respiratory secretions. Spread person to person. Very infectious.	Begins as cold with very runny nose and cough. Cough gets progressively worse and occurs in spasms. May seem like child is "losing his breath" – face red or purple during coughing spells and child may vomit. Fever uncommon.	From onset of runny nose until 3 weeks after onset of coughing spasms or whooping.	If infants under age 1 year or pregnant women are present, exclude child with whooping cough for 5 days after start of antibiotics or 3 weeks after start of cough and culture negative if no antibiotic treatment given (consult with Public Health)	Yes	Yes

12.3

Reference Documents



**Public Health Inspection Standards
For
New Brunswick Day Care Centres
November 2015**

PUBLIC HEALTH INSPECTION STANDARDS
DAY CARE CENTRES



INTRODUCTION

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- 1.3 Water & Ice Supply
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**PUBLIC HEALTH INSPECTION STANDARDS
DAY CARE CENTRES**



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.

PUBLIC HEALTH INSPECTION STANDARDS
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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?

DAY CARE FACILITIES: Separate kitchen:

New:

- **< 10 children** - allowed to use household kitchen
*Use Terms and Conditions of the licence to note the exemption for a hand sink where one cannot be installed due to space.
- **10 children or more and provide a noon meal** – require separate kitchen with restricted access [**Licence kitchen under the Food Premises Regulation**]

Existing:

- **Those previously allowed to use their household kitchen under the 2003 standard, will continue to be permitted to do so (<10 children or for 10-15 children with low risk foods being served)**
*Use Terms and Conditions of the licence to note the exemption for a hand sink where one cannot be installed due to space.
- **Where a separate kitchen has been required**
[**Licence the kitchen under the Food Premises Regulation**]

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.

**PUBLIC HEALTH INSPECTION STANDARDS
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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.

**PUBLIC HEALTH INSPECTION STANDARDS
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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?

**PUBLIC HEALTH INSPECTION STANDARDS
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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

**PUBLIC HEALTH INSPECTION STANDARDS
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- 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?

**PUBLIC HEALTH INSPECTION STANDARDS
DAY CARE CENTRES**



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 -toilets	8,10,12,2,4	“x” Germicidal Cleaner” “y” Toilet Bowl Cleaner	Frank S. 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.

**PUBLIC HEALTH INSPECTION STANDARDS
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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")

**PUBLIC HEALTH INSPECTION STANDARDS
DAY CARE CENTRES**



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?



Guide for Managing Potential Illness in Child Day Care Facilities in New Brunswick

Updated June 1, 2012

Prepared by:

Department of Education and Early Childhood Development

Guide for Managing Potential Illness in Child Day Care Facilities in New Brunswick

Introduction:

The management of illness in child day care facilities is an important issue for child care providers. Children are susceptible to many types of communicable or infectious diseases, especially children under 5 years of age. These illnesses can cause serious side-effects and even death if not managed properly. Child care providers play an important role in controlling and preventing illnesses in the child day care facility.

This document outlines numerous strategies for identifying and controlling potential illnesses in child day care facilities in New Brunswick. Information is provided describing the responsibilities of the child care providers and parents in managing potential illness. In addition, this document outlines the reporting requirement for illness in child day care facilities in New Brunswick.

These guidelines are to be used in conjunction with the Potential Illness Flowcharts and Management of Illness Forms described in this document. In addition, please refer to the document titled *Management of Illness in Children and Staff in New Brunswick Child Day Care Facilities (02/27/04)*– produced by the Department of Health. This document outlines transmission, symptoms, infectious period, exclusion and reporting requirements. This document is located in Section 12.0, Appendix 12.2.10 in the Child Day Care Facilities Operator Standards. Additional references include:

- “Well Beings” which is produced by the Canadian Paediatric Society (2008). This document can be ordered by writing to the Canadian Paediatric Society, 2305 St. Laurent Boulevard, Ottawa, Ontario, K1G 4J8
Website: www.caringforkids.cps.ca/wellbeings/about_well_beings
- Public Health Fact Sheets available from the local Public Health Offices in New Brunswick
- “Spread the Word, Not The Germs” available soon from the Early Childhood Care and Education (ECCENB) 30 Gordon Street, Suite 103, Moncton, N.B. E1C 1L8

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Section 1: Identification of Potential Illness

This guide contains five *Potential Illness Flowcharts* which have been designed to help child care providers identify and manage potential illness in the child day care facility. The *Potential Illness Flowcharts* described in this document contain scientifically based information to improve the assessment of potential illnesses or communicable diseases in child day care facilities. The flowcharts provide child day care staff with criteria for identifying specific illnesses or infections based on signs and symptoms present. In addition, the flowcharts provide instructions for immediate actions to take when a potential illness has been detected at the child day care facility and the appropriate exclusion criteria for each potential illness.

The *Potential Illness Flowcharts* are intended to provide a summary of symptoms and actions to be taken when potential illnesses are identified in child day care facilities. **These flowcharts do NOT contain detailed information for the diagnosis of illnesses in child day care facilities. Day care personnel must not diagnose.**

Detailed information describing the transmission and most infectious periods for each of these potential illnesses can be found by consulting the following resources:

Title	Source
Management of Illness in Children and Staff in New Brunswick Child Day Care Facilities (02/27/04)	Public Health, New Brunswick Department of Health
Well Beings: A guide to promote the physical health, safety and emotional well-being of children in child care centres and family day care homes 2 nd edition	Canadian Pediatric Society 100-2204 Walkley Rd. Ottawa ON K1G 4G8

1.1 Main Symptom Definitions

Term	Definition
Diarrhea	<p>Increase in frequency of stools and/or change to unformed loose, watery stool. Fever, loss of appetite, nausea, vomiting, abdominal cramps, mucus or blood in stool may also occur (New Brunswick Department of Health)</p> <p>Any change from the child's normal stool (e.g. solid, or semi-solid to a liquid, or semi-liquid state). Diarrhea stools are more frequent than normal bowel movements and may contain mucous or blood. (Nova Scotia Public Health Services)</p>
Fever	Oral temperature of 38.5°C or 101° F or greater, rectal temperature 39°C or 102°F or greater, armpit temperature 38°C or 100°F or greater accompanied by behavior changes or other signs or symptoms of illness

Term	Definition
Vomiting	Throwing up of stomach contents that may be preceded by nausea (in excess of typical infant spit-ups)
Cold Symptoms	Runny nose, cough, sore throat, red eyes
Skin Problems	Rash, any skin spots, open sores, discolored areas, or blisters that may be sore or itchy or contain pus.

1.2 How to Use the Flowcharts

The *Potential Illness Flowcharts* are intended to be used as part of the daily child health check of each child attending day care. As the child arrives each day and as well as throughout the day, child day care staff should conduct a health check of each child to note whether the child appears healthy, or is flushed or may have a fever, or has cold symptoms, diarrhea or any other major symptoms.

Each of the flowcharts is designed to help track down the possible significance of a particular symptom, either on its own or combined with other symptoms. Each chart has a main symptom and definition as a starting point.

