



DURHAM REGION
HEALTH
DEPARTMENT

Wee Care

Newsletter

Spring / Summer 2023



Focus on Nature Using Natural Play Items

Natural items can add both a sensory and learning component to the programming in your child care centre. Natural play items can include, but are not limited to, pinecones, acorns, tree foliage or bark, shells, and stones.

Most natural items are porous and absorbent which means they cannot be adequately cleaned and disinfected and must be disposed of at the end of a week (or earlier if contaminated). However, there are some smooth, non-absorbent, natural items that can be cleaned and disinfected (just like toys) on a weekly basis, or more often if needed.

Smooth shells and smooth or sealed rocks (e.g., sorting rocks), that allow moisture to bead on their surface and that do not allow contaminants to be absorbed, are some examples of natural items that could be cleaned and disinfected weekly or more often if needed.

Any porous and/or irregularly-shaped shells or rocks, as well as items like pinecones, foliage, bark, would be absorbent, hard to clean/disinfect, and would require disposal after one week in any room.

The pictures to the right include examples of some of the smooth and non-absorbent stones and shells that could be cleaned and disinfected and thus could be re-used in your centre.



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Focus on Nature Using Natural Play Items (cont'd)

Important Reminders:

- Natural items are not to be used if the facility is in outbreak.
- Porous, absorbent, natural items are to be discarded after 1 week or immediately if contaminated.
- Non-absorbent, easily cleanable, natural items are to be cleaned and disinfected at minimum 1 time a week or more often if contaminated.
- Washable items are to be cleaned and disinfected prior to use.
- Any porous, absorbent, natural item, that becomes contaminated with blood or bodily fluid, is to be immediately discarded.
- Any items collected must not be visibly contaminated and not obtained near a source of contamination such as garbage/waste, animal feces, bird droppings, or chemical contamination.
- If you choose to use any item that is suspected to have been contaminated (e.g., a bird's nest), place the item into a clear, enclosed, plastic container with a lid so it may be viewed but not handled directly by children.



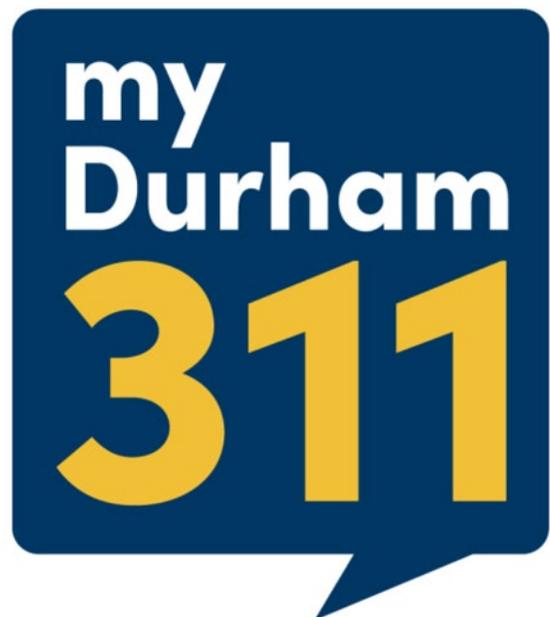
An Easier Way to Connect with Durham Region

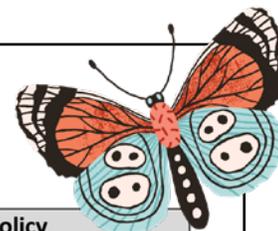
We're making it easier for customers to connect with Durham Region. Now, you can contact the Region by calling 311 for convenient access to information about Regional services like waste and recycling, roads and traffic, water and sewer, transit, and more.

311 for Regional information is available within the borders of Durham Region. If you're outside those borders, you can access information by calling one local number, 905-668-7711, or toll-free at 1-800-372-1102.

Durham Region handles more than 700,000 customer calls a year, connecting callers with services offered by 28 different business units. Now, customers only have to remember one number: 311.

Visit durham.ca/311 to learn more.





