

Holistic Care and Wellness in Early Years Settings

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Acknowledgements

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About This Book

Holistic Care and Wellness in Early Years Settings provides information and resources for students to learn more about health promotion and barriers to health and wellness experienced by children and their families in Canada and locally in Ontario. Legislation and training resources are shared to support educators' understanding of health, nutrition and safety in early years settings. Holistic care and wellness for educators is promoted to guide new graduates through the important task of caring for themselves while caring for others. Holistic wellness through the lens of equity, diversity, and inclusion is discussed to prompt reflective practice and advocacy for vulnerable populations including children and early years educators who are leading the way for the next generations. A toolkit of local resources is included for new graduates to access when embarking on their new career as Registered Early Childhood Educators.

Book Sections

- Chapter 1: Setting the Stage for Health, Safety, and Nutrition in Early Childhood Education and Care
- Chapter 2: Health Promotion
- Chapter 3: Illness Prevention and Management
- Chapter 4: Nutrition in Early Years Settings
- Chapter 5: Health and Wellness for Educators
- Chapter 6: Safety Promotion in Early Years Settings
- Chapter 7: Holistic Care: Equity, Diversity, and Inclusion (EDI)
- Chapter 8: Toolkit – Holistic Wellness in Early Childhood Education and Care

About the Authors

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an OER to help prepare new graduates entering the profession, supporting children, families, colleagues, and communities.

Sheryl Third, RECE, ECE.C, B.A., M.A has been active in the Childcare community in London since 1986. Since 2003, Sheryl has been a full time faculty member at Fanshawe College in the Early Childhood Education Program. Sheryl completed her Masters of Art in Educational Studies, in 2015. Her research interest was in reflective writing and practice in the field of early childhood education, as well as a focus on mentoring and reflective practice as tools for professional learning. This is her second OER with the first one on Reflective Practice in Early Years Education.

Sheryl has a passion for teaching and learning and is active in her community as a member of the Strive Advisory Committee and as a member of the Professional Learning Committee.

Accessibility Statement

We are actively committed to increasing the accessibility and usability of the textbooks we produce. Every attempt has been made to make this OER accessible to all learners and is compatible with assistive and adaptive technologies. We have attempted to provide closed captions, alternative text, or multiple formats for on-screen and off-line access.

The web version of this resource has been designed to meet Web Content Accessibility Guidelines 2.0, level AA. In addition, it follows all guidelines in Appendix A: Checklist for Accessibility of the *Accessibility Toolkit – 2nd Edition*.

In addition to the web version, additional files are available in a number of file formats including PDF, EPUB (for eReaders), and MOBI (for Kindles).

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Land Acknowledgement



“View of the Thames River” by Brandon Castellano, CC BY 3.0

As we reflect upon this image of Deshkan Ziibiing (Antler River), known as the Thames River to settlers on the London Township and Sombra treaty lands, we realize the education we had as children growing up in this region was disconnected from the land and its natural resources. It has been through First Nations cultural teachings, through listening to stories, and through unlearning the colonial version of history that we have begun to understand the value of the lands where we live, teach, and learn. We continue to open our minds and our hearts to different ways of knowing and being on these lands with a commitment to disrupting our colonial ways of thinking to share in the responsibility we have in our work with children and families to move towards Truth and Reconciliation.

We acknowledge and honour the Anishinaabe, Lotinuhsyuní and Lenape people of southwestern Ontario as the traditional owners and custodians of the lands and waterways where Fanshawe College is located. Fanshawe celebrates the continuous living cultures of the original inhabitants of Canada and acknowledges the important contributions Indigenous peoples have and continue to

make in Canadian society. The College respects and acknowledges the Indigenous students, staff, Elders and Indigenous visitors who come from many nations (Fanshawe College, 2023).

As settler authors of this textbook we want to acknowledge and value the privilege we have to be writing and creating educational content on these lands. We continue our learning journey about the true history of this region in hopes that we can move towards Reconciliation. We acknowledge as settlers it is not our decision to determine whether an action is Reconciliation. It is our hope that non-Indigenous students reading this text will take time to read the Indigenous Acknowledgement and Welcome from Fanshawe College (2023). We believe a healthy foundation for working with children and families must be built on knowledge of the history of the lands where we will be residing, learning, and collaborating.

Call to Action 62. ii. We call upon the federal, provincial, and territorial governments, in consultation and collaboration with Survivors, Aboriginal peoples, and educators, to: Provide the necessary funding to post-secondary institutions to educate teachers on how to integrate Indigenous knowledge and teaching methods into classrooms (TRC, 2015).

Please read Fanshawe's Indigenous Acknowledgement and Welcome message before reading the textbook content.

Additional Resources

- Atlosha Family Healing Services
- Institute of Indigenous Learning
- N'Amerind (London) Friendship Centre Inc.
- Nshwaasnangong Child Care and Family Centre
- Southwest Ontario Aboriginal Health Access Centre

References

Indigenous acknowledgement and welcome. Fanshawe College. (2022, September 26). <https://www.fanshawec.ca/students/support/indigenous-learning/institute-of-indigenous-learning/indigenous-acknowledgement>

TRC. (2015). Truth and reconciliation commission of Canada: Calls to action. [calls_to_action_english2.pdf](https://www.gov.bc.ca/calls_to_action_calls_to_action_english2.pdf) (gov.bc.ca)

CHAPTER 1: SETTING THE STAGE FOR HEALTH, NUTRITION, AND SAFETY IN EARLY CHILDHOOD EDUCATION AND CARE



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“Happy, healthy children and youth today; caring, creative responsible adults tomorrow” (London CYN, 2023).

Chapter Outline

- 1.0 Learning Objectives
- 1.1 Introduction – Regulatory Bodies
- 1.2 Holistic Health and Wellness in Early Childhood Education and Care
- 1.3 Health in Early Years Legislation
- 1.4 Nutrition
- 1.5 Safety
- 1.6 Holistic Care: Diversity & Inclusion
- 1.7 Issues Impacting Health & Wellness in Canada
- 1.8 Wellness: Summary and Educator Toolkit
- 1.9 References

1.0 Learning Objectives

Learning Objectives

In this chapter, we will:

- Introduce local/provincial resources to develop awareness in supporting holistic care and well-being for children in early childhood education;
- Review health, safety, and nutrition in early years settings.

1.1 Introduction - Regulatory Bodies

Licensed child care operators and school boards are accountable to various regulatory bodies such as the Ministry of Education, Ministry of Health, and Ministry of Labour. This textbook will discuss the regulations and accountabilities directing the practice of Registered Early Childhood Educators, Child Care Practitioners, Dietary Planners, and Supervisors of licensed child care who may be working with children in early years settings or in school age programs in Ontario. Legislation is typically mandated provincially with some exceptions directed from the federal level of government. Regulations will vary from province to province. The focus of this textbook will be based on Ontario legislation with some specific regulations pertaining to Southwestern Ontario and surrounding regions.

Licensed child care in Ontario, Canada provides children and families with care and education for young children typically during working hours to allow parents to work, attend school, or receive respite care for their children. Licensed child care is regulated by the Child Care and Early Years Act (2014) under the Ministry of Education.

Children attending kindergarten in Ontario are participating in full day programs facilitated by an Ontario Certified Teacher (OCT) and a Registered Early Childhood Educator (RECE). The Ontario Ministry of Education oversees the kindergarten program as well as grades 1 through 12 in the Ontario school system. The kindergarten program is unique in its pedagogical approach guided by The Kindergarten Program (2016) document.

Many regulations are directed by the Ministry of Health in order to maintain safe, healthy and nutritious environments for children and their families whether in licensed child care or in the school system in Ontario. Regulations are specific to the age groups involved and educators are required to implement the appropriate guidelines for health, safety, and nutrition for children in their care.

The Ministry of Labour oversees the health and safety of employees in licensed child care and school boards. Child Care Operators and School Boards are tasked with ensuring safe workplaces for employees to conduct their duties in spaces that support healthy and safe environments. Educators contribute to healthy and safe workplaces through specific obligations which will be outlined in this text to aid in understanding workers' rights and obligations under the Occupational Health and Safety Act (1990).

1.2 Holistic Health and Wellness in Early Childhood Education and Care

“Well-being addresses the importance of physical and mental health and wellness. It incorporates capacities such as self-care, sense of self, and self-regulation skills” (OME, 2014).

Early years' settings in Ontario use How Does Learning Happen? Ontario's Pedagogy for the Early Years and The Kindergarten Program to guide practice with young children. Each framework embeds wellness into its foundation through well-being (OME, 2014) and self-regulation and well-being (OME, 2016). Wellness in young children must be nurtured from a holistic perspective to honour the connectivity between self care and care for others, including more than humans.



Figure 1. The four foundations ensure optimal learning and development. These foundations inform the goals for children and expectations for programs (OME, 2014, p. 8). The Four Foundations by King's Printer of Ontario.

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Figure 2. The four frames of Kindergarten (outer circle) grow out of the four foundations for learning and development set out in the early learning curriculum framework (inner circle). The foundations are essential to children's learning in Kindergarten and beyond. The frames encompass areas of learning for which four- and five-year-old's are developmentally ready (OME, 2016, p. 14). The Four Foundations by King's Printer of Ontario.

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Read

Children are developing at a rapid pace in the early years and must be provided with enriching experiences in safe, healthy, and nutritious environments. Early childhood education is often viewed from an educational and developmental lens without considering the importance of the pedagogy of care. To understand more about the importance of the pedagogy of care, **please read the following article:**

- What is the Pedagogy of Care? from *Community Playthings*

As educators we often find we are rushing through our day to ensure all routine tasks are complete. How can we slow down our day to consider wellness for children, their families, ourselves, our colleagues, and the communities we share with others? We will take a deeper dive into how we can embed holistic health and wellness into our everyday practice in early childhood education and care.

As we progress through the chapters it is important to remember the rights of the child. Health, safety, and nutrition are only some of the key aspects for consideration when respecting the rights of the child and finding ways to ensure holistic health and well-being are embedded in our daily practice with all who share the learning space and lands where we reside.

1  DEFINITION OF A CHILD	2  NO DISCRIMINATION	3  BEST INTERESTS OF THE CHILD	4  MAKING RIGHTS REAL	5  FAMILY GUIDANCE AS CHILDREN DEVELOP	6  LIFE, SURVIVAL AND DEVELOPMENT	7  NAME AND NATIONALITY
8  IDENTITY	9  KEEPING FAMILIES TOGETHER	10  CONTACT WITH PARENTS ACROSS COUNTRIES	11  PROTECTION FROM KIDNAPPING	12  RESPECT FOR CHILDREN'S VIEWS	13  SHARING THOUGHTS FREELY	14  FREEDOM OF THOUGHT AND RELIGION
15  SETTING UP OR JOINING GROUPS	16  PROTECTION OF PRIVACY	17  ACCESS TO INFORMATION	18  RESPONSIBILITY OF PARENTS	19  PROTECTION FROM VIOLENCE	20  CHILDREN WITHOUT FAMILIES	21  CHILDREN WHO ARE ADOPTED
22  REFUGEE CHILDREN	23  CHILDREN WITH DISABILITIES	24  HEALTH, WATER, FOOD, ENVIRONMENT	25  REVIEW OF A CHILD'S PLACEMENT	26  SOCIAL AND ECONOMIC HELP	27  FOOD, CLOTHING, A SAFE HOME	28  ACCESS TO EDUCATION
29  AIMS OF EDUCATION	30  MINORITY CULTURE, LANGUAGE AND RELIGION	31  REST, PLAY, CULTURE, ARTS	32  PROTECTION FROM HARMFUL WORK	33  PROTECTION FROM HARMFUL DRUGS	34  PROTECTION FROM SEXUAL ABUSE	35  PREVENTION OF SALE AND TRAFFICKING
36  PROTECTION FROM EXPLOITATION	37  CHILDREN IN DETENTION	38  PROTECTION IN WAR	39  RECOVERY AND REINTEGRATION	40  CHILDREN WHO BREAK THE LAW	41  BEST LAW FOR CHILDREN APPLIES	42  EVERYONE MUST KNOW CHILDREN'S RIGHTS
43-54  HOW THE CONVENTION WORKS	<h1>CONVENTION ON THE RIGHTS OF THE CHILD</h1>					

The United Nations Convention on the Rights of the Child by Unicef.org, used under fair dealing. All Rights

CECE Standard of Practice

Standard III: Safety, Health and Well-Being in the Learning Environment Principle

“Registered early childhood educators (RECEs) intentionally create and maintain environments that support children’s play and learning as well as contribute to a sense of belonging and overall well-being. They ensure that the environment is safe and accessible for all children and families. They also ensure that the environment reflects the values and diversity of the community” (CECE, 2017).



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1.3 Health in Early Years Legislation

Regulation

Medical officer of health directions, inspections

32. (1) Every licensee shall ensure that any direction of a medical officer of health with respect to any matter that may affect the health or well-being of a child receiving child care at a child care centre the licensee operates or a premises where the licensee oversees the provision of home child care is carried out by the staff of the child care centre or home child care agency or by the child care provider at a home child care premises.

(Ontario Regulation 137/15, under the Child Care and Early Years Act, 2014. © King's Printer for Ontario, 2015)

Educators are tasked with ensuring early years settings are reflective of healthy practices including health promotion, hygiene practices, illness management and prevention, mental health supports, and adhering to all health regulations provided by public health and mandated by the Ministry of Education. These various aspects will be discussed in multiple chapters to ensure students and new graduates are supported in their understanding of health related policies that are presented in a variety of early years and school age settings.

Resources and sample policies will be shared in this text to support educators in recognizing signs of illness, understanding steps to follow to manage illness in group settings, and learning procedures to prevent the spread of illness in early years settings. Pandemic planning and recovery will be embedded in infectious disease information. Educators in early years settings must be knowledgeable about policies and procedures necessary for preventing life threatening allergic reactions and for implementing medical plans for children. In collaboration with community partners educators are equipped with tools and training to engage in preventive health management.

1.4 Nutrition

Children spend a large portion of their day in early years and school age settings. Many licensed child care programs provide well-balanced snacks and lunches for children while kindergarten and school age programs may require children to attend prepared with their own food. Educators must be knowledgeable of appropriate nutritional principles and practices for children from birth to 12 years of age.

Many children have specific dietary requirements which must be considered and adhered to when preparing and serving food for children in early years settings. Dietary Planners and Supervisors must obtain a Safe Food Handler's Certificate to ensure food is safely stored, prepared, and served for children. Educators prepare the environment and role model healthy eating habits for young children. Chapter four will discuss the importance of social and emotional learning associated with nutrition. The slow food movement, sustainable practices and a connection to the land will be discussed to guide educators in supporting children's development of healthy relationships with food.



Mother with Daughters Gardening by Freepik, Freepik License

Families are the most important partners in supporting inclusive dietary and eating practices in early years settings. Dietary planners, families, educators, supervisors, and dietitians work in collaboration to ensure the nutritional needs of children are being met through written and verbal communication. Inviting families into the menu planning process supports the creation of inclusive and diverse menus, typically including snacks and lunches. Chapter four will discuss the menu development tools available in Canada to ensure appropriate dietary practices are embedded in early years settings. Reflections around relationships with food will be considered to support students and new graduates in developing positive mindsets towards the social, cultural, religious, economic, and environmental food practices in settings that honour diversity, equity and inclusion (DEI).

1.5 Safety

**“Children are competent, capable of complex thinking, curious, and rich in potential”
(OME, 2014).**

Children bring their unique and diverse selves to the learning space and are ready to explore, investigate, learn, and build their knowledge. Educators are tasked with ensuring the learning spaces are safe for children to share their perspectives, to engage in manageable risk-taking, and to learn self-care and care for others. Chapters six and seven will discuss in detail the many measures necessary to embed relevant practices in early learning settings to ensure safe physical and social spaces.

Indoor and outdoor learning spaces provide unique challenges for safety. A deep understanding of regulations, policies, and procedures supports educators in both adhering to and promoting safety for young children. Information related to medical policies, playground procedures, supervision policies, and children’s mental health will be discussed to support students and new graduates in caring for young children.

Families often look to educators for resources and information to support their children at home and in the community. Educators need to be aware of resources to share with families to further their knowledge in supporting the safe development of their child. Resources may include information, learning opportunities, community agency support, and organizational partnerships to ensure diversity, equity, and inclusion for all children. Awareness to support this capacity as an educator will be discussed further in this textbook.

Safe workplaces provide employees of licensed childcare organizations and school boards with peace of mind when engaging in daily work with young children. As educators work to ensure children are safely learning to support their growth and development, educators must also have an awareness to keep themselves and others safe in the learning spaces, the larger organization, and in the community. The Ministry of Labour has many resources available to maintain safe and healthy workplaces. Educators must be made aware of these regulations, policies and procedures prior to engaging in work with young children. Occupational health and safety will be discussed in the text, along with mental health and wellness necessary for educators to live a balanced life for themselves when caring for others.

1.6 Holistic Care: Diversity & Inclusion

Educators supporting children and families in the early years must be knowledgeable of the many facets involved in creating safe, healthy, and nurturing environments through problem solving, critical thinking, and reflective practice. The ability to educate and care for children and their families can lead to burnout and exhaustion when diverse perspectives are not respected and celebrated. Educators work alongside one another in complex learning spaces where respect of one another's values is crucial to the success of a program. Learning spaces must be inclusive of abilities, provide opportunities to celebrate diversity, and provide equitable access for those engaged in co-learning alongside one another.

Educators must continually learn and challenge themselves to understand new ways of growing their pedagogical practice. Sharing in communities of practice, networking within communities, and participating in ongoing professional learning supports the continued growth of an educator's mindset. Learning alongside children, families, colleagues, and communities sets the foundation for the co-construction of knowledge in a comprehensive and collaborative manner. Educators and children are engaged in important daily work, contributing to future societal and environmental impacts on these lands. Learning to access resources to support this important role is necessary for emerging educators working with young children.

1.7 Issues Impacting Health & Wellness in Canada

Developing an understanding of barriers children, families, and communities encounter when accessing early years support is essential for educators working with young children. According to Statistics Canada (2022) 31% of children under 6 years of age are accessing formal child care programs. Children in rural and remote settings are the least likely to access licensed child care due to a lack of programs servicing these areas. Families are faced with challenges finding available and affordable licensed spaces and are now experiencing additional pressures under the new Canada Wide Early Learning and Child Care (CWELCC) program as waiting lists have recently expanded.

Children with special rights, requiring support through inter-professional collaboration, may not have access to these services if they are not enrolled in an early learning program. This impacts early intervention strategies for children and their families who may be requiring resources and respite care.

As Canadians begin recovering from a world-wide pandemic, many families are unhoused and facing challenges they weren't facing prior to the pandemic. Children living precariously have less opportunity to participate in safe early learning spaces and may not have the ability to establish a healthy foundation for learning.



© UNICEF/UN033196. Figure 1. United Nations' Logo for Convention on the Rights of the Child. Used under fair dealing. All Rights Reserved.

The Rights of the Child

Children have the right to food, clothing and a safe place to live so they can develop in the best possible way. The government should help families and children who cannot afford this (Unicef, 2023).



As Canada moves towards Truth and Reconciliation many Indigenous communities are still without safe drinking water. This is a contravention of the second children's right of no discrimination under the United Nations Convention on the Rights of the Child (2023). While many surrounding communities have access to safe drinking water this right is not granted to many Indigenous communities throughout Canada. Educators working with young children play a significant role in advocating for the children and families in their care. Chapter seven will discuss ongoing barriers for families in accessing equitable, safe, and healthy developmental opportunities for their children.

Truth and Reconciliation Commission of Canada: Calls to Action

12. We call upon the federal, provincial, territorial, and Aboriginal governments to develop culturally appropriate early childhood education programs for Aboriginal families (TRC, 2015).

1.8 Wellness: Summary and Educator Toolkit

Early childhood education and care (ECEC) sets the foundation for lifelong learning for the future citizens of society. It is pertinent that they are offered opportunities to develop critical thinking skills in healthy, nutritious, and safe environments with qualified educators co-learning alongside children, families, and one another. Educators must be prepared and equipped for the complexities of this important work through education, training, reflection, and lifelong learning.

This text will introduce emerging educators to legislation and regulations necessary to set the stage for healthy and safe learning in early years' settings. Implementation of policies and procedures will be discussed throughout the chapters, along with concepts for supporting the health and wellness of educators engaged in the important work of learning alongside young children and their families. Important resources and local community connections will be shared to support students and new graduates as they conduct placements and embark on new employment as Registered Early Childhood Educators. The final chapter will include a toolkit that will provide helpful resources and templates for educators beginning this valued journey.

Exercise

Interactive Activity/Reflective Practice



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=148#h5p-3>

Resources for Further Exploration

- Child Care and Early Years Act
- Child and Youth Network

- How Does Learning Happen?: Ontario's Pedagogy for the Early Years from ontario.ca
- Middlesex London Health Unit (MLHU)
- Occupational Health and Safety Act
- The Kindergarten Program

1.9 References

Chapter References

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CHAPTER 2: HEALTH PROMOTION



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Chapter Outline

- 2.0 Learning Objectives
- 2.1 Public Health in Canada
- 2.2 Interprofessional Collaboration
- 2.3 Social Determinants of Health
- 2.4 Safe Spaces
- 2.5 Inequities in Health Promotion
- 2.6 Environmental Racism

2.7 Child Maltreatment
2.8 References

2.0 Learning Objectives

Learning Objectives

In this chapter, we will:

- Articulate the legislation and recommendations of Canadian and local health care systems for children birth to 12 years;
- Analyze, evaluate and apply relevant information from a variety of sources;
- Collaborate with children, families, colleagues, agencies, and community partners to create, maintain, evaluate and promote safe and healthy early learning environments to support independence, reasonable risk-taking and healthy development and well-being.

2.1 Public Health in Canada

Health Definition

“The World Health Organization (W.H.O.) offers a simple definition of health as “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity”. “Social well-being” is an important aspect of this definition that may not always occur to us in thinking about our health” (Government of Canada, 2008).

Source: World Health Organization. (2023). Constitution.

Regulatory Bodies

Canada shares a vision for children and youth based on core principles of the United Nations Convention of the Rights of the Child (UNCRC), which is an international treaty regarding the rights of children under the age of 18.

UNCRC member countries agree that governments and adults have a responsibility to ensure a child’s right to survival, healthy development, and protection from harmful influences. Children also have a right to be protected from abuse and exploitation, as well as experience full participation in family, cultural, and social life (Government of Canada, 2011).

Canada as a nation is a member country of the United Nations and has adopted the Convention on the Rights of the Child. This membership informs the definition of health promotion for Canadians. The Public Health Agency of Canada is a collaboration between the Minister of Health, the Minister of Mental Health and Addictions, the Chief Public Health Officer, and senior leadership of the Public Health Agency of Canada (PHAC, 2023). Direction is provided to the provincial Ministers of Health who work in collaboration with provincial health agencies to mandate legislation for local Medical Officers of Health. The local Medical Officer of Health is tasked with implementing a team of medical professionals to support health promotion in their local communities through public health units.

We often think of health promotion as pertaining to our physical health. Health promotion includes so much more than a singular focus on physical health. All humans have the right to live a healthy life, free from environmental hazards, abuse, and discrimination. Public Health Ontario describes

health promotion as a process of implementing social and environmental interventions that enable people and communities to increase control over and to improve their health (PHO, 2023). Public Health Ontario works in collaboration with Ontario's Chief Medical Officer of Health, the Ministry of Health and Long-Term care, and local public health units to make informed decisions around supporting the health and well-being of people residing in the province of Ontario (PHO, 2023).



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=232#oembed-1>

Video: Public Health Ontario: Today and Tomorrow by Public Health Ontario [1:37] transcript available. on YouTube

Locally, multiple health units oversee public health for their communities, including early years settings in licensed child care, school boards, family centres, and EarlyON centres. A public health inspector is assigned to licensed child care centres and school age programs to conduct regular inspections of the classrooms and food preparation spaces. Public health nurses support early years' settings through community outreach and consultation. Covid-19 placed public health agencies at the forefront of the daily news beginning in March 2020 as a world-wide pandemic was declared. Early years' settings work in collaboration with public health units to promote safe and healthy environments and practices for young children. This collaboration was heightened during the pandemic when public health units guided the early years sector, alongside the Ministry of Education.



Sources (used under fair dealing. All Rights Reserved.):

Southwestern Public Health (SWPH)

The Middlesex-London Health Unit

Health & Social Services –
Haldimand and Norfolk

2.2 Interprofessional Collaboration



Small group discussion by Culture Republic, CC BY-ND 2.0.

All individuals accessing early years' settings enter into the learning and caring spaces with diverse worldviews. Children, families, educators, and administrators must feel welcomed and have a sense of belonging within their communities. Community agencies work in collaboration to ensure healthy living is promoted to protect the well-being of its members. The Child and Youth Network (CYN) is made up of more than 170 agencies supporting children and youth in London and Middlesex (CYN, 2023). Leaders in organizations supporting the early years will attend regular CYN meetings and participate in CYN subcommittee work to implement action plans for supporting the health promotion of children and youth living in London/Middlesex.

Read

Interprofessional collaboration is not limited to those in administrative roles in the early years. Educators have a responsibility to collaborate with many community partners to support health promotion for children, families, colleagues, and themselves. Please read the following Practice Guideline from the College of Early Childhood Educators to further understand the important role of interprofessional collaboration in the early years' setting:

- *Communication and Collaboration with Community Partners and Other Professionals from College of Early Childhood Educators*

2.3 Social Determinants of Health

The Public Health Agenda of Canada (PHAC) describes social determinants of health as a group of social and economic factors that relate to an individual's place in society such as income, education or employment (2022). The broader health determinants as defined by PHAC are listed below:

- Income and social status
- Employment and working conditions
- Education and literacy
- Childhood experiences
- Physical environments
- Social supports and coping skills
- Healthy behaviours
- Access to health services
- Biology and genetic endowment
- Gender
- Culture
- Race/Racism (Government of Canada, 2022)

“Experiences of discrimination, racism and historical trauma are important social determinants of health for certain groups such as Indigenous Peoples, LGBTQ and Black Canadians” (PHAC, 2022).

Children, their families, educators, and communities are impacted by social determinants of health. Early years' settings provide spaces for people with diverse perspectives to come together to co-construct new ways of being that will ensure a sense of belonging for one another and to care for the places where they learn. As educators engage in different levels of advocacy for children, families, and one another, they are constantly finding ways to provide spaces that support diversity, equity and inclusion (DEI) for all.

Educators often disrupt dominant discourses to ensure children receive the support they need to secure their sense of belonging and healthy well-being. The Eco-Social Determinants of Health by Think Upstream (2023), a project by the Canadian Centre for Policy Alternatives provides educators with additional considerations when creating DEI supportive spaces



Eco-Social Determinants of Health by ThinkUpstream, CC BY-NC-ND 3.0.

Image Alternative Text

Alternative Text: Eco-Social Determinants of Health include: social exclusion, income and income distribution, aboriginal status, racialization, gender, disability, early learning, education, employment and working conditions, unemployment and job security, social safety network, housing, food insecurity, and health services.

Exercise

Interactive Activity/Reflective Practice



An interactive H5P element has been excluded from this version of the text. You can view it online here:
<https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=247#h5p-1>

2.4 Safe Spaces, Accountable Spaces

Regulations

Compliance with health and safety standards, Building Code, Fire Code, etc.

