

# Home Child Care Licensing Manual

September, 2019

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Ontario 

## Note to Users

This publication is not intended as a substitute for the legislation. Reference should be made directly to the *Child Care and Early Years Act, 2014* and its regulations. These can be found at [www.ontario.ca/laws](http://www.ontario.ca/laws). The Manual provides information to potential applicants and existing licensed home child care agencies and does not take into account particular or local facts and circumstances. Accordingly, this Manual should not be relied upon as a substitute for legal or professional advice, and the user is responsible for how the Manual is used and applied in their own home child care agency.

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**\*asterisk indicates amended regulatory requirement(s) effective September 1, 2019 or new or revised content added to the Manual.**

## Introduction

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### Purpose and Organization

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The Home Child Care Licensing Manual (the Manual) provides information about the legislative and regulatory requirements for licensed home child care agencies and providers as set out under the [Child Care and Early Years Act, 2014 \(CCEYA\)](#) and [Ontario Regulation 137/15 \(General\)](#) (hereafter referred to as O. Reg. 137/15 or the Regulation).

The Manual has been written to:

- support agencies achieve and maintain compliance by describing the intent of the regulations and how compliance can be demonstrated;
- help agencies improve program quality by suggesting best practices and providing additional information;
- connect agencies with other resources, where applicable, to expand knowledge and inform best practices.

The Manual has been designed for use in conjunction with the CCEYA and Regulation. References made to sections, subsections or clauses refer to O. Reg. 137/15, unless otherwise specified. Sections of the Manual have been arranged to mirror the layout of the Regulation and include the intent of the provision and compliance indicators. Additional regulatory requirements are set out under [Ontario Regulation 138/15](#) (Funding, Cost Sharing and Financial Assistance) and the *Early Childhood Educators Act, 2007*, these requirements are not discussed in the Manual.

Each Manual section includes the following information:

- **Legislative Reference:** sets out the regulatory requirement.
- **Intent:** sets out the rationale for the requirement and importance in the operation of the home child care service.
- **Special Instructions:** provides information to support licensees in understanding, interpreting and complying with the licensing requirement.
- **Compliance Indicators:** includes evidence of measures that indicate compliance with the Regulation, assessed through documentation, observation or an interview process.
- **Recommendations:** included to assist licensees in considering additional ways in which the home child care agency can meet compliance and enhance their program quality.

The [Early Years Portal](#) also contains a wealth of information to help licensees, staff and parents understand the requirements of the CCEYA and its regulations.

If you have further questions or require clarification, please contact your Ministry of Education program advisor directly or contact the Licensed Child Care Unit at [information.met@ontario.ca](mailto:information.met@ontario.ca).

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## What are Compliance Indicators?

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Compliance indicators are used by Ministry of Education program advisors when they assess compliance with licensing requirements while completing the Agency Checklist and Home Child Care Premises Checklist. The compliance indicators have been included in this Manual to help licensees prepare for licensing inspections.

The Manual specifies whether the compliance indicators are applicable to the home child care agency, home child care premises and/or both the home child care premises and the agency.

The compliance indicators fall into three categories:

- Observation – information collected during **physical observation** by the program advisor while conducting an in-person site visit
- Documentation – information collected by **reviewing written documents** (e.g., reviewing policies and procedures, reviewing files and records)
- Interview – information collected by **speaking with licensees, home child care visitors and/or providers**

Multiple compliance indicators may be used to determine compliance with a single licensing requirement. If compliance indicators are linked with “**And**”, all must be fulfilled to achieve compliance.

For example, licensees are required to develop and make available a parent handbook that includes specific information set out in regulation. These compliance indicators are linked with “And” to signify that all subject matters listed must be included in the parent handbook.

If compliance indicators are linked with “**Or**”, any one indicator may be fulfilled to achieve compliance. For example, licensees are required to ensure that all children spend at least two hours outside each day. The compliance indicators for this requirement involve observation “Or” interview.



If the program advisor sees all children going outside to play for two hours, they have confirmed compliance with the requirement. If unable to observe all children playing outside for two hours, the program advisor will ask questions of the home child care provider or home child care visitor in order to confirm that children go outside for two hours every day, weather permitting.

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## **How Changes are Made to the Manual**

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The Home Child Care Licensing Manual will be updated over time as our knowledge of what is best for children expands and to respond to feedback from Ontario's child care community. The Manual will also be revised as regulations are updated under the CCEYA and revised versions will be posted on the [Early Years Portal](#).

This Manual is current as of September 2019..

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## **About Child Care in Ontario**

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### **Ontario's Vision for the Early Years**

Child care plays a key role in promoting healthy child development, well-being and learning, particularly during the early years of a child's life.

The child care system in Ontario consists of a range of services for families and their children, including licensed child care centres, licensed home child care (offered by home child care providers that have an active agreement with a licensed home child care agency), unlicensed child care, authorized recreational and skill building programs and EarlyON child and family centres.

### **Legislative Framework**

The *Child Care and Early Years Act, 2014* (CCEYA) is the law governing child care in Ontario.

The CCEYA applies to:

- Unlicensed child care;
- Home child care providers that have an active agreement with a licensed agency;
- Licensed home child care agencies;
- Licensed child care centres;
- Authorized recreational and skill building programs; and,
- Child and family programs (i.e. EarlyON child and family centres)

### **Unlicensed Child Care**

An unlicensed child care provider is permitted to care for a maximum of five children under the age of 13 years, including their own children under the age of four years. For additional rules that apply to unlicensed providers, please refer to the CCEYA and O.Reg.137/15 and/or refer to the ministry's infographic:

[Home Child Care and Unlicensed Child Care: How Many Children Are Allowed?](#)

Anyone who cares for more than five children under the age of 13 years requires a child care centre licence under the CCEYA, with the following exemptions:

- Nannies or babysitters that provide care to children from one family in the children's home;
- Care by relatives;
- Camps that only care for children aged 4 years and over;
- Programs with a primary purpose of artistic, musical, etc. and other skill-based recreational programs
- Programs with a primary purpose of academic study and skills (e.g. tutoring); and
- Private schools that only serve children aged 4 years and over.

Additional exemptions are set out under section 4 of the CCEYA and sections 3 and 3.1 under the O.Reg.137/15. The Ministry of Education will respond to written inquiries about whether a licence is required. No telephone responses are available.

Written inquiries must include detailed information about the prospective program, including times of operation, ages and number of children served, purpose of the program/service and typical program or schedule of activities.

Inquiries can be sent by email to [information.met@ontario.ca](mailto:information.met@ontario.ca) or by mail to:

Child Care Quality Assurance and Licensing Branch  
77 Wellesley Street West, Box 980  
Toronto ON M7A 1N3

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## **Licensed Child Care**

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There are two types of licensed child care programs in Ontario: child care centres, which includes school-based child care, and child care offered through home child care agencies.

Information on all licensed child care programs in Ontario can be found on the Ministry of Education's [Licensed Child Care Website](#). More information on child care centres can be found in the Child Care Centre Licensing Manual available on the Ministry's [Early Years Portal](#) web site.

This Manual focuses on the licensing process and requirements for home child care agencies. Home child care agencies establish agreements with individual providers who use their own homes to provide care to children. The agency screens, approves and monitors the home child care providers. Some agencies may also work with families to find the right home child care provider for their child. Many home child care agencies play a role in recruiting and placing children with home child care providers; however, this is not a legislated responsibility of the agency.

Licensed child care programs may be issued one of two types of child care licences: regular or provisional.

A **regular licence** may be issued or renewed when the licensee has met all licensing requirements.

A **provisional licence** may be issued or renewed when all licensing requirements have not been met and the licensee requires time to meet requirements. The maximum term that a provisional licence can be issued is one year. If the licence is provisional, the Ministry will courier a licence printed on yellow paper for the licensee to post as a visual cue to families.

Copies of a letter indicating that a provisional licence has been issued and a summary of the licensing requirements that were not met (non-compliances) are sent to the agency for distribution to parents.

Licences must be posted in a conspicuous place at the home child care agency. A home child care provider decal must be posted at the home premises during the hours of child care.

Home child care agency licences under the CCEYA are issued by a “director” who is an employee of the Ministry of Education, appointed by the Minister. The director is the individual responsible for licensing decisions. He/she will review all documents required for licensing and approve and sign the licence.

Directors may include conditions on either regular or provisional licences. These are requirements prescribed by the Ministry of Education that are additional to the requirements of the CCEYA and its regulations. They may reflect circumstances specific to the operation, such as half day or 10 month service. They may also be in place to minimize the recurrence of a non-compliance, such as incomplete home visitor medical records.

Directors have the authority to refuse to issue, refuse to renew, or revoke a licence. The grounds under which a director may exercise this authority are set out in section 23 of the CCEYA.

Directors also have the authority to issue a protection order and suspend a licence if there is imminent threat to the health, safety or welfare of any children in care. The grounds under which a director may exercise this authority are set out in section 37 of the CCEYA.

Applicants and licensees have a legislated right to a hearing by the Licence Appeal Tribunal when their application for a licence or a renewal is denied, and in other situations relating to the licence. Please see Appendix A for more information on the right to appeal, or visit the [Licence Appeal Tribunal website](#).

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## **Roles and Responsibilities in Licensed Home Child Care**

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### **The role of the licensee:**

Licensees have responsibility for the operation and management of the home child care agency, including its program, finances and personnel administration ([O. Reg. 137/15, s. 60. Reg. 137/15, s. 6](#)).

Home child care agencies recruit, monitor and support home child care providers who have an active agreement with the agency. Agency staff, known as home child care visitors, are required to visit and inspect each premises before children are enrolled and at least once every three months.

Licensees are required to achieve and maintain compliance with all licensing requirements set out under the CCEYA and O. Reg. 137/15 at all times. This includes responsibility for:

- Establishing agreements with home child care providers;
- Determining the maximum capacity of each home and including this information in the written agreement with the provider;
- Determining who is responsible for the provision of equipment and including this information in the written agreement with the provider;
- Hiring home visitors to monitor and support providers;
- Conducting unannounced inspections of each premises on a quarterly basis; and,
- Maintaining copies of records for all children being cared for on the premises.

It is important to note that all licensing requirements must be met for all children receiving child care (children who are enrolled by the agency, as well as children who are privately placed by the provider).

See Manual Section 1 for information on licensee responsibilities.

## **The role of the Ministry of Education:**

Ontario's Ministry of Education issues child care licences under the CCEYA and is responsible for regulating and enforcing that legislation. At least once a year, Ministry of Education program advisors conduct inspections of all licensed home child care agencies and child care centres to:

- determine if licensing requirements are being met;
- renew or revise licences;
- monitor licensees who are having difficulty meeting licensing requirements; and
- support licensees to achieve and maintain compliance and improve program quality.

Ministry staff also investigate complaints received from the public about licensed home child care programs and follow up on serious occurrences.

## **The role of Consolidated Municipal Service Managers and District Social Services Administration Boards:**

The child care system is managed at the municipal level by 47 Consolidated Municipal Service Managers (CMSMs) and District Social Services Administration Boards (DSSABs). Each CMSM/DSSAB has responsibility for planning and managing a broad range of child care services, including fee subsidy, wage subsidy, and Special Needs Resourcing at the local level. The Minister and a First Nation or group of First Nations may enter into an agreement for the purposes of establishing, administering, operating and funding child care and early years programs and services.

The Ministry may share information about serious occurrences and the issuance of licences with CMSMs and DSSABs. It is important to note that municipalities are subject to the [Municipal Freedom of Information and Protection of Privacy Act](#)

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## **How to Apply for a Home Child Care Agency Licence**

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An individual, corporation or First Nation can apply for a licence to operate a home child care agency. Licences cannot be issued to unincorporated partnerships.

Prospective licensees must apply using the Ministry of Education's online Child Care Licensing System (CCLS) and submit the required fee payment. After an application has been submitted and the fee payment processed, a Ministry of Education program advisor will be assigned to process the application.

The [Registration Guide for New Applicants](#) provides step-by-step instructions on how to register and the [Reference Guide for Applicants/Licensees](#) provides step-by-step instructions for using CCLS. In addition, once registered in CCLS, applicants can view

an orientation video that describes the application process and provides information about licensing requirements.

It is important to note that **it may take 4 to 12 months for a licence to be issued**. The length of time required to achieve a home child care agency licence depends on a number of factors, including the purchasing of equipment, the hiring of home visitors and the development of policies and procedures.

To be issued a licence, applicants must demonstrate compliance with the licensing requirements set out under the CCEYA. To demonstrate this compliance, applicants must submit a variety of supporting documentation in CCLS, and comply with licensing requirements as assessed at site inspection. Once a licence has been issued, it is the home child care agency's responsibility to determine whether home child care premises meet municipal requirements. (e.g., zoning, fire, health requirements, etc.)

The following required policies and procedures are to be submitted in CCLS and reviewed by the assigned program advisor:

- Policies and Procedures for Monitoring Compliance and Contraventions
- Supervision of Students and Volunteers Policy
- Sanitary Practices
- Sleep Supervision Policy
- Serious Occurrence Policy
- Anaphylactic Policy
- Medication Policy
- Program Statement Implementation Policy
- Staff and Provider Training and Development Policy
- Police Record Checks/Vulnerable Sector Check Policy
- Standing/Recreational Bodies of Water Policy
- Written Fire Safety/Evacuation Procedures
- Waiting List Policy
- Parent Issues and Concerns Policy and Procedures

Detailed information on the requirements related to the above mentioned supporting documents is contained in this Manual.

Click [here](#) to access CCLS through the [Early Years Portal](#) and click on the "Continue" link to begin the enrolment process.

The [Early Years Portal](#) also contains information to help licensees, home child care providers, visitors and parents understand the requirements of the CCEYA and its regulations.

If you have further questions or require clarification, please contact your Ministry of Education program advisor directly or contact the Licensed Child Care Unit at [information.met@ontario.ca](mailto:information.met@ontario.ca).

## Glossary of Terms and Definitions

**Child:** A person who is younger than 13 years old.

**Child Care:** For the purposes of the CCEYA, child care is defined as the provision of temporary care for or supervision of children in any circumstance other than in exempt circumstances for a period of less than 24 hours.

**Child Care and Early Years Act, 2014 (the CCEYA):** The legislation that regulates child care in Ontario.

**Child with Medical Needs:** A child who has one or more chronic or acute medical conditions such that the child requires additional supports, accommodation or assistance.

**Child with Special Needs:** A child whose cognitive, physical, social, emotional or communicative needs, or whose needs relating to overall development, are of such a nature that additional supports are required for the child.

**Director:** An employee of the Ministry appointed by the Minister as a director for the purposes of the CCEYA. Directors also supervise program advisors.

**Home Child Care Provider:** The person in charge of the children in a premises where home child care is provided.

**Home Child Care Visitor:** An employee of the home child care agency who will provide support at and monitor each premises and will be responsible to the licensee.

**Individualized Plan:** A written plan that sets out how the licensee will support a child with an anaphylactic allergy or a child with special needs that is developed in consultation with parents and other professionals.

**Inspector:** An employee of the Ministry appointed by the Minister. Inspector's powers and duties include the ability to enter and inspect a child care centre, a premise where home child care is provided, and a premise where a home child care agency is located; and examine records. Program advisors and enforcement staff have been appointed as inspectors.

**Licence:** A document issued by the Ministry of Education to a licensee providing the authority to operate a specific child care program. A licence can be regular or provisional and may have conditions.

**Licence Appeal Tribunal:** A legal tribunal that hears appeals from decisions concerning licensing activities under the CCEYA.



**Licensee:** An individual, corporation, or First Nation who holds a licence issued under the Child Care and Early Years Act, 2014.

**Ordinarily a Resident of the Premises:** Individuals who use the premises as a primary residence for at least some period during the year (e.g., the provider's spouse, adult children, adult dependents, etc.).

**Parent:** A person having lawful custody of a child or a person who has demonstrated a settled intention to treat a child as a child of his or her family (all references to parent include legal guardians, but will only be referred to as "parent" in this Manual).

**Premises:** a building, together with its land (for example, the backyard) where the home child care provider primarily resides. The licensee or designate is expected to visit the premises to verify compliance with the CCEYA and O. Reg. 137/15.

**Program Advisor:** An employee of the Ministry of Education who is authorized under the CCEYA to inspect licensed child care programs. Program advisors support licensees and applicants to achieve and maintain compliance with licensing requirements and respond to complaints and serious occurrences reported about and by child care programs. Program advisors have been appointed as inspectors under the Act.