Illness Exclusion Versus an Outbreak

Enteric Illness

Scenario	Exclusion	Outbreak Status	Return Policy
One child/staff with 1 episode of enteric symptom(s)* within a 24-hour period	Child/staff must be excluded immediately and sent home	No outbreak to report	Ill child/staff <u>must</u> be symptom free for at least 48 hours and no fever is present
One child/staff with 2 episodes of enteric symptom(s)* within a 24-hour period	Child/staff must be excluded immediately and sent home	No outbreak to report	Ill child/staff <u>must</u> be symptom free for at least 48 hours and no fever is present
Two or more children/staff with 1 episode of enteric symptom(s)* each within a 24-hour period	Children/staff must be excluded immediately and sent home	No outbreak to report	Ill children/staff <u>must</u> be symptom free for at least 48 hours and no fever is present
Two or more children/staff with 2 episodes of enteric symptom(s)* each within a 24-hour period, but no epidemiological link within the centre (i.e., not in the same room, etc.)	Children/staff must be excluded immediately and sent home	No outbreak to report	Ill children/staff <u>must</u> be symptom free for at least 48 hours and no fever is present
Two or more children/staff ill with initial symptom onset within a 48-hour period AND have an epidemiological link within the centre (i.e., same room, etc.). Each child/staff had 2 or more episodes of enteric symptom(s)* within a 24-hour period.	Children/staff must be excluded immediately and sent home	Outbreak definition met. Report cases to the health department for further outbreak investigation. Contact (905) 668-2020 and ask to speak with a Public Health Inspector.	Ill children/staff <u>must</u> be symptom free for at least 48 hours and no fever is present

*Symptoms include diarrhea (i.e., loose/watery stool) and/or vomiting

Respiratory Illness

Scenario	Exclusion	Outbreak Status	Return Policy
One child/staff experiencing respiratory symptom(s)**	Child/staff must be excluded immediately and sent home	No outbreak to report	Ill child/staff <u>must</u> have symptom(s) improving for at least 24 hours and no fever is present
Two or more children/staff experiencing respiratory symptom(s)** each within a 72-hour period, but no epidemiological link within the centre (i.e., not in the same room, etc.)	Children/staff must be excluded immediately and sent home	No outbreak to report	Ill children/staff <u>must</u> have symptom(s) improving for at least 24 hours and no fever is present
Two or more children/staff experiencing respiratory symptom(s)** each within a 72-hour period AND have an epidemiological link within the centre (i.e., same room, etc.)	Children/staff must be excluded immediately and sent home	No outbreak to report As of January 2022, respiratory outbreaks will not be declared until further notice	Ill children/staff <u>must</u> have symptom(s) improving for at least 24 hours and no fever is present

**Symptom(s) are new, worsening, and not related to other known causes or conditions. Respiratory symptoms include cough, runny or stuffy/congested nose, sore throat, shortness of breath, fever and/or chills.



(905) 668-2020 / 1 (800) 841-2729
Durham.ca/Childcare

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Inclusive Outdoor Environments



The outdoor learning environment can be an enriching and vibrant space to foster inclusionary practices. Children have opportunities to learn autonomy, perseverance, and self-control when they engage in physical play in outdoor spaces, especially when given the opportunity to take risks, collaborate, and problem solve.

As the weather changes, educators can use their outdoor space to promote gross motor, fine motor, cognitive, social, and emotional skills by providing inclusive activities that investigate and explore the season's elements.

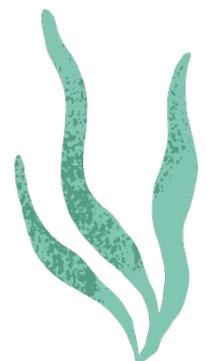
Inclusive activities to explore the seasonal elements:

- Make a windchime or mobile using recycled materials and hang them in the outdoor playground. As a group, observe through your senses the movements of the windchime (sight, sound, feel).
- Have a scavenger hunt to look for emerging insects and other signs of spring.
- Engage in bird watching and track bird sightings and sounds.
- Play collaborative adult and child led games such as, "What Time is it Mr. Wolf?", "Red Light, Green Light".
- Make, blow, and chase bubbles. Everyone loves bubbles!
- Provide a comfortable space to rest and observe nature. Use a carpet, blanket, or pillows to promote mindfulness and relaxation.
- Offer drawing materials and paper for children to capture what they wonder, see, feel, and hear in the outdoor space.