13. (1) Every person who applies for a licence to operate a child care centre under section 20 of the Act shall at the time of application file with a director evidence that the premises to be used as a child care centre complies with,

- (a) the laws affecting the health of inhabitants of the municipality or of the reserve of a First Nation, as the case may be;
- (b) any rule, regulation, direction or order of the local board of health and any direction or order of the local medical officer of health that may affect the provision of child care;
- (c) any by-law of the municipality or any by-law of the council of the First Nation on the reserve, as the case may be, and any other law for the protection of persons from fire hazards;
- (d) any building by-law passed by the municipality pursuant to the Planning Act or any predecessor of that Act and any by-law of the council of the First Nation on the reserve to regulate the construction, repair or use of buildings;
- (e) the requirements of Ontario Regulation 332/12 (Building Code) made under the Building Code Act, 1992, where applicable;
- (f) the requirements of Ontario Regulation 213/07 (Fire Code) made under the Fire Protection and Prevention Act, 1997, where applicable; and
- (g) the requirements of the Safe Drinking Water Act, 2002, where applicable.

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Safe spaces support health promotion for young children by ensuring all structures are regulated by building codes, fire codes, and safe drinking water mandates. Noncompliances may be issued by Inspectors from any of the regulatory bodies listed in the above regulation from the Child Care and Early Years Act, 2014 (CCEYA). It is essential that early learning programs adhere to the mandated codes and rectify any concerns raised by Inspectors. The CCEYA legislates that licensees of child care centres are accountable for implementing safe spaces to protect the health and well-being of young children. Accountable spaces must consider the social well-being of those accessing the early years' settings.

How Does Learning Happen (2014) and The Kindergarten Program (2016) curricular frameworks begin to address the importance of social well-being through the implementation of the four foundations necessary for learning. These foundations honour the rights of the child to feel a sense

of belonging, to be able to express their unique perspective, to engage in a safe environment, and be supported in developing a sense of well-being.

Creating inclusive and diverse learning spaces where children, families, and educators can see themselves reflected is an ongoing practice in early years settings. The individuals accessing the early year's program are the best resources to learn more about diverse abilities, traditions, beliefs, values, and preferences. Educators find ways to communicate with families to learn more about how to support each child's unique perspective. All individuals have valuable contributions to make in the co-construction of knowledge in early years settings. A welcoming and accountable space invites others to share their diverse perspectives and allows them to feel confident in communicating their needs for consideration when setting up the social and physical environment.



Pride Parade 2016 by GoToVan, CC BY 2.0.

Exercise

This activity will require you to read a brief overview about how to use this checklist in practice. Once you have read the overview, please click the **Take the Checklist** button. This will direct you to another website where you will need to click the **Do the checklist** button. You can start the checklist without adding your personal information if you do not have a child care space you are assessing. If you would like to assess a child care space (placement or place of employment) you can enter your personal information to receive a professional development certificate from the Canadian Child Care Federation.



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=256#h5p-2>

2.5 Inequities in Health Promotion

Many individuals enter into learning spaces while experiencing inequities in their lives. Educators need to be aware of these inequities in order to support children, families, and one another in facing adversities. Not all children have equal access to resources and support, whether it be financial security, responsive relationships, freedom from abuse, access to resources, and protection from discrimination. Many of these barriers will be discussed later in the text. Environmental racism is a systemic issue that many children and families in Canada must endure. This is contradictory with the promotion of health being addressed at so many levels in Canada's political system.

2.6 Environmental Racism

Many marginalized children and their families experience environmental racism that is embedded into society due to the colonial structure present in the many systems in Canada. It is important to be aware of these inequities and to advocate for change to ensure healthy living is promoted for all children. Statistics Canada (2019) states that Black and Indigenous peoples are much more likely to experience discrimination than non-Indigenous, non-visible minority populations. Environmental racism is too commonly experienced by Black and Indigenous communities in Canada. Two blog posts are included below that describe environmental racism currently being experienced by children and their families in our region of Ontario and across Canada.

Read

Please read the following blog posts from Ecojustice and London Environmental Network.

- Environmental Racism in Canada
- Environmentalism in Action: Clean Water Rights

Please watch the following video to hear perspectives from those impacted by environmental racism in Canada:



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=266#oembed-1>

Video: Growing push to address and track environmental racism in Canada by CBC News: The National [2:19] transcript available

Children experiencing environmental racism are not being given an equal start in life in Canada which contradicts the UNCRC treaty signed by Canada. Educators work to support young children and their families by accessing resources to promote well-being and health to ensure all children are getting the best start in life. Children facing adversities require knowledgeable educators who are engaged in interprofessional practice to advocate for change in conditions that hinder health promotion. Additional barriers for children's health and well-being will be discussed in chapter eight.

2.7 Child Maltreatment

Child maltreatment impacts the promotion of health and well-being in children and may cause lifelong issues with physical and mental health. Educators in the early years conduct daily health checks to ensure children are growing and developing in a positive manner guided through responsive relationships with adults. Educators working with young children have a duty to report suspected abuse or neglect. The following chapters discuss the scope of abuse in Ontario and the duty to report suspected child maltreatment.

Read

Child Maltreatment: An Introductory Guide With Case Studies

- 2.1 The Scope of Child Abuse in Ontario, Canada
- 6.1 Duty to Report Suspected Child Abuse and Neglect

CECE Standards of Practice

Standard VI: Confidentiality, Release of Information and Duty to Report

Registered early childhood educators (RECEs) respect the confidentiality of information related to children and families and obey all laws pertaining to privacy and the sharing of information. RECEs disclose such information only when required or allowed by law to do so or when necessary consent has been obtained for the disclosure of information.

They understand that as a result of their professional knowledge and role, they are in a unique position to recognize possible signs of child abuse, neglect and family violence, and have a particular duty to report their suspicions (CECE, 2017).



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Resources for Further Explanation

- Environmental Racism: What is it and what can we do about it?
- FamilyInfo.ca
- Child Care Centre Licensing Manual – Government of Ontario (2019)
- Middlesex London Health Unit
- There's Something in the Water

2.8 References

Chapter References

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CHAPTER 3: ILLNESS PREVENTION AND MANAGEMENT



Photo by CDC, Unsplash License.

Chapter Outline

- 3.0 Learning Objectives
- 3.1 Illness Prevention in Early Years Settings
- 3.2 Immunizations
- 3.3 Hand Hygiene
- 3.4 Diapering and Toileting

- 3.5 Cleaning and Disinfecting
- 3.6 Mental Health in the Early Years
- 3.7 Illness Management
- 3.8 Managing Outbreaks in Early Years Settings
- 3.9 Asthma and Allergies
- 3.10 Medical Plans
- 3.11 References

3.0 Learning Objectives

Learning Objectives

In this chapter, we will:

- Explain the policies and procedures for reducing the spread of infection and maintaining children's health and well-being;
- Ability to connect legislative and administrative policies to procedures necessary for effectively managing illness in self and in the early years setting.

3.1 Illness Prevention in Early Years Settings

Families choose to enroll their children in licensed child care programs for a wide variety of reasons. Some families may want their children to socialize with peers, learn from qualified educators, or to ensure their children are safe while their family members are engaged in work, school, or other activities requiring time away from their children.

Enrollment into licensed child care programs in Ontario requires that children follow the provincial immunization schedule. Vaccines provide protection from illness, not only to ensure children are protected from certain illnesses but that their peers and the broader community are protected from preventable diseases, many being life-threatening.

Licensed child care programs and early years settings are required to follow protocol to ensure learning spaces are safe, healthy, and sanitary in order to prevent the spread of infection and reduce the transmission of illnesses. Many of these measures will be discussed in this chapter to support educators in maintaining spaces with preventative policies to reduce illness in early years settings. Measures include proper hand hygiene, daily health checks, diapering procedures, disinfection routines, and enhanced temporary protocols implemented during pandemics.

Mental health in early years settings became a high priority during the Covid-19 pandemic when schools and licensed child care programs were closed, preventing children from socializing with peers and potentially placing children in precarious situations without ongoing monitoring that takes place daily in schools and early years settings. Licensed child care programs were directed by the Ministry of Education to ensure resources were included in Covid-19 policies for families to support the mental health of children and their caregivers. These resources continue to be made available to families as both preventive and supportive measures.

“Now more than ever, *How Does Learning Happen, Ontario’s Pedagogy for the Early Years* (2014) is a key support for children, families and educators as we recover from the challenges of these difficult times. We know that it is critical to put measures in place to support the immediate health and safety of children, families and educators, however, emotional well-being should be given the same level of care and attention. Neglecting children’s need for responsive and caring relationships and for environments that support exploration, play and inquiry can result in significant long term risks to children’s mental health, well-being and capacity to learn” (Ontario Ministry of Education, 2020).

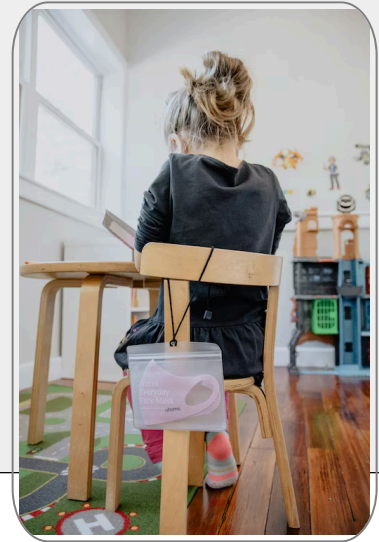


Photo by Kelly Sikkema, Unsplash License.

3.2 Immunizations

“Vaccines prevent serious illnesses — including many that are easily spread in schools and daycare centres. For more than 200 years, vaccines have been saving lives around the world” (Ministry of Health, 2023).

Vaccines have been administered to young children for many generations, preventing serious illness and disease in children and their families in Canada and around the world. Some families may choose not to vaccinate their child for medical, philosophical, or religious reasons. These practices were present amongst families prior to the onset of the Covid-19 pandemic but during the recent pandemic a lot of misinformation was shared about Covid-19 vaccines through social media channels. This resulted in public health developing additional messaging to support families in understanding the value of vaccinations for their young children.

Educators support families in accessing sound resources to ensure families are making the most informed decisions for their children. Families are diverse, with different worldviews coming together in learning spaces for young children. Educators must be knowledgeable about the legislation around immunizations and potential exemptions from immunizations for children. “As such, vaccine hesitancy is a multifaceted phenomenon influenced by various social, cultural, and political contexts; vaccine hesitant people are a heterogenous group in that they may refuse some vaccines, but agree to others; for this reason, vaccine uptake is not directly related to vaccine hesitancy and it can vary by specific vaccines involved” (Lee, et al., 2022). It is essential that educators become familiar with resources available through their local public health units. These resources can be readily shared with families when they have questions about immunizations or other health related matters.

Please watch the following video:



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=439#oembed-1>

Video: Tara's Story: Getting Vaccinated Can Help Keep You and Your Family Safe by ONgov [0:52]. Transcript available on YouTube.

Regulation

Immunization

35. (1) Every licensee shall ensure that before a child who is not in attendance at a school or private school, within the meaning of the Education Act, is admitted to a child care centre it operates or to a premises where it oversees the provision of home child care, and from time to time thereafter, the child is immunized as directed by the local medical officer of health. O. Reg. 137/15, s. 35 (1); O. Reg. 126/16, s. 24 (1); O. Reg. 254/19, s. 8 (1).

(2) Subsection (1) does not apply where a parent of the child objects to the immunization on the ground that the immunization conflicts with the sincerely held convictions of the parent's religion or conscience or a legally qualified medical practitioner gives medical reasons to the licensee as to why the child should not be immunized. O. Reg. 137/15, s. 35 (2); O. Reg. 126/16, s. 24 (2).

(3) Objections and medical reasons under subsection (2) shall be submitted in a form approved by the Minister. O. Reg. 126/16, s. 24.

(Ontario Regulation 137/15, under the Child Care and Early Years Act, 2014. © King's Printer for Ontario, 2015)

Immunization records are requested by licensed child care operators during the enrollment process. Any licensed agency, including licensed home child care, will need to ensure a copy of each child's immunization records are kept on file to be reviewed by public health or the Ministry of Education. Families are expected to keep immunization records up to date with their child care providers and their local public health units. If these dates are not maintained, families will be notified of missing immunization records. In some cases, children may be excluded from child care or suspended from school due to unreported vaccines or exemptions.

Families and health care practitioners are guided by the Ontario publicly funded vaccine schedule for the appropriate timing for each vaccine. The vaccine schedule will be discussed with health care practitioners during a child's ongoing health care visits. The following vaccines are required for enrollment in a licensed child care centre or licensed home child care:

- Diphtheria, Pertussis, Tetanus, Polio;
- Measles, Mumps, Rubella;

- Haemophilus Influenza Type B (HiB);
- Chickenpox;
- Meningitis;
- Pneumococcal.

(MLHU, 2023)

Read

Review the following:

- Routine Publicly Funded Vaccine Schedule for Healthy Children from the Haldimand-Norfolk Health Unit. A PDF/Printer Friendly Version is also available.

Read the following resource for families regarding immunizations for young children:

- Immunization – Babies and Preschool Children from *Middlesex-London Health Unit*

Vaccine Exemptions

Some children may be exempt from vaccines for medical reasons or for their family's philosophical or religious beliefs. In non-medical circumstances the family must complete an affidavit upon enrollment with a copy kept on file at the child's licensed child care or at the child's school. Vaccine exemptions for medical reasons require the family to provide their child care provider with a doctor's or nurse practitioner's completed statement of medical exemption form. A copy of this must be kept in the child's file at child care.

- Statement of Conscience or Religious Belief
- Statement of Medical Exemption

Read

Read the following resource to understand more about immunization record maintenance and the process for vaccine exemptions:

- Immunization Record Review from *Middlesex-London Health Unit*

3.3 Hand Hygiene

“Hand hygiene is the action of cleaning your hands. It relates to the removal or killing of micro-organisms from the hands while maintaining good skin integrity” (Southwestern Public Health, 2020).

Handwashing is the most important measure used to prevent the spread of illness in group care and educational settings. Children, educators and volunteers should wash their hands upon entry into the classroom space. Not only will this help prevent the spread of illness it also helps prevent any cross-contamination of allergens for children with life-threatening allergies sharing the same learning space. Hand washing is the preferred method over the use of hand sanitizer for the prevention of illness. Hand sanitizer may be used by educators when they do not have convenient access to hand washing facilities. Hand sanitizer is not a substitute for proper hand washing after diaper changes and toileting or before preparing food. Hand hygiene is necessary in the following situations for both children and adults in early years settings.

- Upon entering the classroom at arrival or when returning indoors from outdoor play;
- Prior to eating or serving food;
- After each diapering or toileting incident;
- When hands are visibly soiled;
- After coughing, sneezing, blowing nose, or wiping nose;
- After cleaning up any vomit, diarrhea, urine, or blood;
- After caring for anyone who is ill;
- After handling any pet urine or excrement;
- After using cleaning products to avoid contaminating food or sensory materials with chemicals;
- Before administering any first aid or touching a child’s or your own eyes, ears, mouth, nose, or wounds.

Handwashing

Young children need help learning how and when to wash their hands. Teaching these self-care routines in a calm and reassuring environment is helpful in establishing healthy habits for children. Educators can sing songs with children to ensure children are lathering and scrubbing their hands for the appropriate length of time for proper cleaning. This supports the engagement of children in routine tasks by making these preventative measures more enjoyable. Educators model proper hand washing techniques by washing their hands throughout the day, alongside the children.



Photo by Ketut Subiyanto, Pexels License.

The 6 Step Method

Please review the 6 step guide to proper handwashing:

HANDWASHING

The 6 Step Method

1. Wet Hands



2. Dispense Soap



3. Lather (20 seconds)



4. Rinse



5. Towel Dry



6. Turn Off with Towel



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Exercise

Test Your Knowledge



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<https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=449#h5p-4>

Hand Sanitizer

Hand sanitizer is not a replacement for handwashing but can help support effective hand hygiene in certain circumstances. Educators are often helping children by wiping noses during outdoor play. Educators cannot reduce legislated ratios to go indoors to wash their hands after wiping a child's nose so accessing hand sanitizer while outdoors can be a preventative measure until handwashing facilities can be accessed.

Hand sanitizer should never be used after diapering or helping a child use the toilet. Hand sanitizer should only be used when hands are not visibly soiled. Hand sanitizer was encouraged more often during the Covid-19 pandemic to support hand hygiene for children. Young children often put their hands in their mouths so handwashing is the preferred method of hand hygiene over the use of hand sanitizer for young children.

Download (PDF)

Click link to download:

- Please review the hand sanitizer how-to poster from the Southwestern Public Health Unit.

Useful tip: Having access to hand lotion will help keep an educator's hands from drying out and cracking with repeated hand washing and sanitizing. Ensure hand lotion is free from strong fragrances and from potential allergens.

3.4 Diapering and Toileting

Diapering and toilet training young children involves some of the most important routines a child will encounter in an early years setting. During this time children are developing autonomy and are gaining power through their ability to control their toileting needs. It is essential that educators and caregivers work together to develop a consistent plan for supporting a child, both at home and in an early years setting. A trusting, calm, and supportive environment is necessary for a child to be successful with toilet training. These care routines can be established during earlier diapering patterns.

Very young children will respond positively to calm and caring adults changing their diapers. This is a great opportunity for educators to bond with children as one on one moments with children in early years settings may be rare. Educators can engage with children by explaining what they are doing, by making eye contact, by signing songs during diapering routines, and by providing opportunities for children to help with certain tasks to complete the diapering or toileting process. This may include the child carrying diapers to the change table or moving a footstool over to the toilet so the child may independently sit on the toilet without being lifted.

“Accepted norms of toilet training relate more to cultural differences than scientific evidence”
(Kiddoo, 2012).

Read

Read the following resource for families regarding immunizations for young children:

- Potty Training: Learning to the Use the Toilet from *Zero To Three*

It is important to remember that children are in control of their bodies and will be successful with toilet training if they are treated with respect. If a child refuses to have their diaper changed or sit on the toilet educators need to find ways to provide choices for children.

Children should be approached individually, rather than inviting them across a classroom to sit on the toilet or have their diaper changed. Often children will be engaged in an activity and are not ready to have their diaper changed. If a child refuses, let them know you will change someone else's

diaper and come back when they are ready. A child may want to bring a book or toy to the toilet or to the change table for comfort. This may make the transition easier for the child and the adult.

Diapering and Toileting Routines

Another important consideration for educators engaged in diapering and toilet training young children relates to safe and hygienic conditions. Along with developing caring and trusting relationships, diapering and toileting routines must be carried out in a manner that keeps children physically safe and follows protocol for maintaining a healthy environment. Never leave a child unattended on a change table as they may fall from the elevated surface.

[Download \(PDF\)](#)

Please review the sample diaper changing procedure for early years settings from the Haldimand-Norfolk Health Unit.

3.5 Cleaning and Disinfecting

Cleaning and maintaining a healthy early years setting requires some light housekeeping tasks to prevent the spread of illness. Some tasks may be undertaken multiple times per day, while other tasks may be conducted daily or weekly. An excellent way to ensure these tasks are shared and completed is to develop a cleaning chart for the learning space. All team members can share in these duties to ensure one member of the team isn't overwhelmed with maintaining the cleanliness of the classroom environment. View the example below of a cleaning chart to understand how often particular tasks should be undertaken.

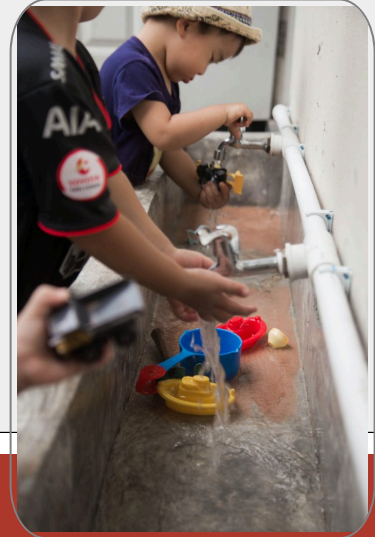


Photo by Micah Eleazar, Pexels License.

[Download \(PDF\)](#)

Please download and view the example below of a cleaning chart to understand how often particular tasks should be undertaken.

- [Cleaning and Disinfecting Schedule from York Region Public Health](#)

Cleaning tasks may include wiping down tables and chairs, sweeping and mopping the floors, wiping down surfaces and materials, laundry, changing bedding, and ensuring a general tidiness of the classroom to keep it safe for those using the space. Disinfection involves a deeper cleaning to ensure surfaces are free from pathogens. Educators will ensure change tables, toilets, sinks, cribs, cots, and surfaces are disinfected regularly to reduce the spread of illness and infections. Tables and toys are disinfected with food safe solutions to ensure children are not ingesting chemicals. Deeper daily cleaning is typically conducted by a third party, custodian, or employee hired specifically for cleaning duties. This will take place after hours and may include vacuuming, washing the floors, and cleaning the bathrooms.

Cleaning and Disinfecting Solutions

Bleach and water solutions are the most common and least expensive disinfection products to use in early years settings. Bleach solutions should be prepared daily to ensure efficacy of the disinfectant. Safe preparation of cleaning solutions will be discussed later in this textbook.

Download (PDF)

Please download and view the example below of how to mix a bleach solution for disinfecting:

- [Mixing of Chlorine \(Bleach\) Solution for Disinfecting from *Southwestern Public Health*](#)

Low and intermediate level chlorine (bleach) solutions are most commonly used in early years settings. Intermediate-high level chlorine solutions are used when an enteric outbreak has been declared. Public health units will work with licensed child care settings to determine when an outbreak is taking place and will outline steps to take to ensure the outbreak is contained. This may involve increasing the level of disinfection and making modifications to the exclusion policy.

Some early years settings may use different products for disinfection. Specific training may be required for the proper storage, handling, and use of these products. Health and safety measures related to the use of cleaning products will be discussed in chapter five. Educators must be knowledgeable about protocols necessary to keep themselves, the children, and others safe when handling chemicals or cleaning products.

3.6 Mental Health in the Early Years

The physical health and well-being of children, families, educators, and employees in early years settings were at the forefront of daily practice during the Covid-19 pandemic. Enhanced health and safety measures were implemented that tested the resources and resiliency of those working in the early years profession. Licensed child care organizations remained open while schools closed, providing emergency child care for school age children whose guardians were deemed essential workers.

Daily screening protocols were implemented, enhanced exclusion policies were ever changing, personal protective equipment was regularly used, disinfection routines disrupted pedagogical growth, and even physical distancing measures were practiced in early years settings. It wasn't until further on in the pandemic that Registered Early Childhood Educators (RECEs) were even considered essential workers, caring for children of essential workers so they could go to work.

The impacts of the pandemic continue to this day, through grieving lost family members and friends, by managing long haul Covid-19 symptoms, and in supporting the mental health of everyone who lived through this life-changing event.

Read

The Ministry of Education introduced *Building on How Does Learning Happen?: Pedagogical approaches to re-opening early years and child care programs in Ontario* to support educators in shifting the focus to the social and emotional well-being of children, families, and themselves as they navigated the ongoing pressures of the pandemic.

- [Building on How Does Learning Happen?](#) from *The Ministry of Education – Ontario*

Family members were not permitted entrance into licensed child care centres during the early months of the pandemic. Children were dropped off and picked up outside or at the centre entrance to an employee or supervisor managing the transition. This practice reduced interactions between educators and guardians, limiting relationship building and partnerships necessary for the well-being of all involved. New families engaged in virtual tours before dropping off their infant for the first time. These physical distancing measures took their toll on children, families, and educators. Daily communication was limited and took place via Zoom, phone, or through digital platforms.

Digital platforms such as Storypark and Hi Mama became invaluable during the pandemic as

families were able to view the documentation of learning stories and see photos and videos of their children while they were in care. Pedagogical practices changed for educators as they had to embrace these new methods of communication and find ways to embed them into their daily practice. The digital platforms allowed family members to communicate and co-construct knowledge around how their children were learning. These digital platforms continue to be of value for communication between educators and family members.

Please view the links below for the most common digital platforms used in the early years in Ontario:

- Storypark
- himama

Read

Read the policy brief highlights from *Covid-19 and Early Childhood Mental Health: Fostering Systems Change and Resilience* by accessing the following link. Consider the challenges, considerations, and policy recommendations necessary to support early childhood education and care.

- COVID-19 and Early Childhood Mental Health: Fostering Systems Change and Resilience – Policy Brief Highlights from *Mental Health Commission of Canada*

Dr. Jean Clinton shares an important message about the conditions necessary for children to learn when caregivers cultivate conditions necessary for children to develop a sense of belonging and well-being.



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=468#oembed-1>

Video: Dr. Jean Clinton – Conditions for Learning by Waterloo Catholic District School Board (WCDSBTube) [3:02]. Transcript available on YouTube.

Read

Read and interact with the following webpage to learn more about mental health in young children and to discover valuable resources for supporting children and families in maintaining their social and emotional well-being.

- Children and Mental Health from *Middlesex-London Health Unit*

3.7 Illness Management

Educators are responsible for ensuring the health and wellness of all children in a learning space. Educators and children are exposed to many pathogens given their close proximity to one another during care routines and when they are co-learning alongside one another. Educators must follow public health protocol and early years policies to maintain health and wellness in early years spaces. This may lead to challenging decision making when a child must be excluded from care for symptoms of illness.



Photo by Karolina Grabowska, Pexels License.

Families are unique and have different responsibilities and accountabilities. Some family members may face immense pressure in their workplace to avoid taking a day off. Some families do not have any family members or close friends living nearby. Families must be made aware of illness exclusion policies before enrolling in licensed child care to ensure they are able to adhere to the policies of the organization. Illness spreads very quickly in group care due to the close proximity of children and educators. Children discover and learn about their world through their senses so young children often explore materials orally. While educators work quickly to disinfect shared materials it is not always possible to prevent children from sharing items they have been exploring orally. Educators and child care supervisors work with families to support the health and wellness of all children. There may be times when a child is excluded from attending child care due to symptoms of illness or a diagnosis from a doctor or nurse practitioner. This may present challenges for families who do not have backup support to care for a sick child. These situations will be discussed at further length below.

Regulation

Child Illness and Accident

36. (1) Every licensee shall ensure that a daily observation is made of each child receiving child care in each child care centre it operates and in each premises where it oversees the provision of home child care before the child begins to associate with other children in order to detect possible symptoms of ill health.

(2) Every licensee shall ensure that where a child receiving child care at a child care centre it operates or

at a premises where it oversees the provision of home child care appears to be ill, the child is separated from other children and the symptoms of the illness noted in the child's records.

(3) Where a child is separated from other children because of a suspected illness, the licensee shall ensure that,

(a) a parent of the child takes the child home; or

(b) where it is not possible for a parent of the child to take the child home or where it appears that the child requires immediate medical attention, the child is examined by a legally qualified medical practitioner or a nurse registered with the College of Nurses of Ontario.

