Centre pour enfants

Timiskaming

Child Care

PARENT HANDBOOK

Revised October 2026

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Program Statement

VISION

Centre pour enfants Timiskaming Child Care provides a safe, positive learning environment for children and their families, respecting their cultural and linguistic differences.

VIEW OF THE CHILDREN

Centre pour enfants Timiskaming Child Care views children as competent, capable, curious and rich in potential. (HDLH p. 6)

Guided by *How Does Learning Happen? Ontario's Pedagogy for the Early Years,* Centre pour enfants Timiskaming Child Care provides an environment that views parents and caregivers as co-learners and leaders in influencing positive children, family and community experiences and outcomes based on the four foundations for learning. (Belonging, Engagement, Well-being, Expression.)

Programs offered will provide a variety of developmentally rich activities based on the children's interests. We validate children's feelings, ideas and curiosity by planning and setting up the environment to follow through on their ideas. We allow the children to help make decisions about the environment, and recognize the need to be flexible with our daily routines to meet the needs of the children. We naturally support children in self-help skills as part of our regular routine and encourage children to be comfortable working on these skills with or without assistance.

We celebrate with families their children's accomplishments and milestones!

1. **We promote the health, safety, nutrition and well-being of the children by:**
   - Getting down to the child's level, talking softly
   - Greeting all parents and children when they arrive by name
   - Visits to classrooms for smoother transition
   - Respecting food sensitivities and allergies
   - Creating positive eating environments (eating with children / having conversations)
   - Having a healthy eating policy
   - Encouraging self-care skills
   - Providing nutritious meals
   - Providing rest periods during the day
   - Providing outdoor play experiences
   - Completing playground inspections

2. **We support positive and responsive interactions among the children, parents, child care providers and staff by:**
   - Allowing for a transition toy for difficulties or other comfort items
   - Bringing and posting photos from home
   - Guiding children to find a solution between themselves
   - Asking open-ended questions and building their vocabulary
   - Having conversations that are meaningful, including non-verbal communication, taking time to see the language cues
   - Being partners in the conversation – not director
   - Talking to children appropriately, tone of voice, use of language, and proximity to the child
   - Involving parents in the program

3. **We encourage the children to interact and communicate in a positive way and support their ability to self-regulate by:**
   - Consoling and calming children, and giving children affection
   - Providing photos of children doing routines – visual schedule
   - Singing songs in general to trigger knowledge of what to do (clean up song and goodbye song), and give verbal warnings
   - Using their words and modelling the words they need
   - Modelling self-regulation techniques (e.g. Tucker the Turtle, helping children identify emotions, breathing techniques).
   - Provoking thoughts and problem solving with the children
   - Solving their own problems under supervision of adults and helping them work through it

- Encouraging conversation among the children
- Activities are flexible to allow choice
- Reassuring the children

4. **We foster the children's exploration, play and inquiry by**:
   - Allowing for a minimum of one hour of play with planned activities set up – enough time to engage in play – extending the program if need be.
   - Having a flexible routine to follow children's interests
   - Following children's interests through observation and conversation and expand the play by provoking inquiry
   - Loose parts, open-ended materials, and tools available
   - Exploration, play and inquiry are visible through documentation, photos, videos, and art work.

5. **We provide child-initiated and adult-supported experiences by:**
   - Organizing field trips, special events and guest speakers
   - Encouraging children to try new things
   - Being an equal partner in play
   - Supporting children to extend learning
   - Asking open-ended questions to gain more information
   - Providing a variety of activities based on children's interests
   - Providing a variety of resources to support their learning

6. **We plan for and create positive learning environments and experiences in which each child's learning and development will be supported by:**
   - Planning for all areas of development
   - Observing children to help with planning around interests
   - Labelling shelves with pictures and words (English/French)
   - Providing no examples or templates
   - Indoor and outdoor environment are set up with a good flow, and is inviting
   - Items in the room reflect real life experiences and relate to the children
   - Opportunities for safe, manageable risk
   - Bringing own theories into play and scaffolding the learning

7. **We incorporate indoor and outdoor play, as well as active play, rest and quiet time, into the day, and give consideration to the individual needs of the children receiving child care by:**
   - Being flexible with routines to take advantage of the outdoors
   - Using natural materials
   - Variety of physical activity equipment and planning for nine different gross motor skills
   - Providing activities and programming that promote different types of play
   - Providing a space for privacy
   - Providing outdoor space rich with interesting activities
   - Providing challenge according to the child's development
   - Bringing the indoors out and outdoors in. (ex. Mud kitchen)

8. **We foster the engagement of/ and ongoing communication with parents about the program and their children by:**
   - Ensuring parents feel valued in the way they choose to parents
   - Being supportive and engaged with families
   - Place documentation where it is visible to families and parents are encouraged to include their own comments
   - Invite parents to share their talents and donate items based on their child's interests

9. **We involve local community partners and allow those partners to support the children, their families and staff by:**
   - Being involved in community events and committees
   - Providing referrals for families that require them on an ongoing basis
   - Offering support and information
   - Using developmental screening tools

- Being knowledgeable and aware of what services are available in our area.
- Forming partnerships with schools, libraries, community service agencies, etc.
- Planning for school visits

10. We support staff, Home Child Care Providers or others who interact with the children at a child care centre or home child care premises in relation to continuous professional learning by:

- Committing to ongoing professional development opportunities
- Committing to ongoing self-learning opportunities
- Seeking out training opportunities that would be beneficial to them
- Supporting through a variety of ways (resources/tools/time/meetings/networking)
- Being knowledgeable and aware of what services are available in our area.
- Ongoing training and going to training available as often as possible
- College of Early Childhood Educators Continuous Professional Learning Plan completed by educators

11. Document and review the impact of the strategies set out in clauses (a) to (j) on the children and their families:

- Review the statement, and policies annually
- Observation of staff and the environment
- Staff meetings
- Staff brainstorming ideas to add to program statement annually
- Review, plan, consult and implement individual children's plans from resource partner agencies (e.g., behaviour, resources, etc.) for inclusion in the program and adapt environment as needed.

Licensing

Centre pour enfants Timiskaming Child Care operates in compliance with:

- Ministry of Education
- Child Care Licensing Manual
- Child Care & Early Years Act, 2014
- How Does Learning Happen? Ontario's Pedagogy for the Early Years
- Four Foundations for Learning (Belonging, Engagement, Well-Being, Expression)
- College of Early Childhood Educators
- All applicable Health and Fire Regulations

Admission and Discharge

All pages of the Preplacement Package (either Centre Based or Home Child Care, as the case may be) plus a copy of the child's up-to-date immunization record, or statement of exemption, must be completed and returned **before** the child begins care. A Health Unit confirmation of immunization status is required before the child begins.

Full-Time Admission

Full time care is given to children ages 0-12 years of age who attend childcare more than 6 hours/day and attend 5 days a week. Full time admission placements are entitled to 10 vacation days per year and will be billed for the entire month (less statutory holidays/closures).

Part-Time Admission

Part time care is given to children ages 0-12 years of age who attend childcare more than 6 hours/day with an average of 3 days a week for the entire month. Part Time admission placements are entitled to 10 vacation days per year and will be billed a minimum of 12 days a month depending on the month (less statutory holidays/closures).

Occasional Admission

Occasional admission is given to children ages 0-12 years of age. These spaces depend on our part time and full-time admissions. These spaces will not be booked in advance and will be first come first serve on the day based on availability. We will not be accepting monthly calendars for these spaces.

When a child reaches the age of 13 years between January 1st and June 30th, the child will be discharged from the School Aged program on the last day of school of that year. When a child reaches the age of 13 years between July 1st and December 31st, the child will be discharged when school resumes in the fall of that year.

Should your child leave the program at your discretion, and subsequently return, the re-entry date shall be the new registration date. **When a child is withdrawn from any program, two-week written notice must be submitted in writing**. If notice is not provided, the family will be charged in lieu of notice. If Space is not available at time of new registration, your child will return on the waitlist. (This includes summer withdrawals)

Should your child be absent from care **without notice** for five consecutive scheduled days, this will be considered a voluntary withdrawal from child care. You will be billed for your regularly scheduled care days for a two-week period and your child discharged from the program.

In the event of insufficient staffing your child may need to be discharged without notice. In the event that your child is discharged, you will be placed on a priority waiting list for re-entry.

Centre Based Only
Due to the limited number of child-care spaces, Centre pour enfants Timiskaming Child Care cannot always guarantee that space will be available for your child to move from program to program. However, supervisors will make every effort to move children into the next program whenever possible. The admission date is used to select movement for all children. Parents of children in the preschool program will be notified in the spring of the status of availability of spaces for movement to the school aged program. In the event that your child is discharged due to insufficient spaces, you will be placed on a priority waiting list for re-entry.

Integration Period

It is very important that your child is integrated into the program gradually. The purpose of this gradual integration is to ease children into a new child care arrangement that involves routines and transitions throughout the day. Another important factor is that your child will need to adjust to many new friends and adults in his/her program. The integration schedule for your child will be discussed at time of admittance to the program. The period of integration can be one week or longer, depending on the child's ability to cope within the program.

Items to Bring to Child Care

Your child should be dressed to meet the year round indoor and outdoor conditions. A full change of clothing must be kept at the child care location. All clothing and personal items need to be labelled for your child. Children spend a minimum of two hours per day outside if the temperature permits. Therefore, please dress your child according to the outside temperature. (hat, mittens, scarf, coat, ski or splash pants, shoes/boots, etc.)