Ways to make your outdoor space inclusive and inviting:

- Reflect on ways to ensure that all activities and materials can be adapted to accommodate all children's needs and interests. Avoid offering activities or materials that exclude children from inquiries and engagement.
- Create space for safe risk taking and opportunities for children to practice new and emerging interests or skills (e.g., safe space for new walkers to maneuver around the yard, bring walker's or other adaptive equipment outside to create extra time for the child to practice using their device).
- Include families in the program by inviting them to plan with you or share their love for nature and outdoor fun through parent-led games, readings, or art exploration.
- Offer opportunities for educator-led activities, child-led activities, and independent play as a variety of play styles will support social skills as well as promote children's self-esteem, collaboration, and problem-solving skills.
- Provide materials and opportunities for open-ended and imaginative play.
- Ensure the outdoor space is well organized and all materials are accessible to the children. If children are asking for help to access materials, reflect on ways to present the space differently to promote independence and autonomy.

For more information about the Durham Region Infant & Child Development Program and creating an inclusive child care environment, please visit our website at [Babies with Developmental Concerns](https://www.durham.ca/childcare).



Reminder: Annual Eye Exams Are Recommended For Children



Did you know?

Up to **one in four** children may have a vision problem that can affect their learning and development. Some of these problems can only be treated if found while children are young.

Vision problems may be hard to recognize. It's been found that 61% of parents mistakenly believe they would recognize if their child was experiencing a vision or eye problem.

Good news:

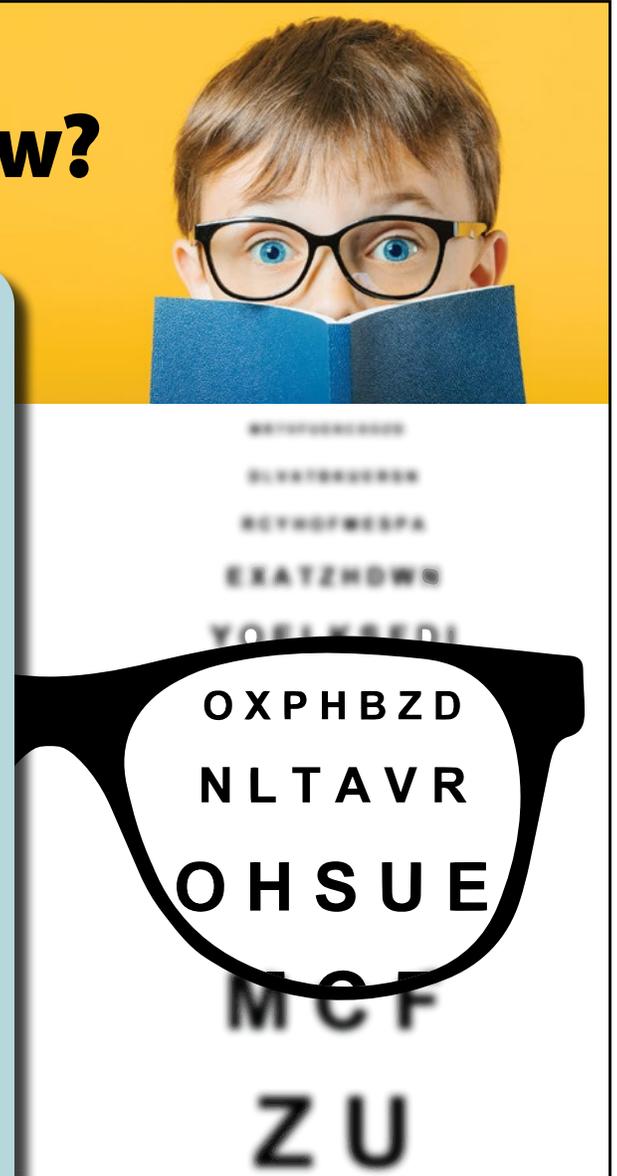
OHIP will cover an eye exam by an optometrist every year for children under 19 years old!

