

March 31, 2016

Attn:

Child Care Modernization
c/o Early Years Division
Ministry of Education
900 Bay Street, 24th Floor, Mowat Block
Toronto ON M7A 1L2

Dear Ministry of Education,

We are writing in response to your request for feedback on proposed regulations under the *Child Care and Early Years Act, 2014* (CCEYA) to support the Government of Ontario's vision for licensed child care modernization and early years integration.

Region of Peel Human Services and Public Health staff have collaborated on this response and are pleased to offer advice and recommendations on the proposed regulations and broad CCEYA legislation. Together, we recognize that child care plays a key role in nurturing the healthy development and physical well-being of our youngest children.

Our response incorporates feedback received in March 2016 from over 300 community and internal partners in Peel's Early Years and Child Care (EYCC) network and has been endorsed by our provincially mandated Best Start Network, Success By 6, Peel.

This submission includes:

- Peel Public Health's comprehensive response to CCEYA (2014) regulations including recommendations in the areas of nutrition, physical activity, immunization, oral/dental health, and environmental health (Appendix 1).
- Supplemental Information on the Impact of Proposed Regulatory Changes on Licensed Child Care Providers (Appendix 2).

Service System Planning

The last six years (2010 – 2015) have been a period of unprecedented change for Peel's EYCC system. Provincial modernization efforts have had a major impact on the EYCC system. We share the province's interest in building a high quality, economically viable child care system and in providing early learning opportunities for all children, as envisioned by the recent announcement regarding Ontario Early Years Child and Family Centres.

We welcome the enhanced responsibilities under the CCEYA to lead locally coordinated service planning for the early years system. However, we are concerned that with the continued pace of

system transformation, more time is required to achieve the ideal balance between maintaining system stability, safety and quality through regulatory changes .

Providers are still feeling the impact of Full-Day Kindergarten (FDK) with increased costs of caring for younger children and decreased revenues. Concerns around low enrolment, hiring and retaining qualified staff, operating costs and physical space emerged as the top viability challenges for 216 Peel licensed programs (interviews conducted in June, 2015). These pressures were also voiced in our recent discussions regarding the proposed phase two regulations. See Appendix II for more information on these conversations as well as preliminary analysis around system impacts.

Providers are feeling “overwhelmed” by the rate of change and are concerned that implementation of some of the regulatory changes would further jeopardize program viability. Our new General Operating Model is in its first year of full implementation; changes to age groupings and staffing will have a major impact on the model. These are only some of the impacts experienced by the system, with more on its way.

Of particular note, the proposed changes regarding age groupings/staff ratios and recreation/skill building programs require more time, research and engagement of stakeholders before moving them forward. We offer the following feedback and recommendations for consideration.

1. Support for Changes

Regional staff supports moving forward on proposed changes in the following areas:

1. Tiered licensing
2. Mixed-age groupings
3. Serious occurrences definition
4. Conflict resolution policy
5. Removal of the cap on number of home child care providers to allow for flexibility while maintaining quality standards
6. Health and Safety
 - a. Sleep policy for infant and toddlers
 - b. Use of mats for sleep in home child care locations
 - c. Prohibited access/use of water bodies in home child care locations for children under 6
 - d. Individual plans for children with medical needs
 - e. Posting of allergies/food restrictions in all commonly used areas within child care
 - f. Provisions related to prohibited practices that could result in bodily harm to a child
 - g. Health and safety policies for authorized recreation programs
 - h. Physical activity for before-and after-school programs and authorized recreation providers that follows the Canadian Physical Activity Guidelines for Children 5 – 11 years
 - i. Harmonized immunization exemptions for children attending child care and school

In addition to the above noted regulatory changes, the Region supports a rapid approach to the development of service planning guidelines and policies that enable an agile and flexible local planning approach to meet evolving community needs.

2. Areas for Clarification

- a. Enforcement
 - Application of administrative penalties and consideration for a phased and progressive approach. E.g. will warnings for some contraventions be issued before fines?
- b. Staff Qualifications
 - Replacement of non-ECE staff when positions are vacated – clarification of “vacated”.
- c. Health and Safety
 - Diaper changing requirements for the preschool age grouping – what is required?
 - Immunization exemption and reporting – will the requirements be the same for child care and schools?

3. Recommendations:

Informed by our community partners and staff, we recommend a thoughtful and phased-in approach and for certain changes a postponement altogether until more comprehensive consultation can take place with service system managers and other system partners.

