



pamināwasowin Child Care Centre

POLICIES & PROCEDURES

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Welcome to First Nations University of Canada

– pamināwasowin Child Care Centre

Dear Parents / Guardians,

Enrollment in our childcare facility will be, for many children, the beginning first steps into a new and exciting place of discovery. We strive to offer a safe environment where they can feel comfortable as they come aboard a journey of curiosity and wonder.

Our educators take the time to work with each family and support all children with the transition from home to Child Care. We feel communication is crucial in building a strong and trusting relationship between our Child Care and your family. We keep you updated on your child's daily activities and routines, as well as provide observations related to your child's development.

To ensure we maintain the highest standards of early learning within our program, we take time each year to review and revise the following guidelines and policies that are outlined in our handbook.

Any revisions of this handbook will be communicated to you with appropriate notice. This will be accomplished by way of posting on our communication board as well as printed in our newsletter. We ask that you read through the entire manual carefully and keep it in a safe place for your future reference. Should you have any questions, please contact our Director of Child Care Services.

Our team of Educators strive to achieve the highest quality of care for your child. Our program is based around the Play and Exploration – Early Learning and Program Guide as we believe children learn through their individual interests, their play, their environment, and their social interactions. We welcome you into our growing family at pamināwasowin Child Care where we believe a sense of belonging and community play a positive role in your child's development.

We look forward to sharing your child's early years with you and your family.

Sincerely,

Sheila Pelletier,
Director of Child Care Services

First Nations University of Canada

– pamināwasowin Child Care Centre

Located within First Nations University of Canada

1 First Nations Way, Regina, SK., S4S 7K2

Telephone 1-306-790-5950 Ext 3505

MISSION STATEMENT

We are dedicated in providing a licensed, quality, inclusive, affordable, and accessible early learning and Child Care program to children and their families. Pamināwasowin Child Care centre fosters a holistic approach while embracing Indigenous Culture, Values and Traditions into our lesson planning. Our goal is to provide our services within a supportive and nurturing environment to all children and their families.

VISION STATEMENT

We are committed to the families we serve by providing a stimulating early learning and Child Care experience by guiding each child's social/emotional, speech/language, physical and cognitive development. We are dedicated to including Indigenous Educators into our program and by expanding our knowledge by working with Elders, from the First Nations University of Canada.

TARGET POPULATION

We accept children aged six (6) weeks to six (6) years old or the completion of kindergarten or equivalent. During July and August, we can continue to offer care to kindergarteners until they begin grade one. We prioritize and offer care first; to the students that attend the First Nations University of Canada, second; to the Staff and Faculty of the First Nations University of Canada. To ensure the on-going financial viability of the pamināwasowin Child Care Centre, we may offer services to children and their families living within Regina and surrounding communities that are not part of the First Nations University of Canada.

We are *Indigenous*
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(the good path through life)

PROGRAM PRINCIPLES & OBJECTIVES

We are committed to our Mission and Vision Statements by adhering to the following principles and objectives.

Educate children through their play and program around their individual interests

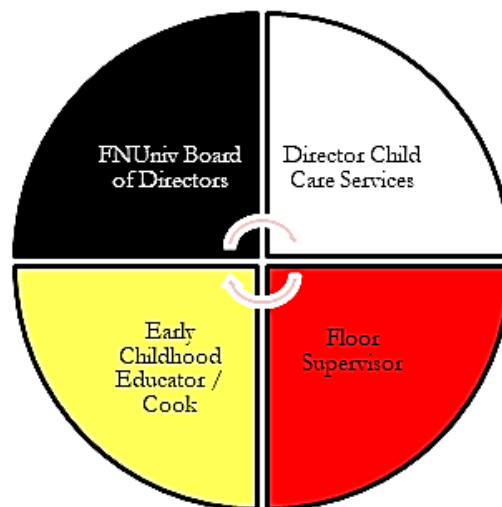
Provide an inclusive environment for all children and their families

Nurture the holistic development of a child's social, emotional, cognitive, and physical needs

Include the First Nations Culture, Values and Traditions into our program

- Support the pamināwasowin Child Care educators and staff in their professional development and training opportunities
- Develop a healthy relationship between the child, educator, and family
- Embrace the connections with Elders in our First Nations University of Canada community

ORGANIZATIONAL STRUCTURE



FIRST NATIONS UNIVERSITY OF CANADA is governed by a Board of Directors. The Board is comprised of nine voting members. The FNUniv Board of Governors is appointed by a Selection Committee formed by the Federation of Saskatchewan Indian Nations Education and Training Commission. The pamināwasowin Child Care Centre is governed under the Board of Directors.

DIRECTOR OF CHILD CARE SERVICES oversees the operation of our Child Care facility, ensuring the children are cared for and given a safe, happy, and educational environment. The Director is responsible for all employee management and training, parent meetings, regulation compliance, and educational program development. The Director makes final decisions within the policies of the Child Care and ensures all employees are adhering to the policies of pamināwasowin Child Care.

FLOOR SUPERVISOR supports the Director of Child Care Services in the operations of the Centre. The Floor Supervisor assumes all responsibility and duties in the absence of the Director.

EARLY CHILDHOOD EDUCATOR is responsible for providing safe and developmentally appropriate programs that are aligned with Saskatchewan's - Play & Exploration - Early Learning and Program Guide. Adapting daily routines to meet the interest and needs of the individual child and the group.

INTRODUCTION

pamināwasowin Child Care Centre is a licensed Child Care Centre operating within provincial Child Care Regulations and is regulated and monitored by the Ministry of Education - Early Years Branch.

Our approved capacity is 90 children aged six (6) weeks to six (6) years of age. During July and August, we will accept school age children prior to their start of grade one as per regulations.

The spaces are divided as follows.