Here is a list of items that your child will need for child care:

- Hat
- Blanket for rest time
- Inside shoes
- Outside footwear
- Outside clothing, weather appropriate
- Full change of clothing
- Family photo
- Toothbrush
- Sunscreen *
- Diapers *
- Wipes *
- Soother *
- Bottle *
- Breast milk/formula *

* if necessary for your child

Hours of Service / Holidays

Centre Based Only
Garderie d'Iroquois Falls, Temagami Day Care, Garderie des Moussaillons, Centre des petits explorateurs, Garderie d'Earlton and Little Learners Child Care Centre are open year round, Monday to Friday (provided there are sufficient numbers). St. Patrick Catholic School, English Catholic Central School and Garderie Ste. Croix School Aged Programs operate during the school year only.

Hours of service are subject to change if our centres cannot fulfill staffing to ensure all operational requirements are met.

All centre based programs are closed on the following days:

- New Year's Day
- Family Day
- Good Friday
- Easter Monday
- Victoria Day
- Canada Day
- Civic Holiday
- Labour Day
- Thanksgiving Day
- Christmas Day
- Boxing Day

Home Child Care Only

Hours of service for Home Child Care are flexible and may include extended hours, evenings, weekends, and statutory holidays. Talk to your provider for more information on their hours of care.

Monthly Calendar and Booking Sheet

Centre Based Only

All Monthly Calendars are due to the Child Care Supervisor by the 1st of the month, one month in advance. (i.e., March Monthly Calendar is due February 1st). If we have not received your calendar by the 5th business day of the month, we will offer our on call families space. Calendars are a must to ensure the viability of our programs and without them we cannot guarantee your space. The parent is required to pay monthly for child care services, based on what is indicated on the Monthly Calendar. Invoices are provided within ten days of month end; payments are due within 30 days from the invoice date. This applies to our part time placements only.

Centre pour enfants Timiskaming Child Care will no longer offer sick days or cancellation days; these types of absences may be taken as vacation days. Please see our vacation policy below. No exceptions will be granted. Withdrawals of care will automatically place your child on the waitlist.

Home Child Care Only

All booking sheets are due to the provider by the 1st and 15th of the month (unless otherwise arranged with the provider). The parent is required to pay monthly for child care services, based on what is indicated on the booking sheets. Invoices are provided within ten days of month end; payments are due within 30 days from the invoice date.

Vacation Policy

Centre pour enfants Timiskaming Child Care will allow our Full time and Part time admissions 10 vacation days per year (calendar year i.e. January to December). These days can be used for vacation, sick days, appointments etc. Exceptions to this policy will be at the discretion of the Executive Director or designate.

Fee Payment

- Online Banking: There are online banking options for the following banks: Royal, TD, CIBC, Caisse Populaire and Scotia.
- E-Transfer: An E-Transfer can be made from your bank account to etransfer@timiskamingchildcare.ca. For your security question, the answer must be your account number.
- Other Method of Payment: Payment can be made through our Parent Portal app with Visa or Visa debit.
- Payments are due monthly 28 days after invoice date as indicated on your invoice.
- Refunds are at the discretion of the Director of Operations/Finance Department. If there is an error with your invoice please contact us at finance@timiskamingchildcare.ca.

Child Care Fees

Centre Based Only

	Centre Des Petits Explorateurs	Garderie des Moussaillons	Garderie d'Earlton*	Little Learners Child Care Centre	English Catholic Central School & Garderie Ste-Croix	Temagami Day Care*	Garderie d'Iroquois Falls*	Larder Lake Day Care*
Hours of Operation	7:00 a.m. - 6:00 p.m.	7:00 a.m. - 6:00 p.m.	7:00 a.m. - 6:00 p.m.	7:00 a.m. - 6:00p.m.	7:00-8:45 3:00-6:00	8:00 a.m. - 5/5:30p.m	6:30 a.m. - 5:30 p.m.	7:00 a.m. - 6:00 p.m.
School Age Before School	$10	$10	$10	$10	$10	$10	$10	$10
School Age After School	$15	$15	$15	$15	$15	$15	$15	$15
School Age Full Day	$32	$32	$32	$32	$32	$35	$35	$32
Late Fees after 6:00p.m., per 15 minutes	$5	$5	$5	$5	$5	$5*	$5	$5

A full day is 5.5 hours or more

Unless otherwise indicated, ages are as follows:

- **Infant:** 0-17 months
- **Toddler:** 18-29 months
- **Preschool:** 30-44 months
- **School Age:** up to 12 years

*Family grouping program: 0-12 years
*Temagami – Family Grouping hours end at 5 p.m., School Age hours end at 5:30 p.m.
*Hours may differ depending on staffing.

Home Child Care Only

Description	**Infant (0-17 months)**	**Toddler (18-29 months)**	**Preschool (30-44 months)**	**School Age (up to 12 years)**
Before School (up to 2 hrs)	N/A	N/A	N/A	$10
After School (up to 3 hrs)	N/A	N/A	N/A	$15
Before and After School (up to 2 hrs + up to 3 hrs)	N/A	N/A	N/A	$25
Full Day (5 hrs & under 9.5 hrs)	N/A	N/A	N/A	$35
Half Day (under 5 hrs)	N/A	N/A	N/A	$25
Extended Day A (9.5 hrs & under 14 hrs)	N/A	N/A	N/A	$44
Extended Day B (14 hrs & under 18 hrs)	N/A	N/A	N/A	$56
Extended Day C (18 hours & under 23 hrs)	N/A	N/A	N/A	$64
* All meals and snacks are included. * SEE CWELCC information below				

CWELCC
Effective January 1, 2025, along with implementation of the new, cost-based funding approach, base fees for child care in CWELCC-enrolled programs will be capped at a maximum of $22 per day for eligible children.

NON BASE FEES

Rate	Non CWELCC Eligible	Non CWELCC Eligible
Late Fees after 6:00p.m., per 15 minutes	$5	$5

BASE FEES CWELCC eligible

Rate	Non CWELCC	CWELCC January 2025
Centre Base Rates		
Infant Full Day	N/A	$21.26
Toddler Full Day	N/A	$18.90
Preschool Full Day	N/A	$18.90
School Age Before School	$10	N/A
School Age After School	$15	$12
School Age Full Day	$35	$16.54
Home Child Care Rates		
Full Day (0 - 17 months) (5 hrs & under 9.5 hrs)	N/A	$21.26
Half Day (0 - 17 months) (under 5 hrs)	N/A	$16.54
Extended Day A (0 - 17 months) (9.5 hrs & under 14 hrs)	N/A	$22.00
Extended Day B (0 - 17 months) (14 hrs & under 18 hrs)	N/A	$22.00
Extended Day C (0 - 17 months) (18 hours & under 23 hrs)	N/A	$22.00
Full Day (18 – 44 months) (5 hrs & under 9.5 hrs)	N/A	$22.00
Half Day (18 – 44 months) (under 5 hrs)	N/A	$14.17
Extended Day A (18 – 44 months) (9.5 hrs & under 14 hrs)	N/A	$20.79
Extended Day B (18 – 44 months) (14 hrs & under 18 hrs)	N/A	$22.00
Extended Day C (18 – 44 months) (18 hours & under 23 hrs)	N/A	$22.00
Before School (up to 2 hrs)	$10	N/A
After School (up to 3 hrs)	$15	$12
Before and After School (up to 2 hrs + up to 3 hrs)	$25	$12
Full Day (School Age) (5 hrs & under 9.5 hrs)	$35	$16.54
Half Day (School Age) (under 5 hrs)	$25	$12
Extended Day A (School Age) (9.5 hrs & under 14 hrs)	$44	$20.79
Extended Day B (School Age) (14 hrs & under 18 hrs)	$56	$22.00
Extended Day C (School Age) (18 hours & under 23 hrs)	$64	$22.00

Overdue Accounts

The finance department is responsible for overseeing all accounts receivable, and to bring to attention all overdue accounts to the Executive Director. The Executive Director is responsible for overseeing the collections of the overdue accounts by way of formal company letters.

All overdue accounts of 61 days are brought to the attention of the Executive Director and sent a final collection letter. Service usage will be terminated, and the account is sent to the collection agency if no payment is made by the 10th of the following month.

Families that receive **three tuition termination notices within a single calendar year** due to outstanding balances will be permanently disenrolled from our services.

This update supports stable operational cash flow while giving families multiple opportunities to correct late payments or establish formal financial agreements.

Your official Income Tax receipt will be provided in February.

Arrival and Pickup

Arrival

If your child will be absent from child care, you must notify your child's educator as soon as possible.

Where a child has not arrived in care as expected

Where a child does not arrive at the child care centre and the parent/guardian has not communicated a change in drop-off (e.g., left a voice message or advised the closing staff at pick-up), the staff must inform the supervisor and they must commence contacting the child's parent/guardian no later than 15 minutes after expected time of arrival.

When the parent/guardian is late, staff will

1. Contact the parent/guardian at the numbers on the child's file card.
2. If contact with the parent/guardian is not established, call the emergency contact(s) on the child's file card.
3. In the event the parents/guardians/emergency contact(s) are not available, and it is 1 hour after the specified time; contact the appropriate Children's Aid Society and follow their instructions.
4. If the parent/guardian is repetitively late, staff will notify the Supervisor/designate who will meet with the parents/guardians regarding the situation.

Parent/guardian/emergency contacts unreachable

If the parents/guardians/emergency contacts are unavailable/unreachable after 1 hour of attempts, regardless of time of day, Child and Family Services will be called.

Once the child's absence has been confirmed, program staff shall document the child's absence on the attendance record and any additional information about the child's absence in the daily written record.

When a child arrives

On a daily basis, you are required to sign your child in and out on the sign in/out sheet. Please ensure that your child has been acknowledged by a staff member or Home Child Care Provider upon their arrival to the program and at time of departure.

Pickup of Children

The safety of children is of paramount concern in our centres. To track all drop-offs and pickups of children, parents/guardians are required to sign children in/out daily through the Parent App. (Staff are not permitted to do this on behalf of parents/guardians.)