**Regularly at the Premises:** An individual who is present at the premises during hours in which care is provided often enough that children in care are able to recognize the individual. This would include persons who are present frequently during a short period of time (e.g., visiting family members) or repeatedly (e.g., the provider's friend who visits the premises once a week, or a neighbour who visits the premises every other month to provide tutoring to the providers own child).

**Relative:** With respect to a child, a person who is the child's parent, sibling, grandparent, great-uncle, great-aunt, uncle, aunt, cousin, whether by blood, through a spousal relationship or through adoption.

**Resource Teacher:** A person who supports program staff/home child care providers and parents in working with children with special needs who attend licensed child care.

**Service System Manager:** a municipality or DSSAB designated by the regulations as a service system manager under the CCEYA. Each service system manager has responsibility for planning and managing the operation of a broad range of child care services, including fee subsidy, wage subsidy, and special needs resourcing at the local level.

## **Section 1- Licensee Responsible**

### **Subsection 1.1– Licensee Responsible**

#### **Ontario Regulation 137/15**

- 6(1) Subject to subsections (2) and (3), every licensee shall be responsible for the operation and management of each child care centre or home child care agency it operates, including the program, financial and personnel administration of each such child care centre or home child care agency.
- (2) A licensee may appoint a person who shall be responsible to the licensee for the day-to-day operation and management of each child care centre or home child care agency in accordance with subsection (1).
- (3) Where a licensee or a person appointed under subsection (2) is absent, the powers and duties of the licensee or the person appointed under subsection (2) shall be exercised and performed by such person as the licensee designates.
- (4) Omitted – refers to child care centre.
- (5) Every licensee of a home child care agency shall employ at least one home child care visitor, who shall be a person described in section 56, who shall provide support at and monitor each premises where the licensee oversees the provision of home child care, and who shall be responsible to the licensee.

#### **Intent**

This section requires daily accountability for the operation of a program under the CCEYA and also allows for flexibility in determining which person in the organization is responsible to the licensee for the day-to-day operation and management of the home child care agency.

Licensees and their designates are required to achieve and maintain compliance with the requirements set out in the CCEYA at all times.

#### **Special Instructions**

All home child care visitors must be approved by a Ministry director. See Manual subsection 7.1 for information on home child care visitor qualifications and the process for requesting director approval.

## **Compliance Indicators**

### **Agency Indicators**

1. The licensee or home child care visitor confirms that a person has been appointed to be responsible for the day-to-day operation and management of the home child care agency;

Or

Where a licensee or the person appointed under subsection (2) is absent,

- a) A designated individual is observed to be available to carry out the functions of the licensee or the person appointed under subsection 6(2); or,
  - b) Staff or home child care visitor verbally confirm that a designated individual is available to carry out the functions of the licensee or the person appointed under subsection 6(2);
2. There is at least one home child care visitor employed

And

The home child care visitor is observed to be monitoring and providing support at each premises where the licensee oversees the provision of home child care.

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## **Subsection 1.2– Implementation of Policies, Procedures and Individualized Plans**

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### **Ontario Regulation 137/15**

- 6.1(1) Every licensee shall ensure that the policies, procedures and individualized plans it is required to have under this Regulation are implemented at each child care centre it operates and at each premises where it oversees the provision of home child care.

#### **Intent**

This provision requires that licensees implement and ensure that all policies, procedures and individualized plans required under the regulation are implemented at each premises where it oversees the provision of home child care.

#### **Special Instructions**



## **Recommendations**

To support compliance with the implementation of all required policies, procedures and individualized plans, it is recommended that the licensee review each policy, procedure and individualized plan with all individuals who interact with children (e.g., home child care providers, individuals ordinarily resident or regularly at the premises, home visitors etc.)

The licensee may consider maintaining a written record of this review.

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## **Subsection 1.3–Policies and Procedures for Monitoring Compliance and Contraventions**

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### **Ontario Regulation 137/15**

#### 6.1

(7) Every licensee of a child care centre or home child care agency shall have written policies and procedures that set out,

- (a) how compliance with the policies, procedures and individualized plans will be monitored on an ongoing basis, recorded and addressed; and
- (b) how contraventions of the policies, procedures and individualized plans will be monitored on an ongoing basis, recorded and addressed.

(8) Every licensee shall ensure that records of compliance or contraventions are kept in accordance with section 82.

### **Intent**

This provision sets out how compliance and contraventions with the policies, procedures and individualized plans required by the Regulation will be monitored on an ongoing basis.

This provision also requires that both compliance and contraventions to the policies, procedures and individualized plans are recorded and addressed with all individuals required by the regulations.

### **Special Instructions**

This provision applies to all policies, procedures and individualized plans under the Regulation.

The required policies and procedures are: policies and procedures for monitoring compliance and contraventions, supervision of volunteers and students policy. sanitary



2. Records of compliance or contraventions are observed to be stored in a secure premises for at least three years from the date of creation;

Or

The licensee confirms that the records of compliance or contraventions are stored in a secure premises for at least three years from the date of creation.

### **Recommendations**

In developing policies and procedures that set out how compliance and contraventions will be monitored, recorded and addressed, licensees may consider:

- how ongoing monitoring be conducted and by whom;
- what template will be used to record compliances or contraventions;
- procedures set out with respect to addressing contraventions;
- how often recorded observations should be reviewed with each employee (e.g., home child care visitor), home child care providers, volunteers, and students and persons who are ordinarily residents of the premises or regularly at the premises; and,
- whether all policies, procedures and individualized plans will have the same monitoring policies and procedures.

The licensee may use the Ministry's approved checklist (Standard Home Visitor Checklist) as a tool to monitor and record compliance and contraventions of all policies, procedures and individualized plans under the Regulation. The licensee may demonstrate compliance with this requirement by providing completed checklists and notes on how non-compliance was addressed to Ministry Staff during the licensing inspection.

The licensee could also create a template to document detailed observations that demonstrate how the individual was compliant with the legislated policies and procedures and individualized plans. It is recommended that the template include a space to document any contraventions, and actions taken by the licensee and/or individual to address contraventions.

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## **Subsection 1.4– Access to Child and Premises**

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Child Care and Early Years Act, 2014

10(1) No person providing child care, or operating a premises at which child care is provided, shall prevent a parent from having access to his or her child except,

- (a) if the person believes on reasonable grounds that the parent does not have a legal right of access to the child; or
- (b) in the circumstances prescribed by the regulations.

(2) No person providing child care at a premises, or operating the premises, shall prevent a parent from entering the premises while child care is provided there for his or her child except,

- (a) if the person believes on reasonable grounds that the parent does not have a legal right of access to the child;
- (b) if the person believes on reasonable grounds that the parent could be dangerous to the children at the premises;
- (c) if the parent is behaving in a disruptive manner; or
- (d) in the circumstances prescribed by the regulations.

### **Intent**

This provision requires that a child care provider not prevent a parent from having access to their child at a child care setting or from accessing the premises when their child is in care.

### **Agency/Premises Compliance Indicators**

1. The licensee and home child care provider verbally confirms that no person providing child care at premises, or operating a premises has prevented a parent from having access to his or her child except,

- a) if the person believes on reasonable grounds that the parent does not have a legal right of access to the child.

2. The licensee and home child care provider verbally confirm that no person providing child care or operating a premises has prevented a parent from entering the premises while child care is being provided except,

- a) if the person believes on reasonable grounds that the parent does not have a legal right of access to the child;
- b) if the person believes on reasonable grounds that the parent could be dangerous to the children at the premises;

Or

- c) if the parent is behaving in a disruptive manner.











The home child care provider and/or home visitor confirm that the total number of children receiving care, including the provider's own children where applicable, does not exceed the maximum capacity set for the premises as per the agreement.

And

Attendance records indicate that, at any one time, there are no more than six or the prescribed number of children receiving care at the premises, including the provider's own children (where applicable).

2. There is an agreement between a home child care agency and the child care provider that provides for the agency's oversight of the provision of care.

And

The home visitor confirms the home child agency and visitor have been advised of all of the children at the premises.

3. There are no more than three children under 2 years of age observed to be receiving care at any given time including the provider's own children.

And/Or

Completed home visitor checklists indicate that there are no more than three children under 2 years of age receiving care at any given time including the provider's own children.

Or

The home child care provider and/or home visitor confirm there are no more than three children under 2 years of age receiving care at any given time including the provider's own children.

4. If director approval has been granted for the premises for more than three children under two years of age to receive care, the number of children under two years of age observed to be receiving care does not exceed the maximum number specified in the approval at any given time.

And/Or

Where director approval has been granted for the premises for more than three children under 2 years of age, completed home visitor checklists indicate that the number of children under 2 years of age does not exceed the maximum number specified in the approval at any given time.

Or

Where director approval has been granted for the premises for more than three children under 2 years of age, the home child care provider and/or home visitor confirm the number of children under 2 years of age does not exceed the maximum number specified in the approval at any given time.

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## **\*Subsection 2.2– Maximum Capacity**

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### **Ontario Regulation 137/15**

- 9(2) Every licensee shall establish a maximum capacity in accordance with the Act for each premises where the licensee oversees the provision of home child care and this capacity shall be set out in the agreement between the licensee and the home child care provider.
- 9(3) Every licensee shall, before placing a child at a premises where the licensee oversees the provision of home child care, consider whether the placement would provide safe accommodation for the child and for any children already at the premises, and for that purpose shall consider the following:
1. The ages of the children in the group.
  - \*2. Any special needs or medical needs of the children in the group.
  3. The ability of each child to evacuate independently in an emergency.
  4. The experience and qualifications of the home child care provider.
  5. The physical environment of the premises, including the total amount and distribution of space in the premises.

### **Intent**

These provisions require home child care agencies to set a maximum capacity for each premises, document this capacity in the written agreement with each home child care provider and consider specific factors when placing children.







2. If the child care is provided on or after September 1 in a calendar year, the total number of children observed at any given time does not exceed six, including the home child care provider's own children who are under the age of four in that year.

Or

If the child care is provided on or after September 1 in a calendar year, attendance records indicate that, at any given time, there are no more than six children receiving care, including the home child care provider's own children who are under the age of four in that year.

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## **Subsection 2.4– Resource Teachers**

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### **Ontario Regulation 137/15**

- 10(1) A licensee of an integrated child care centre or home child care agency may employ a resource teacher to plan and implement individual and small group experiences for children with special needs who receive child care in the child care centre or at a premises where the licensee oversees the provision of home child care, and in respect of whom funds are provided under the Act.

#### **Intent**

Specialized and/or individualized support for children with special needs is often offered in addition to regular programming with the intent of providing one to one support or small group experiences.

#### **Special Instructions**

See Manual subsection 7.2 for information on qualifications for resource teachers.

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## **Subsection 2.5– Supervision by an Adult**

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### **Ontario Regulation 137/15**

- 11 Every licensee shall ensure that every child who receives child care at a child care centre it operates or at a premises where it oversees the provision of home child care is supervised by an adult at all times, whether the child is on or off the premises.

#### **Intent**

This provision protects the safety and well-being of children by requiring that they are supervised by an adult at all times while receiving child care.

## **Special Instructions**

An adult is an individual who is 18 years of age or older.

See Manual subsection 4.14 for information on sleep supervision.

## **Compliance Indicator**

### **Location Indicator**

1. All children are observed to be supervised by an adult at all times.

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## **Subsection 2.6– Supervision of Volunteers and Students**

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### **Ontario Regulation 137/15**

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

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

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

### **Intent**

Volunteers and students play an important role in supporting home child care providers in the daily operation of licensed home child care programs.

This provision requires a home child care provider always to be present with children. It also requires that policies and procedures confirm the respective roles and responsibilities of home child care providers, students and volunteers.

## **Special Instructions**

Volunteers and students are not permitted to be alone with a child at any time in a home child care premises.

Information about the requirement regarding the supervision of volunteers and students and the policies and procedures required must be included in the parent handbook.





## Section 3 – Building, Equipment and Playground

### Subsection 3.1: Compliance with Local By-Laws

#### Ontario Regulation 137/15

25 Every person who applies for a licence to operate a home child care agency under section 20 of the Act shall ensure that each premises the person oversees in which child care is to be provided complies with clauses 13 (1) (a), (b), (c) and (d).

13(1)(a) the laws affecting the health of inhabitants of the municipality or of the reserve of a First Nation, as the case may be;

(b) any rule, regulation, direction or order of the local board of health and any direction or order of the local medical officer of health that may affect the provision of child care;

(c) any by-law of the municipality or any by-law of the council of the First Nation on the reserve, as the case may be, and any other law for the protection of persons from fire hazards; and

(d) any building by-law passed by the municipality pursuant to the Planning Act or any predecessor of that Act and any by-law of the council of the First Nation on the reserve to regulate the construction, repair or use of buildings.

#### Intent

This provision helps protect the safety of children while attending home child care. The licensee must confirm that each premises, with which the agency has an active agreement, complies with the requirements of the local authorities that relate to health and safety, fire protection and building and zoning before children are received into care.

#### Special Instructions

As local by-laws vary among municipalities and First Nations, licensees must contact their local municipal offices for more information on processes and information on any other by-laws which may be applicable (e.g., fire protection in relation to smoke detectors, zoning in relation to number of children permitted in a home child care setting).











The home child care visitor or provider explain how the play materials are adequate to serve the number of children receiving care at the premises.

2. The play materials are observed to be available and accessible to children throughout the day.
3. Alternate play materials are observed to be available on site for rotation.

Or

The home child care visitor or provider explains how the play materials are rotated to meet the children's needs and interests.

4. The play materials are observed to be of a nature that: provide for choice; support exploration, play and inquiry; and align with the program statement (e.g., different options are available, open-ended toys are present).
5. There is evidence of play materials that are appropriate to support learning and development of each child that may include adaptations to toys/equipment/materials to meet each child's needs. (e.g., left handed scissors/chubby markers, paint brushes).
6. The home child care visitor or provider describes how the nature of the play materials support the implementation of the program statement.
7. The play materials, equipment and furnishings are observed to be maintained in a safe condition and kept in a good state of repair, including free of hazards that could potentially endanger the health and safety of children.

## **Recommendations**

When making choices about which play materials to include, consider the following questions from *How Does Learning Happen?*:

- How can an understanding of the environment as a “third teacher”, as outlined in *"How Does Learning Happen?"*, be a factor in considering the types of materials children should have access to? For more information on *How Does Learning Happen?*, see Manual section 6.
- Which play materials offer opportunities for complex thinking and creativity?
- What type of materials engage children, draw them in? How can natural materials be integrated into the program? How are children able to make choices about the materials and how they can be used?

- How do the play materials challenge children to take manageable risks that will foster a sense of competence and mastery?
- What opportunities do the materials provide for children to interact, negotiate and collaborate with each other?

It is not recommended that free-standing play structures be used (e.g. moveable indoor slides). Most free-standing play structures are manufactured for non-commercial use so they should not be used at any home child care premises. Because these structures are not anchored to the ground, there is a greater risk of injury. Home child care providers should consult with their insurance provider if they will be offering these structures and must ensure that the age label and safety instructions set out by the manufacturer are followed.

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## **Subsection 3.5: Equipment and Furnishings**

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### **Ontario Regulation 137/15**

27(3) Every licensee shall ensure that the following equipment and furnishings are provided in each premises where the licensee oversees the provision of home child care:

1. For each infant who receives home child care at the premises, a cradle, crib or playpen, and bedding.
2. For each child 18 months old up to and including five years old who receives home child care at the premises for six hours or more, a cot or bed and bedding, unless otherwise approved by a director.

(4) Every licensee shall ensure that the play materials, equipment and furnishings in each premises where the licensee oversees the provision of home child care are maintained in a safe condition and kept in a good state of repair.

### **Intent**

The intent is that each premises has the appropriate equipment and furnishings necessary for the ages and abilities of children in attendance, and that it is safe and sufficient for the number, ages and abilities of children in care. For further clarity, “infant” refers to a child who is younger than 18 months of age. This includes equipment or furnishings to be used during rest periods, as well as equipment that may be necessary during meal and snack times (e.g., high chairs, booster seats) or outdoor time for non-walking children (e.g., strollers). The intent of the provision of bedding (e.g. crib or cot sheets) is so that each child rests comfortably and bedding is not shared between children.

