The following five charts have been developed for each main symptom category:

- Vomiting
- Diarrhea
- Fever
- Cold Symptoms
- Skin Problems

For each Flowchart, follow the steps below:

Step 1:

Each chart has a series of questions and items to look and feel for in order to help assess the symptoms of the child. According to each chart, you should ask about the child's symptoms and check the child for other signs.

Step 2:

Once these questions are answered, the chart leads you toward classifying the potential illness in combination with other major symptoms. Once another major symptom is identified, you will find detailed descriptions of symptoms in simple, non-technical terms along with the identification of a potential illness. At this point, it may be necessary to consult another symptom chart (e.g. Fever Flowchart is used first and the child is later observed with blood in stool – switch to Diarrhea Flowchart)

Step 3:

Once a symptom(s)/potential illness has been identified, the flowchart should be consulted to determine whether a child should be separated from other children. Black coloration is used to identify the symptoms/potential illnesses where separation and exclusion are required. If separation is required, instructions are provided under the “What to Do” section of the flowchart to indicate that the parent or designate be contacted to pick up the child from the day care facility. Appropriate exclusion criteria are also identified in this section for each symptom/potential illness. The “What to Do” section of the flowchart also instructs staff to inform the parents of illness symptoms in cases where symptoms are not severe enough to warrant separation or exclusion.

Please note that these flowcharts provide a summary of information about each potential illness, and not a diagnosis or treatment information. Remember to consult with more detailed resources for information on transmission and the most infectious period.

1.3 Instructions for Posting Flowcharts

Each flowchart poster must be:

- Posted on the wall as a daily reminder for parents and staff

Operators are encouraged to post the flowcharts in multiple locations within the child day care facility to assist staff and parents in identifying symptoms and potential illness.

Additional copies of *the Potential Illness Flowcharts* can be obtained from the Early Childhood Services Coordinator in each SD Region.

Section 2.0: Management of Potential Illness

The management of illness in child day care facilities requires a partnership approach between parents, child day care providers and other providers including Public Health, physicians and the Department of Education and Early Childhood Development. This document outlines the responsibilities and steps to take for both parents and child day care providers who must manage illness at the child day care facility. This information can be integrated into the written statement of service for each child day care facility.

2.1 Parent Responsibilities

Parents of children in child day care facilities in New Brunswick are responsible to:

Step 1:

Parents are required to provide immunization information to the child day care Operator when the child is admitted to the day care. Parents are also required to provide updated immunization information if the child is still completing their series of immunizations. Parents who do not choose to immunize their child must sign a waiver from the child day care facility.

Step 2:

In general, if a child is too sick to participate comfortably in facility activities and has symptoms or a condition that may compromise the health of other children, it is recommended that the child should not attend day care.

Parents must exclude from child day care a child with any one or more of the following symptoms or conditions:

- a. Fever (oral temperature 38.5° C or greater; rectal temperature 39° C or greater, armpit temperature 38° 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 cramps, 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.

If one or more than one of the above symptoms are present, parents must either keep their child home or make alternative arrangements for child care.

Step 3:

If the child does not attend day care, parents are required to notify the day care and provide the reason for being absent.

Step 4:

If the child develops illness symptoms that require separation from other children at the child day care facility, parents and or designate are to arrive promptly (within 1 hour) of being notified by child day care staff that the child is ill. Children with specific symptoms must leave the facility immediately to receive treatment and in order to prevent the spread of illnesses to other children.

Step 5:

Parents will be advised to take their child to a physician for 1) a diagnosis of a communicable disease or 2) if the child's symptoms do not improve within 24 hours.

Step 6:

Parents will be instructed to provide information relating to their child's condition to the child day care Operator within 24 hours after confirmed diagnosis for any of the conditions listed in the Exclusion Reference Guide.

Step 7:

Parents must follow the exclusion guidelines listed in the Exclusion Reference Guide in order for the child day care facility to re-admit the child to day care after an illness.

Step 8:

For instances where exclusion is required, parents must complete the **Return after Exclusion Form** for their child in order for the child to be re-admitted to the facility.

2.2 Child Day Care Staff Responsibilities

Child day care Operators and staff in New Brunswick are responsible to:

Step 1:

Develop written exclusion policies. These policies should be part of your written statement of service and should be understood by parents.

Step 2:

Conduct daily health checks to observe children for major illness symptoms.

Step 3:

If illness symptoms are present, use the *Potential Illness Flowcharts* to identify potential illness.

Step 4:

Once a symptom/potential illness is identified, look to see if the symptom/potential illness requires separation and/or exclusion. **Potential illnesses which appear in a black colored box on the *Potential Illness Flowcharts* are illnesses that require immediate separation and exclusion.**

Step 5:

If separation is required, separate the child from other children and watch for other signs of illness according to the *Potential Illness Flowcharts*. Ensure that the child receives supervised and appropriate care in a designated area separate from other children while in the facility.

Step 6:

Notify the parent(s) and or emergency contact for the child as soon as possible of the main symptoms. Advise parent or designate to pick up the child within **one hour** if separation is required for the symptom/potential illness.

Step 7:

Complete the **Potential Illness Report Form** for the child leaving the facility due to illness prior to their normal departure time. Give a copy of this report to the parent upon arrival to pick up the child and file the remaining copy at the facility. (See Section 3.2 for information on completing this form)

Step 8:

Make sure the parent also receives a copy of the **Exclusion Reference Guide** (see Section 3.3 when they pick up the child at day care. Explain that when exclusion is necessary, parents cannot return their child to the child day care facility until the exclusion procedures have been followed.

Step 9:

Where appropriate, encourage parents to see a doctor for a diagnosis if child has symptoms of a communicable disease or shows no improvement within 24 hours from leaving the child day care facility.

Step 10:

Inform parents that they are required to provide information to the child day care Operator relating to their child's condition within 24 hours after a confirmed diagnosis for any of the conditions listed in the *Exclusion Reference Guide*.

Step 11:

Record the child's early departure on the **Child Day Care Facility Attendance Record** (see Section 3.1 for information on completing this form)

Step 12:

Check the Facility Attendance Records of children and staff to look for illness patterns over the past few days. See Section 4.0 **Instructions for Reporting Illness** for detailed instructions on reporting symptoms or illnesses to your local Public Health Office.

Step 13:

Re-admit children to day care in accordance with the exclusion criteria as outlined in the *Exclusion Reference Guide*.