Infant	6 weeks – 17 months	12 Spaces
Toddler	18 months – 29 months	25 Spaces
Preschool	30 months – completion of Kindergarten	53 Spaces

STAFF: CHILD RATIOS

Age of Child	Staff: Child Ratio
Infants - 6 weeks to 17 months	1:3
Toddlers - 18 to 29 months	1:5
Preschools - 30 months to 6 years	1:10

We are licensed as a multi age group Child Care Centre and divide our children into groups:

*Room #1 - Preschool / Kinder * Room #2 - Toddler / Junior * Room #3 - Infant*

The Director of Child Care Services, manages the Child Care Centre, and shall hold a minimum of a Diploma in Early Childhood Education or a Level III in Early Childhood Education, as recognized by the Ministry of Education - Early Years Branch. Our program staff have Early Childhood Education from a post-secondary institution, CPR and First Aid certification. As a condition of employment all employees and volunteers are required to submit a criminal record search including a vulnerable sector check. The Cook has food preparation training, Safe Food Handler Certificate and CPR / First Aid.

HOURS OF OPERATION

The Child Care will operate Monday to Friday from 7:30 a.m. to 5:30 p.m. and will be closed on Statutory Holidays. A survey will be sent to parents to estimate the need for care during all recognized and celebrated Indigenous days, spring, and winter breaks. Hours of operation may be adjusted accordingly.

CHILD CARE FEES

Upon registering, the parent(s) must submit a deposit, which consists of a \$200 deposit per child to reserve a space and a \$25.00 administration fee.

The deposit is non-refundable if the reserved space is not used. The deposit, for which no interest is accrued, is refundable upon one month's written notice of withdrawal and all childcare fees and subsidies are paid in full. The administration fee is non-refundable.

Cheque, cash, debit, and credit card payments are accepted. Childcare receipts will be distributed to parents each time a payment is made. Late fees will be charged an additional \$25 per month.

Fees are due on the first day of the month without exception. Non-payment of fees will be subject to a \$5.00 per day/per child late fee and will result in suspension of childcare.

Fee Structure

Age Category	Full Fee / Unsubsidized
Infant	\$217.50
Toddler 19 – 30 months	\$217.50
Pre-Junior 31 – 36 months	\$217.50
Preschool 3 years +	\$217.50
Kindergarten	\$217.50
Kindergarten 6 years +	\$600.00

LATE PAYMENT OF CHILD CARE FEES

Late payment will result in the Director of Child Care Services meeting with the family:

- After 2 days – A reminder letter will be issued.
- After 7 days – A letter suspending care will be issued until all fees are paid.
- After 14 days – A meeting will be held to develop a payment plan with the family.
- After 1 month – A letter to terminate care will be issued to the family.
- Late fees will be charged an additional \$25 per month.
- Unpaid accounts will be forwarded to a collection agency.

WITHDRAWAL NOTICE

The Child Care must receive one (1) month written notice no later than the 1st of the prior month of withdrawal. If this policy is not upheld, the parent(s) will become responsible for one (1) full month's fee, in lieu of notice.

SUBSIDY INFORMATION

It is the parent's responsibility to apply for a **Child Care Subsidy**. Please be aware that the contract is between the parent and Social Services and not with the Child Care. The Child Care will provide the parent with the necessary subsidy forms, but it is the parent's responsibility to ensure that they are completed correctly. The Director of Child Care Services can help facilitate this process by submitting it on the parent's behalf.

- All applications and supporting documents are to be submitted within 5 days of your start date at the Child Care Centre.
- A minimum attendance of 36 hours per month is required. Failure to attend the minimum hours may result in no subsidy and the parent paying the full fee.
- Children can be absent 15 days per calendar year for vacation. However, must meet the 36-hour minimum requirement during the month.
- All parents must inform Child Care Subsidy of any changes to income, education, or employment. Subsidy will only pay for the days your child attends the Child Care Centre and will prorate accordingly when your start date is in mid-month.
- If your subsidy has been put on hold you must contact their office immediately at 306-787-4114 or 1-800-667-7155. **For more information:** <https://www.saskatchewan.ca/residents/family-and-social-support/child-care/paying-for-child-care>

REGISTRATION / MANDATORY FORMS

As per **Saskatchewan Child Care Regulations**, the following list of forms must be completed prior to first day of attendance: *Agreement for Child Care Services, Child's Health and Social Resume, Child's Emergency Information Card, Updated Excursion & Transportation Consent.*

For more information: <https://pubsaskdev.blob.core.windows.net/pubsask-prod/82271/C7-31R1.pdf>

CHANGES TO CHILD CARE SERVICE

- Agreement for Child Care Services are updated as changes occur (e.g. fees or hours of care).
- Parent(s) will be given one (1) month written notice of any fee increase or decrease.
- It is the parent(s) responsibility to provide the Child Care with one (1) month written notice in Child Care arrangements (e.g., full time to part time care).
- The Child Care will provide one (1) month written notice of any policy changes. This will be provided to each parent and posted on the parent bulletin board for 30 days.

CONFIDENTIALITY

The Child Care will maintain the confidentiality of all children records to protect the children and families' personal information. Each employee signs an Oath of Confidentiality prior to their employment. Any confidential information will not be disclosed without a parent(s) written permission, except as required for the health and safety of a child, or as required by law. ***(Refer to the Child Care Licensee's Manual - Part III - Section 40 for further information).*** For more information: https://pubsaskdev.blob.core.windows.net/pubsask-prod/87922/87922-Child_Care_Licensee_Manual%252B-%252BAugust%252B2020.pdf

FUNDRAISING

As part of the pamināwasowin Child Care Centre, parents are required to participate in fundraising events. The Child Care Centre will participate in two (2) major fundraisers per calendar year. Failure to participate will result in a \$100 penalty that will be charged to your parent account per event.