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Daily Health Checks

Educators in licensed child care conduct daily health checks to ensure children are not displaying any symptoms of illness, to ensure they are feeling a sense of well-being, and to observe for any signs of trauma or abuse. Daily health checks should be conducted early in the day to support the child if any concerns arise. Daily health checks are usually conducted in a checklist format and may be part of the daily attendance records. A sample daily health check has been provided below. Any changes in behaviour or signs of trauma should be noted on the daily health check. Documentation provides a resource to review at a later date if tracking any concerns.



A Daily Health Check by Virtual Lab School.

Scope of Practice

We will be discussing illness management policies in this chapter so it is important to note that

educators are not trained medical professionals. Educators are not equipped to diagnose children with symptoms of illness or with behavioural changes. Educators are equipped with knowledge of available resources in the community to share with families. Ongoing networking in the community and building interprofessional practice helps guide educators in knowing which supports are available and how to connect families with these supports.

Early years settings often have brochures, postcards with QR codes, guides, and lists of community resources. These resources can be shared with families through conversation or by displaying the resources in a high traffic area so family members may access the resources independently. Some families may be struggling with adversities and may not be ready to discuss these challenges with early years staff. It is important to continue to build relationships resulting in more trust between educators and family members.

Illness Management Policies

Making the decision to exclude a child from an early years setting for symptoms of illness or for a specific medical diagnosis can be challenging. It is important that families understand the reason for the exclusion. Illness exclusion or sick policies should be included in the parent handback each family receives upon enrollment into an early years program. Educators and supervisors may want to discuss the illness policies during centre tours so families can determine whether the organization is the right fit for their family.

Fortunately, local public health units have infectious disease guides that support educators in the decision making process when children are displaying symptoms of illness. Licensed child care organizations also develop policies in compliance with public health and the Ministry of Education. Page four of the following guide provides a quick reference chart for exclusion in group child care settings. This guide can be used to make decisions for children, educators, and employees of early years settings. This guide also provides information about different types of illnesses.

Recommendation

Ministry of Education Child Care Centre Licensing Manual – Recommendation

Each child care centre should obtain and post information (available from the local public health authority) on the symptoms, incubation periods and isolation periods of various diseases. Staff should be familiar with this information and pay close attention to any changes in children's behaviour, daily routine or demeanor. Staff should pay particular attention to:

- elevated temperatures, flushing, pallor or listlessness;
- an acute cold, nasal discharge or coughing;
- vomiting or diarrhea; • red or discharging eyes or ears;
- undiagnosed skin rashes or infections; and
- unusual irritability, fussiness and restlessness.

Staff should be especially vigilant with younger children whose language skills are emerging and children with special needs as such children may have difficulty communicating that they are not feeling well. Policies and procedures for the temporary care of moderately ill children may be developed by the licensee with assistance from the public health unit. Parents should be made aware of any policies that allow moderately ill children to participate in the program, particularly for licensed infant rooms, as young children are more susceptible to illness than older children.

Licensees should also develop policies and procedures related to when ill children will not be permitted to attend child care. These policies and procedures should be developed in consultation with the local public health unit and should include information on when parents will be notified of atypical behaviour or signs of ill health as well as information on when parents will be asked to pick up their children. Staff should communicate with parents at the first sign of ill health, particularly with younger children (infants and toddlers) who have developed a fever, even if the threshold for asking that the child be taken home has not yet been met. Parents then have the choice to pick up their child if they are concerned. When a child has been exposed to a communicable disease such as measles (i.e., another child attending the centre is ill), licensees should notify parents as soon as possible and strongly encourage parents to contact their physician. Both staff and parents should observe all children who were exposed to the communicable disease for any signs and symptoms during the incubation period.

(Government of Ontario, 2023)

Read

Read the following PDF about common childhood infections:

- *A Guide to Common Childhood Infections from Middlesex-London Health Unit & Southwestern Public Health*

3.8 Managing Outbreaks in Early Years Settings

When multiple children or early years employees become ill in a short time period public health may want to declare an outbreak within a classroom or possibly the entire centre. Typically an outbreak is declared when 3 or more individuals become ill with similar symptoms within 24 hours. Licensed child care operators must contact their local public health unit when 3 or more individuals from a classroom become ill with similar symptoms in a 24 hour time period. Typically licensed child care centres will experience enteric outbreaks which includes gastrointestinal symptoms such as vomiting and diarrhea. Enteric outbreaks can happen easily in infant programs where children are in diapers and orally exploring their environment.

Enhanced infection control measures will be instructed by public health if outbreak status is declared. These measures may include longer periods of exclusion from care for individuals with symptoms, increased concentration of disinfection solutions, enhanced cleaning for the learning space and signage visibly placed so others are aware of the ongoing outbreak status. Child care operators must notify anyone impacted by the outbreak status. Licensed child care operators will be required to track the number of individuals with symptoms, the type of symptoms, and their attendance records to be shared with their local public health units. Tracking charts are available through public health. Public health will assign an outbreak number for each case which must be reported as a serious occurrence with the Ministry of Education. Public health will work closely with licensed child care operators to remove the outbreak status as soon as possible.

Download (PDF)

- Sample Control Measures for Enteric Outbreaks
- Sample Tracking List for Outbreaks
- Sample Outbreak Warning Sign

Covid-19 and Pandemic Preparedness

The Covid-19 worldwide pandemic caught many countries off guard in March 2020. Supplies of PPE were limited and much was unknown about this new virus. Vaccines were developed and

administered in the second year of the pandemic, providing some relief from the life-threatening impacts. Vaccine development continues as the Covid-19 virus mutates. Covid-19 is no longer considered an worldwide emergency but it continues to mutate and circulate in the population. Many of the preventative measures have been lifted in early years settings but it is prudent that licensed child care organizations are prepared to implement preventative measures again in the future.

Scientists have warned that future pandemics are inevitable so it is important that lessons are learned from the Covid-19 pandemic. Licensed child care organizations must continue to be up to date in infection control prevention and management strategies. This may include the development of a pandemic plan. A pandemic plan may help prepare for the financial constraints a pandemic may cause or aid in the storage of resources to implement when necessary.

Download (PDF)

- Sample Pandemic Preparedness Checklist.

3.9 Asthma and Allergies

Children accessing early years settings may have asthma or anaphylactic allergies. Both of these conditions can be life-threatening so it is essential that plans are implemented into the program through policies, protocol, and training to ensure all early years employees are prepared to prevent and manage any asthma symptoms or anaphylactic reactions. Licensed child care programs work with families and medical professionals to prepare and implement plans for children with asthma or life-threatening allergies.

Regulation

Anaphylactic Policy

39. (1) Every licensee shall ensure that each child care centre it operates and each premises where it oversees the provision of home child care has an anaphylactic policy that includes the following:

1. A strategy to reduce the risk of exposure to anaphylactic causative agents, including rules for parents who send food with their child to the centre or premises.
2. A communication plan for the dissemination of information on life-threatening allergies, including anaphylactic allergies.
3. Development of an individualized plan for each child with an anaphylactic allergy who,
 - i. receives child care at a child care centre the licensee operates, or
 - ii. is enrolled with a home child care agency and receives child care at a premises where it oversees the provision of home child care.

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Anaphylaxis

Life-threatening allergies are becoming more commonplace in our society. Many children enrolled in early years settings have life-threatening allergies to foods and other allergens. Anaphylaxis may develop during the time a child is enrolled in a program. A child may not be exposed to a particular allergen until they are older. Children may have an anaphylactic reaction to something such as bee stings, latex, or a food they have not tried previously. Many licensed child care programs will request that families try all foods at home first, before introducing them in an early years setting. This reduces the chances of an anaphylactic reaction occurring in a group care setting.

Watch the following video to learn more about anaphylaxis:



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=496#oembed-1>

Video: What is Anaphylaxis by Food Allergy Canada [4:51]. Transcript available on YouTube.

Children with life-threatening allergies will have a plan developed for their care when they enroll into licensed child care and school. This plan will be developed between the family, medical professionals, and early years administrative staff. Training will be provided for educators, along with the plan being made available in each classroom where the child will be present, in the kitchen for the dietary planner, and in an emergency kit to be taken outdoors or on field trips. This plan will accompany an Epi-Pen that must be accessible at all times. In licensed child care the anaphylactic plan will be hung on the wall, visible to anyone who enters the learning space. This will provide details around how to support the child in the event of an anaphylactic reaction.

Download (PDF)

- Sample Individual Anaphylaxis Plan

Asthma

Licensed child care operators must have a medical plan in place for children with asthma. Registration forms will request health information from families. Often children develop asthma later when they are preschoolers so a child may not have asthma as an infant or toddler but may develop it by the time they are in their preschool years. Educators will notice symptoms of asthma through daily health checks and through ongoing communication with families. Once a child has been diagnosed with asthma by a medical professional a medical plan will be put into place so educators know how to help the child manage their symptoms.

Read

Read *What is Asthma?* by Asthma Canada to understand more about the symptoms and triggers:

- Understanding Asthma from *Asthma Canada*

Regulation

Children With Medical Needs

39.1. (1) Every licensee shall develop an individualized plan for each child with medical needs who,

- (a) receives child care at a child care centre it operates; or
- (b) is enrolled with a home child care agency and receives child care at a premises where it oversees the provision of home child care. O. Reg. 126/16, s. 27; O. Reg. 174/21, s. 1.

(2) The individualized plan shall be developed in consultation with a parent of the child and with any regulated health professional who is involved in the child's health care and who, in the parent's opinion, should be included in the consultation. O. Reg. 126/16, s. 27.

(3) The plan shall include,

- (a) steps to be followed to reduce the risk of the child being exposed to any causative agents or situations that may exacerbate a medical condition or cause an allergic reaction or other medical emergency;
- (b) a description of any medical devices used by the child and any instructions related to its use;
- (c) a description of the procedures to be followed in the event of an allergic reaction or other medical emergency;
- (d) a description of the supports that will be made available to the child in the child care centre or premises where the licensee oversees the provision of home child care; and
- (e) any additional procedures to be followed when a child with a medical condition is part of an evacuation or participating in an off-site field trip. O. Reg. 126/16, s. 27; O. Reg. 174/21, s. 1.

(4) Despite subsection (1), a licensee is not required to develop an individualized plan under this section for a child with an anaphylactic allergy if the licensee has developed an individualized plan for the child under section 39 and the child is not otherwise a child with medical needs. O. Reg. 126/16, s. 27.

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

3.10 Medical Plans

Individualized medical plans are developed for children requiring support for medical conditions or medical devices. For example, a child with a history of febrile seizures requires a medical plan to guide educators in knowing what symptoms to watch for, knowing when to administer non-prescription medication such as Tylenol, and knowing who to contact in the event of an emergency. Individualized medical plans are developed with input from the family, regulated medical professionals, and early years supervisors. If a child has anaphylaxis, the anaphylaxis plan will be used instead of the individualized medical plan.

Medical plans are reviewed by educators, early years setting employees, students, and volunteers prior to engaging with the child. The individualized medical plan is also posted in the classrooms where the child is present, with a copy available to educators when they are outdoors or on a field trip. This plan will accompany any medication required. If the medication is in a locked medicine box a copy of the plan can be placed in a bag with the labeled medication. Educators ensure they have this locked medicine box with them on field trips, when outdoors, or during evacuations.

[Download \(PDF\)](#)

- [Sample Medical Plan](#)

Medication Administration

Families will often request that medications be administered to their children when they are present in early years settings. Medications may include prescriptions medications or non-prescription medications. In order to reduce the opportunity for medication errors, licensed child care operators may encourage families to administer medication to the child when they are at home whenever possible. Licensed child care operators will not administer non-prescription medications without a very detailed letter from a doctor or nurse practitioner. Medications must always be provided by family members. Early years settings are not dispensaries therefore they cannot provide medications for children. Early years settings may refuse to administer medication so it is important for early years settings to share their medication policies prior to a child's enrollment. Licensed child care providers who administer medication develop detailed policies and protocols to ensure medication errors are

minimal. Educators, students, and volunteers will be trained on these policies prior to working with children.

Regulation

Administration of Drugs or Medications

40. (1) Where a licensee agrees to the administration of drugs or medications, the licensee shall ensure that,

(a) a written procedure is established for,

- (i) the administration of any drug or medication to a child receiving child care at a child care centre operated by the licensee or at a premises where it oversees the provision of home child care, and
- (ii) the keeping of records with respect to the administration of drugs and medications;

(b) all drugs and medications on the premises of a child care centre operated by the licensee or at a premises where it oversees the provision of home child care are,

- (i) stored in accordance with the instructions for storage on the label,
- (ii) administered in accordance with the instructions on the label and the authorization received under clause (d),
- (iii) inaccessible at all times to children, and
- (iv) in the case of a child care centre, kept in a locked container;

(c) one person in each child care centre operated by the licensee and in each premises where it oversees the provision of home child care is in charge of all drugs and medications and that all drugs and medications are dealt with by that person or a person designated by that person in accordance with the procedures established under clause (a);

(d) a drug or medication is administered to a child only where a parent of the child gives written authorization for the administration of the drug or medication and that included with the authorization is a schedule that sets out the times the drug or medication is to be given and amounts to be administered; and

(e) a drug or medication is administered to a child only from the original container as supplied by a pharmacist or the original package and that the container or package is clearly labelled with the child's name, the name of the drug or medication, the dosage of the drug or medication, the date of purchase and expiration, if applicable, and instructions for storage and administration. O. Reg. 137/15, s. 40 (1); O. Reg. 254/19, s. 10.

(2) Despite subclauses (1) (b) (iii) and (iv) and clause (1) (c), the licensee may permit a child to carry his or her own asthma medication or emergency allergy medication in accordance with the procedures established under clause (1) (a). O. Reg. 137/15, s. 40 (2).

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Watch this helpful video to understand the importance of the 5 Rights of Safe Medication Administration:



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=517#oembed-1>

holisticwellnessece/?p=517#oembed-1

Video: The “Five Rights” of Safe Medication Administration by The Early Childhood Education and Training Program [7:40]. Transcript available on YouTube.

Prescription Medication

Prescription medication may be administered if it is in its original container with a prescription label. The prescription label must contain the medication name, the child’s name, the doctor or nurse practitioner’s name, the dosage, the time to be administered, and the route for administration. The family member must complete a medication administration permission form with information matching the prescription label. Educators must ensure the permission form matches the prescription label before administering the medication. If the information isn’t aligned the educator cannot administer the medication until the family member signs off on a revised form.

Routes for administration may be through inhalation, ingestion (mouth), injection, or through the eyes, ears or nose with drops, ointments, or sprays. Medication must be kept in a locked container and out of the reach of children. If the medication needs to be refrigerated, a locked medication box will be stored in a refrigerator. Each time medication is administered the educator must document the child’s name, type of medication, the date of administration, the dosage amount, and sign off. This must be done immediately to ensure there is no double dosing. If this information is not documented another educator may administer the medication believing it had not already been administered. Educators must also note the administration of medication in the daily written record in the classroom.



*Photo by Kelly Sikkema.
Unsplash License.*

Non-Prescription Medication

Licensed child care organizations are hesitant to administer non-prescription medications for many reasons. Typically these medications come with less instructions for use, are not prescribed by a medical professional, do not have a dosage amount or time specific to the child, and may mask symptoms of illness. For example, a child may have a fever and need to be excluded from care. If the symptom of a fever is masked with fever reducing medication the child may remain in care, exposing other children to infectious diseases.

In the case of febrile seizures a family may provide written instructions by a doctor to administer fever reducing medication. The letter must contain the child's name, the doctor's name, the medication name, the dosage amount, when to administer the medication, and symptoms that must be present in order for the child to receive the medication. This letter must remain in the child's file and be used in the creation of an individualized medical plan.

Some early years settings may allow parents to supply non-prescription medication for administration but the medication will need to be in its original container, accompanied by a doctor or nurse practitioner's letter indicating all of the required information necessary for the medication to be safely administered to the child. The non-prescription medication container must be labeled with the child's first and last name. The family member needs to complete a medication administration permission form. Educators must document each time the medication is administered.

[Download \(PDF\)](#)

Click link to download:

- [Sample Permission Form – Medication Administration](#)
- [Sample Medication Administration Policy \(Appendix\)](#)

Exercise

Test Your Knowledge



An interactive H5P element has been excluded from this version of the text. You can view it online here:
<https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=517#h5p-5>

Topical Ointments

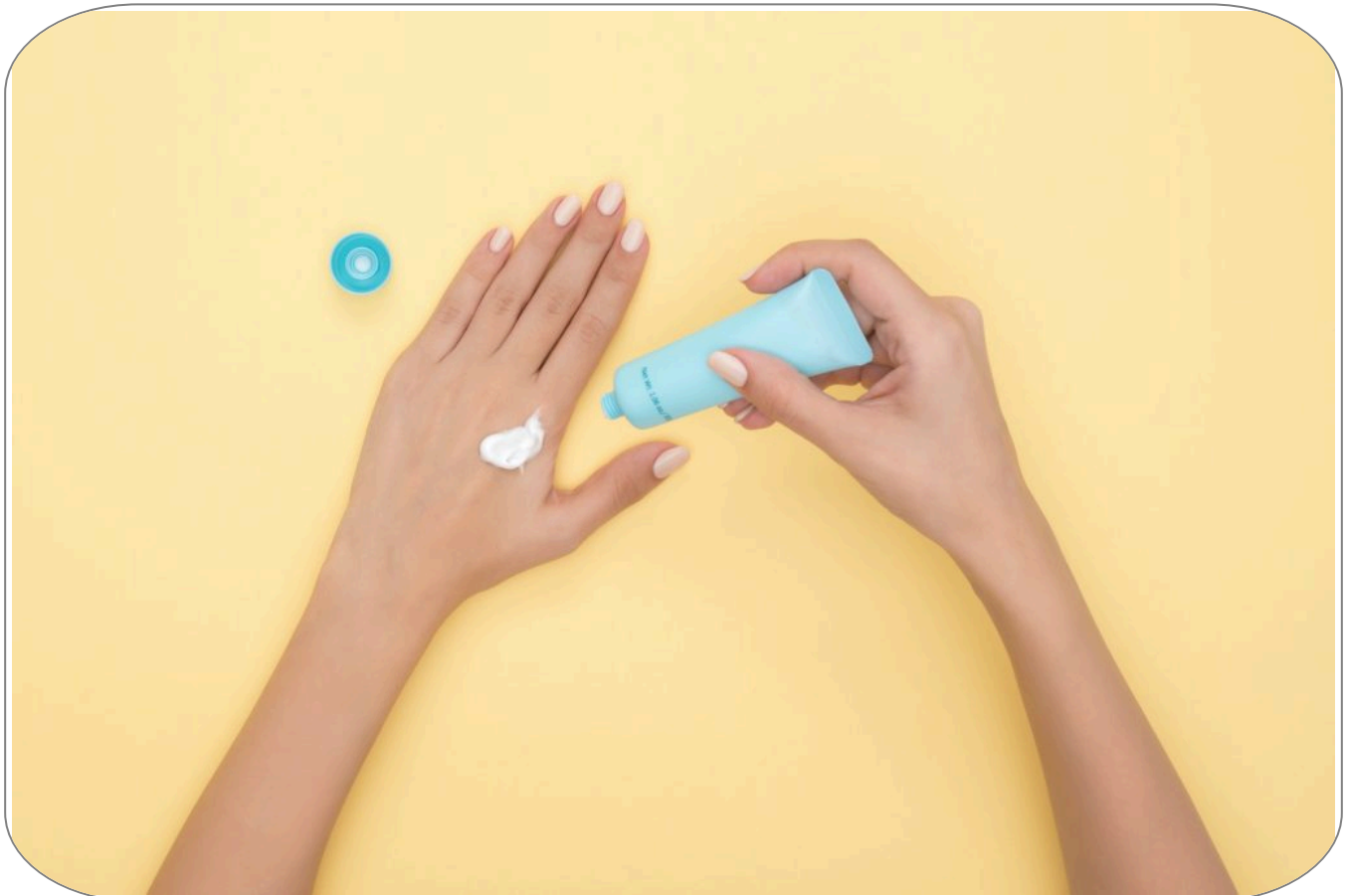


Photo by Moose Photos. Pexels License.

Families are encouraged to provide ointments and lotions for their children. Some early years settings may provide topical ointments such as sunscreen but families must grant permission for these topical ointments to be used for their children. Educators must ensure ointments do not contain any allergens that may impact other children in the learning space. All topical ointments must be labeled with the child's name. Expired topical ointments will be returned to the family for discarding. Topical ointments must be kept out of the reach of children. Children may help apply ointments such as sunscreen when they are old enough to do so.

Regulation

Administration of Drugs or Medications (Continued)

(3) The following items do not constitute drugs or medication for the purposes of this section, except where the item is a drug, as defined in the Drug and Pharmacies Regulation Act, prescribed for a child by a health professional:

1. Sunscreen.
2. Moisturizing skin lotion.
3. Lip balm.
4. Insect repellent.
5. Hand sanitizer.
6. Diaper cream. O. Reg. 174/21, s. 22.

(4) In respect of an item described in subsection (3) that does not constitute a drug or medication for the purposes of this section, a licensee shall ensure that,

- (a) the item is administered to a child only if a parent of the child has given written authorization for the administration of the item;
- (b) the item is stored in accordance with the instructions for storage on the label and the container or package is clearly labelled with the child's name and the name of the item; and
- (c) the item is administered to a child only from the original container or package and in accordance with any instructions on the label and any instructions provided by the parent of the child. O. Reg. 174/21, s. 22.

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Many early years settings have developed topical ointment forms for parents to check off and sign to allow for changes to be made more easily as the child grows and changes over the years. It is important to note that sunscreen is not recommended for infants under 6 months of age. Families may also provide homemade ointments. Families should ensure there is a list of ingredients provided with homemade ointments to ensure they are allergen free. Other items that may be added to the topical ointment permission form include face paint, nail polish, and first aid ointments.

Download (PDF)

Click link to download:

- [Sample Topical Ointment Permission Form](#)

3.11 References

Resources for Further Exploration

- Asthma Action Plan
- Building on How Does Learning Happen?: Pedagogical Approaches to Re-Opening
- Early Years and Child Care Programs in Ontario
- Middlesex-London Health Unit – Immunization Records and Reporting
- Ontario – Vaccines for Babies and Toddlers
- Safe Healthy Children: A Health and Safety Manual for Childcare Providers
- Toilet Training Reflective Tip Sheet

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CHAPTER 4: NUTRITION IN EARLY YEARS SETTINGS



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Chapter Outline

- 4.0 Learning Objectives
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4.0 Learning Objectives

Nutrition in the Early Years

This chapter will discuss the importance of nutrition in early years settings. Educators play an important role in ensuring healthy feeding practices are established, in collaboration with families, dietary planners, public health, and medical professionals when necessary. Nutrition strongly impacts children's development from the prenatal stage into adulthood. Patterns are entrenched for a lifetime so it is essential that healthy nutritional routines are established in the early years.

In this chapter nutritional practices will be discussed for each age group in the early years, along with Canada's Food Guide, menu planning, safe food handling, food allergies, nutrition challenges, and sustainable food methods that support a stronger connection to the land. Regulations and recommendations from the Ministries of Education and Health will be shared, along with sample policies and resources to support educators as they begin their journey in modelling healthy and inclusive nutritional guidance for children and their families.

Learning Objectives

In this chapter, we will:

- Describe appropriate nutritional principles and practices for infants, toddlers, preschoolers and school-agers;
- Ability to develop menu for licensed child care setting by embedding Canada Food Guide recommendations;
- Understand sustainable dietary practices to support care for humans, the land, and more than human others.

4.1 Prenatal Nutrition & Infant Feeding Practices

Nutrition in the early years begins before a child is born. Impacts on prenatal development can have positive and negative effects on a child's development. Nutritional practices are different for every person giving birth, resulting in public health mandates to provide education for those carrying and giving birth to a child. Caregivers and adoptive parents may be unaware of impacts that may have occurred prior to gestation and in utero.

Educators play an important role supporting families through pregnancies. Families may already participate in learning spaces with their child when they become pregnant. Families may also seek support during their pregnancy from Early ON or Family Centre educators. Pregnancy resources can be found at multiple agencies throughout the province of Ontario.

In London/Middlesex Familyinfo.ca provides information and links to many resources for new families:

- Pregnancy to Pre-School

The Middlesex London Health Unit and Southwestern Public Health provide Prenatal Health eLearning Programs for families:

- Prenatal Health eLearning Program
- Online Prenatal Classes

Infant Feeding Practices

Regulation

Requirements re: Food and Drink

42. (1) Every licensee shall ensure that,

- (a) each child under one year old who receives child care at a child care centre operated by the licensee or at a premises where it oversees the provision of home child care is fed in accordance with written instructions from a parent of the child; and
- (b) where food or drink or both are supplied by a parent of a child receiving child care at a child care centre operated by the licensee or at a premises where it oversees the provision of home child care, the container for the food or drink is labelled with the child's name.

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Children may begin attending child care several weeks after they are born but most often children enroll in licensed child care or attend programs in early years settings around the age of one after the Canadian paternity leave benefits have ended for families. Early years settings in Ontario require written nutritional plans for each child under the age of one. These plans must be developed with the family to ensure consistency between feeding practices at home and in the early years setting.

Feeding practices differ from family to family and child to child for a variety of reasons. Feeding practices are linked to social, cultural, spiritual, and physical needs. The most important resource in developing infant feeding plans is the family. Written plans must be shared with all educators working with the child and the dietary planner to ensure the feeding plan is followed.

Read (PDF)

Read: Healthy Eating and Food Allergies chapter from Safe Healthy Children Manual – a resource for childcare providers by the Middlesex London Health Unit.

4.2 Breastfeeding & Bottle Feeding

Breastfeeding

The World Health Organization and UNICEF recommend that infants are exclusively breastfed for the first 6 months of their lives (WHO, 2023). Solids may be introduced at 6 months of age but it is recommended that children continue to breastfeed until the age of 2 or beyond (WHO, 2023). Early years settings play an important role in providing support for continued breastfeeding once a child is enrolled into an infant program. Educators may want to be equipped with breastfeeding resources in the event a parent is struggling with breastfeeding and would benefit from additional information.



Photo by Tamilyes Esposito, Pexels License.

Read

Local public health units are equipped with resources regarding breastfeeding and can provide additional support for families. Review the following information provided by the Middlesex London Health Unit:

- Breastfeeding from *Middlesex-London Health Unit*

Policies are put in place to ensure children can continue to consume breast milk while in licensed child care. Families may choose to bring breast milk in storage containers or bottles to be stored and served safely while their child is in care. Early years settings can be supportive by ensuring they have proper safe food handling techniques in place to put a family at ease, knowing their child can safely continue to drink breast milk while away from their caregivers.

Some caregivers may be able to drop into an infant program to breastfeed when their child is in care. A warm, calm, and welcoming space with comfortable adult sized furniture is necessary for a caregiver to breastfeed their child. There may be a space inside a classroom or a quiet space outside of the classroom where a caregiver and infant can go to engage in breastfeeding. It is important to let new families know this is an option for them when they are enrolling their child in care.

Bottle Feeding

Many bottle fed infants attend early years programs. Communication between educators and family members is important to ensure the correct information is exchanged. A child may be breastfeeding at home but needs to drink from a bottle while at child care because their caregiver cannot attend during the day due to other commitments such as work or school.