Step 14:

Post a notice to inform parents of the existence of a communicable disease as follows:

- a. When a **parent or physician diagnosis** has been provided for any of the potential illnesses listed below:

All diarrhea illnesses (including Campylobacter, Cryptosporidium, E.coli 0157 H7, Giardia, Hepatitis A, Norwalk Virus, Rotavirus, Salmonella, Shigella)

Cold Symptoms: (including Pinkeye, Scarlet Fever, Strep Throat)

Skin Problems: (including Head Lice, Hand, Foot and Mouth Disease, Impetigo, Ringworm, Scabies)

Other Infections: [including Chickenpox, Cytomegalovirus, Fifth disease, Measles, Meningitis (Bacterial & Viral), Mononucleosis (Infectious), Mumps, Roseola, Rubella (German measles), Shingles, and Whooping Cough]

- b. When there are 2 or more cases of diarrhea occurring within 48 hours
- c. Any case of bloody diarrhea

Step 15:

Complete the **Return After Exclusion Form** upon each child's or staff return to child day care after an illness which required exclusion according to the *Exclusion Reference Guide*.

Section 3.0: Management of Potential Illness Forms

This section outlines several forms to be used to manage illness in child day care facilities in New Brunswick. The forms listed in this section are **mandatory** and should replace all existing forms used by child day care facilities. These forms are to be kept on-site at the child day care facility for a minimum of three months.

The purpose of each form is described in this document along with the specific instructions for completing the form.

The following forms have been developed to assist with the management of illness in child day care facilities in New Brunswick:

- Child Day Care Facility Attendance Record
- Potential Illness Report Form
- Exclusion Reference Guide
- Infant/Toddler Daily Information Sheet
- Return After Exclusion Form - Child
- Return After Exclusion Form - Employee
- Illness Notice to Parents
- Parent's Role in Managing Illness in Child Day Care Facilities

3.1 Child Day Care Facility Attendance Record

This form is to be used to track children's attendance at the child day care facility. This form also records the reason for absenteeism and illness symptoms. Reasons for absenteeism could include: illness, holiday, unknown, early departure due to illness and early departure due to other reasons.

Contents:

- Child's Name
- Daily arrival/departure times
- Reason for Absenteeism
- Illness Symptom

Definitions:

Early Departure - Any departure that occurs prior to the child's usual or previously agreed upon departure time.

Absenteeism - Child is absent or away from the child day care facility.

Reasons for Absenteeism:

Holiday- Includes any non-statutory holiday where the child is absent (e.g. Remembrance Day) while the facility is in operation and any days where a child is absent due to their parents or designate taking vacation days.

Illness - Includes any day that a child is absent due to sickness or illness that prevents the child from attending day care.

Unknown - Includes when the reason for the child's absence is not known at the time when the form is completed.

Early Departure/Illness – Includes any early departure where the child is required to leave the premises due to any potential illness that requires separation and/or exclusion according to the Exclusion Reference Guide.

Early Departure/Other - Includes any early departure other than potential illness for the child to leave the day care prior to the usual or previously agreed upon time (e.g. parent leaves work early)

Illness Symptom - Includes a description of illness symptoms provided by the parent or designate if information is available.

Instructions for Use:

- ✓ On the top part of the form, fill in the facility name, facility identification number, the Group name (e.g. infants etc) and dates for the beginning to end of a one week period.
- ✓ On the far left hand side of the form, list the children's names in alphabetical order of last names and write in full name.
- ✓ Record actual times of arrival and departure (e.g. 2:30pm) for each day of the week.
- ✓ If the child is absent from the day care facility, check the letter representing the reason for absenteeism listed below:

Reason for Absenteeism Codes

I	Illness
H	Holiday
U	Unknown
ED/I	Early Departure/Illness
ED/O	Early Departure /Other

- ✓ Record the main illness symptom if the information is available from the parent or designate.
- ✓ Complete the **Potential Illness Report Form** for children leaving early due to potential illness.

NOTE: This form must replace previously existing attendance forms used at the child day care facility.

3.2 Potential Illness Report Form

This two-part form is to be used to record the child's main symptom after being identified with a symptom or potential illness that requires an early departure due to illness from the child day care facility. Early departure is defined as any departure that occurs prior to the child's usual or previously agreed upon departure time. This form is to be used with children of all ages and is to be used for all symptoms or potential illnesses whether or not exclusion is required. A copy of this form, along with the one page *Exclusion Reference Guide* is to be given to the parent when the child is removed from the child day care facility and a copy of this form is to be kept at the facility. This form describes instructions for parents and requirements for re-admittance to the day care facility. This form is not intended to replace the **Incident Report Form** for unexpected illnesses where the child is transferred to hospital.

Contents:

To identify main symptoms of a potential illness

To provide parents with instructions regarding exclusion and re-admittance

Instructions for Use:

- ✓ Fill in the date at the top of the form, the name of the child day care facility and the facility identification number.
- ✓ Record the name of the child, age of child and put a check in the box beside the child's main symptom (check all symptoms that apply). Fill in additional details describing symptoms in the box provided.
- ✓ Record the child's temperature, the time of day the temperature was taken, and the name of the staff who took the child's temperature. May not be necessary in all circumstances
- ✓ Record the time parent or designate was notified of child's potential illness.
- ✓ Record the child's departure time from the facility.
- ✓ Check whether the **Potential Illness Report Form** was completed within the last 24 hours for similar symptoms.
- ✓ Record whether medication was given and describe the quantity and dosage in space provided.
- ✓ Fill in staff signature.
- ✓ Fill in parent signature.
- ✓ Give a copy of this completed form and the *Exclusion Reference Guide* to the parent when the child is removed from the day care facility.
- ✓ Insert the facility copy of this completed form into the child's file at the facility.

3.3 Exclusion Reference Guide

This form is to be used as a reference to provide a quick, one-page summary of the exclusion guidelines for each potential illness. The form also indicates whether the **Return After Exclusion Form** is required in order for the child to be re-admitted to the child day care facility. This form is to be given to parents when a child is removed from the child day care facility. This form may also be used as part of the written statement of service to describe the facility exclusion policy.

Contents:

Exclusion criteria for potential illnesses in child day care facilities.
Indication whether Return After Exclusion Form is required for re-admittance to day care.

Instructions for Use:

- ✓ Attach this form to the **Potential Illness Report Form** given to the parent when the child is removed from the child day care facility.

3.4 Infant/Toddler Daily Information Sheet (for children aged 35 months and under)

This form is a record of information describing the child's daily activity while in attendance at the child day care facility. In addition to providing information for parents and staff, this daily record may be used by Public Health staff to investigate illness outbreaks. This form is to be kept on file at the child day care facility for a minimum of 3 months. **This form is to be completed each day for children aged 35 months and under.**

Contents:

The child daily record contains the following information for each individual child in attendance at the child day care facility:

- Eating/Fluid
- Rest Time
- Overall Temperament
- Bowel Movements
- Health/Illness
- Outings
- Employee Signature

Definitions:

Eating/Fluid - Refers to information on the amount of food eaten and fluid consumed by the child per day. Each child day care facility is required to keep a current dated menu plan providing a record of what food items are eaten by the child each week (see Section 6.7 in the Child Day Care Operator Standards)

Rest Time - Refers to the time that the child is resting or sleeping.

Overall Temperament – Refers to the overall temperament or mood of the child for that particular day.

Bowel Movements - Refers to the number of bowel movements and the consistency of each bowel movement.