Licensees may also consider creating policies and procedures if children will be allowed to use off-premise bodies of water. Licensees may consider the following:

- parental consent forms
- supervision by a lifeguard
- additional adult supervision
- age and abilities of each individual child
- lifesaving equipment

It is recommended that licensee require home child care providers to consult with their insurance providers about the appropriate coverage for activities involving standing and recreational bodies of water on and off the premises. If a home child care provider wishes to attend and use public pools or other bodies of water, off premises, the Ministry recommends that children only attend regulated public pools, beaches etc. where there is a qualified life-guard(s) on duty at all times. The requirement to supervise children at all times (section 11 of O.Reg.137/15) applies to all off-premises activities including field trips to pools, beaches, etc.

Licensee may consider lower risk alternative water opportunities such as splash pads, sprinklers or water tables, under close supervision of adults at all times.

All licensees, home child care providers, and parents are encouraged to familiarize themselves with basic water/swimming safety practices and precautions. Some sources of information include:

[Parachute - Drowning Prevention](#)

[Canadian Pediatric Society - Caring for Kids Water Safety](#)

[Red Cross Swimming and Water Safety Tips](#)

[Life Saving Society Prevent Drowning and Water-Related Injury](#)

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## **Subsection 3.10– Hazardous Materials**

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### **Ontario Regulation 137/15**

- 31 Every licensee shall ensure that in respect of each premises where the licensee oversees the provision of home child care,
- (a) all poisonous and hazardous substances are inaccessible to children; and
  - (b) all firearms and ammunition are locked up and the key, if any, is inaccessible to children.





The licensee confirms that no reports have been made by the local medical officer of health or the local fire department.

2. There is a record of all inspections made by the local medical officer of health, local fire department and any inspector or program advisor.

Or

The licensee verbally confirms that no inspections have been conducted by the local medical officer of health, local fire department and any inspector or program advisor.

## **Recommendations**

Licensees may find contact information for their local medical officer of health here: [Health Services in Your Community - Public Health Units](#)

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## **Subsection 4.2– Sanitary Practices**

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### **Ontario Regulation 137/15**

- 33 Every licensee shall ensure that there are policies and procedures with respect to sanitary practices in each child care centre it operates and in each premises where it oversees the provision of home child care.

### **Intent**

Many infectious diseases and illnesses can be prevented through appropriate hygiene, sanitation, and infection prevention/control practices. This provision helps protect the health, safety and well-being of children and adults by requiring licensees to develop and follow policies and procedures for sanitation.

### **Special Instructions**

The licensee must develop written policies and procedures with respect to sanitary practices.

Local medical officers of health provide information to child care programs on sanitary practices and the steps that must be taken to minimize transmission of illness and infectious diseases, in accordance with the current version of Infection Prevention and Control Protocol, 2018.







When determining the amount of first-aid supplies required, it is important that licensees take into account the number of children in care at each specific premises.

It is also recommended that the licensee identify who is responsible for purchasing supplies and keeping the first-aid kit stocked. This information could be included as part of the provision of equipment policy. See Manual subsection 3.3 for additional information on this policy.

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## **\*Subsection 4.4– Immunization of Children**

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### **Ontario Regulation 137/15**

\*35(1) Every licensee shall ensure that before a child who is not in attendance at a school or private school, within the meaning of the Education Act, is admitted to a child care centre it operates or to a premises where it oversees the provision of home child care, and from time to time thereafter, the child is immunized as directed by the local medical officer of health.

(2) Subsection (1) does not apply where a parent of the child objects to the immunization on the ground that the immunization conflicts with the sincerely held convictions of the parent's religion or conscience or a legally qualified medical practitioner gives medical reasons in writing to the licensee as to why the child should not be immunized.

(3) Objections and medical reasons under subsection (2) shall be submitted in a form approved by the Minister.

### **Intent**

Preventive health care includes immunization as deemed appropriate by the local medical officer of health authority, subject to written religious or medical objection.

### **Special Instructions**

In accordance with section 72 (8) of O.Reg.137/15, for children who are not in school (public or private), immunization records and/or the forms required to document parental objection to immunization or medical reasons as to why the child is not immunized must be kept as part of children's records.

Parents of children who object to immunization on the basis of religious/conscience grounds or medical reasons must complete a standardized form approved by the minister. Licensees must retain these forms in children's records and have these forms available for review by Ministry staff and local medical officers of health at all times.





In addition to looking for and documenting signs/symptoms of ill health such as fever, rash or gastrointestinal symptoms, the Ministry recommends that home child care providers be mindful of any sudden or gradual changes to a child's behaviour, sleeping or eating patterns, or signs that a child has lost some previously acquired skill(s) (e.g., stopped being able feed him/herself, stopped using language). Home child care providers are strongly advised to communicate any such changes to parents immediately, as atypical behaviour could be a sign of something more serious.

Licensees and home child care providers should encourage parents to share information about their child's restless night, lack of appetite or other atypical behaviour. This information should be recorded in the daily written record and children who have demonstrated atypical behaviour should be monitored more closely for potential signs of ill health.

If a licensee or home child care provider suspects that a child is, or may be, in need of protection, they must report this to the local children's aid society in accordance with section 125 of the *Child, Youth and Family Services Act, 2017*.

The person who has reasonable grounds to suspect that a child is, or may be, in need of protection must make the report directly to a children's aid society. The person must not rely on anyone else to report on his or her behalf.

See [Reporting Child Abuse and Neglect: It's Your Duty](#) for more information.

The *Child, Youth and Family Services Act, 2017* received Royal Assent on June 1<sup>st</sup>, 2017. The *Child, Youth and Family Services Act, 2017* replaces the *Child and Family Services Act*. Licensees and home child care providers must report, where there are reasonable grounds to suspect that a child is, or may be, in need of protection in accordance with the *Child, Youth and Family Services Act, 2017*.

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## **Subsection 4.6– Arrangements for Ill Children**

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### **Ontario Regulation 137/15**

36(2) Every licensee shall ensure that where a child receiving child care at a child care centre it operates or at a premises where it oversees the provision of home child care appears to be ill, the child is separated from other children and the symptoms of the illness noted in the child's records.

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

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



## Recommendations

Licensees should obtain and distribute information (available from the local medical officer of health) on the symptoms, incubation periods and isolation periods of various diseases, to home child care providers. Home child care providers should be familiar with this information and pay close attention to any changes in children's behaviour, daily routine or demeanor.

Home child care providers should pay particular attention to:

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

Home child care providers should be especially vigilant with younger children whose language skills are emerging and children with special needs as such children may have difficulty communicating that they are not feeling well.

Policies and procedures for the temporary care of moderately ill children may be developed by the licensee with assistance from the local medical officer of health . Parents should be made aware of any policies that allow moderately ill children to participate in the program, particularly for children younger than 18 months, as young children are more susceptible to illness than older children.

Licensees should also develop policies and procedures related to when ill children are not allowed to attend child care. These policies and procedures should be developed in consultation with the local public health unit and should include information on when parents will be notified of atypical behaviour or signs of ill health as well as information on when parents will be asked to pick up their children.

Home child care providers should communicate with parents at the first sign of ill health, particularly with younger children who have developed a fever, even if the threshold for asking that the child be taken home has not yet been met. Parents then have the choice to pick up their child if they are concerned.

When a child has been exposed to a communicable disease such as measles (e.g., another child in care is ill), home child care providers should notify parents as soon as possible and strongly encourage parents to contact their physician. Both the home child care provider and parents should observe all children who were exposed to the communicable disease for any signs and symptoms during the incubation period.



The accident report describes the circumstances of injuries and any first aid administered, where applicable.

And

There is evidence (e.g., a parent signature on the form, email verification) that a copy of any accident report has been provided to the child's parents.

Or

Where copies of accident reports are kept at the agency head office, the home child care provider verbally confirms that an accident report is made for any child who is injured while receiving care at the premises.

And

Where copies of accident reports are kept at the agency head office, the home child care provider verbally confirms that all accident reports contain a description of the injury and any first aid administered.

And

Where copies of accident reports are kept at the agency head office, the home child care provider verbally confirms that a copy of the accident report has been provided to the child's parents.

## **Recommendations**

Accident reports should be signed by the home child care provider and a parent and, at a minimum, contain the following information:

- Child's name
- Home child care provider's name
- Date and time of accident
- Location of accident
- Description of accident
- Nature of injury
- Home child care provider response and first aid
- Copy of form provided to parent (e.g., hard copy, email, etc.)





The daily written record contains a summary of any incident affecting the health, safety or well-being of children and any person providing child care at the premises.

2. There is written evidence that parents are notified when there is an incident that affects the health, safety or well-being of their child (e.g., in accident reports, in the child's records, or in the daily written record).

Or

The licensee, home child care visitor and/or provider verbally confirm that parents are promptly notified when there is an incident that affects the health, safety or well-being of their child.

### **Recommendations**

The daily written record should reflect when an accident report was completed and when a child is observed to be ill and parents were contacted.

The daily written record should contain descriptive material similar in nature and scope to the following examples:

Wednesday April 11, 2018

J.B. ate very little at lunch and when he woke up from his nap his temperature was 101.7°F. Called mom and she picked him up at 2:45pm.

Thursday April 12, 2018

J.B.'s mom called to let us know he still isn't feeling well and is going to stay with grandma today.

Friday April 13, 2018

J.B.'s mom called to tell us that J.B. has chickenpox. He is staying home today, but might be back on Monday. Other parents will be notified this afternoon that children may have had contact with chickenpox.

S.H. tripped on front stairs. Scrapes on hands and knees. Accident report completed.

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## **\*Subsection 4.9– Serious Occurrences**

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### **Ontario Regulation 137/15**

#### **1 Definitions**

“serious occurrence” means,

- (a) the death of a child who received child care at a home child care premises or child care centre,
- (b) abuse, neglect or an allegation of abuse or neglect of a child while receiving child care at a home child care premises or child care centre,
- (c) a life-threatening injury to or a life-threatening illness of a child who receives child care at a home child care premises or child care centre,
- (d) an incident where a child who is receiving child care at a home child care premises or child care centre goes missing or is temporarily unsupervised,
- (e) an unplanned disruption of the normal operations of a home child care premises or child care centre that poses a risk to the health, safety or well-being of children receiving child care at the home child care premises or child care centre;

\*38(1) Every licensee shall ensure that,

- (a) there are written policies and procedures with respect to serious occurrences in each child care centre operated by the licensee and each premises where it oversees the provision of home child care, and that address, at a minimum, how to identify, respond and report a serious occurrence;
- (b) a report is provided to a program adviser of any serious occurrence in any child care centre operated by the licensee or any premises where it oversees the provision of home child care within 24 hours of the licensee or supervisor becoming aware of the occurrence;
- (c) a summary of the report provided under clause (b) and of any action taken as a result is posted for at least 10 business days in a conspicuous place at the child care centre or home child care premises; and
- (d) the summary of the report is kept in accordance with section 82.

#### **Intent**

This provision requires that there is a plan to deal with any serious incidents that may affect the health, safety and well-being of children and home child care providers and that these serious incidents are reported to the Ministry.









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## Subsection 4.10– Anaphylactic Policy

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### Ontario Regulation 137/15

- 39(1) Every licensee shall ensure that each child care centre it operates and each premises where it oversees the provision of home child care or in-home services has an anaphylactic policy that includes the following:
1. A strategy to reduce the risk of exposure to anaphylactic causative agents.
  2. A communication plan for the dissemination of information on life-threatening allergies, including anaphylactic allergies.
  3. Development of an individualized plan for each child with an anaphylactic allergy who,
    - i. Omitted - refers to child care.
    - ii. is enrolled with a home child care agency and receives child care at a premises where it oversees the provision of home child care or in-home services.
  4. Training on procedures to be followed in the event of a child having an anaphylactic reaction.
- (2) The individualized plan referred to in paragraph 3 of subsection (1) shall,
- (a) be developed in consultation with a parent of the child and with any regulated health professional who is involved in the child's health care and who, in the parent's opinion, should be included in the consultation; and,
  - (b) include a description of the procedures to be followed in the event of an allergic reaction or other medical emergency.
- (3) In this section,
- “anaphylaxis” means a severe systemic allergic reaction which can be fatal, resulting in circulatory collapse or shock, and “anaphylactic” has a corresponding meaning.

### Intent

Anaphylaxis is a serious allergic reaction and can be life-threatening. The requirement for an anaphylaxis policy is intended to help support the needs of children with anaphylactic allergies and provide relevant and important information on anaphylaxis to parents, home child care providers, volunteers, students, persons who are ordinarily residents, and persons regularly at the premises at each home child care premises.



These provisions align with *Sabrina's Law, 2005*, which requires all district school boards and school authorities in Ontario to develop an anaphylactic policy.

### **Special Instructions**

The licensee must develop policies and procedures with respect to anaphylactic allergies or adopt the standard policy developed by the Ministry. If the licensee chooses to adopt the Ministry policy, the licensee must complete all customizable areas of the standard policy.

To access the standard policy developed by the Ministry or for more information on the Licensing Kit, including other sample policies, templates and tip sheets please visit the [Early Years Portal](#).

Licensees must implement and ensure that policies relating to anaphylactic allergies are implemented by home child care providers, volunteers and students, persons who are ordinarily residents of the premises or regularly at the premises, home child care visitors and employees of the home child care agency and are monitored for compliance and contraventions in accordance with subsection 6.1 of the O.Reg.137/15.

See Manual subsection 1.2 and 1.3 for these requirements.

### **Anaphylactic Policy**

At a minimum, the anaphylactic policy must include:

1. A strategy to reduce the risk of exposure to anaphylactic causative agents

The strategy should include a statement that indicates:

- how the licensee will reduce the risk of exposure to anaphylactic causative agents in the home child care premises;
- what foods, if any, will be avoided on the menu and in materials used for craft and sensory programming; and
- that the strategy and information above will be revised as necessary depending on the life threatening allergies of the children enrolled.

2. A communication plan

The communication plan should identify:

- general information on life-threatening allergies, including anaphylactic allergies, for home child care visitors and providers, parents, students, volunteers, persons who are ordinarily residents, and persons who are regularly at the premises;

- a process for obtaining information from parents about their child's medical condition, including whether children are at risk of anaphylaxis;
- a process for advising home child care visitors and providers, parents, students, volunteers, persons who are ordinarily residents, and persons who are regularly at the premises that there are children in care who are at risk for potentially life-threatening allergies and the foods and causative agents to be avoided;
- a process for reviewing the strategies intended to reduce the risk of exposure to life threatening allergies;
- appropriate food substitutions to be provided.

### 3. Individual plans and emergency procedures

The parent/guardian of an agency-enrolled child with an anaphylactic allergy must be invited to provide input on the child's individual plan, including the emergency procedures.

Licensees should encourage parents to advise the licensee as soon as possible if their child develops an allergy and requires medication, if there are any changes to the child's individual plan (e.g., new symptoms of a reaction) or if their child has outgrown an allergy and no longer requires medication.

Individual plans should include:

- a description of the child's allergy;
- steps to reduce risk of exposure to causative agent/allergy;
- signs and symptoms of an anaphylactic reaction;
- action to be taken by the home child care provider in the event the child has an anaphylactic reaction;
- whether parent/guardian consent for the child to self-administer allergy medication has been granted;
- whether parent/guardian consent for the home child care provider to administer the allergy medication has been granted; and
- emergency contact information (parent/alternate emergency contact/emergency services).

Licensees must implement and ensure that individualized plans, including the emergency procedures are implemented by home child care providers, volunteers and students, persons who are ordinarily residents of the premises or regularly at the premises and home child care visitors and are monitored for compliance and contraventions in accordance with subsection 6.1 in the O.Reg.137/15.

#### 4. Training

Where a child has an anaphylactic allergy, home child care visitors and providers, students, volunteers, persons who are ordinarily residents and persons who are regularly at the premises must be provided with training on the procedures to be followed in the event of a child having an anaphylactic reaction, including how to recognize the signs and symptoms of anaphylaxis and administer medication.

A “train the trainer” model can be used to satisfy this requirement. A parent may train the licensee, home child care visitor or provider, and this individual can then train the provider, students, volunteers, persons who are ordinarily residents and persons who are regularly at the premises.

Medication must be kept inaccessible to children. However, in the case of asthma medication or emergency allergy medication, licensees may allow children to carry their own medication in accordance with the home child care agency’s medication administration policy and with a parent’s permission for the child to self-administer asthma or allergy medication kept on file. This includes all medication that must be administered quickly in an emergency, such as antihistamines, epinephrine and puffers.

Licensees must have written procedures for keeping appropriate medication administration records as per s. 40(1)(a)(ii). See Manual section 4.11 for more information on this requirement.

It is important to confirm that children who carry their own asthma or emergency allergy medication have the required medication in their possession prior to leaving the premises (for example, transition to school, leaving on a field trip).