Generally, persons picking up children must be at least 18 year of age and bring a valid photo identification. In exceptional circumstances, and only with the parent/guardian's written consent, a younger individual may be permitted to pick up a child.

When Children are being picked up from the Centre, staff will ensure that the person doing the pickup is authorized to do so and does not appear to be unwell or intoxicated. Additionally, if parent(s)/caregiver(s) arrive after the Centre/Program/Provider's closing time to pick up their child(ren), late pickup procedures will be applied due to safety concerns and staffing costs (see below Late Fees).

Pickup by an unknown person

If the person picking up the child is not known to a staff member, the staff person will consult with other staff members to determine if any other staff knows whether this individual is authorized to pick up the child. If still unfamiliar to staff present, the child's file will be checked for the individual's name, and photo identification will be required. If the unknown person is not authorized to pick up the child, the parent must be contacted for permission. Should the parent be unavailable, the child cannot be permitted to leave with the unauthorized individual.

If an attempt is made to take the child or if the individual does leave with the child, 911 (police) will be called by staff.

The Supervisor or designate is to be immediately informed and staff will continue to make attempts to contact the parent(s)/guardian(s).

Pickup by a person who appears unwell
If a parent/authorized person appears to staff to be unwell/intoxicated when they arrive to pick up a child and staff is concerned for the safety of the child, staff will suggest that the parent/ authorized person not leave with the child. Staff can offer to call a cab or call another authorized contact person to assist. The Supervisor/designate will be involved to deal with this situation. Should the unwell/intoxicated person agree to a cab when the centre is closing, a staff person will remain with the parent/authorized person until the cab has arrived.

If the unwell person insists on leaving the centre with the child, staff cannot prevent the parent/authorized person from taking their child as only CAS or a certified court order can permit this. If safety concerns for the child are present, staff should call CAS.

If the unwell/intoxicated person is driving the child and staff is concerned, staff should make a note of the car, license number and probable destination, then call the police.

Late Child Pickup Procedure

Each Centre/Program/Provider has a specific closing time. Parents are asked to plan sufficient time to dress their child, collect the child's clothes, artwork, speak to a staff (if necessary) and leave the centre by the specified closing time. If the parent/guardian is aware that they are going to be late, they should call the Centre/Program/Provider to advise staff of this and of their plan to pick up their child(ren). Due to the operational and staffing costs incurred when a parent/guardian is late, a late fee will be charged.

When the parent/guardian is late, staff will

1. Contact the parent/guardian at the numbers on the child's file card.
2. If contact with the parent/guardian is not established, call the emergency contact(s) on the child's file card and make arrangements for the child to be picked up.
3. In the event the parents/guardians/emergency contact(s) are not available, and it is 1 hour after the specified closing time; contact the appropriated Children's Aid Society and follow their instructions. **Under no circumstances is the staff to remove the children from the Centre.**
4. If the parent/guardian is repetitively late, staff will notify the Supervisor/designate who will meet with the parents/guardians regarding the situation.

Parent/guardian/emergency contacts unreachable
If the parents/guardians/emergency contacts are unavailable/unreachable after 1 hour of attempts, regardless of time of day, Child and Family Services will be called.

Late Fees

Centre Based Only
Each Centre/Program has a specific closing time. Parents are required to notify the Centre/Program as soon as possible if they are unable to arrive by closing time. A late fee of $5.00 for every 15 minutes that a child remains in the Centre/Program after closing time will be charged. Parents must sign the late pick-up form as they are leaving the Centre/Program. All charges for late fees will be included in the monthly invoice.

Home Child Care Only
Parents are required to notify the provider as soon as possible if they are unable to arrive by the scheduled pick-up time. While there are no late fees for Home Child Care, if a child is in care beyond the scheduled number of hours permitted by a care code, you may be billed for the next care code.

Waitlist

Centre pour enfants Timiskaming Child Care will not charge parents for the opportunity to place their child on a waiting list for an unsecured spot in a child-care program.

Children on the waitlist that require services sooner (i.e., this month as opposed to three months away) will receive a space in child care first. Priority will be given to children whose schedule meets the space availability of the child-care program.

Confidentiality

Information that is disclosed regarding children and families is considered confidential. Any request for any such information is to be referred to the Executive Director. The child care program may release information regarding a child or his/her family, without parental consent, to officials of the courts (following a warrant or a court order), office of the Ombudsman, Ministry of Education, and Children's Aid Societies.

Program

Daily schedules and program plans are posted to inform the parents of the different activities. These plans allow for indoor and outdoor play, quiet and active play, self-directed and engaging learning activities to enable the child to develop in all areas. Program plans are developed based on the children's current interests.

As stated in our Program Statement, our programs and services are committed to providing quality programs to the children and families we serve. We also work with a team of support services to enhance the quality of care, including, but not limited to:

- Behaviour Support
- Resource Programs
- Early Years Practitioners
- Quality Assurance Coordinator

Screen Time

We follow the Canadian Pediatric Society (CPS) recommendations for screen time. According to CPS, *Screen time and young children: Promoting health and development in a digital world* (November 2017);

"To promote child health and development in a digital world, physicians and other health care Providers should counsel parents and caregivers of young children on the appropriate use of screen time. Specific recommendations include the following:

Minimize screen time:

- Screen time for children younger than 2 years is not recommended.
- For children 2 to 5 years, limit routine or regular screen time to less than 1 hour per day.
- Ensure that sedentary screen time is not a routine part of child care for children younger than 5 years…"

Screen time is treated as a special activity not as a part of the regular daily routine. Use of screen time for active play (Zumba, dance, yoga, etc.) is permitted for children as young as two years old, with approval from the Agency. Screen time (television, videos, DVDs, computer games, tablets, internet, etc.), if used, is to supplement children's learning and interests and is limited to children five years of age and older. If used, the educator/Provider will ensure the use is supervised and the content is non-biased and appropriate.

Where there is a mixed age group with children under 2 years of age, the following will be observed:

- Approval for screen time is required from the Agency
- Screen time will be limited to 30 minutes

Rest Period

As per the Child Care and Early Years Act requirements, there is a rest period in the afternoon for all children who are not yet attending school/the school age program. We encourage parents to bring their child's favorite blanket or sleep toy to assure complete security for the child while he/she rests. Each child over eighteen months of age up to and including five years of age will have the opportunity for a rest period not exceeding two hours in length following lunchtime. It is recognized the need for rest and sleep varies greatly at different ages and even among children of the same age. For those children who remain awake, there will be provisions made for quiet activities, under supervision at all times.

Sleep Supervision

Staff in child care centres and Home Child Care Providers will perform direct visual checks of sleeping children by being physically present and checking for indicators of distress or unusual behaviours. Direct visual checks will be done every 10 minutes for infants under 12 months and every 15 minutes for all other children. Refer to the “Sleep Supervision” procedure on our website for more information.

Parental Involvement

The staff and Home Child Care Providers will endeavor to communicate with parents regarding their children on a regular basis. We encourage parents to contact staff / Providers with any questions. Parent meetings can be scheduled on an as-needed basis. Parents will be kept informed of any seminars, workshops, and meetings related to child development and family life topics.

If you have questions regarding any portion of the program, we encourage you to discuss them with your child’s care provider. In every case, we will endeavor to respond to concerns and questions in a timely and satisfactory fashion. If your concern still is not resolved to your satisfaction, you are encouraged to place your concern in writing and forward it to the immediate supervisor.

Field Trips

Centre Based Only

The programs may take walking excursions in the local community. These excursions should not include motor transportation. No private vehicles will be used for transportation of any child in any program provided by the Centre. An authorization form in the registration package acknowledges parental permission for a child to leave the premises for neighbourhood walks and visits to local parks.

Parents will be notified in writing as to the details of any scheduled field trip that requires bus transportation. Written parental authorization forms will be distributed and must be signed and returned to the Centre in order for your child to participate. Parents are encouraged to accompany his/her child on a field trip, provided a vulnerable sector check has been completed and a copy provided to the Centre Supervisor **before** the field trip occurs.

If you should choose not to send your child to the field trip, care could be cancelled that day if we cannot meet staffing and ratio requirements.

Home Child Care Only

The home child care program may take walking or vehicle excursions in the community. An authorization form in the registration package acknowledges parental permission for a child to leave the premises for neighbourhood walks, visits to local parks and travel in the provider’s personal vehicle.

Parents will be notified in writing as to the details of any scheduled field trip that requires vehicle transportation. Written parental authorization forms will be distributed and must be signed and returned to the Home Child Care Provider in order for your child to participate. Parents are encouraged to accompany his/her child on a field trip, provided a vulnerable sector check has been completed and a copy provided to the Home Child Care Provider or Home Child Care Consultant **before** the field trip occurs.

Health

In order to ensure the overall health and safety of all the children, we ask you not to bring your child into the child care program if he/she has any of the following symptoms/conditions. Increased exclusion timelines may exist during conditions of illness outbreaks.

- An elevated temperature of 100.4°F or greater
- Vomiting (twice within a 24 to 48 hour period depending on public health guidance)
- Diarrhea (twice within a 24 to 48 hour period depending on public health guidance)
- Combination of vomiting and diarrhea (one of each within a 24 to 48 hour period depending on public health guidance)
- Discharge of any kind from the eyes or ears
- Visible rashes that have not been diagnosed by a physician
- A severe cough, runny nose and/or congestion
- The child is not well enough to participate in all program activities

- Any communicable disease, such as
    - Impetigo
    - Coxsackie Virus, Fifth Disease, German Measles, Hepatitis A, Meningitis, Measles, Mumps
    - Pertussis (whooping cough)
    - Scabies
    - Scarlet fever
    - Strep throat
    - Tuberculosis

Children with the following symptoms will be excluded for 24 to 48 hours (depending on public health guidance after the last symptom has ceased.