Health/Illness - Refers to whether the child displayed any illness symptoms as described in the *Potential Illness Flowcharts* for that day.

Outings - Refers to whether the child went to an off-site location during their stay at the child day care facility that day.

Staff Signature – Refers to signature of the staff person who completed the form for that day.

Instructions for Use:

- ✓ Record the child's name, facility name, facility ID# and the beginning and end date of the week on the top part of the form.
- ✓ In the left column of the Eating/Fluid section, check the quantity of what the child ate for the AM snack, lunch and PM snack. Check N/A (Not Applicable) if the child is not on solids. In the right column, fill in the time of day (hours/minutes) when fluids or bottles were consumed and check the quantity of the fluid/bottle that was consumed. If the child consumed more than 4 bottles that day, record the time and quantity of the additional bottles consumed on the back of the form. Indicate at the bottom of this section whether the child consumed any water from the facility during the day at any time and whether the child consumed food or fluids brought from home during that day.
- ✓ In the Rest Time section, record the time of day the child began their rest and the time of day the child completed their rest period. If the child did not sleep during this time period, check box below.
- ✓ In the Overall Temperament section, check whether the child's overall mood or temperament was usual or unusual for that child. If unusual, check one of the descriptions in the list provided.
- ✓ In the Bowel Movement section, check off the consistency of the stool (either normal for this child, loose or unformed, watery or bloody) for each movement (max. 8 per day). This rating applies to stool located in a diaper or toilet.
- ✓ In the Health/Illness section, check yes or no to indicate whether or not the child displayed any illness symptoms that day. Please remember to fill in the Potential Illness Report Form if the child leaves the facility earlier than their normal departure due to illness.
- ✓ Under Outings, circle Yes if the child left the child day care facility on an outing or field trip that day.
- ✓ Fill in the employee signature for the employee who completed the form that day.

Note: *If the child was not present at the child day care facility, leave all sections blank for that day.*

3.5 Return After Exclusion Form - Child

This form is to be completed by the parent when a child is returning to the child day care facility after fulfilling the exclusion criteria for a specific communicable disease.

Contents:

Facility Information/Address
Name of child
Name of illness
Date of Illness Onset:
Date of Diagnosis
Date Treatment Began (if applicable)
Confirmation of exclusion criteria being met
Signature of parent
Signature of staff
Date

Instructions for Use:

Process for All Illnesses Except for E.coli and Shigella (Section D not required):

- ✓ Fill in facility name, facility ID #, telephone, fax number and physical location in Section A.
- ✓ Fill in name of child, name of illness and date of illness onset, date of diagnosis and date treatment began (if applicable) in Section B.
- ✓ Fill in child's name under confirmation of exclusion in Section C.
- ✓ Fill in the parent signature and date form was signed in Section C.
- ✓ Fill in the staff signature and date form was signed in Section C.

Process for E.coli and Shigella (Section D required):

- ✓ Fill in facility name, facility ID #, telephone, fax number and physical location in Section A.
- ✓ Fill in name of child, name of illness and date of illness onset, date of diagnosis and date treatment began (if applicable) in Section B.
- ✓ Send the form to the regional Public Health office to complete Section D. Public Health staff will complete Section D and send or fax the completed form back to the child day care facility
- ✓ Complete Section C after Section D has been returned by Public Health

3.6 Return After Exclusion Form - Employee

This form is to be completed by the child day care staff when an employee is returning to the child day care facility after being excluded due to a communicable disease.

Contents:

Facility Information/Address
Name of employee
Name of illness
Date of Illness Onset
Date of Diagnosis
Date Treatment Began (if applicable)
Confirmation of exclusion criteria being met
Signature of employee
Date

Instructions for Use:

Process for All Illnesses Except for E.coli and Shigella (Section D not required):

- ✓ Fill in facility name, facility ID #, telephone, fax number and physical location in Section A.
- ✓ Fill in name of employee, name of illness and date of illness onset, date of diagnosis and date treatment began (if applicable) in Section B.
- ✓ Fill in employee's name under confirmation of exclusion in Section C.
- ✓ Fill in the staff signature and date form was signed in Section C.

Process for E.coli and Shigella (Section D required):

- ✓ Fill in facility name, facility ID #, telephone, fax number and physical location in Section A.
- ✓ Fill in name of employee, name of illness and date of illness onset, date of diagnosis and date treatment began (if applicable) in Section B.
- ✓ Send the form to the regional Public Health office to complete Section D. Public Health staff will complete Section D and send or fax the completed form back to the child day care facility
- ✓ Fill in staff signature and date signed in Section C.

3.7 Illness Notice to Parents

This is a one page notice to be posted at the child day care facility to inform parents of the existence of a communicable disease.

This notice is to be completed and posted when the following conditions are met:

- a. When a **parent or physician diagnosis** has been provided for any of the potential illnesses listed below:

All diarrhea illnesses (including Campylobacter, Cryptosporidium, E.coli 0157 H7, Giardia, Hepatitis A, Norwalk Virus, Rotavirus, Salmonella, Shigella)

Cold Symptoms: (including Pinkeye, Scarlet Fever, Strep Throat)

Skin Problems: (including Head Lice, Hand, Foot and Mouth Disease, Impetigo, Ringworm, Scabies)

Other Infections: [including Chickenpox, Cytomegalovirus, Fifth disease, Measles, Meningitis (Bacterial & Viral), Mononucleosis (Infectious), Mumps, Roseola, Rubella (German Measles), Shingles, and Whooping Cough]

- b. When there are 2 or more cases of diarrhea occurring within 48 hours
- c. Any case of bloody diarrhea

Contents:

Name of illness
Signature of Day Care Operator
Date Signed

Instructions for Use:

- ✓ Fill in the name of the illness or symptom on the notice.
- ✓ Post this notice in the child day care facility for parents to view.
- ✓ Remove notice once there is no trace of illness present in children or staff.

3.8 Parent's Role in Managing Illness in Child Day Care Facilities

This tear sheet is designed to communicate the role of the parent in identifying and managing symptoms and potential illnesses in child day care facilities in New Brunswick. This sheet can be given to parents at any time and is recommended to be distributed upon each child's admission to the facility.

Section 4.0 Instructions for Reporting Illness

This section outlines the illness reporting requirement for Public Health. Child day care Operators are required to report the following:

1. Report all **diagnosed illnesses** (parent or physician) listed below to the local Public Health Office:
 - Chickenpox (Varicella Zoster)
 - Hepatitis B
 - Measles
 - Meningitis (Bacterial)
 - Meningitis (Viral)
 - Mumps
 - Rubella (German Measles)
 - Whooping Cough (Pertussis)

2. For diarrhea illnesses, report to the local Public Health Office as follows:
 - a. If you have 2 or more cases of diarrhea within 48 hours
 - b. Any cases of bloody diarrhea
 - c. Any cases of **diagnosed** bacterial diarrhea [Refer to the Management of Illness in Children and Staff in New Brunswick Child Day Care Facilities (Department of Health 02/27/04) located in Section 12.0, Appendix 12.2.10 in the Child Day Care Facilities Operator Standards]

List of Appendices

Appendix 1: Management of Potential Illness Flowcharts

Appendix 2: Management of Potential Illness Forms

Does the child have DIARRHEA?