PICK UP / DROP OFF

All parents must sign in / out their child and must bring their child to a staff member to ensure safety. Parent(s) must notify staff at least one (1) hour in advance if someone other than a parent will be picking up the child. If the designated alternate is not listed on the child's emergency card, parents are to sign a pick-up release form. Staff that do not know the designated alternate will ask for photo identification prior to release of the child into their custody. Staff members are not responsible for dressing/undressing children during pick-up/drop-off. There will be a \$1.00/minute late fee after 5:30 pm.

IN CENTRE REQUIREMENTS

All items should be clearly labeled.

- A complete change of clothes. One (1) pair of shoes / hard soled slippers.
- Appropriate clothing for outdoors (snow pants, splash pants, snow boots, rain boots, toque, mitts, sunhat, or anything else your child may need). Diapers and Infant Wipes. Sunscreen and Mosquito Lotion.

MEDICATIONS

The Saskatchewan Child Care Regulations require that all medications administered to children in a Child Care Centre be recorded. Parents are required to complete the Medication Form (SSS7794) before the Child Care can administer any medication to a child. The date the parent(s) wish the medication to be terminated must also be noted on the form. If the termination date is unknown at the time of completion of the form, the parent(s) must notify the Director as soon as this information is known. Staff will not administer medicines unless the form is completed and signed by the parent/guardian. The form must be fully completed including date, frequency, and time(s) the medicine is to be administered. Normally parent authorization for administering medicines cannot be given over the phone. In exceptional circumstances verbal authorization is acceptable and will be immediately followed up with written authorization. Parent(s) must give all medications, in the original container, to a staff member, who will store the medication in a safe, locked container. Parent(s) may not store any medication in the child's locker.

OUTSIDE PLAY

A time for playing outdoors is part of the daily activity. If a child is too ill to play outside, then they are not well enough to attend the Child Care Centre. It is the parent's responsibility to inform the Child Care of the child's illness and to make alternate arrangements.

TEETH BRUSHING

The Health Department has advised the Child Care that brushing teeth in a large Centre is a health concern. Therefore, children will not brush their teeth in the Child Care.

CHILD ABUSE OR NEGLECT

"The Child and Family Services Act provides the mandate for the Ministry of Social Services and First Nations Child and Family Services Agencies to investigate suspected abuse and neglect of children by their parents, guardians or other adults in the household who provide day-to-child care and supervision of the child." Any staff member who, through personal observation or on the basis of discussion with the child suspects possible physical, sexual or emotional abuse or neglect shall report this information to the authorities: "Report (not investigate) all suspected cases of child abuse directly to child protection services and/or police in accordance with The Child and Family Services Act; (Note: The duty to report is a personal "Duty to Report" and it cannot be delegated to another individual.)" And notify the Director that a report has been made to a child protection worker or police officer.

For more information: http://www.qp.gov.sk.ca/Publications_Centre/SocialServices/Saskatchewan-Child-Abuse-Protocol-2014.pdf

OUTINGS

Information on outing events will be posted at least two (2) days in advance. Any parents who have concerns with the event or do not want their child to attend should contact the Director of Child Care Services.

The basis of determining which child shall go on an outing is solely dependent upon the discretion of the staff. In the event of an emergency while on an outing the staff must notify the Child Care and parents immediately. Due to ratio requirements, a child may not be dropped off at an outing site unless previous arrangements have been made with the staff. Children should arrive at the centre at least 30 minutes before the outing is to begin. The staff-to-child ratio will be followed as per Child Care Regulations, 2015 (Supervision on excursions, guidance).

REST TIME

A daily rest time is scheduled for the children after lunch. All children are encouraged to lie quietly on a mat; however, they do not have to go to sleep.

OUTDOOR PLAY

To maintain an overall healthy environment, the children are to go outside at least once every day unless weather conditions do not allow it. Parent(s) are responsible for ensuring that their children have appropriate outdoor wear every day they are present at Child Care.

During winter children will not be allowed to go outside if the wind speed is 30 km/hr or over or if it is below -25°C. During the summer if the weather is over +29°C between the hours of 10:00 a.m. and 5:00 p.m. the children will not be allowed to go outside, however in the event they must be kept in a shaded area.

CHILD CARE CLOSURE (BLIZZARDS & ROAD CONDITIONS)

If a storm makes conditions dangerous, the Director of Child Care Services will monitor the situation with local weather reports and road conditions. Parents or emergency contacts may be called depending on the severity of the situation. If weather & road conditions prohibit parents from picking up their child, arrangements will be made to keep the children overnight.

CHILD BEHAVIOR MANAGEMENT

Children are to be respected. We believe that children can be reasoned with and should be listened to, as well as being expected to listen to each other and to adults. In our centre, staff participate in and guide play activities so that potential outbursts can be avoided or redirected. Should a child's behavior be unacceptable, the appropriate means of positive child guidance methods will be used to manage the behavior and still maintain or enhance the child's self-esteem. The positive child guidance methods used include redirection, safe and natural consequences, positive role modeling, active listening and problem solving. Children will not receive any form of corporal punishment at the Child Care. Physical and verbal abuse by staff, parents, students, volunteers, or visitors is not tolerated at the Child Care Centre.

When behavior exists, which is not manageable through these means and which has been deemed to be disruptive and/or dangerous to the child or to others, the following action shall be taken:

With the involvement of the parent(s) and the appropriate agencies a management plan will be developed. It will be put in place for the caregivers and the child for a period to be determined by the Director, staff, and Board.

Following this effort, if the behavior(s) in question have not shown improvement, the parent(s) may be asked to discontinue our services and remove the child(ren) from the Child Care Centre.