- a. Age Groupings, Ratios, and Maximum Group Size
 - Maintain the current age groupings to not disrupt existing programs while reviewing alternate evidenced-based models that maintain the ideal balance between quality and viability.
 - The wide age span and varying developmental needs within the proposed toddler age grouping presents health and safety concerns. These young learners require the support of qualified staff and providers have noted that there is a growing lack of experienced ECEs in the system.
 - Pilot models of proposed age groups and ratios in diverse areas of the province that are based on feasibility assessments of evidence-based models.
 - Results of the pilot project could inform whether there are any health and safety concerns related to the wide developmental span of a toddler group with an age range of 12 to 24 months.

- Engage stakeholders in shaping proposed changes that will support child safety, program quality and system viability.
- b. Staff Qualifications
- Maintain the current ECE staff qualifications for all age groupings
 - Despite full implementation of FDK, providers report that ECEs are not entering the child care system, and instead seek to advance their education or secure employment with the school boards.
 - School boards are viewed as the preferred employer due to the salary range they provide and the wage gap with the child care system; therefore continue to attract experienced ECEs.
 - FDK will continue to draw ECEs to support ongoing supply staff and long term contract (parental leave) needs.
 - Providers have clearly advised that recruiting and retaining qualified staff is one of their greatest pressures.
 - Increasing the requirement for qualified staff will further exacerbate current pressures and result in the need for increased Director's Approval status.
 - Reconsider increasing the staff qualifications as a medium or long term strategy and develop a province-wide retention strategy to support ECE employment in child care.
- c. Authorized Recreation and Skill Building Programs
- Recommend not moving forward with these proposed regulations until more meaningful and fulsome consultation with service managers has taken place given the significant impact this proposed change would have on their legislative role.
 - Consultation is required to fully understand how the level of involvement and responsibility will affect the service system manager role.
 - Clarification is required on the definition of a "children's recreations service provider" and existing local approval mechanisms and third party accreditation processes.
 - A thorough review of the alignment of the previous recreation requirements and new requirements under the CCEYA is required.
 - Given the varying application of this authority, time is required to ascertain the risks related to the quality assessment and health and safety components.

d. Support Ongoing System Change and Foster Healthy Public Policy through:

- Introduction of a capital retrofit funding plan for all providers to further strengthen programs to align with licensing requirements and meet community needs.
- Implementation of amendments to the CCEYA that promote healthy growth and development of all children under the care of licensed child care providers. See Appendix I for more information.

Summary

We commend the province for advancing its vision to modernize early years and child care and urge you to look for solutions that balance implementing quality initiatives which ensure the health and safety of children and staff, and ongoing economic viability of the system. We also support continued system transformation that is rolled out at a manageable pace to decrease further strain on the system. This will enable us to work more effectively with partners to lead local system change that ensures access to safe, affordable and quality licensed child care for families.

We request that the province take time to consider all feedback received from the system. Given the speed of implementation of phase one regulatory changes after the consultation period, many Peel providers feel that the province will likely move forward with the proposed phase two regulations without taking the time to review and address concerns.

Peel's EYCC system partners have a successful history of working together to build on existing connections to plan for the delivery of a continuum of programs and services that respond to Peel's unique community needs.

We look forward to the province's review and consideration of all feedback received, including the enclosed recommendations from Peel Public Health which address key issues to promote children's health and well-being. We look forward to continued discussions.

Sincerely,



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Appendix I – Peel Public Health’s Response and Recommendations (CCEYA Phase 2 Regulations March 2016)

Child care plays a key role in nurturing the healthy development and physical well-being of our youngest children. Child care settings can positively influence child health and well-being by:

- offering healthy meals and snacks;
- providing regular daily activities for children to be physically active;
- limiting activities where children are sedentary for extended periods of time, including screen time;
- having policies and procedures which support and enhance oral health;
- ensuring consistency in processes and practices related to immunization; and
- having environments that are free from hazards and that minimize the risk of infection.

Nutrition:

Peel Public Health supports:

- regulations requiring that all meals, snacks and beverages meet recommendations set out in Health Canada’s *Eating Well with Canada’s Food Guide*, and *Nutrition for Healthy Term Infants*;
- a requirement that drinking water must be available at all times; and
- posting of allergies/food restrictions in all commonly used areas within child care.