Many families will provide their ready made bottles for their infants upon drop off to an early years setting. The bottles may contain prepared formula, breastmilk, cow's milk, or an alternative such as soya formula. It is important to label the bottles immediately with the child's first and last name to ensure the correct bottle goes to the correct child. This measure will reduce the potential for error and help to prevent a child from drinking something they may not be able to drink due to allergies or dietary restrictions.

Feeding plans will be developed for children under the age of one. Educators also collaborate with families and dietary planners to ensure the nutritional needs are met for infants over the age of one. Some families may want their infant to use a sippy cup when possible. Many infants are bottle fed before nap. Educators provide a nurturing environment for infants when bottle feeding. This includes holding children while they drink from their bottle. A child should never be put down for a nap with their bottle. Some children may want to hold their bottles independently while sitting in a high chair or at a small child sized table. Infants must not walk around while drinking from their bottles to avoid choking, injuries, and tooth decay.

For more information about how to support safe bottle feeding watch the following video:



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=613#oembed-1>

Video: How to Bottle Feed your Baby: Paced Bottle Feeding by Region of Peel [2:45]. Transcript available on YouTube.

Milk and Milk Alternatives

Families may be exclusively breastfeeding their child but there are times when this is not possible for a wide variety of reasons. These barriers could include a reduced milk supply, lack of support for breastfeeding, a caregiver taking medication that is not suitable for consumption by an infant,

strong marketing of infant formula, lack of support when returning to work, and many other reasons. Educators must be open to listening and supporting all choices made by families.

Infants in early years settings may be exclusively breastfeeding or may be drinking formula for their main source of nutrients. Some children may have an allergy to milk protein so soya or rice based formulas may be used instead. Educators and families must collaborate to ensure this main source of nutrition is consistent between home and the early years setting.

Some families may want cow's milk introduced around the age of one but this should not be introduced in the early years setting first. Families should introduce new foods or milk at home prior to their introduction in an early years setting to ensure there are no allergic reactions. Licensed child care programs are encouraged to provide whole milk for children ages two and under. Programs may switch to 2% milk once the child is an older toddler or preschooler.

Infant Milk Storage

Most infant programs in licensed child care settings will have a refrigerator to store prepared bottles or containers until the children are ready to consume the milk. Refrigerators in the kitchen or classroom must contain a fridge safe thermometer to ensure the fridges are kept at a safe cooling temperature to avoid any food borne illnesses. A public health inspector will check for fridge thermometers when they conduct inspections. They will also be checking for a daily log of fridge temperatures. These logs must be recorded for each fridge, each day, to ensure the proper cooling temperatures are maintained. Typically, the dietary planner will record the daily temperatures of refrigerators and freezers in the kitchen area.

[Read \(PDF\)](#)

Read: Storage and Use of Breastmilk by the Middlesex London Health Unit

Infant Milk Preparation

Some families may choose to provide a sealed container of liquid or powder formula if their child is drinking formula. Educators will discuss preparations of the formula with families to ensure feeding practices are consistent with home. Educators need to be aware of how to mix the formulas in a safe

manner to ensure there is no cross contamination or food borne illnesses when serving formula to children.

It is recommended that milk be heated in a bottle warmer, rather than a microwave, to avoid hot spots that may be present in microwaved milk. The temperature of the milk should always be tested before serving it to a child. Educators follow nurturing bottle feeding routines after preparing the formula to ensure the child's nutritional, social, and emotional needs are being met.

Introducing Solids

A written plan developed between families and early years settings provides educators and dietary planners with instructions regarding feeding practices for children under the age of one. These written plans outline the type of milk the child is consuming, how it is consumed, the schedule for consumption, and supportive methods for nurturing this important aspect of nutrition for infants. The plan also includes information regarding any solid foods that have been introduced at home. This may include any likes or dislikes, any potential allergies, and textures that are familiar for the child. This information helps educators understand how to serve solid food for the child to prevent choking, allergic reactions, and to nurture a preference for a wide variety of foods. Any restrictions will be visibly posted in the classroom to ensure infants are not consuming something they have not tried at home or something they are unable to consume.

Many early years settings will request a written plan for children over the age of one as part of the registration process. This supports the educators and dietary planners in understanding which foods have yet to be introduced and which textures the child can manage. There may be a transition period when a child is eating some menu food and some food provided by the family. Ongoing communication between the educators, dietary planner, and the family is essential to ensure the nutritional needs of the child are being met. Families have different values around the introduction of solid foods so educators must be open to new ideas and be able to support families if they have questions regarding the introduction of solid foods for their children. Educators provide support by offering information and resources from public health to assist families in making informed decisions.

Read

Read the following webpage to understand more about introducing solid foods for infants:

- [Introducing Solid Foods from *Middlesex-London Health Unit*](#)

4.3 Toddler Nutritional Practices

Toddlers are in a unique position of transitioning between familiar infant feeding routines to more independent feeding practices. Toddlers enjoy more autonomy over how, when and what they will eat. Toddler classrooms are generally equipped with small child sized tables and chairs to support the children as they become more independent. Some younger toddlers may still drink from a bottle or be breastfed. The infant feeding practices discussed should be embedded into toddler programs to ensure a smooth transition for new toddlers who are entering from an infant program. Often the toddler classroom may be the first learning space for a young child who has only been familiar with a home caregiving environment. Many infants are already familiar with using blunt edge utensils while some young toddlers may have their first introduction to using utensils. Toddlers like to eat finger foods while they are learning to use utensils. Finger foods help support toddlers in gaining their autonomy with feeding practices. It continues to be important for educators to collaborate with families and dietary planners to establish consistent feeding practices between early years settings and home.



*Photo by
Quentin Touvard, Unsplash
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Toddler meal times are served in a family style setting with educators sitting with the children, modeling healthy eating practices and engaging children in conversation. These snack and meal routines are great opportunities to extend learning through conversation, role modeling, and providing a calm and nurturing space for children to feel welcome. Educators may engage families in sharing cultural feeding practices and traditions that can be embedded into the classroom to ensure a sense of belonging for the children accessing the space.

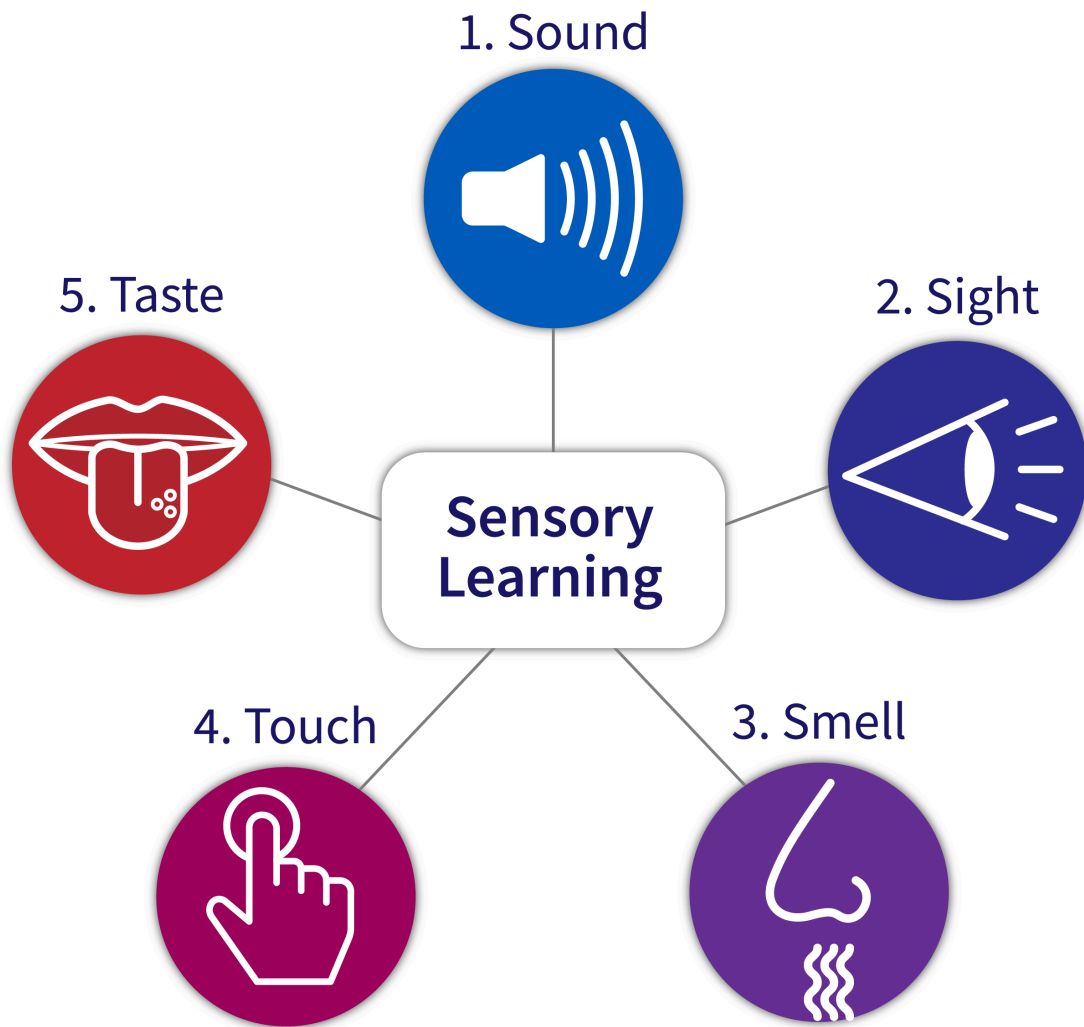
Children should be encouraged to sit while they are eating to prevent choking and injuries. Educators sitting with children, modeling healthy eating practices, provides the toddlers with a great learning opportunity to understand what encompasses healthy eating practices. Enjoying social interactions and conversations allows children to develop social and literacy skills during meal times. The pace at snack and meal times should be unhurried and enjoyable. Children may want to participate in setting the table, in serving themselves, by cleaning up dirty dishes, and by recycling food waste. Methods to support children's understanding of where food comes from will be discussed later in the chapter.

4.4 Preschool Nutritional Practices

Preschoolers are more independent than toddlers during snack and meal times in early years settings. Preschoolers enjoy helping set up the snack table and can independently scrape off their dishes after lunch. Meals are served in a family style setting with preschoolers gaining confidence in serving their own food. Preschoolers are learning more about portion control and food preferences. Preschoolers also enjoy the independence of pouring their own drinks and passing dishes to their peers. Preschoolers continue to master the use of utensils.

Similar to toddlers, preschoolers engage in conversation and social skill building during meal times. Educators facilitate the conversations with children which may turn silly very quickly at this age. Preschoolers are often in the process of toilet training so these discussions may carry over to the lunch table. Preschoolers love to share stories about their time outside of the early years setting so they are easily redirected to appropriate conversations for meal times. They may want to share more about cultural feeding practices and traditions with their peers. Preschoolers are learning how to take turns and more about table manners throughout these enriching group settings. It continues to be important for educators and families to collaborate to ensure children's nutritional needs are being met when they are in the early years setting.

Food jags and picky eating are common in the preschool age group. Preschoolers can be very particular about the foods they eat. While textures may be more of an issue at younger ages, some preschoolers may have an aversion to certain textures in foods. It is important to continue to offer a variety of foods and textures as many children may not learn to trust food until it has been introduced multiple times. Educators can offer food but must never force a child to eat something they do not want to eat. Rewards should not be offered to children for finishing food on their plate. Healthy eating routines must continue to be established in the preschool years. Supporting a variety of ways to become familiar with foods is summarized in the following diagram.



"Sensory Learning" by Freddy Vale, CC BY-NC-SA 4.0

Example of Sensory Learning

Learning to like vegetables through sensory learning:

Sound

1. Listen and call the name of the vegetable
2. Listen to a vegetable story or song
3. Tap the vegetable and hear the sound
4. Listen to sound when biting and chewing the vegetable

Sight

1. Look at pictures of the vegetable
2. Visually explore the vegetable in different forms; whole, peeled, chopped, and cooked

Smell

1. Smell the whole raw vegetable
2. Smell once chopped up
3. Smell it once its cooked

Touch

1. Feel the different textures with hands e.g. when the vegetable is whole, sliced, grated, spiralized, and cooked.
2. Feel the vegetable in mouth when chewing

Taste

1. Start with small pieces/bites (preferably with no added flavour and in absence of familiar foods)
2. Aim for a minimum of 10 exposures
3. Encourage repeated tasting at a regular interval (e.g. once a week)

Preschoolers not only love to help during meal times they also enjoy helping prepare food to eat. There are many ways to involve preschoolers in baking and meal preparations. These activities will be discussed in more detail later in the chapter.

Read

Read the following article regarding some helpful tips for supporting preschool dietary practices. While the article mentions non-food rewards they tend to be discouraged in early years settings as the influence of peers is more than enough to encourage children to try new foods. This article is a quick easy read that can be shared with families as well.

- [Is Your Child a Picky Eater? Five Ways to Fun and Healthy Mealtimes](#)

4.5 School Age Nutritional Practices



"Where's The Dressin?" by Michel Bish, CC BY 2.0.

As children and their families transition into kindergarten learning spaces nutritional practices change. School age children typically bring lunch and snacks from home to be eaten at designated time periods throughout the day. This may present challenges for families facing food insecurities. Children are required to use additional self-help skills to manage lunch bags and containers. Supervision and support may be reduced as children age through the school system, providing challenges with inclusion and food shaming. Before and after school programs are licensed and must follow the Child Care and Early Years Act (2014). Children enrolled in licensed before and after school programs tend to experience similar nutritional practices as those they experienced in licensed early years settings.

Educators need to be aware of challenges that may arise with school age dietary practices and be

equipped to have difficult conversations with children and families. Breakfast and lunch programs have been implemented in some schools to ensure all children have access to nutritious snacks and meals. Children need to be nourished in order to engage and learn prompting some school boards to adopt programs to ensure children receive food, free of charge, while at school.

Children may not bring lunch or may bring lunches with food that lacks nutrients essential for healthy growth and physical well-being. Peers may notice and tease or shame a child for what they bring from home. Educators must be equipped to address these issues as well as implement preventative strategies to avoid food shaming amongst peers. Educators engage in ongoing communication with families to share resources and find solutions to meet the nutritional needs of each child.

Peers may also tease a child whose lunch looks unfamiliar. Children from various cultural backgrounds come together to learn in Ontario schools. Educators and school administrators have a responsibility to ensure cultural values and traditions are celebrated. Learning about one another's nutritional practices enriches the learning space and provides students with knowledge about different ways of being in this world. Beginning in the early years settings, children need to be exposed to a wide variety of foods and learn to celebrate the cultural traditions of others. This sets the stage for a more inclusive lens in children entering the school system. Ongoing EDI (equity, diversity, and inclusion) education in the school age years reinforces this knowledge and awareness, resulting in less food shaming or bullying.

Read

Read and interact with the information shared in the following link about The Lunchbox Shaming Research Project (TMU, 2022). Reflect on the questions posed in the link, Food Studies Case: School Lunchtime.

- [Unpacking The Need to Create a More Inclusive Lunch Experience at School](#)

Children in kindergarten and the younger grades may avoid eating food from home if they are unable to open the containers or do not have the utensils necessary to eat the food provided. Educators working with younger children in the school system may need to support young children in accessing their lunches. Additionally, as stated in The Lunchbox Shaming Project (2022) schools in Ontario may not be set up to serve food that needs to be heated. A child may be sent to school with food that needs to be opened with a can opener or needs to be heated in a microwave. The school

facilities are not typically set up to support students in this manner. Most before and after school programs provide snacks for school age children.

The time allotted for snacks and lunch is very limited in schools causing children to miss eating large portions of their meals from home. Families may require additional information from school administrators to support their understanding of what is manageable for children during mealtimes. Educators, school administrators and families may want to advocate for longer lunch periods to ensure children's nutritional needs are being met, along with fulfilling their social and cultural needs by having the opportunity to enjoy the food they are eating while engaging with their peers.

Another challenge that arises in the school age population is body shaming. This happens in younger age groups as well but with more independence in school age children there is the opportunity for less supervision leading to potential body shaming occurrences. Preventative measures can be implemented in the early years as well as in school age programs to provide awareness and guidance around body shaming.

4.6 Role of the Educator

Educators hold a lot of power in relation to nutritional guidance for young children. Children watch adults' behaviours and model themselves after caregivers. It is important to refrain from conversations about body size and dieting in front of children. Body shaming is prevalent in Euro-Western culture and leads to lifelong challenges with a healthy body image.

Read (PDF)

Read the following factsheet to learn more about positive role modelling related to nutritional guidance in early years settings.

- Role Modelling

Preventive measures must also be included in learning spaces with school age children. Educators continue to model inclusive, healthy behaviour for school age children and can engage in discussions regarding body shaming and its harms to children and youth. Addressing the impacts of social media will be introduced with school age children as well. School administrators may use the power of social media to engage in parent education around equity, diversity, and inclusion within the school environment and the larger community.

Read

Read and review the following webpage for helpful resources to support school age children in reducing weight bias.

- Reducing Weight Bias

4.7 Canada's Food Guide

Canada's Food Guide provides information about the main food groups of fruits and vegetables, whole grains, and proteins. The guide also contains additional information to support Canadian's in making healthy food choices for themselves and those in their care. Nutritional information is provided including healthy eating practices, sources for nutrients, cultural food traditions, nutrition labels, recipes, and many other resources. Canada's Food Guide provides an excellent foundation to help educators understand the basics of nutrition and healthy eating practices.



Canada's Food Guide provides important information for educators and dietary planners as they develop menus and establish healthy

Canada's Food Guide – Visual

eating routines for young children in early years settings. Dietary guidelines are outlined in Canada's Food Guide to help set the foundation for healthy eating practices, beginning from a young age. Educators are in a position of influencing healthy eating in young children so it is pertinent that educators have knowledge of current research around healthy eating guidelines.

Read

Read Canada's dietary guidelines for healthy eating to help set the stage for working with children in the early years, who are dependent on adults for dietary guidance.

- Canada's Dietary Guidelines: Appendix B: Summary of guidelines and considerations

Read the following link regarding ways to incorporate cultural food traditions and healthy eating into your personal life and professional practice as an educator.

- Canada's Food Guide: Cultures, food traditions and healthy eating

Dietary planners develop menus in consultation with early years administrative staff, families, educators, communities, dietitians, and public health. Canada's Food Guide is a great starting point for learning more about healthy eating practices. Families are an excellent resource for sharing recipes and cultural traditions around food. Embedding these foods and traditions into early years settings aid in creating a more culturally responsive space. Children and educators will develop a stronger sense of belonging if their cultural food practices are part of the daily meal times.

Canada's Food Guide is also available in multiple languages so educators may want to direct families to the important link below to access this resource in languages other than English.

- [Food Guide Snapshot – Other Languages](#)

Nutritional plans may be developed for children who need additional support during mealtimes or for children who have a specialized diet. Early years settings collaborate with organizations specializing in inclusive practices for children to ensure the nutritional needs are met for each child requiring additional supports. Each licensed child care centre is partnered with a resource consultant. The resource consultant may be involved with a family to coordinate interprofessional care for their child. Individualized family service plan meetings are implemented to share important information about a child from multiple perspectives. Educators, early years administrators, families, dietitians, therapists, medical professionals, and resource consultants develop goals for children and share updates regarding the implementation of measures to support children while in early years settings. School transition plans are made when a child is transitioning from an early years setting to a school setting. This requires collaboration between both settings to ensure a smooth transition for children and families. Resource consultants in our local area may be part of the following organizations, providing services to local early years settings.



Sources (used under fair dealing. All Rights Reserved.):

Southwestern Public Health (SWPH)

The Middlesex-London Health Unit

Health & Social Services –
Haldimand and Norfolk

4.8 Menu Development

Menus will typically be developed by the dietary planner and early years administrators. Menus are reviewed by the Ministry of Education Program Advisor and by the Public Health Inspector during their visits to early years programs. They may recommend that a menu is reviewed by a licensed dietitian to ensure all nutritional requirements are being met for the children being served. Children in full day early years programs must be offered at least one meal and two snacks during the day. Children in before and after school programs will be offered an early morning snack and an afternoon snack. Programs for school age children, over the age of 44 months, may require families to provide lunches and snacks for their children. Families need to adhere to any nutritional policies of the organization such as ensuring their child's food doesn't contain any allergens such as nuts.

Regulation

Menus

(2) Subject to section 44, every licensee shall ensure that each child one year old or older who receives child care at a child care centre it operates and or at a premises where it oversees the provision of home child care is given food and beverages in accordance with the following rules:

1. Where the child is present at meal time, a meal must be supplied and provided by the licensee or provider, except in the case of a child who is 44 months or older.
2. Between-meal snacks must be supplied and provided by the licensee or provider, except in the case of a child who is 44 months or older.
3. Where a child receives child care for six hours or more, the licensee or provider shall ensure that the total food offered to the child includes, in addition to any meals provided, two snacks.
4. Drinking water must be available at all times.
5. All meals, snacks and beverages must meet the recommendations set out in the most recent and relevant food guide published by Health Canada. O. Reg. 137/15, s. 42 (2); O. Reg. 254/19, s. 11; O. Reg. 174/21, s. 24 (2-4).

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Read (PDF)

Read the Ontario Dietitians in Public Health Practical Guide (2017) to support your understanding of healthy eating practices and menu planning for young children in early years settings.

- Menu Planning & Supportive Nutrition Environments in Child Care Settings – Practical Guide

Menus often follow a four to six week rotation and are changed two times per year. Winter and summer menus may be offered to reflect the local foods available in a community. The weekly rotation allows for a wider variety of food to be introduced to children and prevents overserving of the same foods. Fruits and vegetables may be more challenging to purchase in the winter in Ontario so adjustments to the menu may be required for different seasons.

Menus are posted so they are visible to families, with any changes noted daily. Posting the menus with updates allows families and early years administrators to track any illness or allergic reactions in children. Menus should be retained for at least one month in the event public health needs to track what was served during a particular time period due to an outbreak of a food borne illness. Access to menus also allows early years administrators and families to track potential food allergies in the case of a child's allergic reaction.

Diversity in menus is important for children to feel a sense of belonging. Families are the best resources when developing menus. Families can share information around cultural food practices and traditions they engage in at home. They can also share favourite recipes that can be embedded into the early years setting menu. Dietary planners work with families to learn more about ways to cook and serve new foods. This sparks great conversation amongst educators and children during mealtimes to extend the learning for everyone sharing the learning space.

Read

Read and interact with the following, Chapter 3: Cultural Relevance, from Interpreting Canada's 2019

Food Guide and Food Labelling For Health Professionals. These considerations are relevant for menu planning in early years settings.

- Cultural Relevance – Interpreting Canada’s 2019 Food Guide and Food Labelling for Health Professionals

Activity

Reflective Questions



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=675#h5p-9>

4.9 Dietary Restrictions

Early years settings build culturally responsive spaces by collaborating with families to support nutritional practices for children engaging in learning spaces. Dietary restrictions are common in early years settings and are respected to ensure children and families feel a sense of belonging, one of the four foundations for learning. This connects to How Does Learning Happen? Ontario's Pedagogy for the Early Years (OME, 2014).

Families will be consulted upon enrollment around any dietary restrictions for religious, philosophical, or medical reasons. The dietary planner and educators are informed of these restrictions and plans are put in place to ensure a child doesn't consume anything restricted in their nutritional plan. For example, a child may not eat pork for religious reasons. This will be posted in the kitchen as well as in the classroom to ensure anyone working with the child will be aware of their dietary restriction. An anaphylactic plan will be developed for a child with food allergies to include medical procedures necessary if a child is accidentally exposed to an allergen. All employees in licensed child care must read and sign off on anaphylactic plans and receive training to respond to an allergic reaction.

Early years settings may allow outside food to be provided for a child with dietary restrictions. Policies vary amongst early years settings. Some may require food to be in its original packaging with an ingredients listing to avoid cross contamination with another child's food, resulting in an allergic reaction. Many organizations provide food alternatives to ensure the inclusion of children with dietary restrictions. Consultation around where to buy food alternatives and how to prepare food alternatives may take place between the family and the dietary planner. Food prepared for a specific child must be labeled by the dietary planner to ensure the child receives the correct food.

Allergies and Dietary Restrictions in Early Years Settings



Photo by Pixelumina Photography, Unsplash License.

Early years settings licensed by the Ministry of Education must comply with the Child Care and Early Years Act, 2014 by posting menus in the food preparation area and an area visible to families and educators. As mentioned previously, menus with noted changes must be visible for parents. The menus for the current week and the following week must be posted. Menus must be retained on file for one month after being posted to track any allergies or food borne illnesses.

Regulation

Posting of Menus and Allergies

43. (1) Every licensee of a child care centre shall post planned menus for the current and following week in a conspicuous place in each child care centre it operates with any substitutions noted on the posted menus. O. Reg. 137/15, s. 43 (1).

(2) A menu referred to in subsection (1) shall be kept by the licensee for thirty days after the last day for

which it is applicable. O. Reg. 137/15, s. 43 (2).

(3) Every licensee of a child care centre shall ensure that, in each child care centre it operates, a list setting out the names of the children receiving child care in the child care centre who have allergies or food restrictions, and their respective allergens or restrictions,

(a) is posted in each cooking and serving area;

(b) is posted in each play area or play room; and

(c) is available and accessible in any other area in which children may be present. O. Reg. 51/18, s. 17.

(4) Every licensee of a home child care agency shall ensure that each home child care provider in each premises where the licensee oversees the provision of home child care plans menus in consultation with a parent of the child and a home child care visitor and that the menu, and the meals and snacks that it provides, meet the requirements set out in the most recent and relevant food guide published by Health Canada. O. Reg. 174/21, s. 25.

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Any food allergies or dietary restrictions must also be posted in the food preparation area, in the learning spaces, and in any area accessed by the children. Educators and dietary planners have access to this information typically in a chart format that can be easily reviewed during the day to ensure children are not served something that could cause an allergic reaction or contravene the child's philosophical or religious beliefs. Educators working on a casual basis reference these charts as part of their ongoing practice as they often enter multiple classrooms for their daily work.

Anaphylactic plans will also be available, alongside life saving medication, in any area accessed by children including outdoor spaces. These plans and medications must be easily accessible in the event of an evacuation. The anaphylactic plan and medication is often stored in a small bag with the child's name and photo for easy transport from one area to another. Training for the anaphylactic plans will be provided for all employees, volunteers, and students of an early years setting prior to embarking in work with children to ensure all are aware of what to do in an emergency.

[Read \(PDF\)](#)

Review the sample anaphylaxis emergency plan:

- Anaphylaxis Emergency Plan

4.10 Outside Food & Safe Food Handling

Early years settings may allow families to provide food for children under the age of 44 months. Infants who are not eating menu food may eat food provided by their families. Policies are in place to ensure ongoing communication takes place between families and the early years setting to avoid any cross contamination for children with allergies. An organization may request that only food with ingredients listed can be provided.

Some children eat specialized diets for medical reasons. Families may supply food in these situations to ensure the child's nutritional needs are being met. In many cases, the dietary planner works with the family to learn how to prepare food for children eating specialized diets. These food practices are then embedded into the menu.

Children with dietary restrictions for philosophical or religious reasons can be accommodated through the daily menu in early years settings. A child who eats a vegetarian or vegan diet can be offered substitutes for meat and dairy. Children with celiac disease who are unable to digest gluten may be offered alternatives for wheat when it is being served. Collaboration with families is essential as families may be able to provide some of the alternate foods necessary, share recipes their children enjoy, or inform the organization of where these foods can be purchased.