GENERAL CHILD CARE POLICIES

- We encourage communication that is polite and mannerly. Please do not discuss the children in a critical way when they are present. We will not tolerate the use of profane language.
- We seek to provide positive cultural experiences and will not tolerate the use of racial slurs. We attempt to eliminate sex-role stereotyping by encouraging children to express themselves freely.
- We discourage aggressive games that promote violence and, instead, encourage games that are cooperative in nature and in which not one child is a winner, but the efforts of the group are recognized. We discourage children bringing toys, or electronic devices of any kind to the Child Care as they are easily lost and broken, and we will not take responsibility for those items.
- We are aware of the curiosity of children regarding sexuality. Any questions are answered simply and directly. If you have any concerns, please see the Director of Child Care Services.
- We respect the rights of the parent(s), as we expect that the parent(s) will respect the rights of the staff. Any form of complaint is to be brought to the staff working with children first. If the parent is not satisfied with the actions that were made, they are free to share their concerns with the Floor Supervisor or Director of Child Care Services.
- It is the parent's responsibility to arrange for the drop-off and pick-up of their children each day. The staff is not permitted to do either, as they are not covered under the insurance policy. Staff members are not responsible for dressing or undressing a child at the time of pick-up or drop-off.
- If a child is going to be absent from the Child Care, we ask that you call and let us know.

- If a child has a communicable disease, we ask that you notify us in accordance with Health Department regulations.
- Staff will notify you if your child suffers an injury. When a child is injured by the activities of another child, both sets of parents will be notified verbally and in written form (Injury Report). In cases where a child is injured by another, the records will not identify the children by name. Injury Reports will be made available to parents and kept in the children's files.
- Please ensure that all emergency phone numbers are up to date.
- Parent(s) should inform the teacher and sign the in/out sheet when their child arrives at and leaves the Child Care. Parents must verbally inform the Child Care ahead of time and provide written notice to a staff member if someone other than the parent or usual designated person will be picking up their child. Photo id is required.

HEALTH

- The Director of Child Care Services must be notified if your child has any allergies or special diets.
- Child Care facilities must follow all requirements in public health orders and continue to operate in compliance with all other applicable legislation and licensing requirements, including the Child Care Guidelines and *The Child Care Regulations, 2015*.
- If your child is sick or is requested to be in non-attendance due to a Saskatchewan Public Health recommendation, the child cannot come to or remain in the Child Care Centre. You must make alternate arrangements.
- Please ensure that all emergency information and phone numbers are always up to date.

NUTRITION

Good nutrition is promoted as it plays an important role in the overall mental and physical well being of children. A nutritious morning snack and lunch will be provided daily as well as a simple afternoon snack. A balanced choice of foods will be served using the current recommendations of the Canada Food Guide with an effort given to restrict intake of excessive amounts of sugar, fat, and salt. Water will be provided upon request, at regular intervals and after heat exposure or physical activity. Milk will be served at mealtime.

The staff monitors the children's meals and report problems to the parent(s). We do not force a child to eat or restrict meal portions. A morning snack is served between 8:30 and 9:00 a.m. Kindergarten children will receive a morning snack at 8:00 a.m. The Child Care will not provide lunch for kindergarten children on school days.

A record of children's food allergies/special diets is to be kept in the kitchen and each classroom. If a child is allergic or is unable to have a planned meal, if possible, depending on the degree of allergies, an equally

nutritious substitute meal will be served. The Child Care is nut sensitive. On children's birthdays, parents are permitted to bring a cake or muffins to share with all the children. The Child Care insists that parents refrain from bringing candy, chocolate, chips, and other treats to Child Care.

COMMUNICATIONS

A child spends a great part of his/her day at the Child Care, therefore communications between staff, children and parent(s) is an important factor in forming a positive, effective relationship. It is important that the staff inform the parent(s) of what their child(ren) did daily. This information assists the parent(s) in sharing with their child's life at the centre. A communication board will describe the activities and events that the children enjoyed throughout the day.

The parent(s) should inform the Director of Child Care Services or staff of any personal situation that might be affecting their child's behavior or participation in the daily programs (e.g., separation from a parent, death of a pet, etc.).

Parents will have exclusive access to the pamināwasowin Child Care centre's "Hi Mama" software which includes real time photos, texts, and reports of your child's day. "Hi Mama" is a tool for childcare and early learning programs, as well as parents, to record and share children's activities. **"Hi Mama"** take the safety, security, and privacy of all information very seriously. They are committed to having the latest security systems in place to protect information, as well as policies that respect the privacy of all users.

For more information: <https://www.himama.com/>

If a parent has a concern regarding the Child Care Centre and/or the care their child has or is receiving, the parent(s) are encouraged to communicate within the step-by-step protocol for resolution. The parent(s) will begin by discussing the situation with their child's caregiver. If they feel the issue is unresolved, they may escalate it to the supervisor and so on as follows:

- Child's Early Childhood Educator
- Child Care Supervisor
- Director of Child Care Services
- Member of FNUUniv Executive

Parents may also contact the Ministry of Education – Early Years Branch. Please review the attachment in appendices, "Information for Parents of Children Attending Licensed Child Care Facilities: The Role of the Early Learning and Child Care Consultant."

EMERGENCIES

The parent(s) are to complete the Emergency Information Card upon enrollment of their child. The parent(s) must update the information on an annual basis. If an ambulance service is required, it will be at the expense of the parent(s).

ILLNESS / INJURY

We understand that children become ill on occasion; the Child Care does not have the facilities to care for a child who is ill. Therefore, children who are not well may not come to the centre. It is the parent's responsibility to inform the Director of Child Care Services if the child is ill with a communicable disease (e.g. mumps, measles, chicken pox, lice, etc.). The child is not allowed back at the centre until the infectious period has elapsed or the child has been treated (as in the case of lice). "Regina Qu'Appelle Health Region" shall be the guideline for excluding a child from Child Care but will be at the discretion of the Director. The Child Care will post the type of disease and the number of infected, but to respect confidentiality will not give out names of the children infected.