- Diarrhea (2 loose bowel movements within 24 to 48 hours depending on public health guidance)
- Vomiting (twice within 24 to 48 hours depending on public health guidance)
- Diarrhea and vomiting

Should your child develop a high temperature (101°F or greater) during the day, the staff will contact you immediately. Your child must be fever-free for 24 hours without the aid of medication before returning to the child-care program.

Normal Temperature

- **Rectum:** 36.6°C to 38°C (97.9°F to 100.4°F)
- **Mouth:** 35.5°C to 37.5°C (95.9°F to 99.5°F)
- **Armpit:** 36.5°C to 37.5°C (97.8°F to 99.5°F)
- **Ear:** 35.8°C to 38°C (96.4°F to 100.4°F)

When the child, in the opinion of the staff, becomes ill during the day, you are expected to pick up your child within the hour. In the event we are unable to reach you, we will call the emergency contact to pick up your child.

If a child has symptoms of a contagious disease, discharge from the eyes, a rash or any other ailment that cannot be identified, we require a physician to assess the child to ensure he/she is not contagious. A medical note from the physician indicating that the child is free of any illness will be required for the child to return to the child-care program.

Centre pour enfants Timiskaming Child Care follows the recommendations by our local public health and Canadian Paediatric Society. For additional information on illnesses, symptoms, exclusion requirements and infectious periods, refer to the appendix, *Managing Infections.* Please note the following variations to this document, as per our local public health.

- Bites from humans are not reportable in Ontario. Parents are responsible to disclose HIV/Hep C. status of their child if the child is involved in a biting incident where a risk of transmission occurred.
- A physician visit for conjunctivitis (pinkeye) is not required. A child can return to the program once he/she has received at least 24 hours of appropriate treatment (prescription or over-the-counter eye drops).

A daily health check will be completed for the child to ensure that when the child arrives and before he/she begins to associate with other children to detect symptoms of ill health, communicable disease and child abuse. Refer to the “Infection Control” procedure on our website for more information.

It is a licensing requirement that all children play outside for two hours a day, weather permitting. Your child should return to the child-care program well enough to participate in outdoor activities.

Children require sunscreen from May to September. Centre based care provides sunscreen while Home Child Care requires parents to supply the sunscreen. If parents do not wish to use the program’s sunscreen, they must supply their own. These containers must be clearly labelled. A consent form is included in the registration package for parents to sign.

Administration of Drugs and Medication

Centre pour enfants Timiskaming Child Care agrees to the administration of drugs or medications. Medication must be in the original package, as purchased, and clearly labelled with the child’s name, the name of the drug or medication, the dosage to be administered, the date of purchase and expiration date. Parents must fill out an

Administration of Drugs and Medication Authorization Form with detailed administration information. Refer to the "Administration of Medication" procedure on our website for more information.

Individualized Support Plan

Centre pour enfants Timiskaming Child Care will ensure that an up-to-date individualized support plan is in place for each child with special needs who receive child care at a child-care program it operates or oversees. Refer to the "Individualized Support" procedure on our website for more information.

Developmental Screens

LookSee Checklist

The LookSee Checklist is an innovative developmental checklist that follows a child from one month of age to six years. It provides a snapshot of a child's development to discuss with parents. The simple one-page checklist also features activities for enhancing a child's development.

Educators/Providers will complete the Looksee Checklist with your child. You will receive a copy of this screen and staff will discuss any concerns that are identified when doing the developmental screen.

Serious Occurrence Reporting

A serious occurrence means,

- The death of a child while receiving child care at a home child care premises or child care centre whether it occurs on or off the premises.
- Abuse, neglect or an allegation of abuse or neglect of a child while receiving child care at a home child care premises or child care centre.
- A life-threatening injury to or a life-threatening illness of a child who receives child care at a home child care premises or child care centre.
- An incident where a child who is receiving child care at a home child care premises or child care centre goes missing or is temporarily unsupervised.
- An unplanned disruption of the normal operations of a home child care premises or child care centre that pose a risk to the health, safety or well-being of children receiving child care at the home child care premises or child care centre.

The operator will complete a Serious Occurrence Notification Form to communicate information to parents about serious occurrences that have occurred in their child-care program. Refer to the "Serious Occurrence" procedure on our website for more information.

Emergency Evacuation

We have established procedures for staff to follow in an emergency that informs staff of their responsibilities in an emergency. We will ensure staff are trained in and participate in emergency evacuation practises and ensure children are trained in evacuation procedures through regular practice drills. We have established a process for documenting emergency evacuation procedures and notifying members of the Management Committee and families of emergency evacuation situations. Refer to "Management of Emergencies" procedure on our website for more information.

Discipline Measures

To provide children with a safe and comfortable environment, disciplinary measures are necessary. Children are disciplined in a positive manner at a level that is appropriate to their actions and their ages. By promoting self-discipline, we ensure health and safety, and respect for others and the Centre's property.

Unacceptable behaviours from children include, but are not limited to:

- Hitting, biting (any form of aggressive behavior)
- Disrespect (talking back, boldness, swearing, not listening, etc.)
- Threatening harm to others (verbally and physically)
- Bullying

If a child does any of the above repeatedly, the Child Care Supervisor/Home Child Care Consultant will contact the parent/guardian, and a meeting will be scheduled to discuss the situation. A referral to Behavioural Support will be recommended when necessary. The child will be given three written notices. If the child's inappropriate behaviour continues, the child will be discharged from child care. If the behaviour is severe enough (puts others at harm or risk) the Child Care Supervisor/Home Child Care Consultant will contact the parent/guardian for immediate pick up and discharge of the child.

Prohibited Practices

We support positive and responsive interactions among the children, parents, child care providers, students, volunteers and staff by:

- Using positive reinforcement
- Redirecting
- Guiding children to find a solution between themselves
- Having conversations that are meaningful, including non-verbal communication, taking time to see the language cues
- Being partners in the conversation – not director
- Talking to children appropriately, tone of voice, use of language, and proximity to the child

Centre pour enfants Timiskaming Child Care will not permit, with respect to a child-care program it operates or oversees:

- Corporal punishment of a child, including but not limited to,
    - Striking, directly or with physical object
    - Shaking, shoving, spanking or other forms of aggressive contact
    - Requiring that a child maintain an uncomfortable position
    - Forcing the repetition of physical movements
    - Forcing the consumption of food
- Physical restraint of the child, such as confining the child to a high chair, car seat, stroller or other device for the purposes of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing a child from hurting himself, herself or someone else, and is used only as a last resort and only until the risk of injury is no longer imminent;
- Locking the exits of the child care centre or home child care premises for the purpose of confining the child, or confining the child in an area or room without adult supervision, unless such confinement occurs during an emergency and is required as part of the licensee's emergency management policies and procedures;
- Use of harsh or degrading measures or threats or use of derogatory language directed at or used in the presence of a child that would humiliate, shame or frighten the child to undermine his or her self-respect, dignity or self-worth;
- Depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding; or
- Inflicting any bodily harm on children including making children eat or drink against their will.

Refer to "Prohibited Practices" procedure on our website for more information.

Suspected Child Abuse

The four areas covered under the term child abuse are physical abuse, sexual abuse, emotional abuse and child neglect. In an individual case, there could be only one form of abuse or a combination of types of abuse. It is the legal responsibility of every person including parents, volunteers, students, staff and Home Child Care Providers that have contact with a child in child care to report the suspicion of child abuse to NEOFACS. Persons failing to report the suspicion of child abuse are subject to legal action and a fine, if convicted. [Child and Family Services Act. 1984, section 68 (2) (3) (4) and section 81 (1) (b)].

Criminal Reference Check / Vulnerable Sector Check

All employees, Home Child Care Providers, and volunteers require an acceptable Vulnerable Sector Check. This record check will be updated every 5 years thereafter for child care staff, providers and any person of the age of 18 or more who resides at the Home Child Care location.

Following the Vulnerable Sector Check, the child care employee / Home Child Care Provider, will submit an offence declaration document every year that a Vulnerable Sector Check is not required and it must be obtained no more than 15 days after the last criminal and vulnerable Sector Check.
Refer to “Security Screen” procedure on our website for more information.

Meals and Snacks

Centre Based Only

One lunch and two nutritious snacks will be served daily at all centres for children in the infant, toddler and preschool programs. School age children will be provided snacks. All half day care and Early Learning School Readiness will be provided a healthy snack. During full day care for school age children, bag lunch policy is in effect; please see the nutrition guidelines below. Daily menus for the meal and snacks of the day will be posted.

Home Child Care Only

All meals and snacks are provided for the children in attendance. This includes lunch or supper, depending on the hours of care. Please refer to the posted daily menus for the meal and snacks of the day.

Nutrition

When snacks or meals are provided by the Centre pour enfants Timiskaming Child Care programs, including for meetings, workshops and special events, only healthy food choices will be offered.

- Food will not be used to encourage good behaviour
- When food is provided by parents/caregivers for their child, Centre pour enfants Timiskaming Child Care staff/providers will encourage them to bring healthy food choices. In the event that unhealthy and/or allergen containing food will be provided for the child.
- Food brought to the program by parents/caregivers will not be shared/offered to other children attending the program (eg. Bagged lunches). Wherever possible, parents/caregivers will ensure that food brought to the program is not cross contaminated with known allergens during preparation.
- No food can be brought into the program by parents/caregivers/staff to share with other children. This includes special occasions and celebrations
- Ensuring that where bagged lunches are allowed for school-age children, all food items are nut-free. If other allergens are banned at individual childcare centres or home childcare premises, supervisors/providers will provide parents with a list of banned items via the Parent app, email, and/or letter.
- Program staff/providers will verify that bagged lunches do not contain allergens prior to mealtimes. If food items containing banned allergens are brought into the childcare premises, they will remain unopened in the child's personal belongings.