All food brought from outside of the centre must be labelled with the child's name and employees must follow safe food handling techniques for storage and preparation. The dietary planner and supervisors in early years settings are required to have current certification in safe food handling. Some organizations may require all educators to have this certification as they are preparing and serving snacks for children.

Safe Food Handling

The Ministry of Health oversees the nutritional standards of licensed child care and early years settings. Each region in Ontario has a public health unit that supports the early years in ensuring organizations are meeting the nutritional needs of the children they serve. Dietary planners and supervisors are trained in safe food handling techniques to ensure the proper handling, storage and preparation of food takes place.

Regulation

Food Handler Training

32. Every operator of a food service premise shall ensure that there is at least one food handler or supervisor on the premise who has completed food handler training during every hour in which the premise is operating.

(*Food Premises*, Ontario Regulation 493/17, under the *Health Protection and Promotion Act*. © King's Printer for Ontario, 2018)

There are many training programs that provide certification for employees working in early years settings who require knowledge about safe food handling. The certification is valid for five years and recertification must take place before the five year certification has expired. The training will equip dietary planners, supervisors, and educators with knowledge about how to handle, serve, and store food for young children in a manner that prevents food borne illnesses and avoids cross contamination.



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Middlesex-London Health Unit.
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Read

Read and interact with the following webpage for information about safe food handling certification.

- Food Handler Certification Program

4.11 Sensory Play

Food for Sensory Play

Early years educators have been debating the use of food in sensory play for many years. Using food such as rice, lentils, beans, and pasta has been commonplace in early years settings to provide a variety of sensory experiences for young children, particularly toddlers and preschoolers. These opportunities introduce children to different types of foods and textures, supporting their acceptance of a variety of foods.

The use of food for sensory play is different from providing children with opportunities to explore the food they are eating. Infants and toddlers love finger foods to support their autonomous exploration of new foods. Children will often explore food textures, smells, colours, and tastes while eating snacks and lunches. Slowing down meal times allows children the time they need to become familiar with food and begin to enjoy eating a variety of foods.

Sensory play with food tends to be part of the curriculum and offers children play opportunities such as having rice or lentils in a sensory table with containers or toys for play. This is a controversial practice as many families are facing food insecurities. Discussions around the ethical use of food for sensory play can be observed in the following link.

Read

Read and reflect upon the following discussions regarding the use of food for sensory play to help determine your values around the use of food for sensory play.

- Ask HELLO. Food in the Sensory Table

Exercise

Reflective Questions



An interactive H5P element has been excluded from this version of the text. You can view it online here:
<https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=694#h5p-6>

4.12 Slow Food



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Children are often hurried through routines each day whether it is at home or in an early years setting. Adults tend to feel pressure to move onto the next scheduled activity. Educators are balancing the needs of large groups of children and team members. Regulations add pressure to the daily schedule that ensure children are outdoors for a minimum of two hours, that they have an adequate rest period, that they eat one meal and two snacks each day, and that they engage in learning opportunities through extended periods of play. Add in routines such as diapering, getting dressed, having sunscreen applied, and connecting with family members at arrival or departure times to make the daily schedule even busier.

One significant way to slow down the day is by ensuring ample time is allotted for snacks and meals. Children learn to appreciate meals by slowing down to enjoy the textures, tastes, smells, and conversation around different foods being served. Planting seeds, nurturing outdoor gardens, harvesting food from the garden, baking, and being involved in food preparation offers great

learning experiences for children. They will soon understand their connection to the land and how to nourish nature to provide for humans.

The slow food movement that began in the 1980s inspired a move away from fast food to grow a love for learning more about how food moves from the land to the table. Slow food requires time and commitment with rewarding results for health and well-being.

Read (PDF)

Read the following information about the slow food movement and ways to embed it into education:

- Slow Food: Food and Taste Education

“Engaging children in growing some of the food they eat, serving more plant-based foods, or buying locally grown foods can reduce the carbon footprint associated with food production and food transport, while helping children understand their connection with the natural world. Eating organic foods, when feasible, can reduce children’s exposure to pesticides” (CPCHE, 2023).

4.13 Sustainable Food Practices

Chapter two provides educators with a health and sustainability checklist to consider ways to make early years settings more sustainable. One of the key areas of sustainability in the early years involves food practices, nutritional policies, and food waste. We live in a capitalistic, hurried society with limited opportunities to think about the food we are eating and where it comes from and how to dispose of it.

It is essential that children learn about the food they are consuming and understand sustainable practices for future generations. Educators play a powerful role in modeling sustainable food practices. Early years settings provide opportunities to recycle food waste through a variety of means. Practices may include green bins, composting, or food waste for sensory learning.

Watch the following video to learn more about the importance of regenerative food systems.



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=701#oembed-1>

Video: A Food System to Heal the Planet by The Nature Conservancy [2:53]. Transcript available on YouTube.

Exercise



An interactive H5P element has been excluded from this version of the text. You can view it

online here:

<https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=701#h5p-7>

Read

Read the following link to learn more about food waste in Canadian households:

- Food Waste in the Home

More Than Human Others

For many decades Euro-Western learning has been solely focused on the role of humans in food production, limiting the understanding of the role more than human actors play in supporting the health and well-being of all living things. Children view the world through a different lens than adults, providing inspiration through opportunities for co-learning about the environment and the resources around us. It is through these enriching experiences that we discover new ways of being together where we learn to respect the spaces in which we are present.

Read

Read the following chapter to understand the role more than human actors play in supporting nutrition, sustainability, health, and wellness:

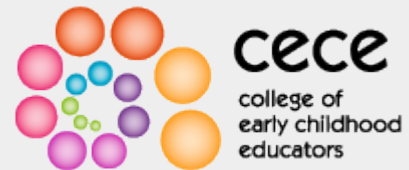
- More-than-human – Showing Theory to Know Theory

CECE Standards of Practice

A. Responsibilities to Children

RECEs make the well-being, learning and care of children their foremost responsibility. They value the rights of children and create learning environments where all children can experience a sense of belonging and inclusion. RECEs foster children's joy of learning through child-centred and play-based pedagogy.

RECEs respect and nurture children's first language and/or traditional language and culture. They demonstrate a commitment to address the unique rights and needs of Indigenous children and their families. They respect each child's uniqueness, dignity and potential.



Educators in the early years have been learning more about connections to the land and realizing the important role this plays in their work with young children. Children are the future citizens on the earth and attention must be paid to the responsibilities educators have to ensure children learn about their connection to the land and its diverse ecosystems.

Watch the following video to find out more about Humber College's two-eyed and land-based play and co-learning with children:



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=701#oembed-2>

Video: Two-Eyed Land-Based Play and Co-Learning by Humber College [1:00]. Transcript available on YouTube.

Exercise



An interactive H5P element has been excluded from this version of the text. You can view it online here:
<https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=701#h5p-8>

4.14 References

Resources for Further Exploration

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- Appetite to Play – Provincial resource from British Columbia to support early years providers and families with healthy eating and physical activity in the early years.
- Government of Canada – Supporting Local Food Priorities in the North
- Health Canada. (2019). Canada’s dietary guidelines for health professionals and policy makers.
- In Good Hands – Online Safe Food Handling Certification
- Nutrition – First Nation Early Learning Collaboration Website
- Ontario Dietitians in Public Health – A Toolkit for Ontario’s Child Care Providers
- Ontario Dietitians in Public Health – Menu and Nutrition Environment Self-Assessment Tool for Child Care Settings
- The Conversation – Canada’s Child Care Investment Needs to Advance Climate Change Policy Goals
- University of Guelph Child Care and Learning Centre Food Sustainability Report

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CHAPTER 5: HEALTH AND WELLNESS FOR EDUCATORS

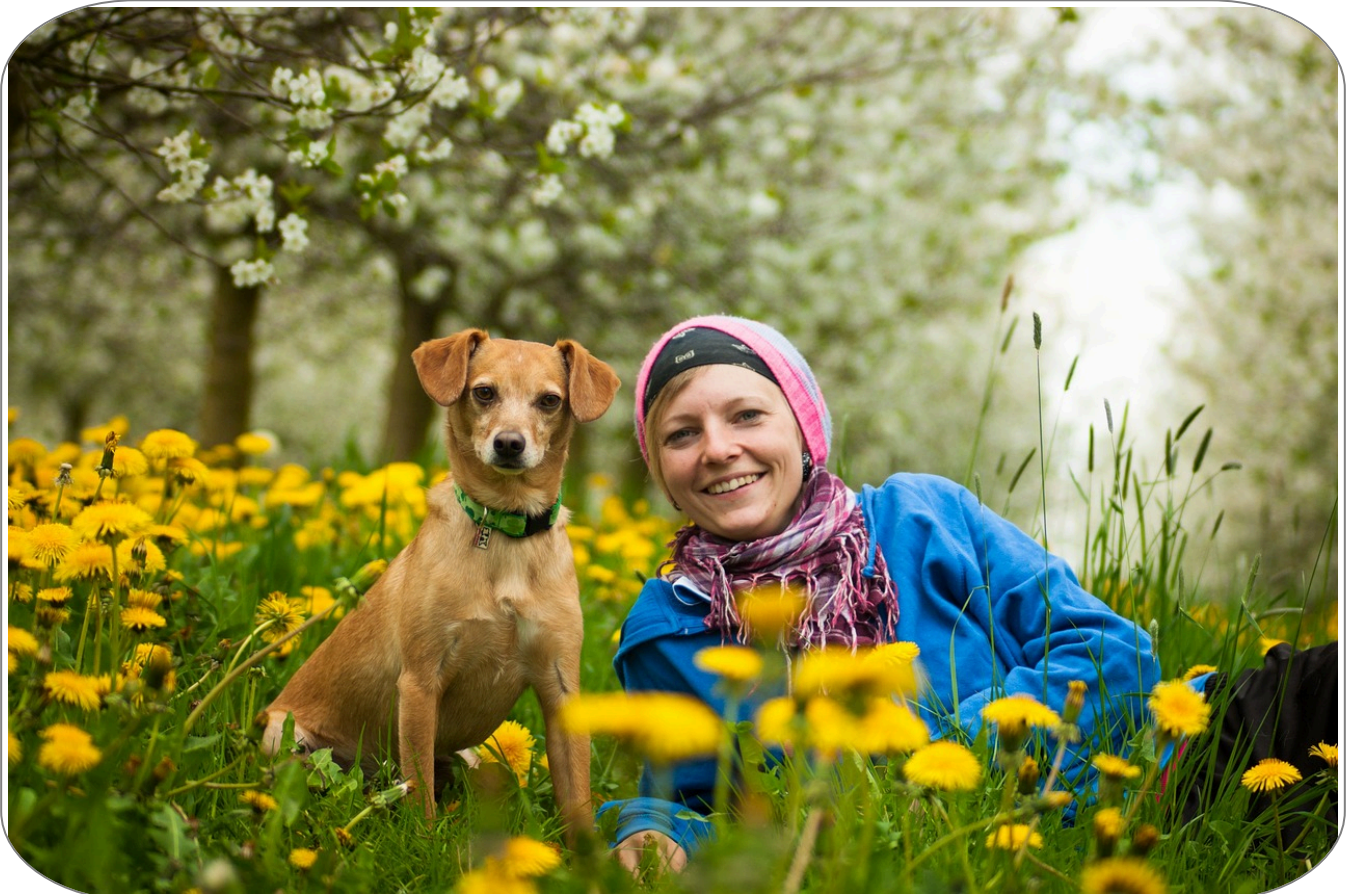


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Chapter Outline

- 5.0 Learning Objectives
- 5.1 Health and Well-Being for Educators
- 5.2 Being a Mindful Employee: An Orientation to Psychological Health and Safety in the Workplace
- 5.3 Digital Wellness
- 5.4 Orientation and Training

5.5 Employment Requirements in Early Years Settings
5.6 Occupational Health & Safety
5.7 Workplace Health and Wellness Benefits
5.8 References

5.0 Learning Objectives

“Without adequate attention, educators’ commitment to supporting best outcomes for children could come at the cost of their own well-being ... educators’ well-being is therefore an issue not only of performance, but of social justice” (Cumming, 2017)

Learning Objectives

In this chapter, we will:

- Identify the factors that contribute to educators’ emotional health, positive work environment, and reflect on their own health, safety, and well-being;
- Understanding of Occupational Health and Safety policies and applicable training;
- Identify employee and employer rights and responsibilities in a safe and healthy workplace.

5.1 Health and Well-Being for Educators

It is worth noting that a strong foundation for educator wellness parallels that in which we strive to offer the children and families. This foundation includes appropriate sleep, nutrition and physical activity. As we work to create healthy spaces we have to enter our work days ready to handle big emotions and physically demanding work. This requires a level of understanding of our own emotional wellness and regulation. Taking care of the caregiver first allows us to be in a space where we can provide a healthy environment for children and families. This chapter will examine the many levels of wellness in the workplace, from digital wellness, wellness strategies, to our obligations under law and regulation.

Almost 50% of Early Childhood Educators leave the field within the first 5 years of working. According to participants in a report, *The Burnout Crisis: A Call to Invest in ECE and Child and Youth Workers*, (2022) While many want to come into the field, many factors including the COVID pandemic have added to this crisis. A strong focus on educator wellbeing and mental health has become a priority while advocates work to fix the structural challenges of low pay and lack pensions and benefits.

Read (PDF)

- Understanding the Factors Affecting Early Childhood Educators' (ECE) Mental Health and Well-being

The following document was published prior to the Covid-19 pandemic but the research and reflective questions remain relevant to educators, currently working with children and families. Please read *The Importance of Early Childhood Educator Mental Health & Well-Being: A guide to supporting educators and answer the reflective questions at the end. Journaling your responses will support your wellness as an early years practitioner* (Ingriselli & Schempp, 2019).

- The Importance of Early Childhood Educator Mental Health & Well-Being



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Video: Understanding Children’s Emotions in Extraordinary Times + How that Makes You Essential by College of Early Childhood Educators [1:03:00]. *Transcript available on YouTube.*

Exercise



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<https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=747#h5p-13>

many aspects of work life balance . Some will argue that work-life balance isn't possible in the way we often view it with us trying to balance and achieve success on a scale but rather we should view it as work life integration, where we manage both work and life in harmony.

Part of workplace strategy should be to inform employees of the programs they offer and support they provide their employees.

Read

The benefits for employees and employers of addressing and supporting mental well being seeps into many aspects of the workplace as described in **Psychological Health in the Workplace (see below)** the consequences of not addressing mental or psychological well being are many. They include lack of motivation, retention issues in the form of high turnover, absenteeism, and low engagement among employees.

- [Psychological Health in the Workplace – Canada.ca](#)

LISTEN (Podcast): Good Health at Work

- [Direct Link – Good Health at Work](#)
- [CCOHS: Promotion](#)

RELEASED: September 26 2016

FILE SIZE: 4.1 MB

[LINK TO TRANSCRIPT](#)

Exercise



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<https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=764#h5p-14>

5.3 Digital Wellness

Digital wellness is a fairly new aspect of the health and wellness portfolio and has become more essential coming out of the COVID-19 pandemic. There has been a growing link between mental health and the over use of digital tools. There are many benefits to having access to digital tools but like so many other topics we have covered, setting boundaries and finding time for other pastimes is essential to one's overall wellbeing.

Watch this short 2 minute video that describes what we mean by digital wellness:



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=777#oembed-1>

Video: What is digital wellness and why is it important? by Citrix [01:43]. *Transcript available on YouTube.*

Read

Read the following blog by Lisa Pender to support digital wellness in self and others:

- Digital Wellness: Choosing Balance Over Burnout in the Era of Digital Overload



Photo by Gordon Johnson, Pixabay License.

What if we used our digital device to support our Wellbeing?

In an article by Tchiki Davis (2023), from the Berkley Wellbeing Institute, she explores a number of apps, strategies and research based ways that technology can actually support our well-being. She suggests that it starts with being mindful and intentional of your technology use. By paying attention you can control your use and ensure it is having a positive affect on your health, not the opposite. Some ways she suggests are taking mindful photos, or creating prosocial posts . You can control what you see and what you post. Your language matters. Practice random acts of kindness online and create an online circle of support. The other aspect of technology that can support your wellbeing is looking for online courses or activities that can boost your health and well being, like some of the activities found in this chapter. Use social media, and technology to your advantage . There are many tools so use what you need!

Exercise

Complete the following self-assessment: Digital Wellness at Work: Self-Assessment

- If you choose to submit your name and email you will get a PDF copy of your summary statement immediately.
-



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=777#h5p-15>

5.4 Orientation and Training

Working with young children, their families, and in teaching teams requires a lot of physical strength, energy, resilience, and mental acuity. Many preventative measures are implemented to ensure optimal health and safety conditions for educators and early years employees. Each organization will have an orientation and training session for all new employees, students, and volunteers prior to engaging in work with children or in work to support an early years setting. The orientation will include time to read and sign off on all workplace policies and procedures along with procedures specific to working with young children. An orientation may also include a tour of the facility, introductions to co-workers, and any additional training required.

During a tour of the facility trainees may want to familiarize themselves with the location of the washrooms, first aid kits, exit doors, material safety data sheets, eyewash stations, personal protective gear, health and safety information board, secure storage for belongings, and employee break areas. The staff room may include a refrigerator for lunches, a microwave to heat up food, dishware and utensils, reading materials, work stations, meeting spaces, and cozy rest areas. Staff areas that include natural lighting and plants provide much needed space for relaxation when taking a break during the workday.

CCOHS: **Sample Employee Orientation Checklist**



Photo by Jason Goodman, Unsplash License.

5.5 Employment Requirements in Early Years Settings

College of Early Childhood Educators Public Register

Educators working in early years settings are required to show proof of qualifications, certifications, and health status prior to working with young children. Legislation states that a specific ratio of Registered Early Childhood Educators (RECE) to non-RECEs must be employed in each licensed program providing care for young children. Employers must verify the educator is registered with the College of Early Childhood Educators through the public register if the educator is hired to work in the role of an RECE. A child care practitioner or an early years assistant may be hired without the necessary qualifications to be registered with the College of Early Childhood Educators but they are not permitted to use the title of early childhood educator or RECE.



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- Public Register

All educators, students on placement, and volunteers must complete a health assessment to determine all medical requirements are in place before they begin interacting with children. Immunizations must be up to date with documentation on file for the Program Advisor and Public Health Nurse during licensing and inspection visits. Educators, students, and volunteers may be exempt from vaccinations for medical, philosophical, or religious reasons. Documentation for these exemptions must be kept on file.

Regulation

Health assessments and immunization of staff

57. (1) Every licensee of a child care centre shall ensure that, before commencing employment, every person employed in a child care centre it operates and every volunteer or student who is on an

educational placement with the licensee has a health assessment and immunization as directed by the local medical officer of health. O. Reg. 174/21, s. 29.

(2) Every licensee of a home child care agency shall ensure that, before any child is provided with child care at a premises at which the licensee oversees the provision of home child care, every home child care provider providing care at the premises, every person who is ordinarily a resident of the premises or regularly at the premises and every volunteer or student who is on an educational placement at the premises has a health assessment and immunization as directed by the local medical officer of health. O. Reg. 174/21, s. 29.

(3) Subsections (1) and (2) do not apply where the person objects to the immunization on the ground that the immunization conflicts with the sincerely held convictions of the person based on the person's religion or conscience or a legally qualified medical practitioner gives medical reasons to the licensee as to why the person should not be immunized. O. Reg. 174/21, s. 29.

(4) Objections and medical reasons under subsection (3) shall be submitted in a form approved by the Minister. O. Reg. 126/16, s. 37 (2).

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Immunization requirements for employees, students, and volunteers may vary between organizations as some may be located in health care facilities that require additional vaccines for employment. Across Ontario the vaccine requirements are consistent for those working in licensed child care. The Ministry of Education will verify that adult immunization records or immunity tests are up to date and documented on Ministry specific forms during licensing visits.

Read

Read the following link for more information about required vaccines for adults in early years settings:

- [Immunizations for Child Care Centre Staff](#)

Employees, students, and volunteers must ensure an up to date health assessment is conducted prior to engaging in work with children. Immunizations may need to be updated during this health assessment to meet the requirements for working in early years settings. A date for your last health assessment will be kept on file, along with any updated vaccination dates. Employers may also want to keep emergency contact information on file in the event an employee, student, or volunteer has an accident or becomes ill while working. Employers need to be aware of any employee health conditions that may require support to ensure safety protocols are in place to protect employees.

Vulnerable Sector Checks/Police Record Checks

Employees, students, and volunteers are required to have vulnerable sector checks (VSC) completed prior to interacting with children. Vulnerable sector checks are typically conducted by local police detachments and may take several weeks to obtain. A copy of the original VSC must be kept on file in licensed child care settings for verification when the Program Advisor visits. Volunteer board members may be eligible for police record checks as long as the Written Confirmation for Non-Interaction With Children Form is also completed. Any board members who will be interacting with children must obtain a vulnerable sector check. These records are uploaded into the Child Care Licensing System (CCLS) prior to engaging in work related to an early years organization.

A copy of a current vulnerable sector check may be provided if the VSC was obtained less than 6 months prior to interacting with children. If the VSC is more than 6 months old but less than 5 years since it was obtained, the original copy must be presented to the licensed child care operator. When a VSC has been obtained more than 6 months but less than 5 years prior to interacting with children, the individual must also sign an Offence Declaration. A VSC obtained more than 5 years prior to interacting with children is not valid and the individual must apply for a new VSC from a local police detachment. This can typically be done in person or online. Multiple documents will be required to apply for a vulnerable sector check or police record check.

Regulation

Duty to obtain initial record check

60. (1) Every licensee of a child care centre shall obtain a vulnerable sector check from,

- (a) every employee, before the person begins their employment; and
- (b) every volunteer or student who is on an educational placement with the licensee, before the person begins interacting with children at the child care centre.

(2) The following rules regarding vulnerable sector checks apply to every licensee of a home child care agency:

1. Before entering into an agreement with a home child care provider regarding the agency's oversight of the provision of home child care at a premises operated by the provider, the licensee shall obtain a vulnerable sector check from,
 - i. the home child care provider,
 - ii. every person who is ordinarily a resident of the premises, and
 - iii. every person who is regularly at the premises.

2. After an agreement described in paragraph 1 is in place with a home child care provider, the licensee shall obtain a vulnerable sector check from,

- i. every person who intends to become ordinarily resident at the premises, before the person becomes a resident, and
- ii. every person who intends to be regularly at the premises, before the person begins interacting with children receiving child care at the premises.

3. The licensee shall also obtain vulnerable sector checks from,

- i. every home child care visitor or any other staff at the home child care agency who may interact with children receiving child care at a home child care premises where the licensee oversees the provision of home child care, before they begin their employment, and
- ii. every volunteer or student who is on an educational placement with the licensee, before the person begins interacting with the children.

(3) For the purposes of fulfilling the requirement in clause (1) (b) or subparagraph 3 ii of subsection (2), a licensee may accept a copy of a vulnerable sector check instead of the original document, except that,

- (a) if more than six months but less than five years have passed since the day the vulnerable sector check was performed, the volunteer or student must also provide an offence declaration that addresses the period since that day; and
- (b) the licensee may not accept a copy of a vulnerable sector check if five or more years have passed since the day it was performed and in this case, the volunteer or student must provide a new vulnerable sector check or copy.

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Persons offering services to children in a child care centre will be required to sign an Offence Declaration prior to interacting with children. This may include resource consultants, speech pathologists, physiotherapists, occupational therapists and any other individual who maintains a VSC on file within their workplace.

All employees, students, volunteers, and other persons must sign an Offence Declaration annually within 15 days of the anniversary date of their last signing. Once a VSC has reached 5 years it must be updated by obtaining a new VSC to be placed on file within a licensed child care organization. The original VSC can be retained on file or a copy of the original can be retained after the original copy has been verified and signed by a Supervisor.

London Police

- [Link to London Police Vulnerable Sector Check](#)

Ontario – Ministry of Education

- Offence Declaration

First Aid & Infant and Child CPR

Employees and supervisors working with children in licensed child care are required to have standard first aid and CPR training prior to interacting with children. Standard first aid training is offered through a variety of approved trainers, through multiple delivery methods. This qualification must be updated every three years. Some organizations may pay for their employees' first and CPR training when renewal is required.

Regulation

Staff training and Development

58. (2) Every licensee of a child care centre or home child care agency shall ensure that the following persons have a valid certification in standard first aid, including infant and child CPR, issued by a training agency recognized by the Workplace Safety and Insurance Board:

1. Every supervisor of a child care centre.
2. Every employee of a child care centre who may be counted for the purposes of meeting the ratios required under section 8.

(3) A person is not required to have the certification mentioned in subsection (2) if the director is satisfied that the person would not be able to obtain the certification due to a disability.

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Read (PDF)

Read the following for more information regarding standard first aid and infant/child CPR training:

- Standard Child Care First Aid

5.6 Occupational Health & Safety

Educators support children by maintaining a safe and healthy environment through the prevention and management of illnesses, by ensuring safety checklists are regularly completed, by conducting daily health checks, through modeling appropriate nutritional practices, and through the implementation of so many more measures. Educators are entitled to work in safe and healthy workplaces while they are nurturing the wellness and growth of young children.

Employers have the responsibility to provide safe working environments for employees. Employers are accountable to the Ministry of Labour and must provide health and safety training for all employees. Employees have the right to understand how to protect themselves and keep others safe in workspaces.

Educators, working in licensed child care, are in a unique position as licensed child care organizations are exempt from Workplace Safety and Insurance Board (WSIB) coverage (Essential HR, 2023). Many larger licensed child care organizations opt into WSIB coverage but some organizations manage worker health and safety issues through independent insurance policies. Regardless of the type of insurance coverage it is mandatory for all places of employment to provide basic workplace safety training for employees.

What the law says

Ontario's Occupational Health & Safety Act (OHSA) gives employers responsibility to:

- Keep a safe and well-maintained workplace; to take all reasonable precautions to protect your workers from illness and/or injury;
- Provide information about the hazards in your workplace, proper safety equipment, training, and competent supervision;
- Post the WSIB's "**In Case of Injury at Work**" poster and to follow proper procedures in case of injury;
- Post the Occupational Health & Safety Act in your workplace;
- Have worker representation for health and safety-if you have 20+ workers or you deal with a designated substance you must have a **joint health and safety committee** (JHSC). Construction projects last more than 3 months with 20+ workers must also have a JHSC. Workplaces with more than 5, but less than 20 are required to have a **health and safety representative**.

Your **supervisors** also have responsibilities in the workplace. These include:

- Providing a safe workplace and to assign safe work; taking all reasonable precautions to

protect your workers from illness and/or injury;

- Informing your workers about job hazards and training them to do their jobs safely;
- Providing supervision to ensure that they work safely and use equipment and protective devices properly where required.

(Workplace Safety & Prevention Services, 2023, para. 1-4)

It is important to read and understand all occupational health and safety policies within an organization before beginning work in the learning space. This helps inform practice for educators to help them ensure their own personal safety as well as the safety of their co-workers. A health and safety information board will be posted near the employee area for additional information and a copy of the Ontario Occupational Health and Safety Act and Regulations: The Green Book.