If a child is too sick to attend school, they are too sick to be at Child Care. If for any medical reason a child does not go to school, the child cannot attend Child Care other than scheduled days off from school. If a child is too sick to go outside for outdoor play, the child should not attend Child Care (Some exceptions apply, i.e., Asthmatic, etc., and should be reviewed with the Director of Child Care Services). While at the Centre, if children exhibit any of, but not limited to, the following symptoms of illness, the parent(s) will be contacted and if the parent(s) are unable to be reached then the emergency numbers will be phoned. The child is to be picked up as soon as possible.

COMMUNICABLE DISEASE CHART AND APPENDICES

- Communicable Disease Guidelines
For more information: <http://www.rqhealth.ca/rqhr-central-files/communicable-disease-guidelines>
- Help Control Head Lice
For more information: <https://pubsaskdev.blob.core.windows.net/pubsask-prod/74074/74074-CD118HeadLice2017-04-03.pdf>
- Head Lice – Frequently Asked Questions
For more information: <https://pubsaskdev.blob.core.windows.net/pubsask-prod/86112/86112-HeadLice-FAQ.pdf>
- Information for Parents of Children Attending Licensed Child Care Facilities – Role of the Early Learning and Child Care Consultant
- When should I contact the ELCC Consultant for my childcare facility?
- Who is the ELCC Consultant for my Child Care facility?



Communicable Disease Guidelines

Note: This information is to assist in making decisions regarding the control of communicable diseases. It is **NOT** intended for the purposes of making diagnoses. Refer to disease specific information sheets for additional information. *To report a possible case, call the Communicable Disease and Sexual Health Program in Regina at (306) 766-7790.

Infection	Transmission	Signs and Symptoms	Time From Exposure to Symptoms	When Can It Spread	When to Exclude	Reporting Requirements
Chickenpox (Varicella Zoster)	Spread person to person through the air and by direct contact with nose and throat secretions (sneezing, coughing, singing), and fluid from blisters.	Begins with a rash followed by small fluid-filled blisters. These become itchy and crust over. Fever may be present.	10 to 21 days, usually 14 to 16 days.	2 days before rash to 5 days after onset, or until crusting occurs.	Exclude ONLY if not well enough to participate in regular activities. Exclude if illness is severe or if entering a new setting with children who have not already been exposed.	Report: Yes Report pregnant or immune suppressed people who may have been exposed.
Diarrhea and Vomiting (including diarrhea caused by Norovirus, Campylobacter, Giardia, Salmonella) See Shigella.	Germs present in stool and vomit. Spread directly from person to person; indirectly by hands of staff and children, objects, surfaces, food, or water contaminated with germs.	Increase in frequency of stools and/or change to unf formed, loose or watery stool. Fever, loss of appetite, nausea, vomiting, abdominal pain, mucus, or blood in stool may occur.	Variable depending on the cause.	Usually 48 to 72 hours from last episode of vomiting or diarrhea, variable depending on the cause.	While symptoms persist and until 48 to 72 hours from last episode of vomiting or diarrhea, or as directed by physician.	Report: If 2 or more children in same class or 2 or more staff are symptomatic.



For 24-hour professional health advice and information, call:

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CEAC 5011

August 2018

*This document was designed to support patients of the former RQHR.

Communicable Disease Guidelines

*To report a possible case, call the Communicable Disease and Sexual Health Program in Regina at [306] 766-7790.

Infection	Transmission	Signs and Symptoms	Time From Exposure to Symptoms	When Can It Spread	When to Exclude	Reporting Requirements
Fifth's Disease (Parvovirus B19, Slapped Cheeks Syndrome)	Spread person to person through the air or by direct contact with nose and throat secretions or contaminated hands, objects and surfaces.	Red rash commonly on cheeks, followed by lace-like rash on arms then body. May be more easily seen following a warm bath. Rash may come and go for 1 to 3 weeks.	Varies from 4 to 21 days.	Before onset of rash.	No exclusion required. Children with anemia and pregnant women may require follow-up and should contact their family health care provider.	Report: No
Hand, Foot and Mouth Disease (Coxsackievirus Group A)	Spread person to person by the fluids from the nose and mouth, blisters and stool. Also spread by contaminated hands, objects, and surfaces that may have these fluids on them.	Rash with small fluid-filled blisters appearing on hands, feet and/or in mouth. May appear on buttocks and groin. Rash may persist for 7 to 10 days. May have fever for 1 to 2 days. Blisters in mouth may become ulcers if they break. Infected persons can be asymptomatic.	3 to 6 days.	During acute stage of illness, perhaps longer as viruses persist in stool for several weeks.	Exclude until a diagnosis has been made by a health care provider and the child is well enough to participate in activities.	Report: If several (2 to 3) cases within 1 to 2 weeks.
Head Lice (Grey, wingless insects)	Direct contact with infested persons and/or objects used by them (e.g. shared combs, clothing, headgear, bedding, and towels).	Most children have no symptoms at first. Will develop itching of scalp. Nits (eggs) are seen attached to hairs near scalp. Occasionally lice can be seen.	Nits (eggs) take 7 to 12 days to hatch. Lice reach maturity in 9 to 12 days.	As long as lice or nits remain alive.	Exclude until treated. Removal of all nits may be necessary to cure some cases. Families are encouraged to check and continue to remove nits even after child has returned to school.	Report: No May contact school nurse for advice.



For 24-hour professional health advice and information, call:

CEAC 5011
August 2018
*This document was designed to support patients of the former RQHR.

Communicable Disease Guidelines *To report a possible case, call the Communicable Disease and Sexual Health Program in Regina at (306) 766-7790.