Peel Public Health Recommends:

1. requiring child care operators to establish a policy/procedure(s) describing their approach to support, promote and protect breastfeeding;

Rationale: It is important to ensure that child care providers are aware of the benefits of breastfeeding, understand how to store and feed breast milk safely and welcome mothers to breastfeed anywhere within child care settings. (This aligns with the MOHLTC’s Baby Friendly Initiative for Public Health units in Ontario).

2. removing Section 42(1) (a) which requires that child care providers follow written instructions from the child’s parent for feeding a child under one year old, and use the parent handbook to inform parents that all child care providers in Ontario are required to follow the recommendations in *Nutrition for Healthy Term Infants* for infants under one year old.

Rationale: To eliminate potentially conflicting requirements for child care staff to follow parents’ written instructions that may contravene the recommendations in *Nutrition for Healthy Term Infants* for feeding infants under one year of age.

Physical Activity:

Peel Public Health supports:

- requiring before- and after-school programs and authorized recreation providers to incorporate physical activity into their programs.

Peel Public Health Recommends:

1. child care providers be required to follow the Canadian Physical Activity Guidelines for the Early Years 0-4 Years and the Canadian Physical Activity Guidelines for Children 5-11 Years published by the Canadian Society for Exercise Physiology;

Rationale: These evidence-based guidelines outline the amount and type of physical activity that is required to promote healthy growth and development.

2. child care providers be required to follow the Canadian Sedentary Behaviour Guidelines for the Early Years 0-4 and the Sedentary Behaviour Guidelines for Children 5-11 Years published by the Canadian Society for Exercise Physiology; and

Rationale: These evidence-based guidelines outline the recommendations for reducing sedentary behaviour and limiting screen time.

NOTE: While the guidelines above state that screen time should be limited to under one hour per day for children 2-4 years and to under 2 hours per day for children 5-11 years, Peel Public Health recommends that the regulation stipulate **no acceptable amount** of screen time in child care or **recreational** screen time in before- and after-school programs or by authorized recreation providers.

3. the addition of regulations to:
 - promote and support physical literacy development in licensed childcare settings; and
 - provide ongoing staff training related to physical literacy for all early childhood educators and childcare providers.

Rationale: Children who are physically literate (i.e., who develop fundamental movement skills such as jumping, running and hopping) are more likely to be physically active for life.

Immunization:

Peel Public Health recommends immunization for *all* children.

Peel Public Health supports:

- changes to harmonize immunization exemption requirements for licensed child care with those for children attending schools.

Peel Public Health Recommends:

1. clarifying whether an affidavit provided under the *CCEYA* for the purpose of exemption from immunization requirements will meet the exemption requirements under the *Immunization of School Pupils Act*;

Rationale: This will allow public health to provide clarity for parents regarding whether or not an affidavit under the *CCEYA* will meet immunization exemption requirements when their children transition to school.

2. adding a requirement that child care providers submit immunization records and enrolment data, to public health in order to determine that they are meeting the requirements set out by the local Medical Officer of Health;

Rationale:

- Medical Officers of Health need current and accurate data in order to quickly and appropriately respond to outbreaks of reportable diseases.
- Immunization requirements are complex and public health staff have the expertise to determine if records meet the requirements set out by the local Medical Officer of Health.

3. that immunization records and enrolment data be provided to public health in the format and frequency required by public health units;

Rationale: This would further harmonize the *CCEYA* immunization-related regulations with the *Immunization of School Pupils Act* which specifically identifies that Boards/School Operators must send enrolment information and which specific data fields must be included.

(See *Immunization of School Pupils Act - Regulation 1.1(1)*)

4. specifying a process for the Ministry of Education to inform public health units of new and discontinued child care facilities.

Oral/Dental Health:

Peel Public Health Recommends adding regulations that:

1. restrict the offering of foods and beverages that promote dental caries (e.g. sugar sweetened beverages);
2. require providers to implement oral hygiene policies and/or procedures (e.g., tooth brushing); and
3. require child care providers to have policies that outline how to prepare for, report and respond to dental emergencies.

Local public health units can provide educational resources as well as necessary supports in conducting oral health screenings and referrals for children who may be at risk of poor oral health outcomes.

Environmental Health:

Peel Public Health Recommends:

1. clarifying the proposed regulation E2(iv) (*Diaper Changing*) which states there must be “access to water for handwashing.” It needs to specify requirements for both hot and cold running water and a single use hand drying method in the diaper change area; and
2. clarifying within the regulations, that chemicals must be stored at a height that is easy for staff to access the products, but high enough to be away from reach from children.