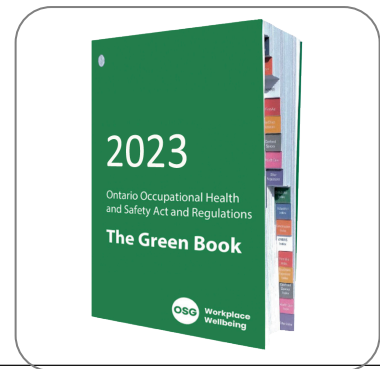


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Employees of an early years setting also receive basic health and safety training, information about hazardous materials through Workplace Hazardous Materials Information System (WHMIS) training, and knowledge of preventative measures to ensure optimal health and safety conditions for all employees while working in their specified positions.

Watch the following video for a brief introduction to WHMIS:



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=814#oembed-1>

Video: WHMIS Introduction and Overview | OnlineWHMIS.ca™ by OnlineWHMIS.ca™ [1:53].
Transcript available on YouTube.

Read and Complete

Read and Complete the online Worker Health and Safety Awareness Workbook to understand your rights as a worker prior to beginning employment in an early years setting.

- Worker Health and Safety Awareness Workbook

Occupational Health and Safety Committees & Representatives

Workplaces with more than 20 employees must have a joint health and safety committee (OHSA, 2023). The joint health and safety committee has a minimum of one worker representative and one employer representative. At least one worker and employer member of the joint health and safety committee must participate in approved mandatory training to receive certification.

Any workplace with 6 – 19 employees must have a health and safety employee representative (OHSA, 2023). Regular monthly health and safety inspections must be conducted by the worker representative with concerns reported to management. Employers must rectify concerns as soon as possible to ensure safe workplaces for employees. Worker representatives are nominated by staff in the workplace.

Workplace Violence and Harassment Policies

Employees have the right to be free from violence and harassment in the workplace in Ontario. Early years settings have policies in place to prevent workplace violence and harassment. These policies will be introduced during the orientation process.

For more information about workplace violence and harassment read this **brochure** from the Ministry of Labour.

Safe Lifting Techniques

Educators are often lifting children up onto change tables, carrying infants around the classroom to soothe them when they are upset, and bending over to pick up toys when cleaning up the learning space. Educators need to protect their backs when lifting, bending, kneeling, and carrying heavy

loads. Training in safe lifting techniques can help educators protect their backs and ensure physical wellness when working in early years settings.

Watch the following video for more information about safe lifting techniques with children:



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=814#oembed-2>

Video: Safe Lifting Techniques of Children by Pediatric Home Service [5:19]. *Transcript available on YouTube.*

5.7 Workplace Health and Wellness Benefits

Employees may want to inquire about health and wellness benefits they can receive when accepting an offer of employment in an early years setting. Workplace insurance, short and long term disability benefits, prescription allowances, dental care benefits, pension plans, and paramedical services may be part of employment packages. Typically there is a probationary period to complete before being eligible for health and wellness benefits.

Many early years employers offer professional learning allowances to help grow capacity and to support RECEs in maintaining their CPL requirements with the College of Early Childhood Educators. Professional learning may take place internally with a dedicated plan for pedagogical growth or employees may be eligible to receive funding for learning opportunities and paid time off to attend professional learning sessions. Tuition allowances might also be part of a hiring package. Under the new Canada-Wide Early Learning and Child Care (CWELCC) program, Ontario now funds the equivalent of two paid professional learning days for each licensed home child care provider and employees working in licensed child care centres, family centres, and Early ON centres (OME, 2022).

Another benefit offered by licensed child care agencies may be the provision of discounted child care fees for employees' children. These reductions in fees often range from 10 – 25%. Child care fee discounts may be slowly eliminated under the new CWELCC program as fees are slowly being reduced to \$10 per day.

Early years organizations have attendance management and disability policies that outline the amount of time each employee is entitled to for sick days, health and wellness days, and bereavement days. Vacation policies are also outlined during the hiring and orientation process. All employees are entitled to 10 working days off after one year of employment according to the Employment Standards Act (2023). Employees can determine if the health and wellness policies at an organization are a good fit for their lifestyles.

Follow the link for more information about the Employment Standards Act:

- [Your guide to the Employment Standards Act](#)

As students complete their early childhood education programs and become registered with the College of Early Childhood Educators they begin seeking employment with early years employers, if they haven't already gained employment in the profession. Many positions are available, allowing new graduates the opportunity to find a good fit in employment that matches their professional and

personal philosophies in care work with children and families. Health and wellness in the workplace are essential for retention in employment.

5.8 References

Resources for Further Exploration

- About the First Nations Mental Wellness Continuum Framework
- Quick Stress Relief – HelpGuide.org
- Promote a Culture of Wellness — Middlesex-London Health Unit
- Childcare Providers and Mental Health — Middlesex-London Health Unit
- BounceBack Ontario

What the Research Says

- Associations between Australian early childhood educators' mental health and working conditions: A cross-sectional study
- The Burnout Crisis: A Call to Invest in ECE and Child and Youth Workers
- Towards a holistic conceptualisation of early childhood educators' work-related well-being'
- Early Care and Education Teacher Well-being
- Minds Matter Report

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Ontario Regulation 137/15 under the *Child Care and Early Years Act, 2014*

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CHAPTER 6: SAFETY PROMOTION IN EARLY YEARS SETTINGS

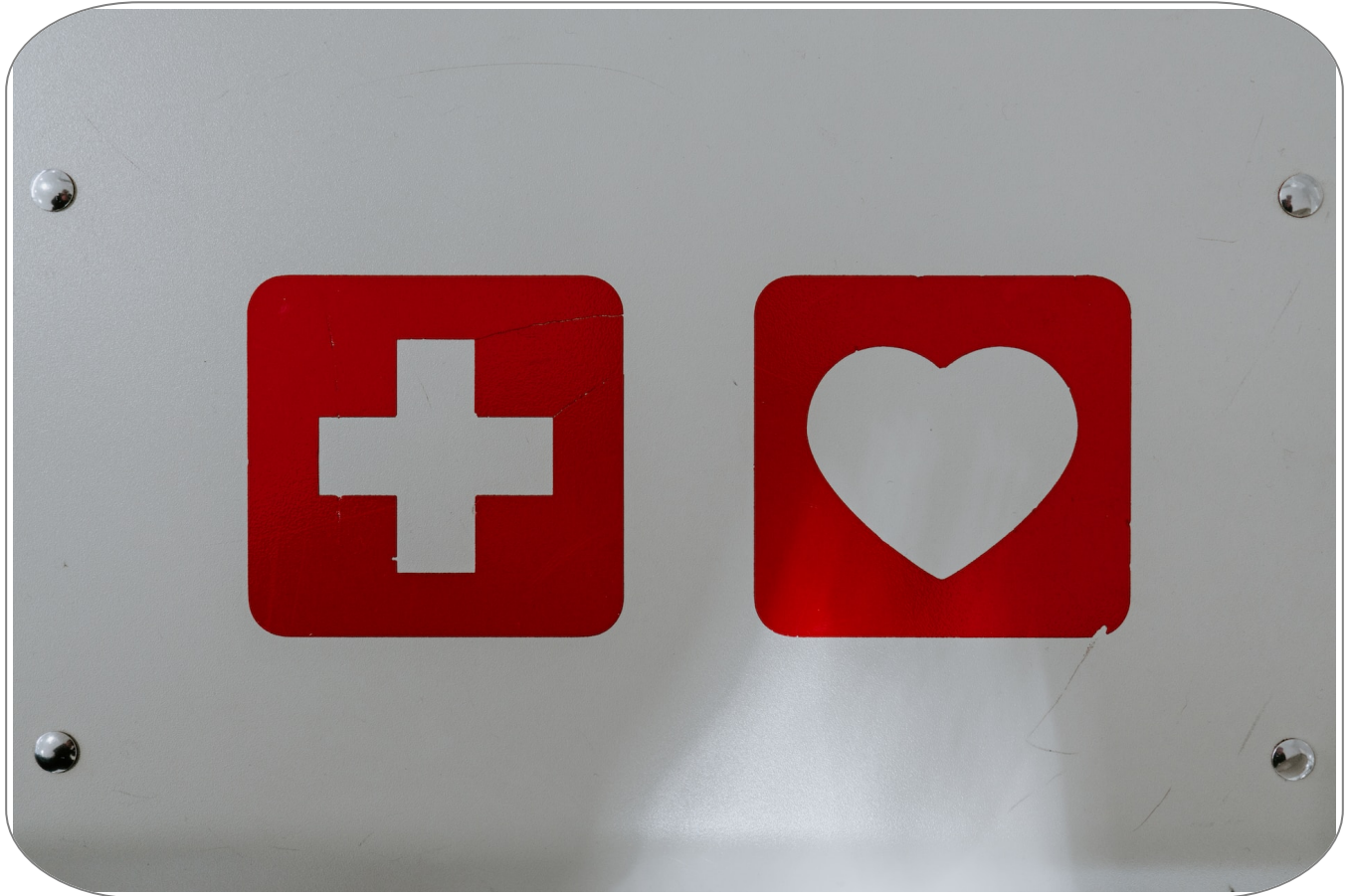


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Chapter Outline

- 6.0 Learning Objectives
- 6.1 Ratios
- 6.2 Mixed Age & Family Age Groupings
- 6.3 Supervision of Children
- 6.4 Supervision of Adults

- 6.5 Emergency Preparedness
- 6.6 Incident Reports & Biting
- 6.7 Outdoor Play & Playground Safety
- 6.8 Weather Safety
- 6.9 Safe Sleep Practices
- 6.10 Serious Occurrences
- 6.11 Choking Prevention in Young Children
- 6.12 Safe Drinking Water
- 6.13 References

6.0 Learning Objectives

Safety in early years settings encompasses more than physical safety. Children are the most vulnerable citizens in society and care must be provided to ensure their social, emotional, and physical needs are nourished for holistic health and wellness. Educators in the early years share this important responsibility in partnership with families.

Licensed child care organizations must adhere to the regulations set out in the Child Care and Early Years Act, 2014 through guidance from Ministry of Education Program Advisors. Program Advisors typically visit annually and when concerns arise. Regular ongoing communication between licensed operators and Program Advisors provides additional guidance to ensure adherence to regulations. Public Health Inspectors are tasked with ensuring licensed child care facilities are in compliance with public health regulations. The Ministry of Environment oversees safe drinking water in early years settings. These regulatory bodies provide resources to help early years settings meet and exceed the regulations necessary for keeping children safe.

Learning Objectives

In this chapter, we will:

- Understand policies and procedures related to the roles and responsibilities in the supervision of children and adults, including prohibited practices;
- Identify the nature of childhood injuries, factors that increase the risk of occurrence and preventive strategies;
- Awareness of emergency preparedness, evacuation routines, and serious occurrence reporting.

6.1 Ratios



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Regulation

Ratios and maximum group sizes, child care centre

8. (1) Every licensee shall ensure that in each child care centre it operates,
- (a) the children are placed in groups according to the age categories set out in Schedule 1;
 - (b) every licensed age group includes only children whose age falls within the age category of the group, subject to subsection (2);

(c) for every licensed age group, the requirements set out in Schedule 1 that are applicable for the age group respecting,

- (i) the ratio of employees to children,
- (ii) the maximum number of children in the group, and
- (iii) the proportion of employees that must be qualified employees,

are satisfied, whether children are on the premises or during activities off the premises, unless otherwise approved by a director. O. Reg. 126/16, s. 9 (3); O. Reg. 51/18, s. 7 (1, 2); O. Reg. 174/21, s. 6.

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Educators must be in compliance with mandated ratios when working with children. The ratio of adults to children decreases as the age of children increases. Maximum group sizes ensure the quality of supervision is not decreased with too many children congregating in the same spaces. Program Advisors work with a formula to ensure enough square footage is available for the number of children in a designated space. **Click the image to view the table.**

Age	Staff : Child Ratio	Maximum Number of Children per Group	Proportion of Qualified Staff to Non-qualified Staff
Infants (0-18 months)	3 : 10	10	1 : 3
Toddlers (18 months-30 months)	1 : 5	15	1 : 3
Preschool (30 months-6 years)	1 : 8	24	2 : 3
Kindergarten (44 months-7 years)	1 : 13	26	1 : 2
Primary/Junior school age (68 months-13 years)	1 : 15	30	1 : 2
Junior school age (9 years-13 years)	1 : 20	20	1 : 1

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Reduced Ratios

There are times throughout the day when ratios may be reduced to support staffing needs in toddler, preschool, and school age groupings. In full day programs the first 1.5 hours after a licensed child care facility opens ratios may operate at $\frac{2}{3}$ of the mandated ratios. The same may occur in the last operational hour of each day. During times of rest up to a maximum of 2 hours, licensed settings may operate at $\frac{2}{3}$ of the mandated ratios. This time is typically used for educators to take lunch breaks.

An exception may be made during rest periods if another approved employee is present in the building. Toddler and preschool programs may operate with a reduced ratio of $\frac{1}{2}$ during a rest period up to a maximum of 2 hours if another approved employee is available in the event of an emergency. This may be a supervisor or support staff who can assist as needed if multiple children wake up early or an incident occurs. The reduced ratio of $\frac{1}{2}$ during rest periods must be discussed with Program Advisors to ensure the license accommodates this practice.

Infant programs must never run with reduced ratios at any time during operational hours. Additional staffing may be required to ensure educators in infant programs have lunch breaks and are relieved at the end of their shifts. Another time when mandated ratios must never be reduced occurs during

outdoor time. Risks often increase during outdoor play so mandated ratios must be adhered to at all times during outdoor play.

Licensees must assess whether reduced ratios are effective to support staffing when the needs of a group may be higher than usual. Often arrival and departure times are busy with educators and families interacting. These times typically coincide with reduced ratios so it is pertinent to track the numbers of children present in the first 1.5 hours of the day and the last 1 hour of daily operations. Additional staffing may be required to adhere to regular mandated ratios for safe supervision of children.

Regulation

Ratios and maximum group sizes, child care centre (continued)

- 8.** (4) Despite subsections (1) and (3), the ratio of employees to children for a licensed age group may be reduced to less than that required under those subsections, in accordance with the following:
1. The reduced ratio shall not be less than two-thirds of the required ratio.
 2. Subject to paragraphs 4 and 5, the reduced ratio may be in effect only during the periods of arrival and departure of children and during the rest period.
 3. For the purposes of paragraph 2, the periods of arrival and departure are, i. for a child care centre that has a program that runs for six hours or more in a day, the 90- minute period after the program starts each day and the 60-minute period before the program ends each day; and ii. for a child care centre that has a program that runs for less than six hours a day, the 30- minute period after the program starts each day and the 30 –minute period before the program ends each day.
The reduced ratio shall not apply during outdoor play periods.
 4. The reduced ratio shall not apply at any time in respect of a licensed infant group.
 5. The reduced ratio shall not apply during outdoor play periods.

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Enhanced Ratios

Additional funding may be available to enhance inclusive practice in learning spaces. As discussed in chapter four, licensed child care settings collaborate with Resource Consultants to support the inclusion of all children in learning spaces. A small amount of funding may be allocated to enhance ratios with a program assistant. This role is intended to be an extra support in a classroom and

doesn't work one on one with a particular child. This role is not counted in the mandated ratios so must accompany an educator and group of children, rather than be counted in ratio.

6.2 Mixed Age & Family Age Groupings

Mixed Age Groupings

Some licenses may have an alternate capacity in which children can move to the next age group before they reach the designated age. The mixed age grouping alternative capacity only allows a small percentage of children to move up to the next age group. For example, a preschool group of eight may consist of 20% of children still considered in the toddler age range under 2.5 years but over the age of 2 years. Another example might be in a toddler age group that has 20% mixed age grouping with infants under 18 months but over 16 months. These mixed age groupings are helpful when a child is ready to move to the next age group and has the opportunity to visit for short periods to allow for a smoother transition when they move to the next program. The license must state the specifics of these mixed age groupings prior to early years settings engaging in this practice.

Family Age Groupings

Family age groupings may take place in areas with smaller populations such as rural and remote locations. Family age groupings support children in learning more about one another through mixed ages learning alongside one another. Family age groupings must not exceed a group size of 15 children. Read the following regulation for more information regarding family age grouping ratios and staff qualifications.

Regulation

Licensed Family Age Groups

8.1 (1) A licensee may be licensed to provide child care for a licensed family age group that meets the following age requirements:

1. The group shall not include more than 15 children.
2. The group shall not include more than six children who are younger than 24 months. O. Reg. 126/16, s. 10.

(2) Every licensee that provides child care for a licensed family age group shall ensure that the requirements determined as follows respecting the number and qualifications of employees who provide child care to the licensed family age group are satisfied, whether children are on the premises or during activities off the premises:

1. Classify each child according to his or her age category, as set out in Schedule-4.
2. Determine the total number of children in each age category.
3. For each age category, multiply the number of children in the age category by the ratio set out in Column 2 of Schedule 4 opposite the age category, expressed as a decimal.
4. Find the total of the numbers determined under paragraph 3 for all age categories.
5. Round the number determined under paragraph 4 up to the nearest whole number.
6. The number determined under paragraph 5 is the minimum number of employees required to provide child care to the group, unless one of the following applies:
 - i. If there are more than six children, there must be at least two employees providing child care to the group.
 - ii. If there are more than 10 children and one or more children are younger than 12 months, there must be at least three employees providing child care to the group.
 - iii. If there are six or fewer children, and no more than three children are younger than 24 months, only one employee is required to provide child care to the group.
7. The number of employees determined under paragraph 6 that must be qualified employees is,
 - i. if fewer than three employees are required under paragraph 6, then at least one employee must be a qualified employee, and
 - ii. if three or more employees are required under paragraph 6, then at least two of the employees must be qualified employees. O. Reg. 126/16, s. 10; O. Reg. 254/19, s. 3.

(3) If a licensed family age group includes children who are 44 months or older and, but for such children, the number of employees determined under paragraph 6 of subsection (2) would be lower, then the greater number of employees is required only when such children are present. O. Reg. 126/16, s. 10.

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Licensed home child care settings provide mixed age grouping opportunities on a smaller scale in a child care provider's home. Licensed home child care providers can provide care for six or less children in their approved home settings as long as no more than 3 children are under the age of 3 (OME, 2014). Licensed home child care is linked to a licensed agency that oversees the site and provides valuable resources and support for the home child care provider.

Watch the following video for more information about the benefits of licensed home child care:



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=851#oembed-1>

Video: Why Choose Community Home Child Care (CHCC)? by London Children's Connection [3:36].
Transcript available on YouTube.

6.3 Supervision of Children

Enhanced Supervision

Educators working in early years settings manage multiple tasks throughout the day including engaging and supporting children, communicating with parents and colleagues, setting up the environment, completing required administrative tasks, conducting some light housekeeping, and overseeing routines and transitions. This can be challenging to do while trying to supervise large groups of children. Educators learn how to implement measures to ensure children are safely supervised in these busy settings.

Educators learn the benefit of head counting very quickly. Educators communicate with their team members to ensure the attendance is completed regularly and the number of children attending are accounted for at all times. This includes counting the number of children as they are moving from one area to another. For example, counting the number of children who are entering the outdoor space and then counting again on the way indoors. This helps to ensure no children are left behind during the transitions from indoor to outdoor play and back to the indoor space. Attendances should be modified each time a child enters or leaves a program and must accompany the group wherever they go. Head counting is a helpful practice at various points throughout free play to ensure all children are accounted for and supervised throughout the day.

Occasionally, environments are set up for a free flow so educators determine where to place themselves strategically for supervision. If a large group of children are in one area it is helpful for educators to ensure they are able to supervise this area more closely. It may require moving with a smaller group of children to an area near the larger group to ensure supervision is adequate for the activity. Educators place themselves strategically when outdoors to ensure the areas with more risk taking are supervised more closely.

Educators working with younger children must ensure equipment is used with safety in mind. Infants use cribs, swings, bouncy seats and small climbing equipment. It is important that educators place themselves near the children when using this equipment. A child should never be left unattended on a change table or an elevated surface. As educators become more knowledgeable about each child's abilities they may be able to take a step back when a child is engaged in climbing or taking a manageable risk to help the child build confidence. This awareness of knowing when to step back or when to intervene is not only important for safety but for helping build a child's confidence and self-esteem.

Exercise



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=861#h5p-16>

Field Trips

Children require enhanced supervision when on field trips due to additional safety hazards that may be present in an unfamiliar setting. Field trips are an educational opportunity for children, educators and families. Family members may be able to volunteer to be an extra set of hands on a field trip (Note: read supervision of volunteers below). This is a fabulous way to build relationships with children and their families. Partnerships with communities develop when early years programs have the opportunity to visit settings in their local communities.



"Kids at Kubota Garden, 2003" by Seattle Municipal Archives, CC BY 2.0.

Field trips require a lot of planning on the part of educators and supervisors in early years programs. Permission forms provide a great opportunity to explain the benefits of the trip to families as part of a program's parent education initiative. Licensees need to ensure all proper permissions are in place before the field trip. It is important to ensure insurance coverage is in place for the field trip. Parent volunteers require a vulnerable sector check to be verified and on file in order to volunteer on a field trip and interact with children. These need to be collected and verified prior to a parent volunteering on a trip. Students and volunteers will have VSCs on file and may help on a field trip as long as they are not alone with the children and are supervised by an employee. Licensees may want to ensure additional employees can attend the field trip to provide additional support.

A school vehicle may be reserved to transport children to a location that is not within walking distance. It is important to check for car seat regulations and age groupings for school vehicles to ensure children are securely transported. A budget for renting school vehicles needs to be considered as well as any entrance fees for the destination. For longer trips, it may be necessary to purchase food and drinks. A small fee may be requested from families with subsidies available for families who cannot pay a fee. Many early years programs budget for these fees so they do not have to request additional fees from families. Public transportation may be free for children under a certain age so for any trips using public transportation only the adult fees need to be considered.

It is recommended that educators visit the location prior to taking children there to assess any potential hazards. A field trip bag provides educators with a tool to carry important resources such as emergency cards, attendance sheets, medical plans, medications, assistive devices, first aid kit, gloves, diapers, wipes, change pad, change of clothes, water, snacks, cellphone, sunscreen, and anything necessary to make the trip comfortable. Parent volunteers may be able to help carry some of these items. A wagon is useful for any walking trip.

Sample Field Trip Policy from **George Brown College Lab School: PDF**

6.4 Supervision of Adults

Students & Volunteers

Regulation

Supervision of Students, Volunteers

11.1 (1) Every licensee shall ensure that every volunteer or student at a child care centre it operates or at a premises where it oversees the provision of home child care is supervised by an employee or home child care provider at all times and is not permitted to be alone with any child who receives child care at the child care centre or home child care premises.

(2) Every licensee shall ensure that there are written policies and procedures regarding volunteers and students that set out, at a minimum,

- (a) the requirement described in subsection (1);
- (b) the roles and responsibilities of the licensee and supervising employees; and
- (c) the roles and responsibilities of volunteers and students.

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Students on placement and volunteers must never be alone with children when in a licensed child care centre or a licensed home child care. Students on placement and volunteers must always be supervised by an employee or home child care provider. Should a student become an employee of a licensed child care organization and complete the employee orientation and training, they can then interact with children like any employee of the organization. This doesn't include hours of placement so if a student is in a dual role of placement student and employee they can only be counted as part of the ratio during employment hours. Early years settings have policies regarding the supervision of students and volunteers. These policies will be introduced during orientations for employees, students and volunteers prior to interacting with children to help individuals understand expectations for their interactions with children.

Prohibited Practices

Licensed early years settings must ensure policies are in place to prevent prohibited practices.

Policies are in place to train employees, students, and volunteers about prohibited practices and the measures for any contravention of these policies are outlined. Prohibited practices policies and procedures are part of the orientation and ongoing training programs of licensed early years settings.

Regulation

Prohibited Practices

48. (1) No licensee shall permit, with respect to a child receiving child care at a child care centre it operates or at a premises where it oversees the provision of child care,

- (a) corporal punishment of the child;
 - (b) 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;
 - (c) 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;
 - (d) 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 or undermine his or her self-respect, dignity or self-worth;
 - (e) depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding; or
 - (f) inflicting any bodily harm on children including making children eat or drink against their will.
- O. Reg. 137/15, s. 48; O. Reg. 126/16, s. 34.

(2) No employee or volunteer of the licensee, or student who is on an educational placement with the licensee, and no person who provides home child care or in-home services at a premises overseen by a home child care agency shall engage in any of the prohibited practices set out in subsection (1) with respect to a child receiving child care. O. Reg. 51/18, s. 19.

(Ontario Regulation 137/15 under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Prohibited practices are outlined in parent handbooks that all families receive when they enrol their child in a licensed child care organization. Parent handbooks contain a lot of information necessary for families to feel comfortable leaving their child in the care of someone other than a trusted family member. Parent handbooks also include information about the services provided, child care fees, the program statement, supervision measures, anaphylactic policies, how concerns are addressed, and emergency preparedness (OME, 2014). Parent handbooks may contain additional information to

help families smoothly transition their child into licensed child care. Parent handbooks are typically available in digital and hard copies. Many early years settings have websites where parent handbooks can be accessed, along with a multitude of information.

[Read \(PDF\)](#)

Sample Parent Handbooks:

- Child Care Parent Handbook by YMCA Children's Educational Services
- Parent Handbook by London Bridge Child Care Services INC.

6.5 Emergency Preparedness

Emergencies can happen quickly in early years settings so educators, students, volunteers, children, and families must be aware of the protocols for emergency situations. Policies and procedures are shared with employees, students, and volunteers prior to engaging in work within the early years setting. This helps the adults in knowing how to guide children in the event of an emergency.

Each child will have an emergency card prepared upon enrolment into a program. These emergency cards will be safely stored, along with attendances, in each classroom. These cards must follow the child so when a child moves from one area to another, the emergency card must go with the child. The emergency card contains information including the guardians' names and phone numbers, along with emergency contact information. The emergency card will also indicate any special medical provisions or additional information pertaining to a child that would be helpful in an emergency (OME, 2014).

Each classroom has access to a phone or cell phone. Phone lists are located near the phones or taken outdoors with the attendances in the event an emergency takes place. The phone lists will contain emergency numbers such as 911, poison control, Ministry of Education program advisors, and taxi services. These phone numbers need to be readily available in the event of an emergency.

A travel bag for outdoor time or field trips is helpful for transporting children's emergency medications and medical plans, emergency cards, attendances, first aid kits, phone lists, and anything else to aid in emergency management should a situation arise. This bag or backpack should be readily available so that it can be quickly accessed in the event of an emergency.

[Read \(Download\)](#)

Review Sample Emergency Management Policy and Procedures for Licensed Child Care

- Emergency Management Policy and Procedures

Evacuation Procedures



Photo by Piotr Chrobot, Unsplash License.

All early years settings require an evacuation plan to ensure the safety of everyone involved. The evacuation plan is prepared in consultation with local fire chiefs and outlines each person's duties and responsibilities in the event of a fire or other emergency situation. Monthly fire drills are implemented so adults and children become aware of what to do in the event of an evacuation. These fire drills must be documented and placed on file for review by Program Advisors during their licensing inspections.