Infection	Transmission	Signs and Symptoms	Time From Exposure to Symptoms	When Can It Spread	When to Exclude	Reporting Requirements
Hepatitis A Diagnosis must be confirmed with blood work.	Very contagious. Virus excreted in stool. Spread directly from person to person; indirectly by hands of staff and children, objects, surfaces, food or water contaminated with virus.	Most children have no symptoms, but are still contagious for a period of time. May have fever, loss of appetite, nausea, vomiting, jaundice (yellow colour in skin and eyes).	15 to 50 days, usually 28 to 30 days.	2 weeks before to 1 week after onset of jaundice. If no jaundice is present, consider contagious from 2 weeks before to 1 week after onset of other symptoms.	Exclude for 1 week after onset of illness or 1 week after onset of jaundice if it occurs.	Report: Yes Contacts: Specific preventive therapy may be recommended by the Medical Health Officer for certain contacts.
Impetigo (Common skin infection)	Spread person to person by direct contact.	Blisters or crusted rash on face around nose and mouth or exposed parts of body (arms and/or legs). Often follows a scrape or insect bite.	1 to 10 days.	From onset of symptoms or until 24 hours after treatment started.	Exclude until antibiotic treatment has been taken for 24 hours.	Report: No
Influenza	Spread person to person through the air with direct contact and by direct contact with nose and throat secretions (sneezing, coughing, singing), contaminated hands, objects, and surfaces.	Sudden onset of fever, chills, non-productive cough, headache, fatigue, and muscle aches. Other respiratory symptoms may include sore throat and runny nose. Nausea, vomiting and diarrhea may be present.	1 to 4 days.	24 hours before and 5 to 7 days after onset, or while there are symptoms.	5 to 7 days after onset or while there are symptoms.	Report: Report if 10% or more of children or staff are absent with influenza-like illness.



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Communicable Disease Guidelines

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Infection	Transmission	Signs and Symptoms	Time From Exposure to Symptoms	When Can It Spread	When to Exclude	Reporting Requirements
Measles (Red Measles, Rubella) Diagnosis must be confirmed with blood work.	Very contagious. Spread person to person through the air and by direct contact with nose and throat secretions, contaminated hands, objects, and surfaces.	Fever, cough, runny nose, inflamed eyes for 1 to 3 days before onset of rash. Red blotchy rash which often joins together; starts on face and spreads rapidly over body. Illness lasts 5 to 10 days.	7 to 21 days, usually 8-12 days.	4 days before onset of rash until 4 days after onset of rash.	From start of symptoms until 4 days after start of rash. Un-immunized contacts may be asked by the Medical Health Officer to be excluded from school until 3 weeks after the onset of last case in the school or setting.	Report: Yes, immediately. Contacts: Specific preventive therapy may be recommended by the Medical Health Officer for certain contacts.
Molluscum Contagiosum	Spread by skin to skin contact or indirect contact with contaminated objects (towels, toys).	Small, firm, pink or flesh colored raised bumps that may have a dimpled center.	2-7 weeks but could be up to 6 months.	As long as bumps are present.	No exclusion required. Cover bumps with tape or bandage if not covered by clothing.	Report: No
Mumps Diagnosis must be confirmed with blood work.	Spread person to person by direct contact with saliva, and nose and throat secretions of an infected person.	Enlargement of salivary glands causing swelling of cheeks and face. May have fever, headache and abdominal pain. Some children have respiratory symptoms, without the swelling.	12 to 25 days, usually 16 to 18 days.	7 days before and up to 5 days after swelling starts. Most infectious during the 2 days before and up to 4 days after onset of swelling.	Exclude 5 days after onset of swelling (9 days if still symptomatic).	Report: Yes



For 24-hour professional health advice and information, call:

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August 2018

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Communicable Disease Guidelines

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Infection	Transmission	Signs and Symptoms	Time From Exposure to Symptoms	When Can it Spread	When to Exclude	Reporting Requirements
Pinkeye (Conjunctivitis)	Spread person to person by contact with eye secretions, respiratory secretions, or from contaminated hands or objects.	Redness, itching, pain, and discharge from eye, often with matted eyelids after sleep (allergies may cause similar symptoms).	1 to 3 days.	From onset of symptoms or until 24 hours after treatment started. Viral causes cannot be treated with antibiotics—stay home until eye no longer tearing or crusted.	If there is discharge from the eye the child should be assessed by a health care provider. If an antibiotic is prescribed, exclude until treated for 24 hours.	Report: No
Ringworm Scalp	Scalp - Direct skin to skin contact or indirect contact with contaminated objects (combs, brushes, furniture, fabric, hats). Body - Direct contact with infected humans, animals or indirectly by contaminated surfaces.	Scalp - Begins as a small area of redness. Develops into scaly patches, spreading outward. Hair becomes brittle and breaks easily. Body - Flat, ring shaped areas; outer edge reddish, small blisters, pus, scaly or crusted.	Scalp - Unknown, but thought to be 3 weeks. Body - 1 to 3 weeks.	All Cases - As long as scaling or lesions are present.	All Cases - Exclude from skin to skin contact sports and activities (wrestling, gyms, swimming, spas) until seen by health care provider and appropriate therapy started.	Report: No
Athlete's Foot	Athlete's Foot - Direct or indirect contact with infected skin or indirectly from contaminated surfaces (shower stalls, towels).	Athlete's Foot - Cracking and scaling of skin, especially between toes or soles of feet. Can be itchy.	Athlete's Foot - Unknown.			

For 24-hour professional health advice and information, call:



CEAC 5011

August 2018

*This document was designed to support patients of the former RCHH.

Communicable Disease Guidelines

*To report a possible case, call the Communicable Disease and Sexual Health Program in Regina at (306) 766-7790.