If children do not self-administer asthma or emergency allergy medication, home child care providers must ensure it is easily accessible at all times but kept out of children’s reach. Emergency allergy and asthma medication should not be locked up. Home child care providers must also ensure that emergency asthma and allergy medication is in the provider’s possession when leaving the premises (for example, walking children to school, going on a field trip).

#### **Compliance Indicators**

##### **Agency Indicators**

1. The licensee has developed a written anaphylactic policy that includes the items listed in subsections 39 (1) and (2).  
Or



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

(3) The plan shall include,

(a) steps to be followed to reduce the risk of the child being exposed to any causative agents or situations that may exacerbate a medical condition or cause an allergic reaction or other medical emergency;

(b) a description of any medical devices used by the child and any instructions related to its use;

(c) a description of the procedures to be followed in the event of an allergic reaction or other medical emergency;

(d) a description of the supports that will be made available to the child in the child care centre or premises where the licensee oversees the provision of home child care or in-home services; and

(e) any additional procedures to be followed when a child with a medical condition is part of an evacuation or participating in an off-site field trip.

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

### **Intent**

This provision requires that an individualized plan be developed for each child with medical needs and that licensees take all necessary steps to support the child's medical needs and ensure his or her inclusion in the program.

The implementation of each individualized plan supports the child(ren)'s ability to participate in the child care program, and gives providers with all necessary information to deal with any medical situation pertaining to the child.

### **Special Instructions**

A child with medical needs is defined as a child who has one or more chronic or acute medical conditions and he or she requires additional supports or accommodations. For example, a child with diabetes may require that a staff check the child's blood sugar levels with a glucose monitor several times a day.





Steps to reduce risk of exposure to causative agents or situation that may exacerbate medical condition or cause an allergic reaction or other medical emergency

Examples:

- Limiting child's outdoor time and exposure to sun
- Use of protective clothing
- Pureeing food to minimize choking

Description of medical devices and instructions related to use

Examples:

- Blood glucose reader: prep, storage and sanitation of device
- Insulin injections: use of needles, storage of insulin, disposal of needles
- Feeding tube: prep, storage and sanitation of device

Procedure to be followed in the event of an allergic reaction or other medical emergency

Examples:

- Administer Benadryl or other allergy medication such as epinephrine, contact parents and seek immediate medical attention
- Administer fever reliever and contact parent
- Seek emergency medical attention and contact parent

Description of supports available to the child

Examples:

- Adaptive feeding chair
- Occupational therapist or other person providing support

Procedures to be followed in the event of an evacuation or participation in an off-site field trip

Examples:

- Ice packs for medication or items that require refrigeration
- Carrying case for devices

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## **\*Subsection 4.12– Administration of Drugs and Medication**

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### **Ontario Regulation 137/15**

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

- (a) a written procedure is established for,



- (i) the administration of any drug or medication to a child receiving child care at a child care centre operated by the licensee or at a premises where it oversees the provision of home child care, and
    - \* (ii) the keeping of records with respect to the administration of drugs and medications
  - (b) all drugs and medications on the premises of a child care centre operated by the licensee or at a premises where it oversees the provision of home child care are,
    - (i) stored in accordance with the instructions for storage on the label,
    - (ii) administered in accordance with the instructions on the label and the authorization received under clause (d),
    - (iii) inaccessible at all times to children, and
    - (iv) refers to child care centres only
  - (c) one person in each child care centre operated by the licensee and in each premises where it oversees the provision of home child care is in charge of all drugs and medications and that all drugs and medications are dealt with by that person or a person designated by that person in accordance with the procedures established under clause (a);
  - (d) a drug or medication is administered to a child only where a parent of the child gives written authorization for the administration of the drug or medication and that included with the authorization is a schedule that sets out the times the drug or medication is to be given and amounts to be administered; and
  - (e) a drug or medication is administered to a child only from the original container as supplied by a pharmacist or the original package and that the container or package is clearly labelled with the child's name, the name of the drug or medication, the dosage of the drug or medication, the date of purchase and expiration, if applicable, and instructions for storage and administration.
- (2) Despite subclauses (1) (b) (iii) and (iv) and clause (1) (c), the licensee may permit a child to carry his or her own asthma medication or emergency allergy medication in accordance with the procedures established under clause (1) (a).

## Intent

These provisions require that, where a licensee agrees to the administration of drugs or medication written procedures are established for each child and type of drugs or medication and related record-keeping. These procedures require that drugs or medication be safely administered according to established routines. Section 40 applies to all administration of drugs and medications, regardless of whether a child is authorized to self-administer.

Subsection 40 (1) clause (b) sets out requirements for protecting the health and safety of children by requiring, among other things, that drugs and medication are stored properly to maintain their effectiveness and kept out of the reach of children to prevent accidental ingestion.

Subsection 40 (1) clause (c) requires that the administration of drugs and medication is supervised by one individual to reduce the potential for errors.

Subsection 40 (1) clause (d) requires written authorization from a parent in order for children to receive only those drugs or medication deemed necessary and appropriate by their parents. Written instructions must accompany this authorization so that drugs and medication are administered at the correct time(s) and in the correct dosage. Where there is no set schedule to give a child their medication, the form must include specific signs and symptoms to observe to define the need to administer the medication.

\*Where a child's individualized plan includes written authorization from a parent of a child to administer drugs and medication, and sets out all the information required in the medical authorization form (i.e. name of medication, dosage, schedule, signs and symptoms and parent signature), the medical authorization form is not required.

Where licensees have collected all of the required information in the individualized plan but use ministry templates that make reference to the medical authorization form, licensees must amend the applicable written policies and procedures to reflect this practice.

Subsection 40 (1) clause (e) requires that drugs or medication be stored in original containers and that the container or package is clearly labelled with the child's name, the name of the drug or medication, the dosage of the drug or medication, the date of purchase and the date of expiration, if applicable and instructions for storage and administration, so that medication intended for a specific child is correctly administered. This also allows home child care providers to confirm is not out of date. Clearly labelling all containers avoids confusion in the event that more than one child is receiving medication helps minimize spoilage of medication due to improper storage.







## Recommendations

Whenever possible, parents should be encouraged to administer medication to their children at home, if this can be done without affecting the treatment schedule. If medication must be administered while receiving child care, a clear schedule should be established and if possible, administration coordinated so that children in a given group can receive their medication at the same time.

Due to the frequency and their longer term daily usage, sunscreen, lotion, lip balm, bug spray, hand sanitizer, as well as diaper creams that are not used for acute, symptomatic treatment can have a blanket authorization from a parent on the enrolment form and can be administered without a medication form as long as they are non-prescription and/or they are not for acute (symptomatic) treatment, whether they have a DIN or not.

Medication should be dispensed in a well-lit area and, where possible, it is preferable to remove a child from the activity area to administer medication in a quiet environment with the least possible interruption.

Left over medication or surplus of medication should be returned in the original container to a parent of the child or safely discarded with parental permission.

For more information see:

[Safe Disposal of Prescription Drugs](#)

[Ontario Medications Return Program \(OMRP\)](#)

[Ontario Sharps Collection Program \(OSCP\)](#)

Any accidental administration of medication (e.g., medication administered to the wrong child or error in dosage given) should be recorded and reported to the home visitor, who should then notify a parent of the child. If adverse symptoms are evident upon accidental administration of medication, home child care providers should call emergency services and follow the serious occurrence policy and procedure.

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## Subsection 4.13– Animals

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### Ontario Regulation 137/15

- 41 Every licensee shall ensure that every dog and cat that is kept on the premises of a child care centre it operates or premises where it oversees the provision of home child care is inoculated against rabies.



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## Subsection 4.14– Sleep Policies and Supervision

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### Ontario Regulation 137/15

33.1(1) Every licensee shall ensure that a child who is younger than 12 months who receives child care at a child care centre it operates or at a premises where it oversees the provision of home child care is placed for sleep in a manner consistent with the recommendations set out in the document entitled “Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada”, published by the Public Health Agency of Canada, as amended from time to time, unless the child’s physician recommends otherwise in writing.

(2) Every licensee shall ensure that, if child care is provided for a child who regularly sleeps at a premises where it oversees the provision of home child care,

(a) a home child care provider periodically performs a direct visual check of each sleeping child by being physically present beside the child while the child is sleeping and looking for indicators of distress or unusual behaviours;

(b) there is sufficient light in the sleeping area or room to conduct direct visual checks; and

(c) there are written policies and procedures at the home child care premises with respect to sleep, and the policies and procedures,

(i) provide that children will be assigned to individual cribs or cots in accordance with this Regulation,

(ii) provide that parents will be consulted respecting a child’s sleeping arrangements at the time the child is enrolled and at any other appropriate time, such as at transitions between programs or rooms or upon a parent’s request,

(iii) provide that parents of children younger than 12 months will be advised of the licensee’s obligation under subsection (1),

(iv) provide that parents of children who regularly sleep at the home child care premises will be advised of the agency’s policies and procedures regarding children’s sleep,

(v) provide that the observance of any significant changes in a child’s sleeping patterns or behaviours during sleep will be communicated to parents and will result in adjustments to the manner in which the child is supervised during sleep, and



(vi) include details regarding the performance of direct visual checks, including how frequently direct visual checks will be performed and how direct visual checks will be documented.

- (3) In determining the matters described in clause (2) (c) (vi) in respect of children who are enrolled with a home child care agency and who receive child care at a home child care premises, the licensee shall consider parents' input, the sleep environment at the premises and the proximity of the sleeping area or room to the child care provider when the child is sleeping.
- (4) omitted - refers to child care centre

### **Intent**

These provisions have been added to the regulations to reduce risk of harm and injury, including death, when children under 12 months of age are sleeping. Placing infants on their back for sleep is recommended by major children's organizations such as the Canadian Pediatric Society and the American Academy of Pediatrics. The federal government (Health Canada/Public Health Agency of Canada) concurs with this recommendation, as set out in the Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada.

In addition, monitoring sleeping children reduces risk of harm/injury because caregivers can look for signs of distress (e.g. change in skin colour, change in breathing, signs of overheating) and react as required.

### **Special Instructions**

The licensee should review the recommendations set out in the most current version of the [Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada](#).

The current recommendation set out in the Joint Statement is that children younger than 12 months of age be placed on their backs for sleep. This has been Health Canada's recommendation since 1993, as a means to reduce the risk of Sudden Infant Death Syndrome (SIDS).

It is important to note that the Joint Statement sets out that once infants are able to roll from their backs to their stomachs or sides, it is not necessary to reposition them onto their backs.

The requirement for a sleep position for children younger than 12 months may only be waived if a medical doctor/physician recommends a different position in writing.





- Infants are safest when placed to sleep in fitted one-piece sleepwear that is comfortable at room temperature to reduce the risk of overheating and minimize the use of blankets. If a blanket is used, only a thin blanket of breathable fabric should be used.
- Strollers, swings, bouncers and car seats **are not** intended for infant sleep. An infant's head, when sleeping in a seated position, can fall forward and cause their airway to become constricted. Once an infant falls asleep, the child should be moved as soon as possible or as soon as the destination is reached to the sleep equipment required under the regulation.

## Sleep Policy

In developing a sleep policy to meet the mandatory requirements listed in 33.1(2)(c), the licensee may consider including additional details that specify:

1. Assignment of cribs and cots to children:
  - how the licensee will assign the cribs and cots to each child
  - how home child care providers, parents and other individuals know which crib or cot belongs to which child
  - how home child care providers, parents and other individuals will be made aware when there is a change to the assignment of cribs and cots.
2. Consultation with parents with respect to a child's sleeping arrangements:
  - at time of enrollment and at any other appropriate time, such as how the licensee will consult with parents to receive information on the child's sleep preferences, required accommodations, precautions etc.
  - a process for advising home child care visitors and providers, students and volunteers on each child's sleep preferences
  - where the child's sleep preferences will be documented
  - a process for how each child's sleep preferences will be implemented
  - how often parents' will be consulted with respect to their child's sleeping arrangements.
3. Parents being advised of the licensee's obligation under subsection (1)
  - how the licensee will advise parents of children younger than 12 months of their obligation to place children on their backs for sleep, in accordance with the Joint Statement

4. The process for the licensee to advise parents of all children who regularly sleep at the home child care premises of the policies and procedures regarding children's sleep
5. Communicating to parents any significant changes in a child's sleeping patterns or behaviours:
  - the process for advising home child care visitors and providers, students and volunteers of the requirement that they document and communicate when there is any significant change in a child's sleep pattern or behaviour
  - how the licensee or home child care visitor and/or provider will advise parents when there is any significant change in a child's sleep pattern or behaviour
  - how the licensee and home child care visitor and/or provider will implement adjustments to the manner in which the child is supervised during sleep when an observance of any significant change in a child's sleeping patterns or behaviours during sleep have been made
6. Details regarding the performance of direct visual checks:
  - what steps are to be followed in the direct visual checks
  - the frequency of direct visual checks
  - the potential indicators of distress
  - how direct visual checks will be documented (e.g. children's daily record, separate binder to log checks).

The licensee should recognize that young children may not have set rest/sleep schedules and will need to rest/sleep based on each child's individual needs.

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## **Subsection 4.15– Electronic Monitoring Devices**

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### **Ontario Regulation 137/15**

- 33.1(5) Every licensee shall ensure that if electronic sleep monitoring devices are used at a child care centre it operates or at a premises where it oversees the provision of home child care,
- (a) each electronic sleep monitoring device is able to detect and monitor the sounds and, if applicable, video images, of every sleeping child;
  - (b) the receiver unit of the electronic sleep monitoring device is actively monitored by employees at the child care centre or the home child care provider at all times;



## **Recommendations**

The licensee may consider developing a procedure or process for the monitoring of electronic devices. Things to consider if this procedure or process will be created are:

- How will the home child care provider document the daily checks of the electronic monitoring devices
- What steps home child care providers will take if a monitoring device does not work.





And

2. Children under one year are observed to be fed in accordance with the written instructions on file;

Or

The home child care provider verbally confirms that all children under one year are fed in accordance with the written instructions on file.

## **Recommendations**

Home child care providers should be responsive to children's cues of hunger and fullness and intake of milk/formula and food/liquid should never be forced.

Different furniture and eating arrangements may be required when very young children are receiving care. An area where children may be held individually as they are fed is helpful if children are still bottle fed and unable to hold their own bottle.

Introduction of solid food and new types of food of a progressively coarser texture may be offered to correspond with children's development in their first year, consistent with instructions from parents. Parents may wish to review the menu of food provided to older children at the premises and highlight any items that are safe for their child to consume (potentially with modifications such as pureeing or cutting up into smaller pieces).

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## **Subsection 5.2– Food Storage and Preparation**

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### **Ontario Regulation 137/15**

42(1) Every licensee shall ensure that,

- (b) where food or drink or both are supplied by a parent of a child receiving childcare at a child care centre operated by the licensee or at a premises where it oversees the provision of home child care, the container for the food or drink is labelled with the child's name; and
- (c) all food or drink is stored, prepared and served so as to retain maximum nutritive value and prevent contamination.

### **Intent**

Parents may choose to supply food and/or drink for their child for a variety of reasons, including religious observance (e.g., kosher or halal food) and severe allergies or intolerances. Labelling food or drink, including children's bottles and bags/other containers of breast milk, milk, or formula, supplied by a parent enables children to receive the correct milk/drink, meals and snacks.



- \*2. Between-meal snacks must be supplied and provided by the licensee or provider, except where otherwise approved by a director in the case of a child who is who is 44 months or older.
3. Where a child receives child care for six hours or more, the licensee or provider shall ensure that the total food offered to the child includes, in addition to any meals provided, two snacks.
4. Drinking water must be available at all times.
5. All meals, snacks and beverages must meet the recommendations set out in the Health Canada documents “Eating Well with Canada’s Food Guide”, “Eating Well with Canada’s Food Guide – First Nations, Inuit and Métis” or “Nutrition for Healthy Term Infants”, as amended from time to time, as the case may be.

## **Intent**

Adequate and appropriate nutrition is vital to children’s health, growth, development and well-being.

Meals should be served at regular meal times and provide nutrients necessary for growth and development. Home child care providers can create environments to support children’s health and well-being by providing healthy meals and snacks and establishing positive eating environments that are responsive to children’s cues of hunger and fullness.

Snacks should provide nutritional value as well as refreshment in a child’s busy day. These foods should be easy for the child to handle and not detrimental to dental health.