Regulation

Fire Safety Procedures and Drills

- 68.** (1) Every licensee shall ensure that in respect of each child care centre it operates,
- (a) a written procedure approved by the local fire chief is established with respect to the duties of each member of the staff of the child care centre in the event of a fire;
 - (b) each staff member is instructed as to his or her responsibilities in the event of a fire before commencing work for the first time;
 - (c) the written procedure referred to in clause (a) is posted in a conspicuous place in each room in the child care centre that is used for the care of children;
 - (d) fire drills are conducted in accordance with subsection (2);
 - (e) a written record is kept of all fire drills, all tests of the fire alarm system and all tests of fire protection equipment and that each record is kept for at least 12 months from the date of the drill or test; and
 - (f) there is a designated place of shelter in the event the child care centre must be evacuated due to an emergency.

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

An emergency location must be organized prior to engaging in services for children. This emergency location is a safe space for children and adults to gather during an evacuation. Families are notified of this emergency location upon enrolment so they are aware of where to go to retrieve their child in the event of an evacuation. Licensees often have an agreement with the emergency location to ensure ongoing availability of this space.

Educators ensure medications and medical plans are taken during fire drills and evacuations to prepare for any ongoing evacuation period. All emergency cards and attendances must be taken during an evacuation in the event educators need to contact families. As mentioned earlier a travel bag or evacuation backpack is helpful for these situations by being properly equipped and accessible to staff members.

Monthly fire drills are conducted to support the children and adults in knowing what to do in the event of a fire. Children will learn to evacuate to a safe outdoor space or to the emergency location, if nearby. These monthly drills are led by a Director/Designate and all employees who have outlined duties to conduct such as checking staff rooms, washrooms, and classrooms after the children have been evacuated. For example, the Dietary Planner may help the infant classroom evacuate. The Director/Designate will verify that attendances have been checked to ensure all children have been evacuated safely. The fire drill report will be completed by the designate or supervisor after each monthly drill.

- **Sample Fire Safety Plan**
- **Sample Record of Fire Drills Form for Child Care Centre**

Read

Read the following post about home daycare fire safety:

- Home Daycare Fire Safety

Medication Storage

Medication must be stored in a locked storage container so children cannot access it. Locked storage containers can be found in each classroom and in refrigerators for medications that require refrigeration. These locked containers must be portable so employees can quickly access them during fire drills and evacuations. If the locks require keys, the keys must be stored in a safe place with easy access for adults as required.

Life-saving emergency medications are not kept in these locked containers as children may require these medications quickly. Medications such as asthma rescue inhalers and Epi-Pens are kept out of reach of young children but within easy reach for adults. School age children may have guardian permission to carry rescue medications and to be able to administer these medications with the support of staff members.

6.6 Incident Reports & Biting

Incident Reports



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Accidents often happen with young children when they are exploring and engaging in play. This is a very normal part of development and aids children in learning valuable lessons. RECEs are knowledgeable about potential dangers and know when a risk is manageable and can take a step back to allow a child to problem solve.

Read

Read the following blog to learn more about the educator's role in supporting children's development while keeping them safe and allowing them to take manageable risks.

- Encouraging Risk Taking

When a child is involved in an accident educators must first provide first aid and support to help the child. Accidents could involve a child tripping and scraping a knee to falling and bumping their head, to more serious accidents that require medical assistance. First aid must be the initial approach to ensure no life-threatening injuries have occurred. Playground safety will be discussed later in this chapter to help prevent life-threatening injuries during play. Once first aid has been administered and the child is happily engaging in activities again, educators need to complete an incident report. The incident report needs to be shared with the child's family who will sign to acknowledge they have seen the incident report and received a copy. Any incident needs to be documented in the classroom daily log as well.

Incident reports may be used for other situations such as biting, fighting with a peer resulting in an injury, insect bites, and many other situations. The incident report is intended for the family to be aware of situations that may have caused their child distress or may have resulted in an injury. Incident reports are kept in a child's file in the event a pattern needs to be tracked or an injury results in something more serious in the future.

- **Sample Incident Report**

Biting

Biting in group care is common and may cause families stress, whether it is their child who was

bitten or whether their child is the one biting another child or adult. There are many reasons a young child bites but most often it is to express intense feelings that they may not have the language for at a young age. A child may bite when excited to see their friend or when angry with a friend who isn't sharing a toy. This typically happens in the toddler age group. Some children may bite often, causing stress in the learning space.

Read

Read the following blog to learn more about why young children bite and how to respond.

- [Toddler Biting: Finding the Right Response](#)

An incident report needs to be completed for the child who was bitten. A quick phone call to the family before pick up time may help alleviate some of the impact of the stress upon seeing one's child who was bitten. It is important to let the other family know about the incident as well in the event the child continues to bite other children or adults. Families may need reassurance that biting is typical for young children while they learn to cope with strong feelings and gain more language skills to communicate with others.

If a child continues to bite, additional measures may need to be temporarily implemented to prevent children from being bitten. This may require a child to be shadowed by an educator to intervene more quickly to prevent bites from taking place. Consistent responses and routines will help alleviate additional stress for the child who is biting. Ongoing communication with families is important, while respecting confidentiality. Older children who continue to bite may need additional support. A resource consultant or health care professional may be able to provide insight into why a child continues to bite.

From time to time, a bite may break the skin. This needs to be reported to public health so a public health nurse can follow up with both families. Public health will need to verify immunization records so they will ask for the children's names, birth dates, guardian names, and phone numbers. A supervisor may be tasked with communicating this information to the local public health unit. This is a precautionary measure to rule out any transmissible diseases.

6.7 Outdoor Play & Playground Safety

Licensed early years settings in Ontario are mandated to embed outdoor play into the daily schedule. Any program operating for more than 6 hours per day must ensure children engage in outdoor play for a minimum of 2 hours each day (OME, 2014). These outdoor play periods can be flexible. Most programs split this time into 2 outdoor periods each day to work around other daily routines and to avoid peak hours of heat in the summer months. Some programs may have an extended period of outdoor play, once per day, to reduce the number of transitions in the daily routine. Other programs such as Forest Schools spend the majority of their day outdoors with a limited amount of indoor time.



Photo by Rashid Sadykov, Unsplash License.

Outdoor play is essential for children's health, learning, and sense of well-being. Long periods of uninterrupted time in nature engages children and all of their senses. Research reinforces the importance of the positive impact on mental health for children when interacting with nature

(Tillmann et al., 2018). Being outdoors supports health and wellness for children and for educators. Educators play an important role in sharing these values with families to encourage a connection with nature outside of the early years setting.

Read

Read and **watch** the videos in the following blog to support your understanding of the importance of children's connection to the land.

- Land as First Teacher

Playgrounds in Early Years Settings

Outdoor play areas vary amongst early years settings. Many licensed programs have naturalized their outdoor play areas to support a connection to nature. Naturalizing licensed spaces can be challenging when ensuring compliance to regulations for playground safety standards. Working with companies that specialize in designing natural playgrounds that comply with the Canadian Standards Association (CSA) standards and a certified playground inspector will help licensees safely naturalize outdoor play spaces. Typically, play structures and spaces are constructed with a particular age group in mind. Many licensed early years programs have outdoor spaces separated for each age grouping. These areas must be adjacent to the indoor space to ensure safe and easy access (OME, 2014).

Regulation

Outdoor play space²⁴. (4) Every licensee shall ensure that, at each child care centre it operates, any outdoor play space, fixed play structure or surfacing under those structures that is constructed or renovated on or after August 29, 2016 meets the requirements set out in the Canadian Standards Association standard CAN/CSA-Z614-14, "Children's playspaces and equipment", as amended from time to time. O. Reg. 126/16, s. 18 (2).

(5) Every licensee shall ensure that at each child care centre it operates,

- (a) a playground safety policy is developed that reflects the Canadian Standards Association standard mentioned in subsection (4) and indicates the roles and responsibilities of employees regarding safety on playgrounds;
- (b) daily, monthly and annual inspections of the outdoor play space, fixed play structures and surfacing are conducted in accordance with the requirements set out in the Canadian Standards Association standard mentioned in subsection (4);
- (c) a plan is developed on how issues or problems identified in a playground inspection will be addressed; and
- (d) a playground repair log is maintained. O. Reg. 126/16, s. 18 (2).

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Playground policies are developed with the support of a certified playground inspector, playground designers, and a program advisor from the Ministry of Education. These policies support educators in knowing where to strategically place themselves during outdoor play to ensure appropriate supervision is provided for children in a manner that allows children to take manageable risks. Additional information is included in playground policies related to ratios, weather safety, water safety, inspections, and daily maintenance. Playground policies and procedures will be introduced during the orientation process for new employees, students, and volunteers. An annual review of these policies and procedures is helpful for ongoing training.

• **Sample Playground Policy for Licensed Child Care Centre**

Outdoor play spaces have a maximum capacity for usage which will be determined by program advisors and shared with licensees. An early years setting may support several classrooms of the same age group. A daily schedule indicates when groups can take turns accessing the outdoor space to ensure capacity has not been exceeded. This may limit the amount of time a group can access the outdoor space, particularly during the summer months when the UV index is high during peak hours of the day. Some groups may alternate and go on nature hikes or access local green spaces to ensure children have ample time connecting to nature. Field trip policies need to be implemented in these scenarios, depending on the proximity to the early years setting. Infant programs often use large strollers or buggies to engage in nature walks while toddler groups may use wagons to assist in transporting younger children. Walking through neighbourhoods is an excellent way to connect to the local community.

Playground Inspections



Photo by Alexandr Podvalny, Unsplash License.

Multiple inspections are conducted on outdoor play areas as part of ongoing playground safety procedures. Daily inspections by educators or employees of a licensed program must take place prior to children entering the outdoor space. Checklists are part of the playground safety policy and will be provided for each outdoor area to ensure it is safe prior to use. Employees must ensure the sand areas are raked and are free from trash or animal droppings. Equipment must be inspected for any loose parts or sharp edges. Any safety issues must be noted on the daily inspection and the area closed until the safety concern can be addressed. Ministry of Education program advisors will check to ensure the daily inspections have been completed when they conduct their licensing inspection. The outdoor daily checklists are often in a chart format, posted monthly in the classroom. Past daily inspections are stored to reference at a later date.

Monthly outdoor playground inspections are conducted by supervisors of programs or the licensee. The monthly inspections are more thorough, with safety concerns being noted and any areas of concern closed immediately until they can be addressed. These concerns may involve the licensee

contacting the playground designers or a contractor to repair any safety concerns. Repairs are logged to document the date and name of the party who repaired the area of concern.

An annual playground inspection must be conducted by a certified playground inspector. The inspector has specialized equipment to test the drop zones to ensure the impact surfaces meet the CSA standards. Annual inspections generally take a few hours to conduct and a lengthy report will be shared with the licensee. Any noncompliances must be addressed through the development of an action plan. The action plan must be kept on file with the annual inspection for the program advisor to review during their licensing visit. The action plan is updated when areas of noncompliance have been addressed. Recommendations are also included in the annual inspection reports that may become part of the action plan.

- **Sample Daily and Monthly Playground Inspection Checklists**

6.8 Weather Safety



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The region of Southwestern Ontario faces extreme weather in multiple seasons of the year. The summer months can bring heat alerts while the winter months can face multiple cold weather alerts. Educators have many resources to support decision making around providing safe outdoor learning during these extreme weather alerts. Early years organizations have procedures for the use of sunscreen in the warmer months and recommendations for all weather clothing for the colder months. These measures allow children to enjoy the benefits of outdoor play while remaining safe during weather alerts.

Read

Read the following information to understand more about weather alerts. Click on the highlighted weather related terms for additional measures to keep children and yourself safe during extreme weather.

- [Weather Alerts – Southwestern Public Health \(swpublichealth.ca\)](http://swpublichealth.ca)

Educators connect with Environment Canada through phones or digital devices to determine the UV Index rating, the air quality, or the temperatures to gauge the amount of time children can safely be outdoors. This information also helps to determine if additional safety measures need to be implemented such as water breaks, water features or water play for cooling off, additional layering of warm clothing, and reducing the amount of time spent outdoors. Educators communicate with one another to alternate the outdoor play periods to avoid peak times of high UV index ratings or extreme cold weather earlier in the day. Early years settings are often notified by their local public health units of extreme weather alerts. These alerts are accompanied by information regarding safety measures that can be implemented.

Educators working with infants may reduce the exposure by staying indoors to ensure younger children who may be more susceptible to dangers from extreme weather are protected. Organizations have policies to help guide these decisions, in conjunction with alerts provided by public health. Toddler, preschool, and school age children may be able to tolerate shorter periods of outdoor play during extreme weather alerts. It is important to be able to recognize the signs of distress such as heat exhaustion or frostbite.

Note: Licensed home child cares are not permitted to have standing or recreational bodies of water present when providing care for children under the age of six. For children over the age of six, a lifeguard must be present when bodies of water are available or being accessed.

(OME, 2014)

Exercise

Take this quiz.



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=905#h5p-17>

6.9 Safe Sleep Practices



Photo by Helena Lopes, Unsplash License.

Children enrolled in infant programs in early years settings will be encouraged to sleep in a crib to adhere to safe sleep practices guided by the Public Health Agency of Canada. Licensed child care programs in Ontario must follow the Joint Statement on Safe Sleep (2021) for children 12 months and under. The rate of Sudden Infant Death Syndrome (SIDS) has decreased in infants in Canada since safe sleep measures were implemented (PHAC, CPS & BB, 2021). Educators working with children in infant programs need to be aware of safe sleep practices to support families in understanding preventative measures.

Read (PDF)

Read the Joint Statement on Safe Sleep:

- Joint Statement on Safe Sleep

The transition of infants into early years settings takes time. Some babies may not fall asleep unless they are in a swing, bouncy seat, or are rocked to sleep. Once the infant is asleep it is important to move the child to a designated crib. This process may take some time as the child may wake up as soon as they are placed into a crib. Infants typically adjust to this sleeping practice in early years settings more quickly than at home where they may have been used to a different sleeping practice. Educators are obligated to follow the guidelines outlined in the Joint Statement on Safe Sleep for any child 12 months or younger. More information may need to be shared with families to support their understanding of educators' obligations around safe sleep practices in early years settings. A guide for families can be found under Additional Resources in this chapter.

Sleep Supervision

Toddler and preschool early years programs provide cots for children to nap or to have a place for some quiet time in their day. Children should have a cot designated for them and the sheets changed and cot sanitized in between use by different children. A plan for where children sleep should be available for families and posted for occasional employees who do not know where cots are placed during nap time. Children appreciate the familiarity of having their cot placed in the same location each day. Families should be consulted about sleeping arrangements upon enrolment and any time sleeping plans change (OME, 2019).

Some infants, older than 12 months, may not sleep in a crib at home so may have challenges adjusting to a crib in a licensed child care program. A plan may be developed with the family to provide a child sized cot for the child in the infant playroom where the child can be supervised at all times while sleeping.

Nap and rest periods should never exceed two hours. Some exceptions may be made in consultation with families and through observing the needs of the child. Organizational policies outline how often educators are to perform visual checks for sleeping children. These visual checks are documented, including the date and time. This preventative measure ensures children are observed for any distress or concerns during rest periods. The lighting should allow for educators to easily conduct visual checks.

Electronic monitoring devices may be used in a separate infant sleep room but needs to be consistently monitored, accompanied by regular, documented visual checks. Some infant programs may have an educator stay in the naproom once there are 3 or more infants napping at the same time. Visual checks still need to be conducted and documented in this situation.

As children get closer to kindergarten age they may transition out of napping each day. This plan is discussed with parents and quiet activities may be implemented for a child. A cot must still be available for the child if they wish to rest or sleep. Many older preschool programs have a learning space available for children who no longer nap. This space must be staffed to meet mandated ratios and cannot participate in reduced ratios.

Helpful Hints: A sleep room logbook is helpful to document visual checks. A new date can be logged daily with the times and notes documented each day. This may be a separate logbook from the daily classroom log. Some classrooms may have a clipboard hanging on a wall near the nap area to log visual check times daily while other programs may log visual checks digitally.

6.10 Serious Occurrences

Some incidences in licensed early years settings are considered serious occurrences by the Ministry of Education. These occurrences require additional investigations, reporting, documenting, and posting of information for families. All licensed settings will have policies and procedures for serious occurrence reporting. Employees, students, and volunteers will be trained in these policies and procedures during their orientation. It is important for employees to be aware when an incident becomes a serious occurrence and report this to their supervisor after managing any first aid or safety precautions necessary.

Regulation

Definition

1. In this regulation ... “serious occurrence” means,

- (a) the death of a child who received child care at a home child care premises or child care centre,
- (b) 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,
- (c) 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,
- (d) 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, or
- (e) an unplanned disruption of the normal operations of a home child care premises or child care centre that poses a risk to the health, safety or well-being of children receiving child care at the home child care premises or child care centre.

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Supervisors or the licensee will conduct an investigation into the incident, along with any of the appropriate authorities such as Children's Aid Society and the Ministry of Education. Affected families will be contacted as soon as possible to be notified of the serious occurrence. A report is filed on CCLS for the Ministry with any follow up information attached. A serious occurrence notification form must be posted by the license for the public to be aware that a serious occurrence took place. The notification form is updated accordingly and must be posted for 10 business days. An annual report is prepared by the licensee to assess any patterns that may have developed. The annual report will be reviewed by the program advisor during their licensing visit.

Sample Serious Occurrence Policy and Procedures

6.11 Choking Prevention in Young Children

Preventative measures to reduce the potential for choking in young children are present in early years settings. This may include the elimination of certain types of foods, the reduction of small pieces, and the enhanced supervision of materials that may cause choking. With the use of loose parts in early years settings it is important that educators know the children well and understand their capabilities when engaging with loose parts. Close supervision must always take place when children are exploring small items.

Watch the following video for more information about toy safety for young children:



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=966#oembed-1>

Video: Testing for Choking Hazards: A Guide for Parents by Children's Hospital Los Angeles [3:36].

Read

Read the following information about foods that are a choking hazard for young children:

- Choking Prevention in Small Children

6.12 Safe Drinking Water



Photo by Daniel Hooper, Unsplash License.

Click the image to view the (PDF) poster.

Early years settings conduct annual testing for lead in their water supply to ensure the amount of lead is minimal in drinking water served to young children. Studies have revealed that lead is present in many products and is dangerous for the development of young children (WHO, 2022). Early years settings are careful to reduce the number of products containing lead as well ensuring they regularly flush and test their water sources for traces of lead.

Lead flushing policies and procedures will be introduced during an orientation for employees, students, and volunteers before they begin engaging in an early years setting. Employees are tasked with flushing the water supply for lead at the beginning of the business day. The schedule for flushing varies depending on the site and the age of the plumbing. Flushing procedures must be documented and annual sampling is tested by a lab with results sent to the Ministry of Environment to ensure compliance.

Typically only the drinking water sources are tested. This may include kitchen sinks where water is used for food preparation and to source drinking water, along with any water fountains. Licensees must indicate which water sources are safe for drinking for children under the age of 18 in their water flushing policies.



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Read

Read the follow information regarding flushing for lead and lead sampling in early years settings.

- Flushing and sampling for lead | Ontario.ca

6.13 References

Resources for Further Exploration

- Sun Safety — Middlesex-London Health Unit
- Industry Guide to Health Canada’s Safety Requirements for Children’s Toys and Related Products
- Safe Sleep for Your Baby (PDF)

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CHAPTER 7: HOLISTIC CARE: EQUITY, DIVERSITY, AND INCLUSION (EDI)



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Chapter Outline

- 7.0 Learning Objectives
- 7.1 Equity, Diversity, and Inclusion (EDI)
- 7.2 Worldviews
- 7.3 Understanding Bias in Professional Practice
- 7.4 Equity in Early Years Settings

7.5 Diversity in Early Years Settings

7.6 Inclusion in Early Years Settings

7.7 Accountable Spaces

7.8 Barriers Impacting Wellness in the Early Years

7.9 References

7.0 Learning Objectives

Learning Objectives

In this chapter, we will:

- Establish and maintain inclusive early years environments that support diverse, equitable and accessible learning opportunities for children and their families;
- Develop an understanding of accountable spaces for an equitable, diverse, and inclusive practice for educators working in the early years;
- Develop an understanding of barriers children, families, and communities encounter when accessing early years supports.

7.1 Equity, Diversity, and Inclusion (EDI)



Photo by Meruyert Gonullu, Pexels License.

Equity, diversity and inclusion (EDI) are fundamental in early years settings as children and families with varying worldviews participate in early learning services. Some families may be seeking a sense of community for their children and themselves, while others may be accessing early years services to enhance their child's growth and development. Other families may require the services so they can attend work or school.

Educators balance their own worldviews through ongoing learning and reflection while seeking to understand the worldviews of families and co-workers. Embedded in this process is the ability to listen and be open-minded about different ways of living and being. Building relationships with families and co-workers sets a strong foundation for an equitable, diverse, and inclusive learning space.

Read

Read UNICEF's report to learn more about Canada's ranking in its support of children's well-being and its ranking in ensuring equity, diversity and inclusion compared to other countries.

- [Child Well-being in a Sustainable World](#)

7.2 Worldviews

Our worldviews are shaped and influenced by our social location as humans. Social location is unique to individuals and includes factors such as age, abilities, race, culture, gender identity, traditions, family status, access to education, work experience, religion, geographic location, sexual preferences, and more.

“Social location is important because it strongly influences our identity, or our sense of self, and how we see the world” (SVTDT, 2019).

Our social location changes throughout our lifetime and impacts our worldview. Educators engage in self-reflection to understand their social location and its impact on their worldview. In turn this leads to an understanding of the influence their worldview has on the way they engage in the learning space. Ongoing professional learning supports continued self-reflection to help educators understand the impact they have in a young child’s life. Educators continue to learn throughout their career so they are open to new ideas and different worldviews. This self-awareness helps build positive and responsive relationships with children, families, colleagues and community partners.

College of Early Childhood Educators Code of Ethics

B. Responsibilities to Families

RECEs build and maintain responsive and collaborative relationships with families. These relationships are based on mutual trust, openness and respect for confidentiality. RECEs work in partnership with families, sharing knowledge and resources to support the well-being and learning of children. RECEs recognize and respect the uniqueness and diversity of families. They provide meaningful opportunities for families to engage in and contribute to the learning environment and their child’s experiences.

(CECE, 2017)



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Working with children and families in Canada requires a strong knowledge of the history of the land and the local communities. Understanding the ongoing systemic racism and Euro-Western bias in Canada is essential for informing educator’s work in early years settings.

Read

Read Chapter Eight in *Knowing Home: Braiding Indigenous Science with Western Science: Book 1* to understand more about worldviews and how children learn.

- Chapter 8 – When Uncles Become Killer Whales: Bridging Indigenous Science, Western Science and Worldviews

Exercise



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=996#h5p-18>

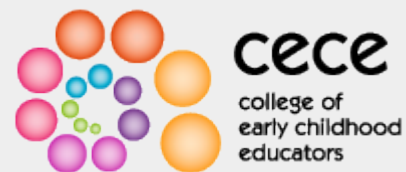
7.3 Understanding Bias in Professional Practice

As educators become more familiar with their social location and worldviews through self-reflection they begin to understand their biases as individuals. Everyone has biases based on their lens or worldview. Educators work to acknowledge and disrupt these biases in their work with children, families, and each other. This ongoing practice supports educators in building trusting, respectful and professional relationships with others.

College of Early Childhood Educators Standard

Standard IV: Professionalism and Leadership

Registered early childhood educators (RECEs) demonstrate professionalism in their relationships with children, families, colleagues, and the communities in which they practise. They are reflective and intentional professionals who engage in continuous professional learning. RECEs collaborate with others to ensure high quality early childhood education. All registered early childhood educators, regardless of position or title, are leaders.



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Read (PDF) & Reflect

Read the following Practice Note from the College of Early Childhood Educators to understand more about your *beliefs* and *biases*.

- Practice Note – Beliefs and Biases
-



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=998#h5p-19>

All children have the right to a holistic sense of well-being, to express themselves, to feel a sense of belonging, and to be included in an equitable and diverse early years setting. Educators set the stage for this environment in partnership with families through support from the community where they are located.

Watch the following UNICEF video regarding the rights of children. This is a good resource for sharing with children:



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=998#oembed-1>

[holisticwellnessece/?p=998#oembed-1](https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=998#oembed-1)

Video: We all have rights (international sign version) | UNICEF by UNICEF [14:45]. *Transcript available on YouTube.*

7.4 Equity in Early Years Settings



Photo by Tim Mossholder, Unsplash License.

As discussed in chapter one, *How Does Learning Happen: Ontario's Pedagogy for the Early Years* and *The Kindergarten Program* provide educators in the early years with excellent resources to support building the foundation for a sense of belonging and well-being for all children in their care. These pedagogical documents encourage reflective practice and help guide educators in ensuring their learning spaces are equitable for all who participate, including children, families, colleagues, and community partners. The six ELECT principles can be found on page 10 in *How Does Learning Happen?* to enhance the four foundations necessary for equitable learning spaces in the early years.

ELECT Principles

Principle 1: Positive experiences in early childhood set the foundation for lifelong learning, behaviour, health, and well-being.

Principle 2: Partnerships with families and communities are essential.

Principle 3: Respect for diversity, equity, and inclusion is vital.

Principle 4: An intentional, planned program supports learning.

Principle 5: Play and inquiry are learning approaches that capitalize on children's natural curiosity and exuberance.

Principle 6: Knowledgeable, responsive, and reflective educators are essential.

(How Does Learning Happen? Ontario's Pedagogy for the Early Years, 2014, p.10)

Ongoing engagement in building relationships through collaboration with families, colleagues and community partners supports the co-construction of knowledge of different ways of learning alongside one another. As stated before in this text, families are the best resource for sharing their unique views of the world. Colleagues and community partners share their experiences and knowledge to support one another in providing equitable learning spaces.

Read

Click the image to view NAEYC's Foundational Documents.

Read the NAEYC Recommendations for Early Childhood Educators in the Advancing Equity in Early Childhood Education Position Statement.

- Recommendations for Early Childhood Educators | NAEYC

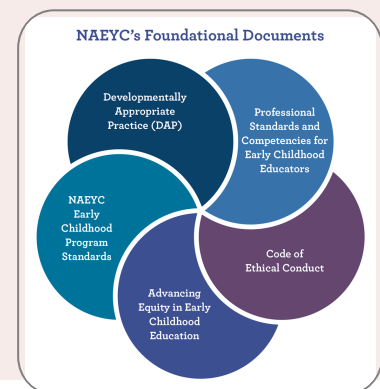


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7.5 Diversity in Early Years Settings



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As stated earlier, children, families, and educators all enter the learning space with different worldviews informed by different social locations. This diversity is what makes the early years learning space so enriching. Educators have a special role to play in setting the foundation for diverse perspectives to be noticed, shared, and celebrated. Everyone who enters the learning space must be able to see themselves in the space in order to feel a sense of belonging and to develop a strong sense of well-being. Educators engage in culturally responsive teaching as part of their practice in education and care in early years settings.

Culturally responsive teaching (CRT) or culturally relevant teaching respects and includes the

cultural traditions, knowledge, and ways of being of children and their families so children can see themselves in the early years setting (Burnham, 2020).