Infection	Transmission	Signs and Symptoms	Time From Exposure to Symptoms	When Can It Spread	When to Exclude	Reporting Requirements
Rubella (German Measles) Diagnosis must be confirmed with blood work.	Spread person to person through the air and by direct contact with nose and throat secretions.	Small red spots that start on head/face and spread over entire body. May have mild fever, sore throat, and/or swollen glands in neck before start of rash.	14 to 21 days, usually 16 to 18 days.	4 to 7 days before until 7 days after onset of rash.	Exclude for 7 days after onset of rash. There is risk of severe damage to a fetus if a non-immune pregnant woman gets Rubella during the first trimester.	Report: Yes, immediately.
Scabies (Itch Mites)	Spread person to person and requires close, prolonged direct contact and indirect, close contact with bedclothes, towels, or shared clothing.	Very itchy rash which may occur anywhere on body, but usually appears between fingers and around wrists and elbows.	2 to 6 weeks.	Until treatment is complete.	Exclude until after treatment completed.	Report: Only if more than 2 cases in a classroom in a month.
Shigella	Very contagious. Spread person to person by direct contact with stool, contaminated hands, food, water, objects, and surfaces.	Watery or loose stool with fever and nausea. Vomiting and cramping may occur. Mucous or blood may be present in the stool.	1 to 7 days, usually 1 to 3 days.	Usually up to 1 week from onset of symptoms, but may be up to 4 weeks. Treatment may reduce spread to a few days.	Until permitted by Medical Health Officer.	Report: Yes, immediately.



For 24-hour professional health advice and information, call:

CEAC 5011

August 2016

*This document was designed to support patients of the former ROHR.

Communicable Disease Guidelines

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Infection	Transmission	Signs and Symptoms	Time From Exposure to Symptoms	When Can It Spread	When to Exclude	Reporting Requirements
Staphylococcal Infections (Wound or skin infections)	Spread person to person, most often by unwashed hands.	Varies depending on the site of infection. Boils can occur if hair follicles or oil glands become infected. Impetigo at the site of a break in the skin. Cellulitis if the infection occurs in the deep layers of the skin.	Commonly 4 to 10 days.	As long as areas are open or draining.	Exclusion is not required. Affected areas should be covered.	Report: No
Strep Throat (Scarlet Fever, Scarletina)	Spread person to person by direct contact with nose and throat secretions.	Fever and sore throat. Rough, fine rash occurs with Scarlet fever, no facial involvement. May have headache, nausea and vomiting.	2 to 5 days.	Until 24 hours after treatment begins.	Exclude until 24 hours after treatment begins.	Report: Only if an outbreak occurs (e.g. more than 2 cases in a month in 1 class room).
Whooping Cough (Pertussis)	Spread person to person by direct contact with nose and throat secretions (sneezing, coughing, singing).	Begins as a cold with runny nose and cough. Cough gets worse over 1 to 2 weeks and occurs in spasms which may be followed by vomiting. Cough may last 1-2 months. Fever is rare.	5 to 21 days, usually 7 to 10 days.	From onset of runny nose until 3 weeks after onset of coughing, or until on antibiotics for a full 5 days. Most contagious during the first 2 weeks of symptoms.	Exclude until 5 days after start of antibiotics if they will be around infants under 1 year old or women pregnant in their 3 rd trimester. Contacts may need antibiotics and/or vaccine.	Report: Yes, immediately.

For 24-hour professional health advice and information, call:



CCAC 5011
August 2018
*This document was designed to support patients of the former RQIR.

Help Control Head Lice

What Are Head Lice?

Head lice are small insects that live on the scalp. **Anyone can get head lice.** They are common in classrooms and day care centres because children play closely together.

Head lice are not dangerous and they do not spread disease, but they are contagious and can be a very pesky problem. Having dirty hair does not cause head lice. Head lice cannot fly or jump and you cannot get them from your pets.

While they may be *found anywhere on the head*, they prefer to live on the scalp along the neckline and behind the ears. When lice bite the scalp, they cause itching.

How Can I Tell If My Child Has Head Lice?

Children may say they have a tickling feeling on their head or may be very itchy on their scalp.

The only way to be sure a person has an active case of lice is to find live lice. Children can have a few nits (lice eggs) without actually having an active case of head lice. Usually children have no more than 10 to 20 live lice.

Lice are not easy to see and can be hard to find. They are about the size of a sesame seed. They are usually greyish white or brown.



Nits are small, oval and blend into the color of the hair. Each nit is firmly attached to a hair. They cannot be washed out or flicked off like dandruff. Finding nits does not mean the individual has a current infestation and they should not be treated based on finding nits.



Pictures courtesy of CDC/Dr. D D Juranek

How Do I Check for Lice?

1. Apply ample hair conditioner to dry hair, enough to soak from the scalp to the end of the strands.
2. Remove tangles with a regular comb.
3. Start behind the ears and comb the hair section by section. Separating the hair with hair clips is helpful.
4. Place the lice comb against the scalp and pull to the end of the hair.
5. Check the comb for lice after each pull.
6. Wipe the comb with a tissue each time and look for lice.
7. Place the tissue in a bag.
8. Check all the hair over the entire head.
9. Repeat combing for every part of the head at least 5 times.
10. Once finished, tie the bag with the soiled tissues and throw it in the garbage.
11. If lice are detected and treatment is required, make sure that all conditioner is washed from the hair prior to treatment.

What is the Treatment for Head Lice?

Overtreatment and misdiagnosis are common.

Individuals with live lice in their hair should be treated. Do not treat anyone with a head lice product unless you find live lice. The presence of nits indicates a past infestation that may not be active.

Check everyone in the home for head lice.

There are a number of very effective treatments for head lice. Most contain an insecticide that kills the lice. They are pyrethrin (found in R&C™ shampoo/ conditioner) and permethrin (Nix® or Kwellada-P®).

Non-insecticidal treatments include:

- isopropyl myristate/ cyclomethicone (Resultz™) has been approved for use in Canada for individuals **4 years of age and older**. It works by breaking down the waxy exoskeleton ('skin') of lice. The lice get dehydrated and die.
- Dimeicone solution (NYDA) affects the insect's breathing apparatus and suffocates the insect. It is **not recommended for children < 2 years of age**.