The Ontario Association of Optometrists recommends children have their first eye exam at **six months old**, another between the **ages of 2-5**, and annually thereafter.

To find an optometrist, visit the **Ontario Association of Optometrists** website optom.on.ca or call 1-800-540-3837.

Need help purchasing prescription glasses? Visit durham.ca/visioncreening

Child care operators are invited to print a copy of the Durham Region Health Department Vision Screening Poster to post in their centres or to provide to parents.



Durham Health Connection Line
905-668-2020 or 1-800-841-2729
durham.ca/visioncreening



April 23



Cost-effective Meals: Make the Most of Your Food Dollars

The provision of nutritious, well-balanced meals and snacks is required under the Child Care and Early Years Act. While menu planning can often appear to be a straightforward task, the process is complicated by adjustments for age groups, accounting for food allergies, child preferences, and parent requests.

Rising food prices have become yet another significant factor to consider when deciding on the food items to serve. Meat alternatives, such as beans, peas, and lentils, can provide a nutritious, affordable substitute for higher cost meats. In addition to helping to maximize the value of your food dollars, they provide a healthy vegetarian option.

Beans, peas, and lentils are available in canned or dried form. Since they are already cooked, the canned variety can be rinsed and immediately added to recipes. Choose canned beans with no added salt when possible.

To prepare dried beans, peas, and lentils:

1. Wash and pre-soak overnight in water, in the fridge, as pre-soaking helps them to cook faster. Change the soaking water often to help make them more digestible and less gassy.
2. Once they've finished soaking, rinse dried beans in fresh water.
3. Remove foam that comes to the surface while cooking.
4. Cook until tender. Depending on the bean, this may take 1-2 hours.
5. Lentils or split peas do not need to be presoaked. They are smaller and cook faster.

Here are some easy ways to add beans, peas, and lentils to menus:

- Add canned, rinsed beans to soups and stews.
- Blend beans, garlic, lemon juice, and olive oil into a spread. Serve with veggies or whole wheat pita. Chickpeas, kidney beans, and black beans work well for this purpose.
- Replace meat with a variety of beans to create vegetarian chili.
- Make lentil curry and serve with vegetables, and basmati rice.

Try serving kid-friendly, vegetarian, **Three Sisters Tacos** in your child care centre.

Three Sisters Tacos

These kid-friendly, vegetarian tacos are made with squash, corn, and beans. These three vegetables grow well together and blend even better on a plate. Add lettuce, tomato, and or avocado as delicious and nutritious toppings.

Note: Frozen, cubed, butternut squash can be substituted for fresh, and mozzarella, gouda, or cheddar cheeses can be used in place of feta.

For recipe and directions, visit:

food-guide.canada.ca/en/recipes/three-sisters-tacos

Taking Care of Your Mental Health and Well-being



The past few years have been challenging for everyone as we navigate our way forward while living and working in a fast paced, ever-changing world. Take the time to pause, reflect, and think about your mental health and well-being. It's essential to take care of yourself every day... so that you can continue to care for others!

What brings you joy and helps to make you feel good...

At work?

- Is it the gratefulness you feel for being able to re-establish some routines?
- Is it experiencing a child's excitement when their parent/caregiver comes to pick them up?
- Is it sharing a giggle with a colleague when you witness a child's cute antics?
- Is it feeling the sun and wind on your face or hearing the sound of birds when you are outside on a break or with the children?
- Is it enjoying a healthy lunch?



At home?

- Is it connecting with others to enhance your feelings of belonging and connection (e.g., speaking with a neighbour or joining a social interest group)?
- Is it engaging in physical activity such as walking or swimming at a local recreational centre?
- Is it practicing mindfulness activities such as deep breathing or focusing on being present, and living in the moment?
- Is it getting enough sleep to allow your mind and body to rest? (7-9 hours of sleep is recommended for adults 18-64 years old).

Other everyday mental health practices to consider:

- Practice positive thinking to focus on the world you want to live in.
- Practice spirituality, culture, and language to nurture feelings of connection.
- Reflect and pursue what is meaningful to you to promote self esteem.