Anaphylactic

In the event of the enrolment of a child with such allergies, the staff or provider may proclaim a “ban’ on the causative agent reflective of the severity of the allergy and the potential risk of exposure. Such a ban may include:

- We may proclaim a “localized” ban on the causative agent in the rooms in the centre or Provider’s home directly accessed by the child
- We may proclaim a total ban on the presence of the causative agent within the centre or Provider’s home
- Other measures* as deemed appropriate as directed by health officials
- Ensuring that allergy lists are updated when required and posted in the following areas of the child-care program: each cooking and serving area, each play area or play room, emergency information binder that is brought to the playground and on field trips, and in any other area in which children may be present.
- Refer to “Anaphylactic” procedure on our website for more information.
- An individualized support plan shall be completed with families following all health protocols in the Well Beings guide and other resources.

*It should be noted that any other measures will not include those that impact the program’s ability to comply with licensing requirements outlined in the Child Care Centre Licensing Manual.

During P.D. days, March Break, and summer holidays (if enough children enrolled) the Child Care Program will be offering full day care.

Parents are to provide their child/ren with a healthy “bag lunch” every day. If no ice pack is provided, a refrigerator is available at the centres if refrigeration is needed. Recommendations for nutritive food to be found in their lunch are sandwich, crackers, salad, soup, veggies, fruits and a milk product (yogurt, cheese).

Guidelines for the contents of bag lunches:

- Healthy meals that include the four food groups.
- Clearly labelled for each child.
- Please no candy, pop, etc.
- The staff will check all children’s lunches to be sure that none of the allergy foods are present. They will verify the list of allergies.
- Milk and water will be provided by the program.
- If a child forgets his/her lunch, the program will provide one.
- Additional healthy foods will be provided if necessary.

Allergy Awareness:

Foods containing peanuts are not allowed; this also includes fish at some locations. The centre might prohibit other foods if other allergies are identified.

Strategies to Reduce the Risk of Exposure to Anaphylactic Allergens:

- In cases where a child has food allergies and the meals and snacks provided by the child care centre cannot meet the child’s needs, ask the child’s parent to supply snacks/meals for their child. All written instructions for diet provided by a parent will be implemented.
- Ensure that parents label food brought to the child care centre with the child’s full name and the date the food arrived at the child care centre, and that parents advise of all ingredients.
- Where food is provided from home for children, ensure that appropriate supervision of children is maintained so that food is not shared or exchanged.
- Encourage parents who serve foods containing allergens at home to ensure their child has been rid of the allergens prior to attending the child care centre (e.g. by thoroughly washing hands, brushing teeth, etc.)

Smoking

Smoking/vaping and the use of cannabis products, whether recreational or medical, is strictly prohibited on premises that contain a school, child care centre, or home child care at all times, including after hours.

Transportation

Transportation to and from child care is the responsibility of the parents. Where bussing is required, the parents are responsible for coordinating arrangements between the school and the child-care program. Please advise the Supervisor/Home Child Care Provider of all transportation arrangements at the time of enrollment.

Drop-Off and Pick-Up

Children 12 years of age and under should not be left in the parking lot/driveway unattended while picking up or dropping off children. If staff/Providers observe a child under 12 years old left alone in a vehicle, it must be reported to North Eastern Ontario Family and Children’s Services.

Alternate Place of Shelter

In case of an emergency requiring evacuation of the child-care program, the staff / Home Child Care Provider will transport the children to the alternate place of shelter. Please speak to the Child Care Supervisor / Home Child Care Provider to find out your program-specific alternate place of shelter.

Supervision of Volunteers and Students

Volunteers and students play an important role in supporting staff and Home Child Care Providers in the daily operation of licensed child-care programs.

Centre pour enfants Timiskaming Child Care shall ensure supervision of volunteers and students occurs by staff and Home Child Care Providers at all Home Child Care premises and Child Care Centre locations it operates and that no volunteer or student will be left alone with a child at any time. Students and volunteers cannot be counted in staff-child ratios in licensed child care programs at any time. Refer to the "Supervision of Volunteers" procedure on our website for more information.

Confidentiality of Records

Centre pour enfants Timiskaming Child Care understands the importance of privacy for its service users and is committed to respecting and protecting that privacy to the limit allowed by the law. All staff and volunteers, including members of the Board of Directors, and all service users shall read and sign a confidentiality commitment at the beginning of their relationship with the agency. While the agency is committed to working collaboratively with other agencies and professionals, its commitment is to the safety and privacy of the families using its services. Refer to the "Confidentiality of Records" procedure on our website for more information.

Complaint Resolution

Informal Complaint

To support clients who wish to make an informal complaint about the programs/services they have received or about a specific staff person or volunteer at the agency by providing an accessible, non-threatening procedure.

Procedure: All those associated with the agency are encouraged to resolve differences, complaints and conflicts using informal methods, wherever this is possible. The agency acknowledges that the significant power differential between clients and staff/volunteers will make it especially challenging for clients to bring a formal complaint forward. All staff and volunteers are expected to be mindful of this reality and to provide clients who wish to make a complaint with full access to information and support.

Clients are encouraged to and will be supported in determining their own informal complaint process, which will include some form of communication with the involved staff person(s).

Staff support may include such options as supporting the client in writing a letter to the staff/volunteer or having a manager sit in on a meeting. The client may bring a support person with him/her, but for confidentiality reasons, this cannot be another staff person or client. Follow-up to the complaint will be as the client wishes, including whether or not he/she is informed of the outcomes.

All necessary interpretation and translation needed for Francophone clients who wish to pursue a complaint shall be provided by the agency at the agency's expense.

Formal Complaint

To support clients who wish to make a formal complaint about the services they have received or about a specific staff person or volunteer at Centre pour enfants Timiskaming Child Care by providing an accessible, non-threatening procedure.

Procedure: All those associated with the agency are encouraged to resolve differences, complaints and conflicts using informal methods, wherever this is possible. Where this informal process is not successful or where the client does not wish to engage in it, the agency provides a formal complaint procedure. Normally, this formal complaint procedure would begin following an unsuccessful attempt to use the informal procedure.

Step One: Discussion with Immediate Supervisor

The client will contact the immediate supervisor in person or in writing to tell him/her the informal procedure was unsuccessful or was not appropriate for him/her and to start a formal complaint. Once a parent brings her/his concern to the supervisor, he/she will address the complaint within 2 working days. The supervisor will attempt to resolve the issue over the telephone and will speak with the staff person to see what steps he/she has taken to resolve the issue.

If this does not resolve the issue, the complaint must be put into writing. The client can prepare a written complaint on her own or the supervisor can write it and the client sign it after reading it or having it read to him/her. The immediate supervisor will arrange to meet with the client and any involved staff. The client may bring a support person with him/her, as long as it is not a staff person or another client, in order to maintain appropriate

confidentiality. If a successful resolution is reached, the outcome will be documented in writing and provided to the client and the involved staff. If no resolution is reached within 7 working days, the matter will proceed to the Executive Director.

Step Two: Discussion with Executive Director
The client will advise the Executive Director that he/she wishes to meet with him/her to discuss his/her complaint. Prior to the meeting, the Executive Director will read all the related written material and meet with the supervisor to find out what steps have already been taken. The Executive Director will communicate within 2 working days; the complaint remediation timelines will be discussed based on severity and investigation requirements.

The client may bring a support person with him/her, as long as it is not a staff person or another client, in order to maintain appropriate confidentiality. If a successful resolution is reached, the outcome will be documented in writing and provided to the client and involved staff.

There are no further internal steps available if the client remains unsatisfied with the outcome of his/her complaint. Client complaints shall be handled in confidence as follows:

- Anyone named in the complaint shall receive all the details relating to the complaint and its investigation;
- Detailed information about specific outcomes and/or actions taken may not be shared with all parties. (for example, if a staff person is to be disciplined as a result of the complaint, the program/service user may not be provided with the specific details but may simply be told that disciplinary action is being taken.);
- Detailed and identifying information shall not be shared throughout the organization; rather staff and board members will receive general information about the complaint, the investigation and the outcomes.

Confidentiality
Every complaint will be treated confidentially and every effort will be made to protect the privacy of parents/guardians, children, Home Child Care Providers, other persons in the home child care premises, staff, students and volunteers, except when information must be disclosed for legal reasons (e.g. to the Ministry of Education, College of Early Childhood Educators, law enforcement authorities or a Children's Aid Society).

Conduct
Our agency maintains high standards for positive interaction, communication and role-modelling for children. Harassment and discrimination will therefore not be tolerated from any party. If at any point a parent/guardian, Home Child Care Provider and/or staff feels uncomfortable, threatened, abused or belittled, they may immediately end the conversation and report the situation to the head office.

Concerns About the Suspected Abuse or Neglect of a Child
Everyone, including members of the public and professionals who work closely with children, is required by law to report suspected cases of child abuse or neglect. If a parent/guardian expresses concern that a child is being abused or neglected, the parent will be advised to contact the local Children's Aid Society (CAS) directly. Persons who become aware of such concerns are also responsible for reporting this information to CAS as per the "Duty to Report" requirement under the *Child and Family Services Act*.

Links to Resources

Centre pour enfants Timiskaming Child Care encourages families to be involved and knowledgeable on licensed child care. Below is a selection of resources for families. Please speak to your centre/Provider to be connected with other resources and supports.

