



Labour and Immigration
Workplace Safety & Health
401 York Avenue, Winnipeg, Manitoba R3C 0P8
T 204 957-SAFE(7233) or
toll-free 1 855 957-SAFE(7233) F 204 948-2209

Complete Name and Address of Workplace UWSA Day Care 548 Furby Place R3B 2T4 0R30 – 515 Portage Ave. Winnipeg MB R3B 2E9 (mailing address) Phone: 204-786-9898 Fax: 204-775-4309 Meeting date: July 30, 2025 Date of next meeting: October 30, 2025 Number of employees at the workplace: 43	Employer Members (list all) Ioulia Berdnikova Magdi Bogos	Occupation Executive Director Supervisor	Present X X	Absent
	Worker Members (list all) Rhoda Jamandre Jannette Yabut Elena Kuznetsov Arlene Talastas	ECE II ECE II ECE II ECE III	X X X X	
	Guests (list any) Alex Nguyen	UWSA Staff		

Date of Origin	Concern or Problem (See reverse for completion instructions)	Recommendation or Action To Be Taken	Action By (who & when)
April 28, 2025	<i>The minutes of the committee meeting held on April 28, 2025 were reviewed and it was found that most concerns and problems were satisfactorily resolved accept</i> - Arrange Mental Health PD day -Arrange Manulife’s presentation on pension plan and IAP	PD day will be arranged in spring 2026 during reading week.	Ioulia
July 30, 2025	<u>New Concerns and Problems</u> Air quality There are many wall spots that require painting job. Children are peeling the paint and can put it in the mouth. That is a safety concern. There is no fast notification system in the center in case of emergency (dangerous behavior in a center or in the neighborhood). <u>Preschool rooms 1,2,3</u> No New concerns <u>Preschool rooms 4,5,6</u> No New concerns	We agreed to use the WeatherCAN App moving forward so we can all be on the same page. If the Air Quality Health Index (AQHI) is 7 or higher, we will stay indoors to ensure everyone’s safety. Paint the walls at least on children’s level. Work on painting with university. Install strobes and panic buttons.	Ioulia Magdi Jin Ioulia Ioulia

Other Business:

Co-Chairpersons’ Signatures Please indicate by (X) in the brackets below who chaired this meeting.

BOTH management and worker co-chairs must sign each page of the minutes when they agree that the minutes are complete and accurate.
If one, or both co-chairs do not agree with the minute record, please attach concerns on a separate page.

In my opinion, the above is an accurate record of this meeting.

(X) Print name of Employer Co-Chair I. Berdnikova

() Print Name of Worker Co-Chair A. Talastas

Signature _____ Signature _____

See instructions

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	Guests (list any)			

Date of Origin	Concern or Problem (See reverse for completion instructions)	Recommendation or Action To Be Taken	Action By (who & when)
	<p><u>Infants</u> No new concerns</p> <p><u>Outdoor</u> No new concerns</p> <p><u>Other issues</u></p> <ul style="list-style-type: none"> - Continue arranging staff building activities. 	<ul style="list-style-type: none"> - Arrange potluck in September - Make a reservation for the winter party. 	<p>loukia Magdi Arlene</p>

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