(runny, watery bowel movements that are more frequent than normal)

IF YES, ASK:

- For how long?
- Is there blood in the stool?

LOOK AND FEEL:

- Look at child's general condition:
 - Lethargic
 - Irritable
- Look for sunken eyes (dehydration)

Separate & Exclude

Report to Public Health outbreaks of 2 or more cases of diarrhea occurring within 48 hours and ANY cases of bloody or diagnosed bacterial diarrhea

Public Health must provide permission for re-admittance to child day care facility for E.coli & Shigella

Chart Must Not Be Used To Diagnose Any Potential Illness In Child Day Care Facilities



Classify Potential Illness

Classify Potential Illnesses

BLOOD IN STOOL

FEVER

VOMITING

EXCESS GAS

SYMPTOM	POTENTIAL ILLNESS	WHAT TO DO
<ul style="list-style-type: none"> • Nausea • Fever • Cramps 	SHIGELLA	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until diarrhea is gone and two stool cultures taken 24 hrs apart are negative • Proof of negative cultures must be provided to Public Health
<ul style="list-style-type: none"> • Severe cramps • Slight fever 	E.COLI	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until diarrhea is gone and two stool cultures taken 24 hrs apart are negative • Proof of negative cultures must be provided to Public Health
<ul style="list-style-type: none"> • Fever • Cramps 	CAMPYLO-BACTER	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until diarrhea is gone
<ul style="list-style-type: none"> • Vomiting • Dehydration 	ROTAVIRUS	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until diarrhea is gone
<ul style="list-style-type: none"> • Abdominal pain • Vomiting possible 	SALMONELLA	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until diarrhea is gone
<ul style="list-style-type: none"> • Loss of appetite • Nausea • Jaundice (yellow color in skin) 	HEPATITIS A	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude for 1 wk after onset of jaundice
<ul style="list-style-type: none"> • Nausea • Abdominal pain 1-2 days 	NORWALK VIRUS	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until diarrhea is gone
<ul style="list-style-type: none"> • Loss of appetite • Cramps • Mushy stool • Excess gas 	GIARDIA	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until diarrhea is gone
<ul style="list-style-type: none"> • Watery diarrhea • Abdominal cramps • Mushy stool 	CRYPTO-SPORIIDIUM	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until diarrhea is gone • No swimming for 2 weeks

SAMPLE

Does the child have COLD SYMPTOMS?

(runny nose, sore throat, cough, red eyes)

IF YES, ASK:

- For how long?
- Sore throat?
- High temperature?

LOOK AND FEEL:

- Look for runny nose
- Look for cough
- Look for red eyes
- Look for difficulty swallowing
- Feels hot

Separate & Exclude

Classify Potential Illness

Classify Potential Illness

FEVER

SYMPTOM	POTENTIAL ILLNESS	WHAT TO DO
<ul style="list-style-type: none"> • Sore throat • Skin rash 	SCARLET FEVER	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until 24 hrs after treatment begun
<ul style="list-style-type: none"> • Sore throat 	STREPT THROAT	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until 24 hrs after treatment begun
<ul style="list-style-type: none"> • Pulling at ear • Earache or irritability • Cold symptoms 	EAR INFECTION	<ul style="list-style-type: none"> • Separate if child is too ill to take part in activities • Inform parent
<ul style="list-style-type: none"> • Cold symptoms • Muscle ache • Headache 	INFLUENZA	<ul style="list-style-type: none"> • Separate if child is too ill to take part in activities • Inform parent
<ul style="list-style-type: none"> • Sore throat • Fatigue 	MONO-NUCLEOSIS	<ul style="list-style-type: none"> • No exclusion required
<ul style="list-style-type: none"> • Sore throat • Cough • Decreased appetite 	COMMON COLD	<ul style="list-style-type: none"> • Separate if child is too ill to take part in activities • Inform parent
<ul style="list-style-type: none"> • Cough in spasms • Vomit 	WHOOPIING COUGH	<ul style="list-style-type: none"> • Separate if infants under age 1 year or pregnant women are present • Contact parent to pick up child • Exclude child for 5 days after start of antibiotics • If no antibiotic, exclude for 3 weeks after start of cough & negative culture
<ul style="list-style-type: none"> • Redness in eye • Itching in eye • Pain 	PINKEYE	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until 24 hrs after treatment begun

RUNNY NOSE

Discharge from EYE

**Chart Must Not Be Used
To Diagnose Any Potential Illness
In Child Day Care Facilities**

Sample

Does the child have a FEVER?

(an oral temperature of 38.5°C or 101°F or above;
an armpit temperature of 38°C or 100°F or above)

IF YES, ASK:

- For how long?
- Vomiting?
- Diarrhea?

LOOK AND FEEL:

- Look for runny nose
- Look for cough
- Look for red eyes
- Look for rash

Separate & Exclude

Classify Potential Illness

Classify Potential Illness

SKIN RASH

SYMPTOM	POTENTIAL ILLNESS	WHAT TO DO
<ul style="list-style-type: none"> • Slapped cheek appearance • Cold symptoms 	FIFTH DISEASE	<ul style="list-style-type: none"> • Inform parent
<ul style="list-style-type: none"> • Sore throat • Skin rash 	MEASLES	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude all cases until at least 4 days after onset of rash • Exclude all children without immunization or until 2 wks after last case
<ul style="list-style-type: none"> • Rash on trunk then spreading • Rash fades rapidly 	ROSEOLA	<ul style="list-style-type: none"> • No exclusion required
<ul style="list-style-type: none"> • Small red spots if rash present • Sore throat • Swollen glands 	RUBELLA (German measles)	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude for 7 days after onset of rash • Risk to pregnant women in 1st trimester
<ul style="list-style-type: none"> • Fussiness • Stiff neck • Seizures/coma • Headache • Purple rash 	MENINGITIS (Bacterial)	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until 24-48 hrs after starting antibiotics
<ul style="list-style-type: none"> • Sudden onset of fever • Other meningitis symptoms 	MENINGITIS (Viral)	<ul style="list-style-type: none"> • No exclusion required
<ul style="list-style-type: none"> • Loss of appetite • Nausea • Jaundice (yellow color in skin) 	HEPATITIS A	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude for 1 wk after onset of jaundice
<ul style="list-style-type: none"> • Painful ulcers in mouth • Recurring cold sores 	HERPES SIMPLEX	<ul style="list-style-type: none"> • Inform parent • Exclude children who drool and have infection for 1st time • Do not exclude for recurrent cold sores
<ul style="list-style-type: none"> • Headache • Abdominal pain • Enlarged salivary glands 	MUMPS	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude for 9 days after onset of swelling • Exclude susceptible contacts from days 12-25 following exposure
<ul style="list-style-type: none"> • Blood in stool 	• See DIARRHEA CHART	

VOMITING

LESIONS/ SWELLING

DIARRHEA

Sample

Chart Must Not Be Used To Diagnose Any Potential Illness In Child Day Care Facilities

Does the child have SKIN PROBLEMS?