Centre pour enfants Timiskaming Child Care - Centre pour enfants Timiskaming Child Care
How Learning Happens - How Does Learning Happen? Ontario's Pedagogy for the Early Years
Get Help Finding, Choosing and Paying for Child Care - Find and pay for child care | ontario.ca
LookSee Checklist - Home | Looksee
Applying for Fee Subsidy in the district of Timiskaming - CC-Apply for Child Care Fee Subsidy — DTSSAB
One Kids Place for developmental supports - Homepage - One Kids Place

Managing Infections

Insert Managing infections document (scan to PDF) to maintain quality of image

Managing infections (10 pages)

Managing infections

Canadian Paediatric Society

Refer to this document for information on managing infections in children. Requirements for reporting vary across Canada. Find out which infections are reportable in your province/territory by contacting your local public health unit.

Illness	Transmission	Signs/symptoms	Infectious period	Exclusion	Reporting and notification
Viral respiratory infections					
Viruses include: respiratory syncytial virus, parainfluenza virus, influenza, adenovirus, rhinovirus, coronavirus, metapneumovirus. See page 175 for additional information.	Viruses in the nose and throat spread by: **direct contact** with respiratory secretions or contaminated hands, **indirect contact** with toys, tissues, or other objects contaminated with respiratory secretions, or **droplets** from coughs and sneezes.	**Common cold**: Runny nose, cough, sneezing, sore throat, headache, possibly fever. **Bronchiolitis**: Cough, laboured breathing, wheezing, fever. **Croup**: Hoarseness, barking cough, rapid, laboured or noisy breathing, fever. **Influenza**: Fever, chills, cough, headache and muscle pains. **Pneumonia**: Fever, cough, rapid or laboured breathing, poor skin colour.	Depends on the virus but usually 3 to 8 days (longer for children with a weakened immune system). Most infectious while symptoms are present.	**Common cold**: No, unless the child is too ill to participate in all program activities. **Bronchiolitis, croup, influenza, pneumonia**: Yes, until the child is well enough to participate in all program activities.	No. No, unless you suspect an outbreak.
Bacterial pneumonia See pages 206, 209 for additional information.	Bacteria usually present in the nose and throat and can cause disease if they get into the lungs.	Fever, cough, rapid or laboured breathing, poor skin colour.	Usually not considered contagious.	Yes, until the child is well enough to participate in all program activities.	No, unless pneumococcus or *Haemophilus influenzae* type B is isolated during blood testing.
Gastrointestinal infections					
Can be viral or bacterial. See page 186 for additional information.	Germs in stool spread by: **direct contact** (hand to mouth), or **indirect contact** with toys, other objects or surfaces contaminated with stool.				
Campylobacter	Bacteria usually ingested in contaminated **food** (e.g., improperly cooked poultry, unpasteurized milk) or water. Person-to-person spread by **direct or indirect contact with stool** can occur, especially among young children.	Fever, diarrhea (often with blood and/or or mucus in stool), cramps.	Bacteria excreted in stool for 2 to 3 weeks. Most contagious during the acute illness.	Yes, if a child's diarrhea can't be contained in a diaper, or a toilet-trained child can't control his bowel movements.	Yes, by the testing laboratory. Contact your local public health unit if a child at your facility is diagnosed with *Campylobacter* gastroenteritis.

Content from Well Beings: A Guide to Health in Child Care. For more information, visit www.cps.ca.

Managing infections

Illness	Transmission	Signs/symptoms	Infectious period	Exclusion	Reporting and notification
***Clostridium difficile* (*C. difficile*)**	Bacteria are normally found in soil and in the intestinal tract. Antibiotic treatment permits overgrowth of *C. difficile* in the gut and may trigger disease. Person-to-person spread by **direct or indirect contact with stool** can occur.	Diarrhea (sometimes with blood and/ or mucus in stool), cramps, fever. Most children under 1 year of age have no symptoms, and most older children have a very mild illness.	Infectious as long as diarrhea lasts.	Yes, if a child's diarrhea can't be contained in a diaper, or a toilet-trained child can't control his bowel movements.	No.
***Escherichia coli* O157 (*E. coli*)**	Bacteria usually ingested in contaminated **food** (e.g., poultry, beef, milk, unpasteurized apple juice, raw vegetables), or **water** contaminated with animal or human feces. Also spread from person to person by **direct or indirect contact with stool**.	Starts as non-bloody diarrhea, usually progressing to visibly bloody stools, with severe abdominal pain.	Bacteria excreted in stool for about a week. Infectious as long as diarrhea lasts.	Yes, until diarrhea subsides **and** 2 stool cultures (taken when the child is no longer receiving antibiotics) test negative.	Yes, by the testing laboratory. Contact your local public health unit if a child in your facility is diagnosed with *E. coli* 0157 gastroenteritis.
Giardia See page 187 for additional information.	Parasites in the stool are spread from person to person by **direct or indirect contact with stool** or are ingested in **contaminated food or water**.	Watery diarrhea, recurrent abdominal pain. Some children experience chronic diarrhea with foul-smelling stools, a distended stomach and weight loss. Many infected children have no symptoms.	Infectious as long as cysts are in the stool, which can be for months.	Yes, until diarrhea subsides.	Yes, by the testing laboratory. Contact your local public health unit if a child at your facility is diagnosed with *Giardia* gastroenteritis. In the case of an outbreak, authorities may screen and/or treat all children and staff, with or without symptoms.
Rotavirus See page 186 for additional information.	Viruses in the stool spread easily from person to person by: **Direct or indirect contact with stool and contaminated objects/surfaces.**	High fever, vomiting, followed within 12 to 24 hours by profuse, watery diarrhea.	Infectious just before onset of symptoms and as long as 3 weeks later.	Yes, if a child's diarrhea can't be contained in a diaper or a toilet-trained child can't control her bowel movements.	No. Contact your local public health unit if you suspect an outbreak (i.e., 2 to 3 or more children have diarrhea within 48 hours).
***Salmonella typhi* (gastroenteritis or typhoid fever)**	Bacteria in the stool are spread from person to person by **direct or indirect contact with stool**, or are ingested in **contaminated food**.	Diarrhea, cramps, fever.	Infectious as long as bacteria are in the stool, which can be for many weeks.	Yes, until diarrhea subsides **and** 3 stool cultures (taken when the child is no longer receiving antibiotics) test negative.	Yes, by the treating physician and testing laboratory. Inform your local public health unit **immediately** if a child or adult at your facility is diagnosed with *S. typhi* infection. Stool cultures for other children and staff may be required.

Managing infections

Illness	Transmission	Signs/symptoms	Infectious period	Exclusion	Reporting and notification
***Salmonella* gastroenteritis (non-typhi)**	Bacteria are usually ingested in **contaminated food** (e.g., meat, poultry, eggs, unpasteurized dairy products, vegetables and fruit). Person-to-person spread **may occur from direct or indirect contact with stool**. **Reptiles and amphibians** are also sources of infection.	Diarrhea, cramps, fever.	Infectious as long as bacteria are in the stool, which can be many weeks.	Yes, until the child is well enough to participate in all program activities.	Yes, by the testing laboratory. Contact your local public health unit if a child at your facility is diagnosed with *Salmonella* gastroenteritis.
***Shigella* gastroenteritis**	Bacteria in stool spread from person to person **by direct or indirect contact with stool**.	Watery diarrhea, with or without blood and/or mucus, fever, cramps.	Infectious as long as bacteria are in the stool, which can be up to 4 weeks.	Yes, until diarrhea subsides **and** 2 stool cultures (taken when the child is no longer receiving antibiotics) test negative.	Yes, by the testing laboratory. Contact your local public health unit if a child at your facility is diagnosed with *Shigella* gastroenteritis. Other children, staff or household contacts with symptoms may need testing.
***Yersinia* gastroenteritis**	Bacteria are ingested in **contaminated food** (e.g., raw or undercooked pork, unpasteurized milk) or **water**. Person-to-person spread is rare.	Fever, diarrhea (often with blood and/or mucus in stool).	Infectious as long as bacteria are in the stool, which can be for up to 2 to 3 weeks.	Yes, if a child's diarrhea can't be contained in a diaper, or a toilet-trained child can't control his bowel movements.	Yes, by the testing laboratory. Contact your public health unit if a child at your facility is diagnosed with *Yersinia* gastroenteritis.
Other illnesses					
Chickenpox (varicella) For more information and important requirements, see pages 198–99 and 375.	Viruses in the throat and from skin lesions spread easily from person to person **through the air**, and can travel large distances. Viruses in skin lesions spread **by contact with fluid from blisters**. Virus persists in the body for life and may recur as shingles. **Viruses can spread by contact with shingles if lesions are not covered.**	Fever and itchy rash. Crops of small red spots turn into fluid-filled blisters that crust over within a few days and become itchy.	Infectious for 2 days before rash starts until all blisters have crusted over and dried (usually about 5 days after start of rash).	No. Children with mild chickenpox can attend child care regardless of the state of their rash, as long as they feel well enough to participate in all program activities.	Yes, in some jurisdictions, by the treating physician and testing laboratory. Contact your local public health unit if there is an outbreak at your facility. Non-immune children and staff may need to see a doctor right away. Preventive treatment (vaccine or immune globulin) may be needed. **Notify all parents and staff immediately.**