All of the above products require a second application 7 to 10 days after the first treatment.

Head Lice

Frequently Asked Questions

General Information

What are head lice (pediculosis capitis)? What do head lice look like?

Head lice are small insects approximately 2 to 4 mm long (approximately the size of a sesame seed). They have six legs and are usually tan to grayish white in color. They do not have wings and cannot fly. Likewise, they cannot jump, but they move very quickly in the hair.

What is the life cycle of a head louse?

- The head louse feeds every 3 to 6 hours by sucking blood and simultaneously injecting saliva.
- After mating, the adult female louse can produce five to six eggs per day for 30 days, each in a shell (a nit) that is 'glued' to the hair shaft near the scalp.
- The eggs hatch nine to 10 days later into nymphs that molt several times over the next nine to 15 days to become adult head lice.
- The hatched empty eggshells (nits) remain on the hair, but are not a source of re-infestation.
- Nymphs and adult head lice can survive for up to three days away from the human host.
- While eggs can survive away from the host for up to three days, they require the higher temperature found near the scalp to hatch.

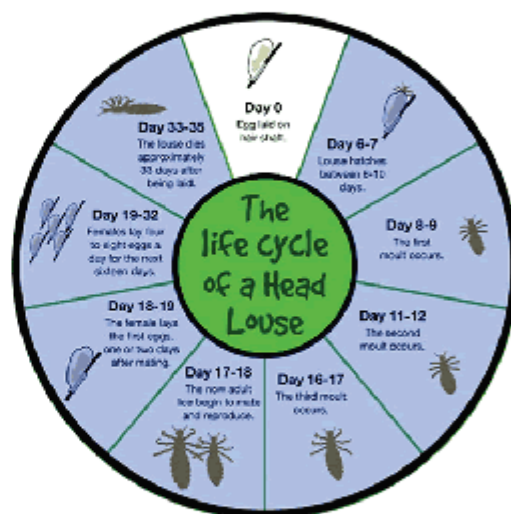


Image courtesy of Pharmacy Direct

How serious are head lice?

Unlike body lice, head lice are not a health hazard, a sign of poor hygiene, nor do they spread disease. However, they are a nuisance and cause a high level of anxiety.

What are the health implications of head lice?

Head lice are not responsible for the spread of any disease. People may experience itching because they are reacting to bites of the head louse. Rarely, scratching may cause skin infections that can be treated with antibiotics.

Because lice infestations are so benign, treatments must prove safe to ensure that the adverse effects of therapy are not worse than the infestation.

Information for Parents of Children Attending Licensed Child Care Facilities

Role of the Early Learning and Child Care Consultant

All Child Care Centre's and licensed Child Care homes receive the support of an Early Learning and Child Care (ELCC) Consultant. The role of an ELCC Consultant is to promote quality Child Care services and enforce *The Child Care Act 2014* and *The Child Care Regulations, 2015*. These pieces of legislation set the standards for licensed care in Saskatchewan.

What does an ELCC Consultant do?

ELCC Consultants provide a variety of supports to your child's centre or Child Care home.

Consultants support Child Care home providers, centre staff, directors, and boards of Child Care centres to implement best practices in the care and education of your child.



ELCC Consultants support licensed Child Care Centres and homes to implement quality programs.

Consultants also:

- complete a licence review annually to ensure that a basic standard of care is in place.
- conduct a minimum of two unscheduled monitoring visits per year to ensure licensing requirements are maintained.
- attend two board meetings per year for parent operated Child Care centres, and one parent advisory committee meeting and one board meeting per year at other Centres.
- address non-compliance when observed or when reports are received.
- facilitate grants.

When should I contact the ELCC Consultant for my childcare facility?

You may contact your ELCC Consultant for any question you have, or to share information about your child's program.

Some examples of when you may contact your ELCC Consultant include:

- You would like to share strengths and successes you have observed about your child's program.
- You have a concern about the quality of care your child is receiving.
- You would like further clarification about *The Child Care Act* and *The Child Care Regulations, 2015*.
- You have a question about the services offered by Saskatchewan's early learning and Child Care program or would like additional information.

Who is the ELCC Consultant for my Child Care facility?

Collynda Bateman
ELCC Consultant
Early Years Branch
Ministry of Education

2-2220 College Avenue
Regina, SK S4P 4V9

Bus: 306-787-2701
Fax: 306-787-0277
Collynda.Bateman@gov.sk.ca

Pamināwasowin

Child Care Centre

Parent Handbook Acknowledgement Form

I, the undersigned, acknowledge that I have received a copy of the Parent Handbook for pamināwasowin Child Care Centre. While I understand that the Parent Handbook is neither a contract nor a legal document, I recognize that it is my responsibility to read and understand the policies, provisions, and procedures contained within the Parent Handbook.

In addition, I understand that the contents of the Parent Handbook are subject to change. I acknowledge that the Parent Handbook will be revised in accordance with the rules and regulations of the Saskatchewan Child Care Regulations, best practices for Child Care providers, and/or at the discretion of the First Nation University of Canada. I recognize that any such revisions will supersede, modify, or eliminate the current contents of the Parent Handbook.

I acknowledge that it is my responsibility to stay informed of policy and procedure revisions to the Parent Handbook, which will be posted in the Child Care on Parent Information Boards, the Hi Mama app and/or in monthly newsletters. I understand that I can obtain a hard copy of the updated Parent Handbook upon request to the pamināwasowin Child Care Centre.

Child's Name _____

Parent/Guardian's Name _____

Parent/Guardian's Signature _____ Date _____

*** Please remove and submit the signed acknowledgement form to the Director of Child Care Services.**