(any skin spots, discolored areas, or blisters that may be sore or itchy)

IF YES, ASK:

- Is there spots, blisters or discolored areas on any part of the body?

LOOK AND FEEL:

- Look for scalp itch
- Look for skin rash
- Look for lesions

Classify Potential Illness

Classify Potential Illness

Separate & Exclude

Sample

**Chart Must Not Be Used
To Diagnose Any Potential Illness
In Child Day Care Facilities**

SYMPTOM	POTENTIAL ILLNESS	WHAT TO DO
<ul style="list-style-type: none"> • Pustules • Crusted rash on face • Crusted rash on body (arms and legs) 	IMPETIGO	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until antibiotic treatment has been taken for 1 full day
<ul style="list-style-type: none"> • Very itchy rash, especially at night 	SCABIES	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until 24 hrs after treatment • Treatment of household contacts usually recommended
<ul style="list-style-type: none"> • Rash with small blisters on top which become crusted • Fever & Itching 	CHICKEN POX	<ul style="list-style-type: none"> • Inform parent • Separate if child is too ill to take part in activities
<ul style="list-style-type: none"> • Small blisters • Rash in one area • Itching & Pain 	SHINGLES	<ul style="list-style-type: none"> • Inform parent • Separate if child is too ill to take part in activities; lesions should be covered
<ul style="list-style-type: none"> • Lesions on inside of cheeks or sides of tongue • Lesions on palms, fingers and soles 	HAND, FOOT & MOUTH DISEASE	<ul style="list-style-type: none"> • Inform parent
<ul style="list-style-type: none"> • High fever • Painful ulcers in mouth • Cold sores 	HERPES SIMPLEX	<ul style="list-style-type: none"> • Inform parent • Exclude children who drool and have infection for 1st time • Do not exclude for recurrent cold sores
<ul style="list-style-type: none"> • Flat, ring shaped lesions • Red skin on outside • Lesion/normal skin inside 	RING WORM	<ul style="list-style-type: none"> • Inform parent
<ul style="list-style-type: none"> • Scalp itch • Nits (eggs) visible on hair next to scalp 	HEAD LICE	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until first treatment is done and no evidence of live lice
<ul style="list-style-type: none"> • Itching at anus • Disturbed sleep • Irritability 	PINWORMS	<ul style="list-style-type: none"> • Inform parent
<ul style="list-style-type: none"> • Watery diarrhea • Abdominal cramps • Mushy stool 	<ul style="list-style-type: none"> • See FEVER CHART 	

RASH

LESIONS

ITCHING

FEVER

Is the child VOMITING?

(throwing up stomach contents; in excess of typical infant spit-ups)

IF YES, ASK:

- For how long?
- Oral temperature 38.5°C or over?

LOOK AND FEEL:

- Look for skin color
- Feels hot

Separate & Exclude

Classify Potential Illness

Classify Potential Illness

FEVER

DIARRHEA

JAUNDICE
(yellow color in skin)

SYMPTOM	POTENTIAL ILLNESS	WHAT TO DO
<ul style="list-style-type: none"> • Loss of appetite • Nausea • Jaundice (yellow color in skin) 	HEPATITIS A	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude for 1 wk after onset of jaundice
<ul style="list-style-type: none"> • Vomiting • Dehydration 	ROTAVIRUS	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until diarrhea is gone
<ul style="list-style-type: none"> • Abdominal pain 	SALMONELLA	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until diarrhea is gone
<ul style="list-style-type: none"> • Fussiness • Stiff neck • Seizures/coma • Headache • Purple rash 	MENINGITIS (Bacterial)	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until 24-48 hrs after starting antibiotics
<ul style="list-style-type: none"> • Sudden onset of fever • Other meningitis symptoms 	MENINGITIS (Viral)	<ul style="list-style-type: none"> • No exclusion required
<ul style="list-style-type: none"> • Loss of appetite • Cramps • Mushy stool • Excess gas 	GIARDIA	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until diarrhea is gone
<ul style="list-style-type: none"> • Nausea • Abdominal pain 1-2 days 	NORWALK VIRUS	<ul style="list-style-type: none"> • Separate child from others • Contact parent to pick up child • Exclude until diarrhea and/or vomiting are gone
<ul style="list-style-type: none"> • Loss of appetite • Abdominal discomfort • Nausea 	HEPATITIS B	<ul style="list-style-type: none"> • Inform parent • Cover open wounds • Report biting incidences involving infected child

Sample

Chart Must Not Be Used To Diagnose Any Potential Illness In Child Day Care Facilities

Child Day Care Facility Attendance Record

Facility Name:	Group Name:
Facility ID:	For The Week Of:

Child's Name:	Monday		Tuesday		Wednesday		Thursday		Friday	
	Time IN	Time OUT	Time IN	Time OUT	Time IN	Time OUT	Time IN	Time OUT	Time IN	Time OUT
1 Illness Symptom:	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO
2 Illness Symptom:	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO
3 Illness Symptom:	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO
4 Illness Symptom:	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO
5 Illness Symptom:	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO
6 Illness Symptom:	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO
7 Illness Symptom:	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO
8 Illness Symptom:	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO
9 Illness Symptom:	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO
10 Illness Symptom:	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO	: I H U EDVI EDO

Sample

Instructions: Please complete this form if an early departure is required due to potential illness in a child of any age.
Give the parent a copy of this form and the one page Exclusion Reference Guide when child is removed from the child day care facility.

Facility Name Facility ID# Date

A – Child's Symptoms

Child's Name ... had the following indications of not feeling well today.

Child's Age

Check below the main symptom and use space provided to add details.

}	Diarrhea <input type="checkbox"/>	}	→
	Fever <input type="checkbox"/>		
	Cold Symptoms <input type="checkbox"/>		
	Skin Problems <input type="checkbox"/>		
	Vomiting <input type="checkbox"/>		

Details:

Child's Temperature (Celsius) Time Taken : : Time Reported : :

Reporting Staff's Name Department : :

Medication Given? yes no *If yes, describe quantity and dos.* Has there been another "Potential Illness Report" completed for this child within the last 24 hours? yes no

Staff Signature

Parent Signature

B – Parent Instructions

- 1 – Please see a physician for a diagnosis of a communicable disease or if the child's symptoms do not improve within 24 hours.
- 2 – Please notify your child day care operator details of information relating to your child's condition within 24 hours after a confirmed diagnosis for any of the conditions listed in the attached Exclusion Reference Guide.
- 3 – Please follow the exclusion instructions for any condition listed in the attached Exclusion Reference Guide in order to allow re-admittance to your child day care facility.

C – Re-admittance Requirements for E.coli or Shigella:

Every child day care facility in New Brunswick requires written permission from Public Health in order to re-admit any child diagnosed with E.coli or Shigella. Public Health requires proof of two negative stool cultures taken 24 hours apart as per the exclusion criteria.