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Illness	Transmission	Signs/symptoms	Infectious period	Exclusion	Reporting and notification
Cold sores (herpes simplex type 1 virus) See page 193 for additional information.	Viruses spread from person to person by **direct contact** of mucous membranes (mouth, nose, eyes) with cold sores or saliva. Virus persists in the body for life and infections may recur.	Range from no symptoms to a simple cold sore or many painful ulcers in the mouth and a high fever.	Infectious for at least a week during the first infection. Recurrences are less contagious for a shorter time.	No, for a child with simple cold sores. Yes, for a child with mouth ulcers who is drooling, until she is well enough to eat and participate comfortably in all program activities.	No.
Conjunctivitis (pinkeye) See page 180 for additional information.	Bacterial or viral. Germs spread easily by: **direct and indirect contact with eye secretions**, or **droplets** from coughs and sneezes when associated with a respiratory virus. It can also be caused by an allergy or eye irritation, which usually does not cause discharge.	Scratchy, painful or itchy red eyes, light sensitivity, tearing with purulent (pus) or mucousy discharge.	**Bacterial**: Infectious until 24 hours of appropriate antibiotic treatment received. **Viral**: Infectious as long as there is eye discharge.	Yes, until seen by a doctor. If bacterial, child can return to the program after starting appropriate antibiotic treatment. If viral, child can return with doctor's approval. No need to exclude if there is no eye discharge, unless there is an outbreak.	No. Contact your local public health unit if you suspect an outbreak (2 or more children in one room have red eyes with watery discharge).
Cytomegalovirus (CMV infection) See pages 184 and 380 for additional information.	Viruses in saliva and urine spread by **direct contact**. Virus persists in the body for life and infections may recur.	Children usually have no symptoms. Can infect a fetus if the mother is infected or re-exposed during pregnancy.	Infectious as long as virus is in the urine and saliva, which can be for months in many healthy infants.	No.	No.
Group A *Streptococcus* (GAS) invasive diseases (e.g., toxic shock syndrome, necrotizing fasciitis [flesh-eating disease]) For more information and important requirements, see page 211.	Some strains of GAS cause invasive disease. Bacteria spread from person to person by: **direct contact with skin lesions**, or **respiratory droplets**. Children are at highest risk of infection within 2 weeks of having chickenpox.	**Toxic shock syndome**: Fever, dizziness, confusion and abdominal pain. **Necrotizing fasciitis**: Fever, severe, painful localized swelling, and a rapidly spreading red rash.	Infectious until 24 hours of appropriate antibiotic treatment received.	Yes. A child can return to the program once she has received **at least** 24 hours of appropriate antibiotic therapy, and a doctor has determined she is recovered and well enough to participate in all program activities.	Yes, by the treating physician and testing laboratory. **Notify your local public health unit immediately if a child or adult at your facility is diagnosed with invasive GAS.** Antibiotic treatment may be required for all exposed contacts, especially if chickenpox is also present. Inform public health authorities if a child or staff member in your program has had a non-invasive GAS infection (e.g., impetigo or pharyngytis) or chickenpox within the previous 2 weeks.

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Illness	Transmission	Signs/symptoms	Infectious period	Exclusion	Reporting and notification
***Haemophilus influenzae* type b** (Hib) disease For more information and important requirements, see page 206.	Bacteria in mouth and nose are spread by: **direct contact** and respiratory droplets. Does not spread easily, and requires prolonged close contact.	Causes fever and pneumonia, meningitis, epiglottitis, blood, bone and joint infections. Symptoms develop rapidly.	Infectious until **at least** 24 hours of appropriate antibiotic therapy received.	Yes. A child can return to the program once she has received at least 24 hours of appropriate antibiotic therapy and a doctor has determined she is well enough to participate in all program activities.	Yes, by the treating physician and testing laboratory. **Inform your local public health unit immediately if a child at your center is diagnosed with a Hib infection.** Antibiotic treatment or vaccine may be required for exposed children. Notify all parents.
Hand-foot-and-mouth disease See page 200 for additional information.	Intestinal viruses spread from person to person by: **direct or indirect contact with stool or saliva**.	Fever, headache, sore throat, small, painful mouth ulcers and a rash (small red spots or small blisters), usually on the hands and feet.	Virus in saliva for a few days only but can remain in stool for 4 weeks after onset of illness.	Yes. Children should stay home from school and child care if they have symptoms.	No.
Head lice See pages 191–92 for additional information.	Spread from person to person by: **direct contact** (head to head), or **indirect contact** (e.g., shared hats, hairbrushes, headphones).	Itchy scalp.	Infectious as long as left untreated.	No. Exclusion is ineffective and unnecessary.	No. Contact your local public health unit for guidance if an outbreak cannot be controlled.
Hepatitis A virus (HAV) For more information and important requirements, see pages 189–90 and 380–81.	Virus in stool spreads from person to person by: **direct or indirect contact with stool**, or **contaminated food or water**.	Tea-coloured urine, jaundice and fever. Most young children do not get sick but can still spread the virus to others. Older children and adults are more likely to have symptoms.	Most infectious 1 to 2 weeks before onset of illness until 1 week after onset of jaundice.	Yes, for 1 week after onset of illness (unless all other children and staff have received preventive treatment).	Yes, by the treating physician and testing laboratory. **Inform your local public health unit immediately if a child or adult at your facility is diagnosed with HAV.** Contacts may need vaccine and/or immune globulin. **Notify all parents and staff.**
Hepatitis B virus (HBV) For more information and important requirements, see pages 212–14 and 377–78.	Virus in blood and other body fluids (e.g., saliva, genital secretions). Mainly transmitted through sexual intercourse, from mother to newborn, by sharing contaminated injection equipment or by transfusion of unscreened blood. May be transmitted if an open cut or the mucous membranes (eyes, nose or mouth) are exposed to blood.	Young children almost always have no symptoms. Older children and adults may have fever, fatigue, jaundice.	Infectious as long as the virus is in the blood and body fluids. May persist for life, especially in infants infected at birth.	No. A child with HBV can participate in all program activities, unless there are medical or behavioural risk factors (e.g., biting).	Yes, by the treating physician and testing laboratory. Contact your local public health unit about **any** bite that breaks the skin. Blood tests may be required.

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Illness	Transmission	Signs/symptoms	Infectious period	Exclusion	Reporting and notification
Hepatitis C virus (HCV) For more information and important requirements, see pages 216 and 378.	Virus in blood. Mainly transmitted from mother to newborn. Also by sharing contaminated injection equipment or by transfusion of unscreened blood. May be transmitted if an open cut or the mucous membranes (eyes, nose or mouth) are exposed to blood.	Young children almost always have no symptoms. Older children and adults may have fever, fatigue, jaundice.	Infectious as long as the virus is in the blood. May persist for life.	No. A child with HCV can participate in all program activities.	Yes, by the treating physician and testing laboratory Contact your local public health unit about **any** bite that breaks the skin. Blood tests may be required.
Human immuno-deficiency virus (HIV) For more information and important requirements, see pages 215–16 and 378–79.	Virus in blood, genital secretions and breast milk. Children usually acquire HIV from their mothers before, during or after birth (by breastfeeding). Otherwise, transmitted through sexual intercourse, by sharing contaminated injection equipment or by transfusion of unscreened blood. May be transmitted if an open cut or the mucous membranes (eyes, nose or mouth) are exposed to a large amount of blood.	Children usually have no symptoms. If AIDS develops, they may have persistent thrush, *Candida* dermatitis, chronic diarrhea, and be unable to gain weight.	Infectious as long as the virus is in the blood and body fluids, presumably for life.	No. A child with HIV can participate in all program activities.	Yes, by the treating physician and testing laboratory. Contact your local public health unit about **any** bite that breaks the skin. Blood tests may be required.
Impetigo For more information and important requirements, see pages 194–95.	Caused by Group A *Streptococcus* or *Staphylococcus aureus* bacteria. Both spread from person to person by: **direct contact** (e.g., by touching skin lesions), or **indirect contact** (e.g., via contaminated bed linens or clothing).	Fluid-filled blisters, usually around the mouth or nose, but may occur elsewhere. Blisters break, ooze, and form a honey-coloured crust.	Infectious until lesions have dried up. If Group A *Streptococcus*, until 24 hours after first dose of an appropriate antibiotic.	Yes, if draining lesions cannot be kept covered. For Group A *Streptococcus* infections, until 24 hours of appropriate antibiotic treatment received.	No (but community-associated methicillin-resistant *S. aureus* [CA-MRSA] is reportable by the testing laboratory in some jurisdictions). Contact your local public health unit for advice if you suspect an outbreak (e.g., more than one child in the same room has impetigo within a month).

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Illness	Transmission	Signs/symptoms	Infectious period	Exclusion	Reporting and notification
Measles For more information and important requirements, see pages 200–01 and 377.	Viruses in respiratory secretions **spread easily from person to person through the air**.	High fever, cough, runny nose and red eyes 2 to 4 days before a rash appears, first on the face, then over entire body.	Highly infectious from 3 to 5 days before and up to 4 days after the rash appears.	Yes. A child with measles cannot return to child care until **at least** 4 days after onset of rash. Non-immune children and staff must be excluded for 2 weeks after the onset of rash in the child diagnosed with measles, unless they have been vaccinated within 72 hours of first exposure.	Yes, by the treating physician and testing laboratory. **Measles exposure is a medical emergency. Notify your local public health unit immediately if a child or adult at your facility is diagnosed with measles.** Exposed susceptible children and staff may require vaccine within 72 hours of the first contact or immune globulin within 6 days of exposure. **Notify all staff and parents immediately.**
Meningitis (bacterial or enteroviral) For more information and important requirements, see pages 204–06.	Not all forms of meningitis are contagious. **Bacterial**: See Meningococcal disease and *Haemophilus influenzae* type b disease. **Enteroviruses** in saliva and stool are spread by **direct or indirect contact**.	**Bacterial**: Fever, lethargy, headache, extreme irritability, vomiting, stiff neck, seizures, a bulging fontanel in babies under 18 months old. Usually progresses rapidly. Child may have a rapidly spreading, bruise-like rash. **Viral**: Usually milder, often fever and irritability only.	**Bacterial** meningitis is infectious until 24 hours of appropriate antibiotic therapy received. **Enteroviruses** are found in saliva for only a few days but can remain in stool for 4 weeks after onset of illness.	Yes. A child can return to the program once she has received **at least** 24 hours of appropriate antibiotic therapy, and a doctor has determined she has recovered and feels well enough to participate in all program activities.	**Bacterial** meningitis: Yes, by the treating physician and testing laboratory. **Notify your local public health unit immediately if a child or adult at your facility is diagnosed with bacterial meningitis.** Antibiotic treatment or vaccine may be mandated for some or all exposed children and staff. **Notify all parents and staff immediately.**
Meningococcal disease For more information and important requirements, see pages 207–09.	Meningococcus is a bacterium found in the mouth and respiratory secretions. Does not spread easily but can be transmitted by: **close, direct contact** (e.g. with saliva), or **respiratory droplets**.	Usually causes sepsis or meningitis, with high fever and rapid progression to shock (decreased responsiveness, poor skin colour). Child may have a distinctive rash that starts as small red spots but rapidly progresses to large red-purple bruises.	Infectious until after 24 hours of appropriate antibiotic treatment received.	Yes. A child can return to child care once he has received **at least** 24 hours of appropriate antibiotic therapy, and a doctor has determined he has recovered and feels well enough to participate in all program activities.	Yes, by the treating physician and testing laboratory. **Inform your local public health unit immediately if a child or adult at your facility is diagnosed with meningococcal disease.** Public health authorities may mandate antibiotic treatment and/or vaccination for exposed children and staff. **Notify all parents and staff immediately.**