Rationale: This will help reduce the risk of dropping and spilling, which increases the potential for exposure to employees and impact on the surrounding area.

General Health and Safety / Record Keeping:

Peel Public Health supports:

- the development of individual plans for each child with a medical need;
- new requirements to prohibit actions that could result in bodily harm to a child; and
- requirements for authorized recreation programs to have health and safety policies (e.g. anaphylaxis, nutrition etc.).

Peel Public Health Recommends:

1. using common registration form(s) across the province (including immunization records) to facilitate collection of consistent data across the province.

Funding for Resources and Professional Development:

The need for funding for additional resources and training cannot be overstated. This will ensure that child care staff and educators are supported to implement the CCEYA regulations. Examples of specific supports include:

1. A menu planning tool (online and in hard copy) and related training;
2. Training to support following the Canadian Physical Activity Guidelines;
3. Development of a province-wide physical literacy program for the early years; and
4. Education and support for providers to promote oral / dental health (e.g. awareness of publicly funded dental programs so that parents can access emergency and essential care.

Peel Public Health looks forward to continued collaboration with the Ministry in developing needed training and resources.

Appendix II – Impact Analysis of Proposed Regulatory Changes on Licensed Child Care Providers

This appendix contains two sources of information:

1. Insights from conversations conducted by the Region of Peel’s Early Years Specialists with 216 licensed child care providers over four months in 2015. The discussions emphasized a number of challenges, including three top concerns: enrolment, hiring and retaining staff, and high operating costs.
2. Preliminary analysis of the potential impact of the proposed regulatory changes to age groups, ratios, maximum group size and qualifications.

The following provides an overview of the results of those conversations and how the proposed regulatory changes would impact providers and affect the economic viability of the system.

Enrolment

- 65% of providers identified enrolment as one of their top viability concerns.
- Continued impact of FDK with decreased enrolment into the child care system.
- Decreased net revenue due to lower ratios/higher costs to serve the younger age groups.

Impact of proposed CCEYA regulations:

- a. Decrease number of infant spaces in Peel
 - i. Peel providers report that they currently serve a small minority of children under 12 months of age and feel that a 0 – 12 month age group will result in a lack of viability for infant programs.
 - ii. Potential loss of 734 licensed spaces, 102 which have been added to the system since 2014.
- b. Reduced operating capacity of infant programs (10 to 9 children)
 - i. Reduced capacity coupled with current staffing and operating costs would equate to an 11% increase in parent fees.
- c. Reduced operating capacity of toddler programs (15 to 12 children)
 - i. Loss of 671 toddler spaces.
 - ii. Increase staffing costs and decrease revenue.

Hiring and Retaining Qualified Staff

- 76% of Peel providers report challenges in hiring and retaining qualified staff.
- Cost of staffing (ability to provide a competitive salary).

- Wage gap between school board and child care centre staff. In Peel approximately 3,200 staff received the Wage Enhancement Grant in 2015.
- Staff turnover and continued adjustment to a newer work force training for staff.
- Capacity building needs.

Impact of proposed CCEYA regulations:

- a. Requirement to maintain toddler ratios at all times would result in the need for an additional 227 toddler staff (one staff per program).

Operating costs

- 20% of providers identified operating costs as one of their top viability challenges.
- High rent and property taxes.
- Cost of providing service to younger age groups.
- Cost of compliance.
- Physical space challenges - limitations in current physical space, inability to renovate rented/leased premises and Ministry process and criteria to make changes.

Impact of proposed CCEYA regulations:

- a. Decreased revenue and increased staffing costs.
- b. Need to renovate existing space to accommodate requirement for new toddler sleep area.
 - i. Many centres in Peel are purpose built and lack the ability to expand or renovate existing space
 - ii. Lack of affordable rental space and high leasing costs
 - iii. Need for capital retrofit funding
- c. Proposed changes to age groupings, ratios, maximum group size and qualifications have a financial impact. Increased costs will be passed on to parents through increased fees and without subsidy, may be unable to afford licensed child care. An unintended consequence of lack of affordability may result in families looking outside of the licensed child care system which would further compound existing viability issues.
- d. Despite increased funding to support operations (e.g. repairs and maintenance, play based equipment, professional development and operating funding), providers would face increased viability challenges due to the proposed changes to age groupings, ratios, maximum group sizes, and qualifications.