CONDITION	EXCLUSION CRITERIA	RETURN AFTER EXCLUSION FORM REQUIRED?
Campylobacter	Exclude until diarrhea is gone	YES
Cryptosporidium	Exclude until diarrhea is gone; No swimming for 2 weeks	YES
<i>Escherichia coli</i> * (E. coli 0157 H7)	Exclude until diarrhea is gone and two stool cultures taken 24 hours apart are negative. Proof of negative cultures must be provided to Public Health. Public Health will then notify daycare of re-admittance permission	YES Public Health signature required
Giardia	Exclude until diarrhea is gone	YES
Head Lice	Exclude until first treatment is complete and there is no evidence of live lice.	YES
Hepatitis A	Exclude for 1 week after onset of jaundice.	YES
Impetigo	Exclude until antibiotic treatment has been taken for 1 full day.	YES
Measles	Exclude all cases until at least 4 days after onset of rash. Exclude all children who lack proof of immunization until vaccinated or until 2 weeks after last case in the daycare.	YES
Meningitis (Bacterial)	Exclude until well enough to return and at least 24 hours after starting appropriate antibiotics	YES
Mumps	Exclude child with mumps for 7 days after onset of swelling Exclude susceptible contacts for 12-25 days following exposure if other susceptible people are present (consult Public Health)	YES
Norwalk virus	Exclude until diarrhea and/or vomiting are gone	YES
Pinkeye (Conjunctivitis)	Exclude until 24 hours after treatment has begun.	YES
Rotavirus	Exclude until diarrhea is gone.	YES
Rubella (German Measles)	Exclude for 7 days after onset of rash. If child has congenital rubella and is less than 1 year old, consult 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
Salmonella	Exclude until diarrhea is gone	YES
Scabies	Exclude until 24 hours after treatment. Treatment of household contacts usually recommended.	YES
Scarlet Fever	Exclude until 24 hours after treatment has begun	YES
<i>Shigella</i> *	Exclude until diarrhea is gone and two stool cultures taken 24 hours apart are negative. <i>If antibiotics administered, stool specimens to be taken at least 48 hours after completion of antibiotics.</i> Proof of negative cultures must be provided to Public Health. Public Health will then notify daycare of re-admittance permission.	YES Public Health signature required
Strep Throat	Exclude until 24 hours after treatment has begun	YES
Whooping Cough (Pertussis)	If infants under age 1 year or pregnant women are present, exclude child with whooping cough for 5 days after start of antibiotics or 3 weeks after start of cough and culture negative if no antibiotic treatment given (consult with Public Health)	YES
CONDITION	EXCLUSION CRITERIA	RETURN AFTER EXCLUSION FORM REQUIRED?
Chickenpox (Varicella Zoster)	If mild and the child is able to take part in activities, no exclusion is required.	NO
Common cold	Do not exclude unless too ill to take part in activities	NO
Ear infections (Otitis media)	Do not exclude unless too ill to take part in the activities	NO
Fifth Disease (Parovirus B19 (Erythema Infectiosum)	No exclusion required	NO
Hand, Foot, and Mouth Disease	No exclusion required	NO
Hepatitis B	No exclusion required. Open wounds should be covered.	NO
Herpes Simplex (non-genital)	Exclude children who do not have control of oral secretions (droolers) and have infection for the first time. Exclusion not indicated for recurrent cold sores.	NO
Influenza	Do not exclude unless too ill to take part in activities	NO
Meningitis (Viral)	No exclusion required	NO
Mononucleosis (Infectious)	No exclusion required	NO
Pinworms	No exclusion required	NO
Ringworm	No exclusion required	NO
Roseola	No exclusion required	NO
Shingles	If mild and the child is able to take part in activities, no exclusion is required. Lesions should be covered if possible.	NO

Parents must notify the child day care Operator of diagnosis within 24 hours of confirmed physician diagnosis

Infant/Toddler Daily Information Sheet

ONLY for children age 35 months and under

Child's Name: _____

Facility Name: _____ ID #: _____

Week Date: _____

INFORMATION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY																																																																																																																																																																																																								
EATING/ FLUID →	AM snack <input type="radio"/> None <input type="radio"/> Some <input type="radio"/> All <input type="radio"/> N/A Fluids / Bottles Time <input type="text"/> hh : <input type="text"/> mm <input type="radio"/> None <input type="radio"/> Some <input type="radio"/> All Lunch <input type="radio"/> None <input type="radio"/> Some <input type="radio"/> All <input type="radio"/> N/A Time <input type="text"/> hh : <input type="text"/> mm <input type="radio"/> None <input type="radio"/> Some <input type="radio"/> All PM snack <input type="radio"/> None <input type="radio"/> Some <input type="radio"/> All <input type="radio"/> N/A Time <input type="text"/> hh : <input type="text"/> mm <input type="radio"/> None <input type="radio"/> Some <input type="radio"/> All Drank Water From Facility <input type="radio"/> Yes <input type="radio"/> No Consumed Food / Fluid From Home <input type="radio"/> Yes <input type="radio"/> No	AM snack <input type="radio"/> None <input type="radio"/> Some <input type="radio"/> All <input type="radio"/> N/A Fluids / Bottles Time <input type="text"/> hh : <input type="text"/> mm <input type="radio"/> None <input type="radio"/> Some <input type="radio"/> All Lunch <input type="radio"/> None <input type="radio"/> Some <input type="radio"/> All <input type="radio"/> N/A Time <input type="text"/> hh : <input type="text"/> mm <input type="radio"/> None <input type="radio"/> Some <input type="radio"/> All PM snack <input type="radio"/> None <input type="radio"/> Some <input type="radio"/> All <input type="radio"/> N/A Time <input type="text"/> hh : <input type="text"/> mm <input type="radio"/> None <input type="radio"/> Some <input type="radio"/> All Drank Water From Facility <input type="radio"/> Yes <input type="radio"/> No Consumed Food / Fluid From Home <input type="radio"/> Yes <input type="radio"/> No	AM snack <input type="radio"/> None <input type="radio"/> Some <input type="radio"/> All <input type="radio"/> N/A Fluids / Bottles 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Sample

Please ensure that this form is completed before any child is re-admitted to a New Brunswick child day care facility after being excluded due to an illness. / Le présent formulaire doit être rempli avant qu'un enfant exclu pour cause de maladie soit réintégré à une installation de garderie du Nouveau-Brunswick.

A. General Information /
A. Renseignements généraux

Facility Name / Nom de l'installation	Facility ID # / N° D de l'installation	Telephone # / Téléphone	Fax # / Télécopieur
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Location /
Adresse de voirie

B. Child Information /
B. Renseignements sur l'enfant

Child's Name /
Nom de l'enfant

Name of Illness /
Maladie

If illness is E.coli or Shigella, please complete Section A and B and send to Public Health to complete Section D. / S'il s'agit d'E.coli ou de Shigella, veuillez remplir les sections A et B et envoyer à Santé publique pour remplir la partie D ci-dessous.