Children attending home child care for a full day may be very active throughout the day and therefore depend heavily on the food served to provide the necessary energy to sustain their activity. These children may also spend many of their waking hours at home child care, and it is important that they receive a sufficient portion of their daily nutrient intake.

Proper hydration is important for children, particularly during hot summer months, and water suitable for drinking must be available at all times including between snacks and meal times.

It is the licensee's responsibility to require home child care provider in each premises where the licensee oversees the provision of home child care provides snacks and meals, however, clauses 42 (2) 1 and 2 allow for a director to approve an alternate arrangement for each child 44 months or older. This alternate arrangement generally involves children bringing bag lunches from home.

### **Special Instructions**

All nutrition requirements are subject to section 44 of O.Reg.137/15 which provides that parents may identify special dietary and feeding arrangements for their children. These special arrangements must be provided in writing to the licensee and the licensee must ensure that they are carried out.

The foundational documents required for menu planning ("Eating Well with Canada's Food Guide", "Eating Well with Canada's Food Guide – First Nations, Inuit and Métis" or "Nutrition for Healthy Term Infants") can be found at the following link: [Canada's Food Guide](#).

It is also important to remember that children's appetites vary from meal to meal and may change over time. No child must ever be forced to eat (per O.Reg 137/15 s. 48 clause (f)); however, parents should be advised to consult with their physician in circumstances where a child continually refuses to eat.

Additionally, food must never be used to reward children and the removal/deprivation of food/drink is prohibited (per O.Reg.137/15 s.48 clause (e)).

#### **Bagged Lunches:**

When director's approval for bagged lunches has been granted, the licensee is to develop policies and procedures that are provided to parents. These policies and procedures should include,

- guidelines for the content of bagged lunches and examples of bagged lunches which meet Canada's Food Guide requirements;
- allergy awareness procedures (including any prohibited foods);
- what, if anything, will be routinely provided by the home child care provider at lunch (e.g., milk, soup, etc.); and
- back up procedures if bagged lunches are forgotten or need to be supplemented due to the presence of allergen containing foods or foods of low nutritional value (e.g., available replacements or snacks).

When children bring bagged lunches, these must be labelled and refrigerated to help ensure that food is maintained at a safe temperature and nutritional value is maintained.





- supplying dishes and eating utensils that are attractive, durable and of suitable size and shape for small hands;
- ensuring that dishes and utensils match the children's capabilities so that they can graduate from bowls and spoons to forks and plates;
- providing a quiet time just before meals so that the atmosphere can be friendly and relaxed at meal time;
- avoiding delays in food services so that the children will not have to sit and wait;
- having home child care providers eat with the children whenever possible and always eating the same meal as the children;
- providing an opportunity for children to leave the table if they become restless before the meal is over (e.g., let them take their plates to the counter and bring their dessert back to the table);
- encouraging children to practice self-care skills (e.g., feeding themselves) and help with food preparation and distribution (e.g., filling their own glasses or cups, arranging crackers and fruit on plates etc.);
- setting a good example by having a positive approach to new foods and pleasant table manners;
- being prepared for spills and calmly cleaning up and offering reassurance when they happen;
- encouraging interesting conversation and modeling language related to food, drink and eating to support communication development; and
- avoiding the use of mealtimes as a time to criticize or to air unpleasant occurrences.

Home child care providers should always be aware of possible choking hazards (foods such as raw fruits and vegetables, hot dogs, grapes, cherry tomatoes, etc.) and take precautions, such as cutting food into smaller pieces if these items are offered as part of a meal or snack.

Home child care providers should be vigilant in watching for signs/symptoms of choking or inhaling food/drink or other distress when eating and drinking such as gagging, coughing, and/or food or drink pooling in a child's mouth, and in delivering first aid when necessary. In addition, the identification of such signs/symptoms should be reported to the child's parent(s).

It is also important to remember that children's appetites vary from meal to meal and may change over time.

Snacks:

Snacks should be served at times that will not interfere with the children's appetite for the main meal.

Morning snacks may be served quite early depending on when the children arrive and whether they have had an early breakfast or not eaten yet. Afternoon snacks should take into consideration that many children may not eat dinner until 6:00 p.m. or later.

Try to serve a snack at least two hours before the next meal and make foods interesting by,

- serving buffet style so that children can choose between snacks (e.g., three or four raw vegetables or fruits); and
- inviting children to help with the preparation of snacks.

The importance of nutritional snacks is heightened when bagged lunches are being provided, as the home child care provider does not control what food is offered. Home child care providers should monitor the content of bagged lunches and discuss with parents when there are concerns regarding the nutritional adequacy of snacks and meals.

For more information to help support menu planning, refer to the [Menu Planning and Supportive Environments in Child Care Settings- Practical Guide](#).

In addition, the [Menu and Nutrition Environment Self-Assessment Tool for Child Care Settings](#) aims to help child care cooks, chefs and providers assess their menus to meet the food and drink requirements.

[Paint your Plate with Vegetables and Fruit: A Toolkit for Child Care Providers](#) is another resource that aims to support young children in enjoying fruits and vegetables in child care settings. The toolkit includes accompanying resources, including recipes, activities, guidance on policy development and supporting environments.

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## **Subsection 5.4– Menus**

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### **Ontario Regulation 137/15**

43(4) Every licensee of a home child care agency shall ensure that each home child care provider in each premises where the licensee oversees the provision of home child care plans menus in consultation with a parent of the child and a home child care visitor and that the menu, and the meals and snacks that it provides, meet the requirements set out in the Health Canada documents “Eating Well with Canada’s Food Guide”, “Eating Well with Canada’s Food Guide – First Nations, Inuit and Métis” or “Nutrition for Healthy Term Infants”, as amended from time to time, as the case may be.







## Section 6 – Program for Children

### Subsection 6.1– Parent Handbook

#### Ontario Regulation 137/15

45(1) Every licensee shall have a parent handbook for each child care centre or home child care agency it operates which shall include,

(a) information about,

(i) the services offered and the age categories served,

(ii) the times when the services are offered and the holidays observed,

(iii) the fee for services and the admission and discharge policy, and

(iv) activities off the premises;

(a.1) information about the requirement regarding supervision of volunteers and students set out in subsection 11.1 (1) and about the policies and procedures required under subsection 11.1 (2);

(a.2) a copy of the licensee's policies and procedures required under 45.1 regarding how parents' issues and concerns will be addressed;

(b) a copy of the program statement described in section 46; and

(c) a list of the prohibited practices set out in section 48.

(e) a copy of the policies and procedures described in section 75.1.

(2) The licensee shall ensure that the handbook is made available free of charge to,

(a) any parent considering whether to enter into an agreement with the licensee for the provision of child care; and

(b) a parent of every child who receives child care at a child care centre operated by the licensee or at a premises where it oversees the provision of home child care at the time the child starts receiving such care and at any time when the parent handbook is modified.



2. The home visitor and/or provider verbally confirm that all parents, including prospective parents, have access to the handbook;

And

The home visitor and/or provider verbally confirm that parents are provided an updated version of the parent handbook when modifications are made.

## **Recommendations**

If the home child care agency has a website, the agency may consider publishing the most current version of its parent handbook online to make it available to parents and prospective parents.

In addition to the required content, licensees may wish to consider the following topics as they create a parent handbook:

- Arrival and departure procedures (e.g., attendance; communicating with providers)
- Inclement weather policies and procedures (e.g., extreme weather policies, closures due to inclement weather)
- Nutrition policies and/or sample menus
- Copies of policies and procedures (e.g., Anaphylaxis, Administration of Medication, Serious Occurrence Reporting, Police Record Checks)
- Links to resources about licensed child care (e.g., [How Does Learning Happen?](#) or [Child Care Information for Families](#))

If publishing the parent handbook as a hard copy for parents, the information which changes annually or more frequently (e.g., sample menus and holidays observed), could be placed on the last page or in a separate leaflet. This approach will minimize the cost of printing when revisions are made.

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## **Subsection 6.2– Parent Issues and Concerns Policies and Procedures**

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Ontario Regulation 137/15

- 45.1 Every licensee shall ensure that there are written policies and procedures that set out how parents' issues and concerns will be addressed, including details regarding,
  - (a) the steps for parents to follow when they have an issue or concern to bring forward to the licensee;





- (b) support positive and responsive interactions among the children, parents, child care providers and staff;
  - (c) encourage the children to interact and communicate in a positive way and support their ability to self-regulate;
  - (d) foster the children's exploration, play and inquiry;
  - (e) provide child-initiated and adult-supported experiences;
  - \* (f) plan for and create positive learning environments and experiences in which each child's learning and development will be supported and which is inclusive of all children, including children with individualized plans
  - (g) incorporate indoor and outdoor play, as well as active play, rest and quiet time, into the day, and give consideration to the individual needs of the children receiving child care;
  - (h) foster the engagement of and ongoing communication with parents about the program and their children;
  - (i) involve local community partners and allow those partners to support the children, their families and staff;
  - (j) support staff, home child care providers or others who interact with the children at a child care centre or home child care premises in relation to continuous professional learning; and
  - (k) document and review the impact of the strategies set out in clauses (a) to (j) on the children and their families.
- (4) Every licensee shall ensure that all new staff, home child care providers, students and volunteers review the program statement prior to interacting with children and at any time when the program statement is modified.
- (5) Every licensee shall ensure that the approaches set out in its program statement are implemented in the operation of its program at each child care centre it operates and each premises where it oversees the provision of home child care.

## **Intent**

Subsection 55(3) of the *Child Care and Early Years Act, 2014 (CCEYA)* authorizes the Minister of Education to issue policy statements regarding programming and pedagogy for the purpose of guiding child care licensees and early years providers in developing their programs and services.



Under this authority, the Minister has named *How Does Learning Happen? Ontario's Pedagogy for the Early Years* (HDLH) as the common provincial framework to guide programming and pedagogy in licensed child care settings.

HDLH is a professional learning resource that provides a common framework to help licensees focus on knowledge from research, theory and practice on what's most important for children. It encompasses a broad range of program philosophies and approaches, and may look quite different when put into practice in a variety of settings.

The program-related requirements set out in O.Reg.137/15 align with HDLH and help licensees put the goals and approaches of the pedagogical framework into practice.

This policy statement, together with the O.Reg.137/15 are intended to strengthen the quality of programs and experiences that lead to positive outcomes in relation to children's learning, development, health and well-being.

### **Special Instructions**

The program statement, at a minimum, should include the following items:

- Consistency with HDLH
- A view reflective of children being competent and capable
- A minimum of one written goal for subsections 46(3) (a-k)
- A minimum of one written approach to achieve each goal identified for subsections 46(3) (a-k)

The licensee must develop a program statement that is consistent with the Minister's policy statement on programming and pedagogy issued under subsection 55 (3) of the Act and shall review the program statement at least annually for this purpose.

The licensee must ensure that the approaches set out in the program statement are implemented by home child care providers, volunteers and students, persons who are ordinarily residents of the premises or regularly at the premises, home child care visitors and employees of the home child care agency at each home child care premises.

Licensees must ensure that all new staff (i.e. home visitors), home child care providers, students and volunteers review the program statement prior to interacting with children and at any time when the program statement is modified.

The Ministry of Education has developed sample policies, templates and tip sheets intended to support compliance with licensing requirements. For more information on the Licensing Kit, including access to sample policies, templates and tip sheets please visit the [Early Years Portal](#).













Home child care visitor and/or home child care provider verbally confirm that children are allowed to sleep, rest or engage in quiet activities based on the child's needs.

3. Children younger than 18 months of age are observed to rest, sleep and engage in quiet activities as needed based on their own individual schedules.

Or

Home child care visitor and/or home child care provider verbally confirm that all children younger than 18 months of age rest, sleep and engage in quiet activities as needed based on their own individual schedules.

## **Recommendations**

As discussed in *How Does Learning Happen?*, children's well-being is supported when adults respect and find ways to support each child's varied physiological and biological rhythms and needs for active play, rest and quiet time.

Finding ways to reduce stress by providing space and time for rest and quiet play based on individual differences and needs helps children become increasingly aware of their own basic needs and supports their developing self-regulation skills.

Licensees and home child care providers are encouraged to reflect on how the organization of time, space and materials supports children's varied needs for sleep, rest and quiet time.

Programs should take into consideration instructions given from parents regarding their children's sleep and rest period. These instructions should be followed as closely as possible but the provider also needs to take into consideration the need of the individual child. For example if a parent has provided instructions for the child to not sleep during the day but the child is falling asleep at the table, the provider should provide a rest period for this child. The provider can explain to the parents' that the child required a nap that day because the child was unable to stay awake.

For more information, please refer to the following resources:

[Early Years Portal](#)

[How Does Learning Happen?](#)

[How Does Learning Happen? For Home Child Care Providers](#)

[Think, Feel, Act: Lessons from Research About Young Children](#)

[Think, Feel, Act: Empowering Children in the Middle Years](#)





As described in *How Does Learning Happen?*, research suggests that allowing children to actively explore and investigate what they are naturally curious about, to test their limits, take manageable risks appropriate for their age and abilities, and engage in creative problem-solving is critical for children's physical and mental health and well-being.

Not all outdoor play needs to be high energy or focussed on gross motor skills. Children benefit from a variety of opportunities to engage with the natural world, including exploration, investigation and observation of the environment.

A growing body of research suggests that connecting to the natural world contributes to children's mental, physical, emotional, and spiritual health. Children may be provided opportunities to engage with nature and seasonal changes regardless of where the home child care premises is located. All varieties of natural environments provide opportunities to enhance children's sense of wonder and joy in the world around them, from urban home child care premises with small patches of green space to rural home child care premises with vast fields and forests.

Middle childhood children is a crucial period of growth and change. Home child care providers providing before- and after-school care have an important role to play as mentors, role models and trusted adults. Middle years children thrive in environments that are safe and supportive, and where they feel they are valued contributors and can engage in experiences that are meaningful and relevant to their everyday lives. High-quality after-school programs should be designed to build confidence, improve leadership skills, promote social relationships, reduce stress levels, and enhance physical and emotional well-being.

For more information on ways to create outdoor environments and experiences that foster children's learning, development, health and well-being, refer to the following resources:

[Early Years Portal](#)

[Minister's Policy Statement on Programming and Pedagogy](#)

[How Does Learning Happen?](#)

[How Does Learning Happen? For Home Child Care Providers](#)

[Think, Feel, Act: Lessons from Research About Young Children](#)

[Think, Feel, Act: Empowering Children in the Middle Years](#)

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## Subsection 6.6– Prohibited Practices

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### Ontario Regulation 137/15

48

- (1) No licensee shall permit, with respect to a child receiving child care at a child care centre it operates or at a premises where it oversees the provision of child care,
  - (a) corporal punishment of the child;
  - (b) physical restraint of the child, such as confining the child to a high chair, car seat, stroller or other device for the purposes of discipline or in lieu of supervision, unless the physical restraint is for the purpose of preventing a child from hurting himself, herself or someone else, and is used only as a last resort and only until the risk of injury is no longer imminent;
  - (c) locking the exits of the child care centre or home child care premises for the purpose of confining the child, or confining the child in an area or room without adult supervision, unless such confinement occurs during an emergency and is required as part of the licensee's emergency management policies and procedures;
  - (d) use of harsh or degrading measures or threats or use of derogatory language directed at or used in the presence of a child that would humiliate, shame or frighten the child or undermine his or her self-respect, dignity or self-worth;
  - (e) depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding; or
  - (f) inflicting any bodily harm on children including making children eat or drink against their will.
- (2) No employee or volunteer of the licensee, or student who is on an educational placement with the licensee, and no person who provides home child care or in-home services at a premises overseen by a home child care agency shall engage in any of the prohibited practices set out in subsection (1) with respect to a child receiving child care.



- c. locking the exits of the home child care premises for the purpose of confining the child, or confining the area or room without adult supervision, unless such confinement occurs during an emergency
- d. use of harsh, degrading measures, threats or derogatory language directed at or used in the presence of a child that would humiliate, shame or frighten the child or undermine their self-respect, dignity or self-worth
- e. depriving the child of basic needs including food, drink, shelter, sleep, toilet use, clothing or bedding; or
- f. inflicting any bodily harm on children including making children eat or drink against their will.

And

The home child care visitor and/or the home child care provider verbally confirm that these practices are not allowed and do not occur.

## **Recommendations**

Rather than setting out practices to be used for discipline or to manage children's behaviour, licensees must instead examine and set out in their program statement how they will support positive interactions among children, families, home child care providers and the community.

See Manual subsection 6.3 for more information.