“This way, students can see themselves in some of what they’re reading and not just the white, western world. The learning is more experimental, more hands-on,” she says. “Instead, you’re showing them a worldwide, multicultural community and looking for different interpretations while relating it to what it means for society today.” Dr. Cherese Childers-McKee (Burnham, 2020, para. 7)

Read

Read 5 Culturally Responsive Teaching Strategies by Kirsten Burnham to learn more about culturally responsive teaching strategies for the early years setting.

- 5 Culturally Responsive Teaching Strategies

Young children have not developed the same level of bias as adults but as they grow they may be exposed to biased perspectives. Educators play a powerful role in the lives of children and can support their development of respect and care for those with different perspectives from their own. Early years settings have a responsibility to ensure policies and procedures embed anti-bias principles so that educators can model this behaviour in their interactions with families, colleagues and within the community. Ongoing communities of practice within organizations and communities support the professional growth of educators to move towards a more anti-biased approach to guiding young children.

Read

Read Helping Children Respect and Appreciate Diversity to support your knowledge in guiding children in an anti-bias learning environment.

- Helping Children Respect and Appreciate Diversity

Read (PDF) more about Diversity and Culture in the October 2020 Practice Guideline from the College of Early Childhood Educators.

- Practice Guideline: Diversity and Culture (college-ece.ca)

Explore Culture and Language on the First Nation Early Learning Collaboration Website to learn more about resources available to support knowledge building around Indigenous culture and language in Ontario.

- Culture and Language

7.6 Inclusion in Early Years Settings



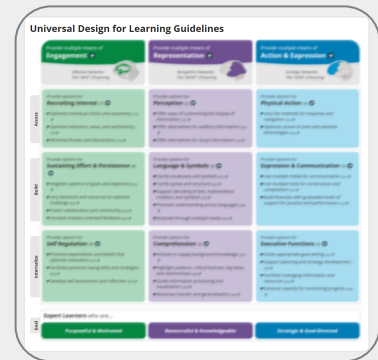
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What is inclusion?

“Inclusion is a universal human right and its objective is to accept, welcome and embrace all people irrespective of race, gender, disability, medical or other need. Inclusion consists of the efforts and practices to ensure groups or individuals with different backgrounds are culturally and socially accepted, and treated equally” (Inclusion Action in Ontario, 2022, para.1).

Click the image to view The UDL Guidelines.

Early years settings provide inclusive spaces for children of varying abilities to participate in environments that promote a sense of belonging and support a strong sense of well-being. Learning spaces must be intentionally created to ensure all children are able to participate in the activities provided. Universal design for learning (UDL) provides educators with guidelines and resources to make learning spaces accessible and inclusive for all children entering the space.



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Inclusion in ECEC

“We believe that it is in early childhood that the foundations for life are laid, and thus an inclusive education as a child is the basis for an inclusive life in the community. It is for this reason that our work centers around ensuring an inclusive education for students with disabilities, who are often excluded or placed in integrated/segregated/congregated settings” (Inclusion Action in Ontario, 2022, para.3).

Early years settings in Ontario work in collaboration with professionals who have expertise in supporting educators in providing inclusive education and care for children. Licensed child care agencies work in partnership with a resource consultant who often connects the families and educators with services to provide additional knowledge and support to ensure inclusion for all children. Licensed settings are required to develop an Individualized Support Plan for children when receiving additional support to ensure all employees in the early years setting have knowledge of how to make the setting inclusive.

Regulation

Individualized support plan

52. (1) Every licensee shall ensure that an up-to-date individualized support plan is in place for each child with special needs who receives child care at a child care centre it operates or premises where it

oversees the provision of home child care, and that the plan includes,

- (a) a description of how the child care centre or the home child care provider will support the child to function and participate in a meaningful and purposeful manner while the child is in the care of the centre or provider;
- (b) a description of any supports or aids, or adaptations or other modifications to the physical, social and learning environment that are necessary to achieve clause (a); and
- (c) instructions relating to the child's use of the supports or aids referred to in clause (b) or, if necessary, the child's use of or interaction with the adapted or modified environment.

(2) The plan referred to in subsection (1) must be developed in consultation with a parent of the child, the child (if appropriate for the child's age) and any regulated health professional or other person who works with the child in a capacity that would allow the person to help inform the plan.

(Ontario Regulation 137/15, under the *Child Care and Early Years Act, 2014*. © King's Printer for Ontario, 2015)

Individualized Family Service Plan (IFSP)

Individualized Family Service Plans (IFSP) are developed in collaboration with the early years setting, the family, the resource consultant and any other professionals providing services for the family. The IFSP is based on the needs of the child and the family. The plan typically includes goals, updates, and addresses any gaps in service. Educators may be involved in attending family service plan meetings to share their knowledge of how the child engages in the early years setting and to learn more from the family to support the child while in the educator's care. These meetings are a great way to build relationships and to ensure the child's needs are being met while in group care.

Sample IFSP (PDF)

- [Sample Individualized Family Service Program \(sagepub.com\)](#)

Educators are knowledgeable of the IFSP goals and learn how to implement assistive devices to support children in the early years setting. Resource consultants and other members of the interprofessional team provide information and resources to ensure the early years program is inclusive for all children. School transition meetings take place with the family and interprofessional team as the child ages out of the early years setting and moves onto kindergarten and school age programs.

Individualized Support Plan (ISP)

Families who do not want to be involved in the development of an Individualized Family Service Plan can aid in the development of an Individualized Support Plan (ISP) with an early years setting. Licensees can develop an ISP jointly with the family in order to better understand how to prepare the setting for the child to ensure they are fully included in the program.

Sample Individualized Plan (PDF)

- [Individualized Support Plan \(ISP\) For a Child With Special Needs \(wellington.ca\)](#)

The Rights of the Child

Every child with a disability should enjoy the best possible life in society. Governments should remove all obstacles for children with disabilities to become independent and to participate actively in the community (UNICEF, 2023).

7.7 Accountable Spaces

Educators are tasked with creating safe spaces for children, families, and colleagues to share their diverse perspectives. As discussed earlier in this text, creating safe physical spaces is important for children, while allowing for manageable risk-taking to increase confidence and positive self-esteem. Creating spaces that embrace differences in a manner that supports a sense of belonging and well-being has been mentioned multiple times. As noted in the important work by Elise Ahenkorah we cannot guarantee that we will provide a safe space for everyone.

Read

Read “*Safe and Brave Spaces Don’t Work (and What You Can Do Instead)*” by Elise Ahenkorah to learn more about the differences between safe and accountable spaces.

- Safe and Brave Spaces Don’t Work (and What You Can Do Instead)

As educators we continue to learn more about our accountabilities to those entrusted to our care. While we often think of our roles as focused primarily on accountabilities to children we also need to consider their families, our colleagues, and the communities in which we work. Ongoing learning and communities of practice help guide our practice and continued growth in such an important role. Many resources are available locally to support knowledge building through Strive, All Kids Belong, AECEO, OCBCC, PEACE, CYN, LCCN, CCCF, and many more. These resources will be shared in chapter eight.

Listen to the following podcast from Leading Inspired Learning to learn more about creating accountable spaces through Gender Justice in ECE with Danielle Pusateri.

- Ep: 03 – Gender Justice in ECE with Danielle Pusateri

College of Early Childhood Educators

What is a community of practice?

The College defines communities of practice for RECEs in this way:

A group of professionals who share a concern or passion about a practice topic and who wish to learn how to improve this area of practice by communicating and collaborating with each other regularly over time. Communities of practice are examples of reflective practice and collaborative inquiry.

In a community of practice, RECEs come together to discuss, learn and strategize ways in which to better understand or advance a shared passion as a group and as individuals in daily practice. The voices and perspectives of all members are reflected in the work of a community of practice.

(CECE, 2018)



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7.8 Barriers Impacting Wellness in the Early Years

Many families face barriers in accessing early years settings that meet their needs and the needs of their children. These barriers are extensive and varied, including accessibility, inclusivity, affordability, and responsiveness. When a family cannot access the support of an early years setting of their choosing they are forced to remain out of the workforce, to access programs that are not culturally relevant, or to use alternative arrangements that are not their preferred choice.

Barriers to Access



Photo by Daniel Ali, Unsplash License.

Many families in Canada live in remote communities or in communities without easy access to an early years setting. Transportation may be an issue reaching early years settings that are too far

from home or are not accessible by family members to travel to and from the location each day. The Canadian Centre for Policy Alternatives recently ranked London, Ontario as being one of the lowest capacity cities in Canada for providing licensed child care for children under kindergarten age, implying London is a child care desert (2023). During the same time period a report from local advocates indicates London Transit is not accessible for many users (London News Today, 2023). These barriers prevent many families from accessing any early years setting, let alone a preferred early years setting. These issues of accessibility are amplified in the surrounding counties, rural areas, and remote locations in Northern Ontario.

The new Canada Wide Early Learning and Child Care (CWELCC) plan has made licensed child care more affordable for families. With the decrease in child care fees there has been an increase in demand for spaces. Many early years settings have long waiting lists for a licensed space. Until more spaces are built, the waiting lists will continue to grow. An additional issue impacting the ability of licensed child care agencies to grow is the lack of qualified educators. All levels of government are working together to enhance the workforce conditions in the early years to recruit and retain qualified educators. The early years system cannot expand in Canada until the infrastructure issues are addressed, leaving many families left without access to licensed child care.

Barriers to Inclusion



Photo by Karl Fredrickson, Unsplash License.

Early years settings are often limited in resources, including human resources, funding, and support for inclusive practice. The funding for agencies to provide support for early years settings to ensure all children receive equitable and inclusive care is very limited. Excellent partnerships have been established between early years settings and resource consultants but the lack of funding for these services impacts the amount of support available. Children may require specialized equipment or support in the classroom. With limited funding additional human resources are not often available. In rare circumstances this may prevent an early years setting from providing services for a family.

A lack of training and awareness may also hinder a program from providing services for a child with special needs. Expectations for programs are outlined in *How Does Learning Happen?* to aid early years settings in understanding their role in providing services for young children. Educators are involved in ongoing professional learning to guide their knowledge and understanding of how to meet these expectations.

The expectations for programs provide pedagogical direction for educators as they:

- cultivate authentic, caring relationships and connections to create a sense of belonging among and between children, adults, and the world around them;
- nurture children's healthy development and support their growing sense of self;
- provide environments and experiences to engage children in active, creative, and meaningful exploration, play, and inquiry;
- foster communication and expression in all forms.

(OME, 2014)

All organizations in Ontario must adhere to accessibility standards and embed accessibility policies into their settings. Early years programs can apply for funding to ensure their spaces are accessible for all children, families, and employees. Funding streams may cover costs related to retrofitting a space or for training employees. Ministry of Education program advisors and agency resource consultants work in partnership with early years settings to promote accessible services for children. Resource consultants support programs with assessing their learning spaces to ensure they are accessible for all children and encompass the universal design for learning guidelines.

Barriers to Affordability



National School Lunch Week event at Nottingham Elementary School in Arlington, VA, on Wednesday, October 12, 2011. Photo by U.S. Department of Agriculture, CC BY 2.0.

While the new CWELCC plan is making child care more affordable for families, many families are not able to afford the lower fees. Child care fee subsidies are available for qualifying families but not all families qualify for subsidy based on their income status. Many families are struggling financially to purchase basic necessities and are relying more on food banks and other financial supports. The most recent report states that 1 in 6 children in Ontario live below the poverty line (CCPA, 2021).

Families who are receiving financial assistance through the Ontario Works program may qualify for subsidy for child care when engaged in a training program. Once the training program ends, families no longer qualify for child care fee subsidy until they are employed. This is challenging for families who do not have support for child care while searching for employment. This break in service impacts the ability of families in seeking employment if they have young children.

Newcomers to Canada may not be aware of the services available to financially support them and their family. Often early years settings are the first point of contact for families. Educators and

organizations must have knowledge of available services and resources to share with families who are requiring additional support. Many services are available through Family Centres and Early ON programs throughout Ontario. These community support organizations work in partnership with local public health units and municipal children's services.

Review the following sites for more information about local Family Centres and Early ON programs:

- FamilyInfo.ca
- EarlyOn Child and Family Centre, St. Thomas-Elgin
- Haldimand-Norfolk Reach
- EarlyOn Child and Family Centre, Oxford

Families may be experiencing food insecurity and homelessness during the time their children are enrolled in an early years setting. Programs need to be knowledgeable of the resources available for families to ensure children are receiving the care necessary for their well-being. Many shelters are available in local communities to support families but they are often full or families may choose not to enter the shelter system. Educators build trusting relationships with families and may be the first person with whom a family discloses their living situation. Awareness of community partners that can help families in accessing safe housing is necessary when supporting children and their families.

Read

Read the Families with Children resource from Homeless Hub to understand more about why children may be experiencing homelessness.

- Families with Children

Barriers to Responsive Care



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Culturally responsive teaching was discussed earlier in this chapter. A lack of awareness of culturally responsive teaching practices constructs barriers for children and families. Children and families need to see themselves in early years settings in order to feel a sense of belonging and well-being. Newcomers to Canada may not know anyone as they settle in Canada and may want to connect with those who share the same cultural traditions. Early years settings can play an instrumental role in connecting families within communities to build a sense of belonging and well-being.

Educators also need to see themselves in the learning space and share in opportunities to learn with and from colleagues. A barrier for responsive collaboration may be the amount of time and opportunity allotted for co-constructing knowledge with one another. Early years settings have access to resources for employees to engage with and learn from one another. Many of these resources were mentioned earlier in this chapter with links shared in Chapter 8. Organizations that embed robust communities of practice and self-reflection reduce barriers to providing responsive care and education in communities.

Explore the First Nation Early Learning Collaboration Website to learn more about the Provincial First Nation Early Learning Leadership Circle (PEACE) and the many culturally relevant resources available for First Nation children and families.

- First Nation Early Learning Collaboration Website

Open communication with families builds trust and develops responsive relationships. An ability to listen and to be open to new ideas and ways of being reduces the barriers for responsiveness in care. Responsive education and care for young children builds a strong sense of belonging and well-being for the future citizens in society.

7.9 References

Resources for Further Exploration

- About Accessibility Laws in Ontario
- All Kids Belong: A Collection of Online Courses on Teachable
- CECE. (2019). Practice guideline: Inclusion of children with disabilities
- Community Food Centres Canada
- ECE: Diverse and Inclusive Practices in Nova Scotia, Chapter 16: Universal Design for Learning
- Government of British Columbia. (2023). Inclusive child care toolkit: Supporting children of all abilities
- NAEYC Advancing Equity: Position
- OECD Improving Early Equity
- OECD – Making Early Childhood Development a Priority Through EU Public Policy and Spending
- The Consultative Group on Early Childhood Care and Development Global Report on Equity and Early Childhood

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CHAPTER 8: TOOLKIT – HOLISTIC WELLNESS IN EARLY CHILDHOOD EDUCATION AND CARE



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- 8.0 Learning Objectives
- 8.1 Why a Toolkit?
- 8.2 Supports For Children
- 8.3 Supports For Families
- 8.4 Supports For Educators
- 8.5 References

8.0 Learning Objectives

Learning Objectives

- Demonstrate readiness to support health, nutrition, and safety in an early years setting through the knowledge and use of multiple resources;
- Understanding the importance of an educator's role in supporting holistic health and wellness in early years settings.

8.1 Why a Toolkit?

As educators move out into the profession and embark on the important work of supporting children and families, they will encounter families facing many barriers and challenges. Having access to resources will support educators in building partnerships with families to ensure each child feels a sense of belonging and well-being. Children have the right to engage in inclusive spaces and the opportunity to express their needs, hopes, and dreams. Educators play an important role in supporting families who are experiencing challenges. Strong community partnerships play an important role through interprofessional collaboration to ensure each child's needs are met and supported for lifelong health and wellness.

The following community resources have been shared to provide students with a toolkit that can be easily accessed for additional support that may be required when working with families. The sections have been divided into supports for children, supports for families, and supports for educators to ensure their own holistic wellness. Some of the resources may overlap as many community organizations support children and their families. Resources for educators include wellness supports and professional learning links. Care work requires ongoing holistic wellness for those who are caring for vulnerable others. Educators are lifelong learners and require access to many professional learning sessions to support their knowledge building throughout their career.

The following lists are by no means exhaustive but provide a starting point for emerging educators to learn about services that are available in their communities.

Exercise



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://ecampusontario.pressbooks.pub/holisticwellnessece/?p=1175#h5p-20>

8.2 Supports For Children



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- **All Kids Belong:** Family Supports for Inclusive Care, Professional Learning, Family Resources, English & French Services
- **Boys and Girls Club London:** Children's and Youth Programs, Social Skills, Life Skills, Arts, Sports, Recreation
- **Craigwood Children, Youth and Family Services:** Residential and Community Based Programs to Support Children and Youth Mental Health

- **Community Living:** Empower People with a Developmental Disability, Adult Residential Programs, Children's Services, Independent Living Programs
 - Elgin
 - London
 - Tillsonburg

- **London District Catholic School Board:** Publicly Funded Catholic School Board

- **Tandem:** Intake and Referral Service for Child and Youth Mental Health, Collaboration Between Vanier, Humana, and Craigwood

- **Thames Valley Children's Centre:** Services to Support Inclusion in the Early Years, Equipment/Mobility Services, Autism & Behavioural Supports, Speech/Language Therapy, Early Intervention Services, Family Resources

- **Thames Valley District School Board:** Public School Board for Kindergarten through High School

- **Tyke Talk:** Speech and Language Support for Children, Language Resources, Services in English and French

- **Vanier Children's Services:** Family Therapy, Live-In Treatment, Respite Services

- **Wellkin Child & Youth Mental Wellness:** Mental Health Care for Infants, Children and Youth in Oxford and Elgin Counties

8.3 Supports For Families



Photo by Jerry Wang, Unsplash License.

- **Anova:** Shelter, Advocacy, Support and Education for Abused Women, Their Children, and Oppressed Individuals
- **Atlohsa Family Healing Services:** Indigenous Holistic Wellness, Women's Men's and Youth Support, Housing Supports, Education and Advocacy, Restorative Justice
- **Cross-Cultural Learner Centre:** Newcomer Services, Translation and Interpretation, Settlement Workers in Schools, French Language Resources
- **FamilyInfo.ca:** Family Centres/Early ON Centres, Licensed Child Care Waitlist, Subsidy Application, Find Child Care/School Age Programs/Summer Camp, Family Supports, English &

French Services

- **Family Service Thames Valley:** Developmental Services (London, Middlesex, Elgin, Oxford), Counselling (Subsidy Supports Available)
- **Humana Community Services:** Children's Mental Health Services in Southwestern Ontario, Support for Foster Care
- **Literacy Link South Central:** Literacy Support in Middlesex, Oxford, Elgin, Haldimand, Brant and Norfolk Counties
- **London Abused Women's Centre:** Support for Abused, Assaulted and Exploited Women and Girls (Over Age 12)
- **London Family Court Clinic:** Supports for Children and Families Involved in the Justice System
- **London Food Bank:** Food Security Services, Resources, Community Harvest Programs
- **London InterCommunity Health Centre:** Trans Health Care, Youth Outreach Services, Argyle Health & Housing, Diabetes, Hepatitis C and HIV Care, Poverty and Homelessness Supports, Seniors French Programs, English and French Services
- **LUSO:** Supports for Newcomers to Canada, Literacy Programs, Cultural Awareness
- **Merrymount Family Support and Crisis Centre:** Respite Care, Parent/Children Groups, Community Outreach, Supervised Access, French and English Services
- **Mission Services of London:** Men's Mission, Rotholme Family Shelter, Community Mental Health Programs
- **N'Amerind (London) Friendship Centre:** Indigenous Healing and Wellness, Mental Health Support, Urban Aboriginal Healthy Living Program, Family Support Services, Aboriginal Community Justice Program
- **Ontario Works:** Financial Supports for Families
- **Oxford County Emergency Food Services:** Links to Food Security Services
- **The Salvation Army Centre of Hope:** Emergency Shelter, Recovery Services, Withdrawal Management, Housing Stability Bank
- **St. Thomas Elgin Food Bank:** Food Hampers

8.4 Supports For Educators



Photo by Kelly Sikkema, Unsplash License.

“With self-compassion, we give ourselves the same kindness and care we’d give to a good friend.”
Dr. Kristen Neff (2023)

- **Affiliated Services for Children and Youth (ASCY):** Professional Learning Opportunities for Educators in Haldimand and Norfolk
- **Association of Early Childhood Educators Ontario (AECEO):** Professional Association for ECEs in Ontario

- **Atkinson Centre for Society and Child Development:** Research Centre, Professional Learning, ECE Report
- **Canadian Child Care Federation:** Early Years Professional Development Centre
- **Canadian Mental Health Association:** Ontario (OMHA)
- **Childreach ECE Resource Centre:** Resource Centre for ECEs, Borrow Materials and Resources
- **Children's Aid Society:** Report a Concern, Resources, Foster Parenting, Adoption
 - London & Middlesex
 - Oxford County
 - Family & Children's Services of St. Thomas and Elgin
 - Simcoe Muskoka Family Connexions
- **Child and Youth Network (CYN):** Network of Over 170 Organizations Supporting Children and Families
- **College of Early Childhood Educators:** Code of Ethics and Standards of Practice, Resources, Application for Registration
- **First Nation Early Learning Collaboration Website:** First Nation Child Care Supervisor Network, Health and Wellness for Educators
- **Licensed Child Care Network (LCCN):** Network for Early Years Professionals, Advocacy for London/Middlesex ECEC, Recruitment and Retention of ECEs for London/Middlesex
- **Unsung Heroes Campaign**
- **Metis Nation of Ontario:** Financial Support for RECEs Professional Learning, Registration Fees with CECE
- **Middlesex London Health Unit:** Public Health Resources for Educators Working with Children and Families
- **Ontario Coalition for Better Child Care (OCBCC):** Ontario's Advocacy Group for Better ECEC Conditions
- **Self-Compassion:** Resources and Supports for Self-Compassion by Dr. Kristen Neff
- **Southwestern Public Health:** Public Health Resources for Educators and Child Care Centres
- **Strive:** Professional Learning Sessions for ECEs in London, Middlesex, Elgin and Surrounding Communities, Job Postings, Podcasts, Advocacy

8.5 References

Chapter References

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Appendix A: Medication Policy Sample

Sample

In this section:

- Administering Medication
- Medication Administration Procedure
- Non-Prescription Medications
- Contravention of Medication Administration

Administering Medication

Medication will only be administered if it is prescribed by a doctor or nurse practitioner. The medication must be in its original container with the prescription label clearly visible on the container. The pharmacy prescription label must contain the medication name, the child's name, the dosage amount, the doctor's name, and times to be administered.

A medication form must be completed and signed by the child's caregiver, prior to administering the medication. The form must contain the name of the medication, the schedule for administering the medication and the amount to be given. The written authorization must match the instructions contained on the prescription label.

Medication must be stored in a locked container and stored at the indicated temperature or in accordance with the instructions on the medication. Emergency medication may be stored where it is immediately accessible to adults only. Medication must not be accessible to children, unless indicated otherwise in an individualized plan.

Medication must be administered according to the instructions on the prescription label.

A record of medication administration must be maintained and should include the date, time given, name of the medication, the amount of medication, and the signature of the person administering the medication.

Any leftover medication should be returned to the guardian or disposed of at a local pharmacy.

The Licensee Designate is responsible for all drugs and medications and all drugs and medications are dealt with by the person responsible or by a person designated by the Licensee.

Medication Administration Procedure

The 1st Designate is responsible for administering medication in each program. If the 1st Designate is absent, the 2nd Designate will be responsible for administering medication in each program. There will be a 1st and 2nd Designate in each classroom. If both the 1st Designate and the 2nd Designate are absent from the program, the Designated Supervisor will administer the medication.

The children, requiring medication, will be listed on the medication white board in each classroom at the beginning of the day by the Designate responsible for medication administration. Once the medication has been administered, the name will be removed from the white board by the Designate each day.

The Designate must adhere to the following steps when administering medication:

1. **Read the medication** administration form completed by the child's caregiver.
2. **Read the prescription label** on the medication to ensure it is the correct medication, that is for the correct child, to understand the amount of dosage to administer, and to understand the correct route of delivery.
3. **Ensure the correct child is summoned** for the administration of medication.
4. **Measure the appropriate amount of medication** for the appropriate child and administer the medication through the proper route of delivery.
5. **Record** the date, the time, the name of the medication, the dosage, and sign the medication form.
6. **Lock the medication** back in the proper storage container or place it in the appropriate spot for emergency medications.
7. **Remove the child's name** from the medication whiteboard in the classroom.

Note: The licensee may permit a child to carry his or her own asthma medication or emergency allergy medication in accordance with any written individualized plan.

Non-Prescription Medications

While it is encouraged that all non-prescription medications be administered by the guardian, there may be times when designates are required to administer non-prescription medication. An individualized plan will be created for the administration of non-prescription medication. This plan will be created with input from the guardian, the licensee designate, and the child's doctor or nurse practitioner. This individualized plan will be posted in the classroom and a copy placed in the child's file.

Individualized plans for the administration of non-prescription medication must be reviewed every 6 months by the guardian and signed to acknowledge there have been no changes or to acknowledge any updates. All employees, students and volunteers must read and sign these plans, prior to working

with the children and any other time changes have been made to the plan. All employees, students and volunteers will also review these plans annually and sign to indicate understanding of the individualized plan.

Contravention of Medication Administration

Any time a dosage of medication is missed by more than 30 minutes, the designate must notify the guardian. The guardian may give verbal permission to administer the medication outside of the 30 minute time frame. The time the verbal permission was received and from whom the verbal permission was received must be noted by the designate on the medication form. The medication may then be delivered to the child.

The Licensee Designate must be notified immediately if:

- The guardian does not give permission to give the medication outside of the indicated time of delivery.
- Medication is administered to the wrong child.
- The incorrect dosage of medication is administered.
- The incorrect route of delivery is used to administer the medication.

The licensee designate will investigate any contravention of medication administration to determine which steps are necessary to resolve the issue. The staff members involved must not leave the premise until the investigation is complete. The Licensee or Designate will correspond with the Ministry Program Advisor as necessary.

Ancillary Resources

Ancillary Resources (PPT Slides)

- Holistic Care and Wellness – Chapter 1 – Setting the Stage for Health, Safety and Nutrition
- Holistic Care and Wellness – Chapter 2 – Health Promotion
- Holistic Care and Wellness – Chapter 3 – Illness Prevention
- Holistic Care and Wellness – Chapter 4 – Nutrition in Early Years Settings
- Holistic Care and Wellness – Chapter 5 – Health and Wellness for Educators
- Holistic Care and Wellness – Chapter 6 – Safety Promotion in Early Years Setting
- Holistic Care and Wellness – Chapter 7 – Equity, Diversity, and Inclusion (EDI)

Versioning History

This page provides a record of edits and changes made to this book since its initial publication. Whenever edits or updates are made in the text, we provide a record and description of those changes here. If the change is minor, the version number increases by 0.1. If the edits involve a number of changes, the version number increases to the next full number.

The files posted alongside this book always reflect the most recent version.

Version	Date	Change	Affected Web Page
1.0	28 August 2023	First Publication	N/A