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Illness	Transmission	Signs/symptoms	Infectious period	Exclusion	Reporting and notification
Molluscum contagiosum See page 197 for additional information.	Virus spreads from person to person by **direct (skin-to-skin) contact with lesions**, or **indirect contact (e.g., with bed linens contaminated with material from the lesions)**. Not very contagious.	Smooth, shiny pinkish-white bumps with a dip in the middle and a cheesy material inside, anywhere on the body.	Unknown. Molluscum disappears after several months without treatment.	No.	No.
Mumps For more information and important requirements, see pages 184 and 376–77.	Virus in saliva and respiratory secretions spreads easily from person to person by: **direct contact** (e.g. kissing), or **respiratory droplets**.	Fever, swollen glands at the jaw line or on the face, headache.	Infectious from 2 days before onset of swelling until 9 days after.	Yes, for 5 days after onset of swelling. Public health authorities may exclude non-immune children or staff for at least 26 days after symptom onset in the last person with mumps in a child care setting.	Yes, by treating physician and testing laboratory. **Notify your local public health unit immediately if a child or adult at your facility is diagnosed with mumps.** The authorities may mandate vaccination for non-immune contacts.
Otitis media (middle ear infections) See page 178 for additional information.	Viral or bacterial, usually a complication of the common cold. Non-contagious.	Earache, irritability, possibly fluid draining from ears. Child may have fever or cold symptoms.	Non-contagious.	No, unless child is too ill to participate in program activities.	No.
Parvovirus B19 infection (fifth disease, erythema infectiosum, or "slapped cheek" syndrome) For more information and important requirements, see pages 201–02 and 379–80.	Virus in respiratory secretions spreads by: **direct contact**, and (possibly) **respiratory droplets**. Can also be transmitted from mother to child before birth.	Red rash on the cheeks followed by a lace-like rash on the torso and arms that spreads to the rest of the body. Sometimes preceded by a low fever or cold symptoms 7 to 10 days before rash appears.	Infectious for several days before the rash, and non-infectious once rash appears.	No. Once rash appears, a child is no longer contagious.	No. Notify all parents and staff. Advise exposed pregnant staff and parents to contact their doctor.
Pertussis (whooping cough) For more information and important requirements, see pages 182–83 and 379.	Bacteria in respiratory secretions spread easily from person to person by **droplets from coughs and sneezes**.	Runny nose, frequent and severe coughing spells, sometimes followed by a whooping sound, gagging or vomiting. Babies may have serious difficulty breathing.	Infectious for up to 3 weeks from onset of illness if not treated, and for 5 days if appropriate antibiotic treatment is received.	Not routine but exclusion may be mandated by public health authorities, especially if people at high risk are present. Exclude until 5 days of appropriate antibiotic treatment received or for 3 weeks from onset of illness, if not treated.	Yes, by the treating physician and testing laboratory. **Inform your local public health unit immediately if a child or adult at your facility is diagnosed with pertussis.** Antibiotic treatment and/or vaccination may be mandated. **Notify all parents and staff immediately.**

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Illness	Transmission	Signs/symptoms	Infectious period	Exclusion	Reporting and notification
Pinworms See pages 190–91 for additional information.	Worm eggs spread by: **direct contact** (e.g., contaminated fingers), or **indirect contact** (e.g., contaminated bed linens, clothing, toys).	Anal itching, disturbed sleep, irritability.	Infectious as long as eggs are being laid on skin. Eggs are infective for 2 to 3 weeks indoors.	No.	Contact your local public health unit if an infestation persists. Treating all household members and close contacts may be needed.
Pneumococcal disease See pages 209–10 for additional information.	Bacteria are normally found in the nose and throat and usually do not cause infection. Possible person-to-person spread by: **close, direct contact with mouth secretions** (e.g., kissing), or **respiratory droplets**.	Usually an ear or sinus infection following a cold. Invasive infections include fever and pneumonia, meningitis, blood, bone and joint infections. Symptoms develop rapidly.	Not usually considered infectious. Probably not transmissible after 24 hours of appropriate antibiotic therapy.	No, for minor illness (e.g., otitis, sinusitis). A child with serious illness can return to child care once a doctor has determined he is well enough to participate in all program activities.	Yes (for invasive pneumococcal infections **only**), by the treating physician and testing laboratory.
Ringworm See pages 195–96 for additional information.	Fungus spreads from person to person by: **direct contact** (skin-to-skin), and **indirect contact** (e.g., shared combs, unwashed clothes, or shower or pool surfaces). Also acquired from **pets, especially cats**.	Ring-shaped itchy, scaly lesions on scalp, body or feet (athlete's foot). Bald spots on the scalp.	Transmissible as long as rash is untreated and/or uncovered.	Yes, until the first treatment has been applied.	No.
Roseola See page 203 for additional information.	Virus probably spreads from person to person by **direct contact with saliva**. Often found in saliva of people with no symptoms.	High fever and crankiness for 3 to 5 days. When the fever subsides, a rash of small red spots appears on the face and body, lasting a few hours to 2 days.	Infectious while symptoms are present.	No. A child with roseola can continue to attend child care as long as she is well enough to participate in all program activities.	No.
Rubella (German measles) For more information and important requirements, see pages 203–04 and 376.	Virus spreads from person to person by: **direct contact with nose/mouth secretions**, or **respiratory droplets**.	Mild in children, with low fever, swollen glands in the neck and behind the ears, and a rash with small red spots. More severe in adults. If acquired in pregnancy, may seriously affect the fetus.	Infectious from 7 days before to 7 days after the rash appears.	Yes, for 7 days after the rash is first noticed.	Yes, by the treating physician and testing laboratory. **Rubella exposure is a medical emergency. Notify your local public health unit immediately if a child or adult at your facility is diagnosed with rubella.** Non-immune children and staff may need immunization. **Notify all parents and staff immediately.** Advise pregnant staff and parents who aren't sure of their immune status to see their doctor.

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Illness	Transmission	Signs/symptoms	Infectious period	Exclusion	Reporting and notification
Scabies See pages 192–93 for additional information.	Mites spread from person to person by **direct (prolonged, close and intimate) contact.**	Itchy red rash, usually between fingers and toes, or the wrists or in the groin, with thread-like lines and scratch marks. May be elsewhere on the body in children under 2 years of age.	Transmissible as long as infestation is untreated.	Yes, until the first treatment has been applied.	No. Contact your local public health unit for guidance if an outbreak cannot be controlled.
Streptococcal pharyngitis (strep throat) and **scarlet fever** See pages 181–82 for additional information.	Bacteria in throat spread from person to person by: **direct contact with saliva**, or **respiratory droplets.**	Sore throat, fever, swollen tender neck glands. Scarlet fever is strep throat with a red sunburn-like rash covering the entire body.	Infectious from onset of illness until 24 hours of appropriate antibiotic treatment received.	Yes. A child can return to the program once he has received at least 24 hours of appropriate antibiotic treatment, and the child is well enough to participate in all program activities.	Scarlet fever is reportable by the treating physician in some jurisdictions. Contact your public health unit if you suspect an outbreak at your facility (more than 2 cases in a month).
Thrush and *Candida* diaper rash See pages 196–97 for additional information.	Fungus is normally present in the body without causing illness, and rarely spreads from person to person. Thrush can be transmitted to an infant by contact with contaminated bottle nipples or soothers.	Thrush presents as whitish-gray patches on the inside of the cheek or on the tongue. *Candida* diaper rash is a painful bright-red rash in the deepest creases of a baby's groin, on the buttocks or in moist neck folds.	Usually not spread from person to person.	No.	No. Make sure bottle nipples and soothers aren't shared between children.
Tuberculosis (TB) For more information and important requirements, see pages 210–11 and 381.	Bacteria from the lungs **spread through the air in particles produced by coughing.**	For infectious TB: fever, cough, difficulty breathing. Young children rarely have infectious TB.	If infectious TB: As long as bacteria are in the respiratory secretions.	If infectious TB: Yes, for at least 2 weeks after starting appropriate antibiotic treatment, and until the treating physician or local public health unit states that a child or staff member is no longer infectious.	Yes, by the treating physician and testing laboratory. **Notify your local public health unit immediately if a child or adult at your facility is diagnosed with TB.** Exposed children and adults may need testing and antibiotic treatment. Notify all parents and staff immediately.

Canadian Paediatric Society

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