Research, from diverse fields of study shows that children who attend programs where they experience warm, supportive relationships are happier, less anxious, feel valued and are more motivated to learn than those who do not. Experiencing positive relationships in early childhood also has significant long term impacts on physical and mental health, and success in school and beyond.

*How Does Learning Happen?* provides information on ways adults can engage in positive, responsive interactions and why this is critical for children's overall learning, development, health and well-being.

For more information, please refer to the following resources:

[Early Years Portal](#)

[How Does Learning Happen?](#)

[How Does Learning Happen? For Home Child Care Providers](#)

[Think, Feel, Act: Lessons from Research About Young Children](#)

[Think, Feel, Act: Empowering Children in the Middle Years](#)















- b. any supports or aids, or adaptations or other modifications to the physical, social and learning environment that are necessary to achieve clause (a), where applicable; and
  - c. instructions relating to the child's use of the supports or aids referred to in clause (b) or, if necessary, the child's use of or interaction with the adapted or modified environment, where applicable.
2. Individuals who have participated in the development of the individualized support plan are listed in the document or have signed it.

And

This list of individuals includes a parent of the child with special needs.

## **Recommendations**

The goals and approaches in *How Does Learning Happen?* (HDLH) can help programs as they consider ways to ensure each child is able to participate fully in the program and engage with peers in a meaningful way.

HDLH sets out a view of the child as competent and capable, curious and rich in potential. Using this view can help programs focus on the strengths of each child rather than their needs and deficits.

Also, as described in HDLH?, every child should feel that they belong and are a valuable contributor to their surroundings, and deserves the opportunity to succeed.

To support inclusion, consider each child's capabilities rather than focusing solely on their needs and deficits. When we recognize children as capable and curious, we are more likely to deliver programs and services that value and build upon their strengths and abilities.

Inclusion is not about a child simply being present in the program. It is about the child connecting with others, building relationships, and contributing to the learning and development not to only themselves but to other child in the program. Licensed home child care agencies are encouraged to talk to providers about children's strengths and capabilities and to think about how other children, providers, volunteers, and even other parents can learn from a child with special needs.

Approaches such as pedagogical documentation can help educators continue to learn about each child's unique abilities, characteristics and growth. This documentation can be shared with parents and other professionals working with a child to gain a deeper understanding of the child. Knowledge gained through documentation can also help programs to create environments and experiences that best support the learning and development of each child.

This information can also be used to update the individualized support plan, which is recommended to be reviewed on an ongoing basis with changes over time and as the child's abilities, needs and circumstances change.

For more information, please refer to the following resources:

[Early Years Portal](#)

[How Does Learning Happen?](#)

[How Does Learning Happen? For Home Child Care Providers](#)

[Think, Feel, Act: Lessons from Research About Young Children](#)

[Think, Feel, Act: Empowering Children in the Middle Years](#)

## Section 7- Qualifications

### Subsection 7.1– Home Child Care Visitor Qualifications

#### Ontario Regulation 137/15

6(5) Every licensee of a home child care agency shall employ at least one home child care visitor, who shall be a person described in section 56, who shall provide support at and monitor each premises where the licensee oversees the provision of home child care, and who shall be responsible to the licensee.

56 A home child care visitor shall be a person who,

- (a) is a member in good standing of the College of Early Childhood Educators, has at least two years of experience working with children under 13 years old and is approved by a director; or
- (b) is in the opinion of a director capable of providing support and supervision at a home child care premises.

#### Intent

The intent of this provision is to protect the health, safety and well-being of children by requiring that agencies employ appropriately qualified and experienced home child care visitors to support and monitor all active homes and home child care visitors have appropriate qualifications. Qualified home visitors act on behalf of the agency to regularly monitor compliance in every premises contracted with the agency.

Generally home child care visitors must have a strong theoretical background in the practice of early childhood education and experience working with children under 13 years of age.

#### Special Instructions

Licensees are accountable for ensuring that the home child care visitors are capable of providing support and monitoring every home the visitor is assigned too. The Ministry recommends that licensees consider the following things when determining how many homes the home child care visitor is responsible for:

- The geographic distance between premises
- The qualifications and experiences of the home child care providers
- The ages and needs of the children, as well as the total number of children being cared for







WSIB approved providers may offer both emergency and standard first aid courses with a range of different CPR training options. Not all providers offer infant and child CPR.

Licensees may find more information about first aid training here: [WSIB First Aid Program](#)

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## **\*Subsection 7.3– Health Assessments and Immunization**

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### **Ontario Regulation 137/15**

57(1) Omitted – refers to child care centres.

\*57(2) Every licensee of a home child care agency shall ensure that, before any child is provided with home child care, each home child care provider at a premises at which the licensee oversees the provision of home child care and each person who is ordinarily a resident of the premises or regularly at the premises has a health assessment and immunization as directed by the local medical officer of health.

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

(4) Objections and medical reasons under subsection (3) shall be submitted in a form approved by the Minister.

### **Intent**

Preventative health care strategies within home child care include immunization of persons at the premises, as deemed appropriate by the local medical officer of health. In particular, home child care providers and others who are either ordinarily resident or regularly at the premises must also undergo a health assessment before beginning to care for children to identify any active communicable diseases or other infection risks. This assessment allows licensees and the required individuals to take the appropriate measures to prevent the spread of infection and disease.

### **Special Instructions**

The medical officer of health determines what is needed for a health assessment and it is the agency's responsibility to make sure that all home child care providers and people who are ordinarily resident or regularly at the premises have the appropriate health assessments.





The [Early Years Portal](#) is a valuable resource for all individuals involved in providing licensed child care. The website provides an overview of licensing standards and should be used along with the Act, O.Reg.137/15 and this Manual to help develop a comprehensive understanding of the requirements for and expectations of licensed child care programs.

The Ministry of Education's [How Does Learning Happen?](#) webpage provides a range of resources to support professional learning for individuals, teams and others in the community that may be used as part of the licensee's plan for staff and provider training and development.

The College of Early Childhood Educators framework for [Continuous Professional Learning](#) (CPL) is another resource available to licensees and RECEs. The CPL program is designed to help RECEs reflect, plan for and document their professional learning in a meaningful way. CPL is **mandatory for registered early childhood educators**, as prescribed in [Ontario Regulation 359/15: Continuous Professional Learning](#) under the CECE act.

Licensees may consider the following questions when developing a staff and provider training and development policy:

- Orientation requirements – what training do new home child care visitors need to complete either before commencing employment, or shortly after beginning work?
- What training do new home child care providers need before children are placed in their home?
- Regular training schedule – what training needs to be upgraded or offered on a regular basis to ensure currency (e.g. First Aid, car seat clinics)?
- Qualification upgrades – what opportunities might be available for otherwise-approved home child care visitors to take specialized early childhood education courses and work towards upgrading their qualifications? Are there home child care providers who may wish to work towards early childhood education qualifications and could be supported to do so?
- Ongoing professional learning – what opportunities are there for engaging in individual reflection about pedagogy and daily practice and discussion and collaborative inquiry among home visitors, providers and others in the community?

- External tools and resources – what courses are available in the community? Are there online learning opportunities? Is there an ECE leadership course that might be of interest to home child care visitors or providers?
- Is certain training required and other training optional?
- How will professional learning for staff be supported by the licensee? (e.g., paid time, resource materials)

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## **Subsection 7.5– Standard First Aid**

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### **Ontario Regulation 137/15**

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

1. Omitted - refers to child care centres.
  2. Omitted - refers to child care centres
  3. Every provider of home child care or in-home services.
- (3) A person is not required to have the certification mentioned in subsection (2) if the director is satisfied that the person would not be able to obtain the certification due to a disability.

### **Intent**

This provision protects the health and safety of children by requiring that all home child care providers hold valid certification in standard first aid, including infant and child CPR.

### **Special Instructions**

O. Reg. 137/15 only requires that home child care providers have certification in standard first aid and infant and child CPR; however, agencies that are registered with the Workplace Safety and Insurance Board (WSIB) must confirm they are meeting their first aid obligations as an employer under [Regulation 1101 under the Workplace Safety and Insurance Act, 1997](#). All employers covered by the WSIB are required to have first aid equipment, facilities and trained workers in all workplaces and this may include ensuring that a certain number of employees (home visitors or other staff) have valid first aid certification.











- Name(s) and signature(s) of the applicant, who provided a police record check
- Date the director(s)/officer(s) signed the confirmation

If a director/officer **will** be interacting with children in the proposed program, the director/officer must submit a vulnerable sector check using the CCLS.

Applicants who are also existing licensees can make a request to their assigned program advisor to use the police record check they previously uploaded into the CCLS as part of a previous licensing application.

Please note that police record checks must never be mailed, faxed or emailed to the Ministry as they contain sensitive and confidential information. Where required, the applicant's/licensee's police record check must only be submitted through the CCLS

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## **Subsection 8.2– Definitions and Duty to Obtain**

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### **Ontario Regulation 137/15**

Interpretation:

59(1) In sections 60 to 65,

“offence declaration” means a written declaration signed by an individual that lists all of the individual’s convictions for offences under the *Criminal Code* (Canada), if any, during the period specified in the declaration.

- (2) Any requirement set out in sections 60 to 66 to obtain a police record check, including a vulnerable sector check, shall be considered to be satisfied only if the police record check is,
- (a) conducted by a police service; and
  - (b) prepared no earlier than six months before the day it is obtained by the licensee.

Duty to obtain initial record check:

60(1) - omitted refers to child care centre.

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

1. Before entering into an agreement with a home child care provider regarding the agency’s oversight of the provision of home child care at a premises operated by the provider, the licensee shall obtain a vulnerable sector check from,





- Confirmation that the vulnerable sector check was conducted less than 5 years ago from the date of the attestation (e.g., month and year of the VSC date)
- Confirmation that the vulnerable sector check was conducted by a police service
- Confirmation that the vulnerable sector check did not list convictions for any offences set out under Section 9 of the CCEYA (see Manual subsection 8.9 for more information)
- Signature of the licensee/designate

Where the licensee cannot attest to the information required, the licensee must obtain a new vulnerable sector check for that individual.

**Employees** – Any individual who is paid by the licensee to provide a service for the children and interacts with children in the home child care program is considered an employee for the purpose of vulnerable sector check requirements.

The following are examples of employees for the purposes of ss. 60(2)3i:

- Home child care visitors
- Manager/supervisor of the agency

The following are examples of individuals who are **not** considered employees for the purposes of submitting a vulnerable sector check to the licensee:

- Individuals employed by an agency that has an active agreement by the licensee to provide a service in the child care program (e.g., resource teacher); these individuals are considered to be a third party

**Volunteers** – Any individual who is engaged in the home child care program and interacts with children in care, but is not paid by the licensee, is considered a volunteer. The following are examples of volunteers who require a vulnerable sector check for the purposes of submitting a vulnerable sector check to the licensee:

- Parents assisting on an occasional or recurring basis with home child care programming, such as excursions, field trips, etc.

The following are examples of individuals who are **not** considered volunteers for the purposes of submitting a vulnerable sector check to the licensee:

- Parents who engage with their child and other children at arrival or pick up time in the program (e.g., reading a book; having a conversation with children)
- Individuals in the community engaging with the children where they are not left alone with the children in care (e.g., staff from an Early ON Child and Family Centre)

See Manual subsection 8.4 for information on international students.

**Persons who are Ordinarily Residents at the Premises** – Individuals who may have access to children in care (including supervised access) because they primarily reside at the premises.

The following are examples of persons who are ordinarily residents at the premises who are required to submit a vulnerable sector check to the licensee:

- The provider's spouse
- The provider's adult children
- The provider's adult dependents
- Individuals who are renting space in the provider's home

**Persons who are regularly at the Premises** – Individuals who may have access to children in child care (including supervised access) and there is a pattern of visits throughout the year to the home child care premises.

The following are examples of persons who are regularly at the premises who require a vulnerable sector check for the purposes of submitting a vulnerable sector check to the licensee:

- A neighbour who visits on the weekdays during the hours of children receiving child care
- A family member who does not primarily reside at the premises but makes frequent visits during the hours of children receiving care

The following are examples of individuals who are **not** considered individuals regularly at the premises:

- Parents of children in care if they are only at the premises for drop-off and pick-up purposes.
- An individual who visits the premises after the hours of children receiving care.

Some vulnerable sector checks set out that they are intended for 'volunteer' positions and are not applicable to individuals working with vulnerable persons in an employment position. In some areas of the province, a vulnerable sector check for volunteers provides the same screening that a vulnerable sector check for an employment position provides, while in other areas vulnerable sector check are specific to individual positions.

Where a police record check lists the individual's position (e.g., a vulnerable sector check specifies it is for a volunteer position) and the position listed is different from the individual's current position (e.g., individual is now an employee at the agency who may interact with children), an indicator of compliance may be written evidence (e.g., email, fax, etc.) from the police service that conducted the check that the information in the vulnerable sector check would be the same for both positions.

















































## Recommendations

Information regarding fire safety is available from the [Office of the Fire Marshall](#).

The following steps are recommended in the event of a fire emergency:

- Assist children in exiting immediately (do not take the time to dress them even in cold weather). If possible, bring the children's emergency contact information.
- Take children to a designated shelter.
- Contact fire department.
- Contact children's parents/guardians
- Do not re-enter a burning building for any reason. Smoke and gases from a very small fire may be fatal.

When developing individual fire evacuation plans for each premises, licensees may consider the following questions:

- Is the emergency procedure clear, so that children know exactly what to do?
- Is there an alternate escape route?
- How often will evacuation be practised?
- For which areas/rooms in the house will practice evacuations be scheduled?
- Where is the safe area away from the house where children and other occupants may be accounted for and assembled?
- How will the fire department be contacted?
- Is there a temporary shelter where the provider and children can wait until parents can pick up their children?
- When and how often will newly enrolled children, volunteers/students and anyone regularly on the premises learn the evacuation procedures?

Agencies may also wish to contact their local fire department for more detailed information on fire safety precautions. Some areas to consider are:

- Use of fireplaces
- Storage of combustible materials
- Electrical wiring and plugs
- Use of fire extinguishers (may be required by local by-laws)
- Use of candles, open flame lamps
- Precautions when cooking
- Use of barbeques

It is recommended that a designated place of shelter, in the event of an evacuation, be identified for each home child care premises.

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## Subsection 9.3– Emergency Contact Information

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### Ontario Regulation 137/15

- 69 Every licensee shall ensure that there is an up-to-date list of telephone numbers in each child care centre it operates and in each premises where the licensee oversees the provision of home child care that is accessible in the event of an emergency and that includes contact information for,
- (a) emergency services;
  - (b) the nearest poison control centre;
  - (c) a taxi service; and
  - (d) the home child care agency, in the case of a premises where the licensee oversees the provision of home child care.
- 70 Every licensee shall ensure that the following information is up to date and readily accessible in the event of an emergency to each staff member of each child care centre or home child care agency it operates and to each home child care provider at a premises where the licensee oversees the provision of home child care:
1. The telephone numbers of a parent of each child receiving child care at the child care centre or home child care premises, and a telephone number of a person to be contacted if a parent cannot be reached.
  2. Any special medical or additional information provided by a parent of each child receiving child care at the child care centre or home child care premises that could be helpful in an emergency.

### Intent

These provisions set out that the information required during an emergency is readily available and the appropriate services can be contacted promptly.

Basic information about each child must be available in an emergency situation as there may not be enough time to retrieve children's records. Special medical and additional information includes allergies and any other information that would be necessary to provide care at a designated place of shelter, if required.





There is documentation of a current insurance policy that shows coverage for all vehicles owned by the licensee.

## **Recommendations**

It is important that agencies advise home child care providers to consult with their own insurance agents to determine the extent of coverage under their current home insurance policy and if additional coverage is required under their home or automobile insurance.

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## **Subsection 10.2– Children’s Records**

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### **Ontario Regulation 137/15**

72(1) Every licensee shall ensure that up-to-date records that are available for inspection by an inspector or program adviser at all times are kept of the following matters in respect of each child receiving child care at a child care centre operated by the licensee or receiving child care at a premises where it oversees the provision of home child care:

1. An application for enrolment signed by a parent of the child.
2. The name, date of birth and home address of the child.
3. The names, home addresses and telephone numbers of the parents of the child.
4. The address and telephone number at which a parent of the child or other person can be reached in case of an emergency during the hours when the child receives child care.
5. The names of persons to whom the child may be released.
6. The date of admission of the child.
7. The date of discharge of the child.
8. The child’s previous history of communicable diseases, conditions requiring medical attention and, in the case of a child who is not in attendance at a school or private school within the meaning of the Education Act, immunization or required form completed by a parent or legally qualified medical practitioner as to why the child should not be immunized.
9. Any symptoms indicative of ill health.