Your questions answered



Q: A child has been diagnosed with pink eye (conjunctivitis). When can they return to the centre?

A: Children with pink eye must stay home until seen by a health care provider. If the pink eye is caused by bacteria, children can return to school or a child care centre 24 hours after antibiotic treatment has started. If, after 24 hours of antibiotic treatment, there is still discharge from the eye(s), the child should not return until the discharge is gone. Refer to our [Facts About Conjunctivitis](#) fact sheet or your Wee Care Manual for more information.

Q: A child has head lice (pediculosis). When can they return to the centre?

A: The short answer is that a child cannot remain in or return to the child care centre if there is live lice activity.

The child needs to be sent home after the identification of a live louse (lice bug). If, after the first treatment, there are no live louse (1 bug)/lice (more than 1 bug), then the child can come back to the child care centre.

If **only the nits are present**, the child does not need to be excluded since the nits are stuck in place on the hair shaft and cannot come off. However, the child still requires continual monitoring to ensure there are no live louse/lice, and a second treatment will still be needed about 1 week after the first treatment to kill any hatched nits.

Parents/guardians need to continue monitoring every 2 to 3 days thereafter to ensure there is no live lice/lice activity. Refer to our [Facts About Pediculosis \(Head Lice\)](#) fact sheet or your Wee Care Manual for further information.

Your questions answered



Q:

A child has hand, foot, and mouth disease. When can they return to the centre?

A:

The virus that causes hand, foot, and mouth disease can spread easily from one person to another via contact with the saliva, mucus, or stool of an infected individual.

Initial symptoms may include fever, poor appetite, lack of energy, headache, and sore throat. This is often followed by the development of painful sores in the mouth and sometimes a rash and blisters on the palms of the hands, soles of the feet, or on the buttocks. The more obvious symptoms usually last for 7–10 days but individuals can continue to shed the virus in their feces for several weeks.

The literature on hand, foot and mouth disease indicates that, once children have been assessed by their healthcare practitioner, and they have received a note to allow their return, “children may return to school or child care settings once they feel well enough to participate in activities”.

However, in reality, it is questionable whether a child is truly able to safely participate in activities if they still have open sores on their hands or feet.

While the Durham Region Health Department can not actively recommend that child care centres continue to exclude children if they have open lesions on their hands or feet, we would support those centres that choose to implement their own policies excluding children until any open sores / lesions on hands and or feet are healed / scabbed over.

Otherwise, when a child does return to your centre after suffering hand, foot and mouth disease, staff should ensure that frequent and thorough hand washing is practiced by the child, and staff caring for that child - especially after toileting, before and after meals, and before and after any group play activities.

For more information see our [Facts About Hand, Foot, and Mouth Disease](#) fact sheet or your Wee Care Manual.



Your questions answered

Q:

Can we use felt as a learning material in the classroom?

A:

The softness, colour, and versatility of felt makes it fun to use in the classroom. However, some felts can sustain washing and drying cycles better than others. Acrylic felt seems to hold up better than other felts after washing and drying. When felt is used in the classroom it must be discarded at the end of the week if it cannot withstand laundering.



REMINDER! Update your contact information

From time-to-time, there may be an urgent message that Durham Region Health Department will have to send to all child care centres. A current contact list will help us distribute the information to you more efficiently. If your centre has had any changes to your child care centre contacts, such as managers, supervisors, telephone numbers, or e-mail addresses, please forward the new information to ehl@duham.ca to update the list.



Please print and post this e-newsletter in a common area for those who do not have access to email.



The WEE CARE Newsletter is published and distributed by Durham Region Health Department, Health Protection Division, and is distributed to licensed child care centers in Durham Region.

Questions, comments, and article submissions can be forwarded to ehl@duham.ca.

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Population Health Division: Vision Screening Subgroup, Healthy Living Program, Infant and Child Development Program

We would like to remind all child care centre owners, supervisors, and staff that we welcome any suggestions that you may have for future article topics or ideas and any comments you have to improve the newsletter!

We welcome your ideas and suggestions!

Please submit comments by email to ehl@duham.ca.