Date of Illness Onset /
Date du début de la maladie

Date of Diagnosis /
Date du diagnostic

Date Treatment Began /
Date du début du traitement

C. Confirmation of Exclusion (To be completed by the Parent or Guardian and Child Day Care Employee) /
C. Confirmation de l'exclusion (À être rempli par le parent ou tuteur et un employé de la garderie)

I have verified that (name of child) has met the exclusion criteria as defined in the Exclusion Reference Guide, is symptom free and is well enough to take part in the regular child day care activities.

J'ai vérifié que (nom de l'enfant) a satisfait aux critères d'exclusion énoncés dans le Guide de référence concernant l'exclusion sans symptômes et suffisamment bien pour participer aux activités régulières de la garderie.

Signature of Employee /
Signature de l'employé

Signature of Parent /
Signature du parent

Date

Date

D. Confirmation of Exclusion for E.coli or Shigella (To be completed by Public Health for E.coli and Shigella) /
D. Confirmation d'exclusion pour E.coli ou Shigella (À être rempli par Santé publique dans le cas d'E.coli et de Shigella)

To be completed by Public Health and returned to the child day care / À être rempli par Santé publique et retourné à la garderie.

I confirm that I have seen proof of two negative stool cultures taken 24 hours apart as per the exclusion criteria (refer to Management of Illness in Children and Staff in New Brunswick Day Care). This individual no longer needs to be excluded from day care because of E.coli/Shigella illness. / Je confirme avoir vu l'attestation de deux analyses négatives des selles effectuées à intervalle de 24 heures conformément aux critères d'exclusion (voir Gestion des maladies infectieuses chez les enfants et le personnel dans les installations de garderie du Nouveau-Brunswick). Cette personne n'a plus à être exclue de la garderie en raison d'E.coli/Shigella.

Signature of Public Health Official /
Signature du représentant de Santé publique

Date

Please ensure that this form is completed before any employee returns to work at a New Brunswick child day care facility after being excluded due to an illness. / Le présent formulaire doit être rempli avant qu'un employé exclu pour cause de maladie revienne travailler à une installation de garderie du Nouveau-Brunswick.

A. General Information /
A. Renseignements généraux

Facility Name / Nom de l'installation	Facility ID # / N° D de l'installation	Telephone # / Téléphone	Fax # / Télécopieur
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Location / Adresse de voirie			
<input type="text"/>			

B. Employee Information /
B. Renseignements sur l'employé

Employee's Name / Nom de l'employé	Name of Illness / Maladie
<input type="text"/>	<input type="text"/>

If illness is E.coli or Shigella, please complete Section A and B and send to Public Health to complete Section D below. / S'il s'agit d'E.coli ou de Shigella, veuillez remplir les parties A et B et envoyer à Santé publique qui remplira la partie D ci-dessous.

Date of Illness Onset / Date du début de la maladie	Date of Diagnosis / Date du diagnostic	Date Treatment Began / Date du début du traitement
<input type="text"/>	<input type="text"/> (if applicable / s'il y a lieu)	<input type="text"/> (if applicable / s'il y a lieu)

C. Confirmation of Exclusion (To be completed by Day Care Staff) /
C. Confirmation de l'exclusion (À être rempli par l'employé de la garderie)

I confirm that I have met the required exclusion criteria as defined in the Exclusion Reference Guide, and I am now symptom free. / J'atteste avoir respecté les critères d'exclusion énoncés dans le Guide de référence concernant l'exclusion et que je n'ai plus de symptômes.

Signature of Employee /
Signature de l'employé

Date

D. Confirmation of Exclusion for E.coli or Shigella (To be completed by Public Health for E.coli and Shigella) /
D. Confirmation d'exclusion pour E.coli ou Shigella (À être rempli par Santé publique dans le cas d'E.coli et de Shigella)

I confirm that I have seen proof of two negative stool cultures taken 24 hours apart as per the exclusion criteria (refer to Management of Illness in Children and Staff in New Brunswick Day Cares). This individual no longer needs to be excluded from day care because of E.coli/Shigella illness. / Je confirme avoir vu l'attestation de deux analyses négatives des selles effectuées à intervalle de 24 heures conformément aux critères d'exclusion (voir Gestion des maladies infectieuses chez les enfants et le personnel dans les installations de garderie du Nouveau-Brunswick). Cette personne n'a plus à être exclue de la garderie en raison d'E.coli/Shigella.

Signature of Public Health Official /
Signature du représentant de Santé publique

Date

Notice to Parents of Children in Child Day Care / Avis aux parents des enfants de la garderie

This is to notify you of case(s) of:
La présente a pour but de vous aviser que un ou des cas de

in his child day care facility
a ou ont été constatés à l'ins_____ de garderie.

Sample / Exemple

Please monitor your child for symptoms of this condition. Additional information is available from your child day care operator.

Veillez surveiller votre enfant au cas où il développerait les symptômes de cette affection. Il est possible d'obtenir des renseignements additionnels auprès du responsable de la garderie.

Signature of Day Care Operator

Signature du responsable de la garderie _____

Date _____

Your involvement as a parent is important! You can take the following steps to help make sure that child day care 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 child day care Operator. If you choose not to immunize your child, you must sign a waiver from the child day care facility.

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 day care.

You must keep your child at home or make alternative child care arrangements if your child has any one or more of the following symptoms or conditions:

- h. Fever (oral temperature 38.5° C or greater; rectal temperature 39° C or greater, armpit temperature 38° C or greater accompanied by behavior changes or other signs of illness)
- i. 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
- j. Vomiting illness with two or more episodes of vomiting in the previous 24 hours (in excess of typical infant spit-ups)
- k. Mouth sores associated with an inability of the child to control his/her saliva
- l. Rash with fever or behavior changes
- m. Infections (e.g. infected eyes with discharge) until 24 hours after treatment started by physician
- n. Infestations (e.g. scabies, head lice, pinworm) until after treatment with a medicated product.

Step 3:

If your child does not attend day care because of illness, you must let the day care know your child's illness symptoms.

Step 4:

If your child gets ill at the child day care 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 day care 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 your child's symptoms do not improve within 24 hours after leaving the child day care facility.

Step 6:

For some illnesses, there is a required time period where your child cannot attend a child day care facility. These rules have been developed by health care professionals across Canada to make sure that your child is fully recovered and to prevent the spread of infectious diseases in day cares. These illnesses are listed in a document called the "Exclusion Reference Guide" which is available from your day care Operator. If your child has been diagnosed with any of the illnesses in this Guide, you **must** follow the requirements in order for the day care Operator to allow your child to be re-admitted into the child day care facility.

Step 7:

When you take your child back to the day care after having been sick with an infectious illness, you must complete a form to certify that you have followed necessary rules for re-entry to the child day care.

We thank you in advance for taking these steps to make child day cares a safe and healthy place for all children in New Brunswick.