- 9.1 A copy of any individualized plan.
  10. Written instructions signed by a parent of the child for any medical treatment or drug or medication that is to be administered during the hours the child receives child care.
  11. Written instructions signed by a parent of the child concerning any special requirements in respect of diet, rest or physical activity.
  12. A copy of any written recommendation referred to in subsection 33.1(1) from a child's physician regarding the placement for sleep.
- (2) The records listed in subsection (1) shall be kept, as the case may be,
    - (a) omitted – refers to child care centres
    - (b) at the home child care premises where the child receives child care and at the home child care agency overseeing the provision of such care.
  - (3) See Manual subsection 10.3
  - (4) Revoked.
  - (5) Every licensee shall ensure that the records required to be maintained under this section with respect to a child are kept for at least three years from the date the child is discharged at the child care centre or home child care agency.
  - (6) Every licensee shall ensure that,
    - (a) the medical officer of health or his or her designate, upon producing proper identification, is permitted to inspect the records referred to in paragraphs 2, 3, 8 and 9 of subsection (1); and
    - (b) copies of those records are provided to him or her on request.

### **Intent**

This provision requires that licensees collect and maintain the information necessary to provide appropriate and responsive service for children receiving care, including children privately enrolled by the home child care provider, and that this information can be easily accessed by the licensee, home child care visitor and providers.

The information must be available to the Ministry of Education for at least three years after a child has left the program. Certain documents must also be made available to the local medical officer of health.



## Recommendations

Licensees are responsible for securing children's records against loss, fire, theft, defacement, tampering and copying, or use by unauthorized persons.

It is recommended that the licensee develop and implement policies on how records are to be kept secure when out of a locked cabinet and in use, and restrictions on the removal of records from the premises.

Dated, time-limited, specific consent forms are recommended for field trips, special events and parental instructions. The use of blanket consent forms for emergency treatment, public health examinations, field trips, etc., is an undesirable practice and the legal status of such forms is questionable.

Parents of children who object to immunization due to religious/conscience or medical reasons must complete a standardized ministry approved form. The English and French forms approved by the Minister can be found below:

For personal objections:

- [Link to Statement of Conscience or Religious Belief form](#)
- [Déclaration de conscience ou de croyance](#)

For medical exemptions:

- [Link to Statement of Medical Exemption Form](#)
- [Déclaration d'exemption médicale](#)

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## Subsection 10.3– Attendance

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### Ontario Regulation 137/15

72(3) Every licensee shall ensure that a record is kept of the daily attendance of each child receiving child care in each child care centre it operates and in each premises where it oversees the provision of home child care showing the time of arrival and the time of departure of each child or if a child is absent.

### Intent

This section requires that all children in care can be accounted for at any given moment, particularly in the event that a home child care premises must be evacuated. It also enables the licensee to demonstrate that the maximum number of children allowed is not exceeded.





3. Parents are to have access to their child's records and should be informed of who may have access to the child's records on an internal basis (e.g., providers, volunteers, bookkeeper).

4. The appropriate informed written consent of a parent should be a requirement prior to the release of personally identifiable information to third parties. This includes the release of any information through social media (e.g., posting pictures to Facebook).

The written consent of a parent must be obtained before a child's personally identifiable information is released to an outside researcher and/or a child participates in any research project conducted at the home child care premises.

Access to a child's records without parental consent may only be given to officials of the following:

1. Coroner's Office
2. Courts in response to a warrant or court order
3. Ombudsman
4. Authorities vested in provincial or federal statutes
5. The Minister of Education and officials to whom he/she has delegated the authority (e.g., program advisors).

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## **Subsection 10.5– Register of Homes**

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### **Ontario Regulation 137/15**

74 Every licensee of a home child care agency shall ensure that an up-to-date register that lists the addresses of each premises where it oversees the provision of home child care, the names and address of the children receiving child care in each premises and the name of the home child care provider in each premises is kept at the home child care agency.

#### **Intent**

This section ensures that there is an accurate record of providers, children and their placement.

#### **Special Instructions**

The CCEYA and its regulations do not prohibit a home child care provider from caring for privately placed children as well as agency enrolled children. However, home child care providers are required to notify agencies of all children receiving care at the premises and privately placed children must be accurately reflected in the register. The register must be updated as soon as the licensee is aware of new child care arrangements.









2. Where the licensee confirms that a waiting list is established or maintained, the licensee has developed a written waiting list policy that:

Explains the order in which children are offered admission from the waitlist;

And

Describes how the waiting list will be available in a manner that maintains privacy of the child listed on it, but informs parents or guardians of the position of a child on the list.

Or

The licensee has adopted and completed all customizable areas of the standard policy provided by the Ministry.

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## **Subsection 10.8– Reporting Statistical Information**

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### **Child Care and Early Years Act, 2014**

70(1) The Minister may collect personal information, directly or indirectly, for purposes related to the following matters, and may use it for those purposes:

7. Conducting research and analysis, including longitudinal studies, and statistical activities conducted by or on behalf of the Ministry for purposes that relate to,
  - i. child care and early years programs and services,
  - ii. education,
  - iii. the transition from child care and early years programs and services to school, and the resulting outcomes,
  - iv. the matters of provincial interest under section 49, and
  - v. programs and services that support the learning, development, health and well-being of children, including programs and services provided or funded by other ministries.



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## Subsection 10.9– Record Retention

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### Ontario Regulation 137/15

82 Where a licensee is required under this Regulation to make or keep a record, report or other document, it shall keep the record, report or other document in a secure location for at least three years from the date it is made, unless otherwise specified.

#### Intent

This provision sets out that records will be available for the minimum amount of time required for effective licensing and enforcement activities, if required.

#### Special Instructions

Records created on or before August 30, 2015 are subject to the record keeping provisions that applied to the respective record under the *Day Nurseries Act*.

All records must be made available to Ministry of Education staff if requested and many records may be used to assess compliance during a licensing visit. The indicators found in each section of this Manual identify what records may be used to assess compliance with the related requirement (e.g., attendance records). The inability to produce a record during a licensing visit, or within a requested time period, may result in a finding of non-compliance and will be noted on the licence inspection summary.

#### Compliance Indicators

Note: Compliance is assessed (and non-compliance cited) in each individual section where records, reports or documents are required.

#### Recommendations

Agencies may wish to securely store or archive certain records off site (e.g., head office). Off-site records storage is permitted unless otherwise specified, such as with active children's records.

It is recommended that licensees have the records required for licensing on site, at the agency or premises, or establish a process for quickly retrieving them if requested.

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## **Subsection 10.10– Posting of Licence and Decal**

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### **Child Care and Early Years Act, 2014**

- 14(1) A licensee shall post a copy of a licence in a conspicuous place at the child care centre or the premises where the home child care agency is located, as the case may be together with any other information or signage prescribed by the regulation.
- (2) A home child care agency shall post any information or signage prescribed by the regulations in a conspicuous place at each premises where the agency oversees the provision of child care.
- (5) If a licence or any other signage has been provided to a person for the purposes of this Act, the person shall not make copies of the licence or signage, except as required for the purposes of this section, as otherwise required by law, or as permitted by the regulations.

### **Ontario Regulation 137/15**

- 84(1) For the purposes of subsections 14 (1) and (2) of the Act, the signage that shall be posted is signage provided by the Minister that identifies that the premises is licensed.
- 85(1) A licence or signage that was provided to a person for the purposes of the Act shall be returned, as required under subsection 14 (6) of the Act, in the circumstances set out in this section.
- (2) A licensee shall return the licence and signage within 30 days after the day,
- (a) the licensee's licence expires and is not renewed;
  - (b) the licensee's licence is revoked; or
  - (c) the licensee voluntarily ceases operating the child care centre or agency in respect of which the licence was issued.
- (3) A home child care provider shall return signage to the home child care agency within 30 days after the day the provider's agreement with the home child care agency expires or otherwise terminates.

## **Intent**

This provision makes it easier for parents to recognize licensed child care and access important information about the licensed home child care program.

## **Special Instructions**

The home child care agency must post a copy of their licence at the agency's head office. Licences are generated through the Child Care Licensing System and will print on regular letter size paper. In cases where the licence is longer than one page, licensees must ensure that all pages of the licence are posted and visible to parents.

Licensees must also post any additional information as required through conditions on their licence, such as their licence inspection summary.

Home child care agencies will be issued decals equal to the number of homes on their licence. Agencies do not have to return decals to the Ministry of Education if a home child care provider stops providing service to the agency. The home child care agency would instead collect the decal from the provider who has stopped providing service and would reuse it.

The licensed child care decal is the property of the Ministry of Education, and must be returned to the Ministry when the home child care agency is no longer operating as licensed child care. Licensees must also return their most recent licence when returning their decal.

The licensed child care decal for home child care providers is designed to be inserted in a document frame or binder. The decal is intended to be posted within the home premises and is not to be posted in a window or door that is visible to the public. The decal must include the name of the agency to whom the provider has an active agreement with. . Home child care providers who has an active agreement with more than one agency must have a decal for each agency.

When returning a licensed child care decal, licensees should mail the decal and their most recent licence to:

Child Care Quality Assurance and Licensing Branch  
77 Wellesley Street West, Box 980  
Toronto ON  
M7A 1N3.







## **Recommendations**

Licensees are encouraged to develop a smoke-free policy. Local medical officers of health may provide direction to home child care agencies on developing a smoke-free policy.

It is recommended that the smoke-free policy be included in the parent handbook and reviewed with all individuals who interact with children (e.g., home child care providers, individuals ordinarily resident or regularly at the premises, home visitors, etc.) and with parents prior to enrollment of their children.

For more information, contact the [local public health unit](#) or visit the Ontario government's website – [Smoke-Free Ontario](#).

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## **Subsection 11.2 – Car Seat Safety – Highway Traffic Act**

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### **Regulation 613 (Seat Belt Assemblies)**

Under [Regulation 613](#) of the [Highway Traffic Act](#), drivers of motor vehicles are required to ensure that children are secured in the appropriate child restraint system.

### **Intent**

The requirements of the Highway Traffic Act are intended to enhance the safety of children being transported in a vehicle.

### **Recommendations**

To verify Canadian Motor Vehicle Safety Standard (CMVSS) certification, child car seating and restraint systems must have a sticker or tag attached verifying that they are compliant with CMVSS.

It is recommended that the child car seating and restraint system equipment used is not older than ten years.

Local medical officers of health may be able to provide additional information on car seat safety. Licensees may also be able to attend a car seat safety clinic. These clinics are offered by a variety of different organizations, including the Ontario Provincial Police and Transport Canada.

### **Resources**

[Keep Kids Safe - Transport Canada](#)

[Choosing the Right Car Seat – Ontario Ministry of Transportation](#)

[Install a Car Seat – Ontario Ministry of Transportation](#)



## **Section 12- Corporations**

### **Subsection 12.1– Incorporation**

#### **Child Care and Early Years Act, 2014**

Notice of change, corporations

20(6) Where the licensee is a corporation, the licensee shall notify a director in writing within 15 days of any change in the officers or directors of the corporation.

#### **Intent**

The past conduct of directors, officers, employees and individuals with a controlling interest in an incorporated applicant or licensee is an important consideration when assessing their competency to operate a home child care agency.

Corporations are required to list their directors and officers in the Child Care Licensing System at time of application and notify the Ministry in writing within 15 days of any change in the directors or officers. This notification allows the Ministry director an opportunity to review the past conduct and competency of new directors and officers.

#### **Special Instructions**

Corporations must complete and submit an Initial Return to the Ministry of Government and Consumer Services within 60 days after the date of incorporation, amalgamation or continuation.

After filing an Initial Return, corporations must complete and submit a Notice of Change to the Ministry of Government and Consumer Services within 15 days after any change takes place (e.g., when a corporation changes its address, directors or officers).

These forms can be accessed online [here](#).

#### **Recommendations**

A community group which has established or intends to establish a home child care agency can become incorporated under various pieces of legislation according to their methods of funding and operation. Incorporation enables a group to continue functioning even if its executive or membership should change.

A corporation may hold real estate, may borrow money and may contract in its own name.





5. The prospective purchaser applies for a licence using the Child Care Licensing System ([Registration Guide for Licensed Child Care Programs](#)).
6. The prospective purchaser provides all initial documentation required by the Ministry, including:
  - a. Application fee: e-transfer/credit card payment made to the Ministry of Education.
  - b. Written confirmation of compliance with local zoning, fire, health and building departments (where applicable). Note: the applicant will need to confirm that the municipality/district does not provide approvals for the agency or home premises. Some municipalities require zoning approval to be confirmed for the agency office if it is located in a residential premises.
  - c. Incorporation papers (where applicable), including a list of officers and directors of the corporation.
  - d. A Police Record Check for the applicant or, if the applicant is a corporation, for each director. If the applicant or director(s) will be interacting with children, a Vulnerable Sector Check is required.
  - e. Verification of current insurance.
7. The program advisor conducts a licensing inspection with both the vendor/current licensee and the prospective purchaser/applicant.
  - a. A licensing inspection is conducted prior to the closing date to ensure sufficient time to achieve compliance with licensing requirements.
  - b. The prospective purchaser/applicant should establish new agreements with existing providers who hold contracts with the vendor and are planning to continue to offer child care after the purchaser has assumed responsibility for the agency. These agreements should have effective dates that align with the purchaser's anticipated licence issue date and should be made available for review by the program advisor during the licensing visit.
  - c. The vendor and prospective purchaser must decide who is responsible to comply with any outstanding requirements. The program advisor documents the name of the responsible party in the licensing summary sheets.
  - d. Copies of the summary sheets identifying outstanding requirements are provided to both parties.



expiry of the current licence. This ensures that the licence remains in effect during the sale.

3. The program advisor contacts the prospective purchaser to inform them of the documents required to continue operating the child care agency under the existing licence.
4. The prospective purchaser submits to the Ministry:
  - a. A copy of the Notice of Change form that has been filed with the Ministry of Government and Consumer Services, including a list of new directors and officers of the corporation (must be provided to the Ministry within 15 days of the change occurring).
  - b. Confirmation of whether the new director(s) will have direct contact with children receiving child care.
  - c. Police Record Checks for the new director(s). If the new director(s) will be interacting with children, a Vulnerable Sector Check is required.
  - d. Proof of insurance.
  - e. Written verification from the lawyer for the vendor and the lawyer for the purchaser that the sale is complete.
  - f. Confirmation that the purchaser has registered in CCLS and been provisioned licensee access.

**NOTE:** There is no guarantee that the purchaser will continue to be licensed.

The Ministry director will review the information about the new directors and officers of the corporation (provided by the purchaser), including police record checks. If there are grounds (past conduct or lack of competence) to refuse to issue a licence had the corporation been applying for a licence in the first instance, the director may propose to revoke or refuse to renew the licence.

5. The program advisor conducts an unannounced monitoring visit to the home child care agency after the sale is complete.







(3) If a contravention of a provision set out in an item of Table 1 continues for two or more successive days, the administrative penalty is the amount determined under subsection (1) or (2) multiplied by the number of successive days that the contravention continues.

(4) If the amount of an administrative penalty calculated under this section for the contravention of a provision set out in an item of Table 1 or Table 2 exceeds \$100,000, the amount is deemed to be \$100,000, subject to any reduction of the amount under subsection 39 (4) of the Act.

**TABLE 1**

Item	Column 1 Contravened provisions	Column 2 Description of contravention	Column 3 Amount of administrative penalty, in dollars
1.	Act, s. 6 (1), read with s. 6 (3) subparagraph 1 i	Prohibition – provision of home child care, total number of children	2000 × number of children that exceed the number specified in the Act
2.	Act, s. 6 (1), read with s. 6 (3) subparagraph 1 iv	Prohibition – provision of home child care, number of children younger than two	2000 × number of children that exceed the number specified in the Act
3.	Act, s. 6 (1), read with s. 6 (3) subparagraph 1 iii	Prohibition – provision of home child care, advising home child care agency	1,000
4.	Act, s. 6 (1), read with s. 6 (3) subparagraph 2 i	Prohibition – provision of unlicensed child care, total number of children	2000 × number of children that exceed the number specified in the Act

5.	Act, s. 6 (1), read with s. 6 (3) subparagraph 2 iii	Prohibition – provision of unlicensed child care, number of children younger than two	2000 × number of children that exceed the number specified in the Act
6.	Act, s. 7	Prohibition – operation of home child care agency	2,000
7.	Act, s. 8	Prohibition – operation of multiple unlicensed premises	2,000
8.	Act, s. 9	Prohibition – past conduct, child care providers, etc.	2,000
9.	Act, s. 10	Prohibition – preventing parental access to the child and premises	1,000
10.	Act, s. 11	Prohibition – use of terms re licensing	750
11.	Act, s. 12	Duty to disclose if not licensed	750
12.	Act, s. 14	Duties re posting, returning and copying licences	750
13.	Act, s. 15	Duty to provide receipt for payment	500
14.	Act, s. 31 (4)	Obligation to produce and assist	2,000
15.	Act, s. 35	Obligation to provide police record checks	2,000
16.	Act, s. 76	Prohibition – obstruction of inspector	4,000

17.	Regulation, s. 8	Ratios and maximum group sizes, child care centre	2000 × number of children that exceed the number specified in s. 8
18.	Regulation, s. 8.1	Licensed family age groups	2000 × number of children that exceed the number specified in s. 8.1
19.	Regulation, s. 9	Home child care group sizes	2000 × number of children that exceed the number specified in s. 9
20.	Regulation, s. 11	Supervision by adult at all times	2,000

**TABLE 2**

Item	Column 1 Contravened provisions	Column 2 Description of contravention	Column 3 Amount of administrative penalty, in dollars
0.1	Regulation, s. 11.1(1)	Supervision of volunteers and students at all times	1,000
0.2	Regulation, s.15(2)	Designated spaces and items inaccessible to children	1,000
0.3	Regulation, s. 30.1(1) and (2) (a)	Bodies of water	1,000
0.4	Regulation, s. 31	Hazards	1,000
1.	Regulation, clause 38(1) (b)	Reporting of serious occurrence	2,000
2.	Regulation, subclause 40 (1) (b) (ii) and clause 40 (1) (d)	Administration of drugs or medications	2,000
3.	Regulation, s. 48(1)	Prohibited practices, licensee	2,000
3.1	Regulation, s. 60, 61.1 and 63	Duty to obtain record check	1,000
4.	Regulation, s. 72 (1), (2), (3)	Records re children	750
5.	Regulation, s. 74	Records re home child care providers	750
6.	Regulation, s. 75	Copies of agreements	750

## **Intent**

As per the Act, administrative penalties are intended to encourage compliance and prevent individuals from deriving economic benefit from contravening the Act or the regulations.

## **Special Instructions**

An administrative penalty can be issued to any person, including the licensee, home child care provider, home visitor or others.

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## **Subsection 13.3– Right to Review**

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### **Child Care and Early Years Act, 2014**

#### **Right to review**

39(7) A person who receives a notice of administrative penalty may require a designated senior employee to review the notice by applying to the designated senior employee for a review in a form approved by the Minister,

- (a) within 15 days after the notice is served; or
- (b) within a longer period specified by the designated senior employee, if he or she considers it appropriate in the circumstances to extend the time for applying.

#### **If no review requested**

- (8) If a person who has received a notice of administrative penalty does not apply for a review, the person shall pay the penalty within 30 days after the day the notice was served.

#### **If review requested**

- (9) If a person who has received a notice of administrative penalty applies for a review, the designated senior employee shall conduct the review in accordance with the regulations.

#### **Designated senior employee's decision**

- (12) Upon a review, the designated senior employee may,
  - (a) find that the person did not contravene the provision of this Act or regulations specified in the notice of administrative penalty, and rescind the notice;

- (b) find that the person did contravene the provision of this Act or regulations specified in the notice of administrative penalty and affirm the notice; or
- (c) find that the person did contravene the provision but that the penalty is excessive in the circumstances or is, by its magnitude, punitive in nature having regard to all the circumstances, and in that case the employee shall amend the notice by reducing the amount of the penalty.

**Decision final**

(13) The designated senior employee's decision is final.

**Intent**

To provide a fair process, an individual or licensee has a legislated right to request a review of the notice of administrative penalty.



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## **Subsection 13.4 – Notice to Parents**

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### **Child Care and Early Years Act, 2014**

#### **Notice to parents, etc.**

- 39(10) Within 30 days after serving a notice of administrative penalty, a director shall,
- (a) post a summary of the notice of administrative penalty, in a manner approved by the Minister, at the premises where the child care is provided; or
  - (b) provide a summary of the notice of administrative penalty to the parents of the children for whom the care is provided.

#### **Removal of posted notice**

- 39(11) No person, other than a director or inspector, shall remove a notice posted under clause (10) (a) unless the person is authorized to do so by a director or inspector or the circumstances prescribed by the regulations exist.

#### **Intent**

This requirement provides transparency for parents and access important information regarding the child care program.

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## **Subsection 13.5– Protection Orders**

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### **Child Care and Early Years Act, 2014**

#### **Protection orders**

- 37(1) If, upon conducting an inspection, a director or an inspector believes on reasonable grounds that there is an imminent threat to the health, safety or welfare of any children for whom child care is provided, the director or inspector shall make a protection order as follows:
1. If the child care is provided at a child care centre, the order,
    - i. shall order the licensee to stop operating the child care centre until the director is satisfied that the order has been complied with,
    - ii. shall order the licensee to eliminate the threat by taking any steps set out in the order, and
    - iii. shall suspend the licence.

2. If the child care is home child care or an in-home service, the order,
  - i. shall order the child care provider to stop providing the child care until the director is satisfied that the order has been complied with,
  - ii. shall order the child care provider and the home child care agency to eliminate the threat by taking any steps set out in the order,
  - iii. may order the home child care agency to stop operating until the director is satisfied that the order has been complied with, and
  - iv. may suspend the home child care agency's licence.
3. If paragraphs 1 and 2 do not apply, the order,
  - i. shall order the child care provider to stop providing the child care that is the subject of the order until the director is satisfied that the order has been complied with, and
  - ii. shall order the child care provider to eliminate the threat by taking any steps set out in the order.

### **Intent**

The purpose of this provision is to eliminate the threat to the health, safety, or welfare of the children; or to protect the children from such threat. A protection order requires that the provision of child care cease immediately until such time as the Ministry is assured that the threat is resolved.

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## **Subsection 13.6– Offences**

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### **Child Care and Early Years Act, 2014**

#### **List of offences**

- 78(1) Every person who contravenes or fails to comply with any of the following provisions of this Act is guilty of an offence:
1. Subsection 6 (1) (Prohibition re operation of child care centre).
  2. Section 7 (Prohibition re operation of home child care agency).
  3. Section 8 (Prohibition re operating multiple premises).
  4. Subsection 9 (1) or clause 9 (3) (a) (Prohibition re past conduct of provider).
  5. Subsection 10 (1) or (2) (Prohibition re preventing parental access).

6. Subsection 11 (1), (3) or (4) (Prohibition re use of licensing terms, etc.).
7. Subsection 14 (6) (Duty to return licence and signage).
8. Section 16 (Accrediting programs and services).
9. Subsection 17 (1) or (3) (Prohibition re use of accreditation terms, etc.).
10. Subsection 73 (1) (Prohibition re Ontario education numbers).
11. Section 76 (Prohibition re obstruction of inspector).
12. Subsection 77 (1) or (2) (Prohibition re false or misleading information).
13. Any other provision of this Act or the regulations prescribed by the regulations.

### **Penalties for offences**

- 79 A person convicted of an offence under this Act is liable to a fine of not more than \$250,000, imprisonment for a term of not more than one year, or both.
- 9 (1) No individual shall provide child care, operate a premises where child care is provided or enter into an agreement described in section 7 if:
1. The individual has been convicted of any of the following offences:
    - i. An offence under this Act.

### **Ontario Regulation 137/15**

#### **Prescribed Offences**

88.1 The following provisions are prescribed for the purposes of paragraph 13 of subsection 78 (1) of the Act:

1. Section 12 of the Act (Duty to disclose if not licensed and to retain record of disclosure).
2. Section 15 of the Act (Duty to provide receipt for payment).
3. Section 8 of this Regulation (Ratios and maximum group sizes, child care centre).
4. Section 11 of this Regulation (Supervision by adult at all times).
5. Section 48 of this Regulation (Prohibited practices).

6. Section 60 of this Regulation (Duty to obtain initial record check). O. Reg. 126/16, s. 48.
7. Subsection 31 (4) of the Act (Obligation to produce and assist).
8. Section 35 of the Act (Police record checks).

### **Intent**

The purpose of offences is to provide the Ministry with additional tools apart from the revocation of a licence to protect the health safety and well-being of children in all child care settings.

## **Appendix A- Licence Appeal Tribunal**

The Licence Appeal Tribunal's mandate is to provide a fair, impartial and efficient means to appeal decisions concerning compensation claims and licensing activities regulated by several ministries of the provincial government, including child care licensing regulated by the Ministry of Education.

An applicant or licensee has a legislated right to a hearing by the Tribunal when the applicant's/licensee's application for a licence or licence renewal is not approved, or a licensee's licence is revoked, suspended, the status of the licence is changed from regular to provisional or conditions imposed on the regular licence are not satisfactory to the licensee.

Sections 23, 24, 25 and 37 of the Child Care and Early Years Act, 2014 set out the situations in which an applicant or licensee may appeal licensing decisions.

A licensee is not entitled to appeal conditions imposed on a provisional licence.

### **Notice of Proposal to Applicant or Licensee**

A Ministry of Education director must notify an applicant or licensee in writing if the director proposes to:

- refuse to issue a licence;
- refuse to renew a licence;
- revoke a licence;
- change the status of a licence to a provisional licence;
- impose conditions on a licence; or,
- amend existing conditions on a licence.

The written notice will indicate that the applicant or licensee is entitled to a hearing if they are dissatisfied with the decision(s) of the Ministry director, so long as written notice of the request for a hearing is sent to the director and the Tribunal within 15 days.

A licensee can also appeal a protection order if written notice is sent to the director and the Tribunal within 15 days of receiving the protection order.

If an applicant or licensee has not requested a hearing within the 15 day time limit, the Ministry director may proceed with his/her decision.

## **Procedure for Hearing**

When a request for a hearing has been received, the Tribunal determines the time and location for the hearing.

The following are the possible results of an appeal to the Tribunal. The Tribunal may:

- affirm the decision, order or proposal of the Ministry director, which means it remains in effect;
- rescind the decision, order or proposal of the Ministry director, which means it is no longer in effect; or
- substitute its own decision for the decision, order or proposal of the Ministry director, and direct that the Ministry director implement the decision of the Tribunal in accordance with the directions, if any, that the Tribunal considers appropriate.

The Tribunal can affirm or cancel conditions on a licence or prescribe other conditions or provisions.

## **Continuation of Licence Pending Hearing**

If a director proposes to refuse to renew or to revoke a licence and the licensee makes a written request for a hearing to the director and the Tribunal, the term of the licence is extended until the Tribunal reaches a decision.

If a director notifies a licensee in writing of a change in the status or conditions of their licence, the change is effective immediately, even if the licensee makes a written request for a hearing to the director and the Tribunal.

If a director issues a protection order and suspends a licence, the order takes effect immediately, even if the licensee makes a written request for a hearing to the director and the Tribunal.

## Appendix B – Fee for Licence

### Ontario Regulation 137/15

81. (2) The fees payable in respect of an application for a licence to operate a home child care agency shall be determined by reference to the number of premises where the agency oversees the provision of home child care, as set out in Column 1 of the Table to this subsection, and are as follows:

1. For an application for a new licence, the fee is the amount set out in Column 2 of the Table.
2. For an application for a renewal of a licence, which may include revisions to the licence, the fee is the amount set out in Column 3 of the Table.
3. For an application for a revised licence at any time other than upon renewal, the fee is,
  - i. \$25, or
  - ii. if in the opinion of the program adviser, the revision requires him or her to visit the home child care agency, the amount set out in Column 4 of the Table.

Table

Item	Column 1 Number of premises	Column 2 Fee for a new licence, in dollars	Column 3 Fee for renewal of a licence, in dollars	Column 4 Revision fee, in dollars
1.	0-25	200	100	50
2.	26-50	250	120	65
3.	51-75	300	140	75
4.	76-100	350	170	90
5.	101-125	400	200	100
6.	126- or more	450	230	115

## **Expired Licences**

Subsection 23(11) of the CCEYA requires that in order for the term of the licence to be extended until a decision is made about the licence renewal, a licensee must apply for the renewal of a licence by submitting an application, an attestation, any other information or documentation specified by the Minister, and the payment of a fee before the licence's expiry date.

Please ensure that your licence renewal documentation is submitted and your renewal fee is paid before your licence expiry date. If you require technical assistance with submitting your renewal application in CCLS, please contact the CCLS Help Desk at [childcare.helpdesk@ontario.ca](mailto:childcare.helpdesk@ontario.ca) or 1-855-457-5478 (toll-free)/416-314-6230 (local).

All fees paid in connection with a new licence application, licence renewal or revision are non-refundable. Licensees are encouraged to carefully review activities initiated in CCLS for accuracy prior to submission.



## Appendix C- Reportable Serious Occurrences

### Category 1 - Death of a Child

Definition: The death of a child who received child care at a home child care premises or child care centre.

For greater clarity, a death of a child must be reported as a serious occurrence where there may be a relationship between the child's death and the child's care in the licensed program.

The following provides some examples of what would and would not be considered a serious occurrence under this category.

Examples of Reportable Serious Occurrences:

- A child was unresponsive and not breathing while receiving child care. The child was later pronounced dead by emergency medical staff.
- A child developed a severe illness while at the child care centre or home child care premises and later passed away in hospital.
- A child developed a high fever at the child care centre or home child care premises and was sent home. The child later passed away.
- A child incurred fatal injuries from an accident while playing outdoors at the home child care premises.

Examples of Incidents that are **not** Serious Occurrences

- A child died following a known illness/disease/medical condition (e.g., cancer).
- A child died due to an automobile collision while in the care of the parents.

## Category 2 - Abuse/Neglect or Allegation of Abuse/Neglect

Definition: Abuse, neglect or an allegation of abuse or neglect of a child while receiving child care at a home child care premises or child care centre. This includes an allegation against any person who is on-site at the child care centre or home child care premises and not limited to employees and child care providers.

The following provides some examples of what would and would not be considered a serious occurrence under this category.

Examples of Reportable Serious Occurrences:

- A home child care visitor observed a home child care provider forcefully grabbing a child.
- A licensee received an email from a concerned parent alleging that a home child care provider was upset that a child 44 months of age had a urine accident and the home child care provider refused to permit the child to change his/her soiled clothes.
- A home child care provider is observed using harsh/degrading language to a child.
- A parent noticed a bruise on his/her child's face; the child told parent that the home child care provider had hit him/her.
- A home child care provider observed a parent slap a school age child while outdoors.

Example of Incident that is **not** a Serious Occurrence

- A child disclosed to a home child care provider an incident that occurred while the child was not receiving care at the home child care premises. In this case, a report would be required to the local children's aid society as per the Duty to Report under the *Child, Youth and Family Services Act, 2017*.

### Category 3 - Life-threatening Injury or Illness

Definition: A life-threatening injury to or a life-threatening illness of a child who receives child care at a home child care premises or child care centre.

For greater clarity, where the licensee or supervisor has been notified that a life-threatening injury or illness of a child has occurred, it must be reported whether it occurred while the child was receiving care at the time, or where there are any indications that the life-threatening injury or illness was sustained/developed while the child attended the home child care premises or child care centre.

CCLS has two sub-categories: injury, and; illness.

Life-threatening injury or illness is defined as an incident that is capable of causing death.

Examples of life threatening injury or illness include but are not limited to:

#### Injuries:

- Injuries to the head, back or neck resulting in unconsciousness or physical paralysis
- Severe eye injury (impalement)
- Injuries to the chest resulting in laboured breathing (collapsed lung), cardiac arrest, internal bleeding or vomiting blood
- Anaphylactic reactions
- Near drowning
- Substantial blood loss
- Drug overdose
- First time seizure, multiple seizures or seizures lasting more than 5 minutes
- Fracture with bone deformity and/or bone exposure

#### Illness:

- E. Coli
- Flesh Eating Disease

The following provides some examples of what would and would not be considered a serious occurrence under this category.

#### Examples of Reportable Serious Occurrences:

- A child suffered a second/third degree burn.
- A child had an anaphylactic reaction.
- A child ingested a hazardous substance at the home child care premises that required hospital/medical attention.
- A child had a seizure in a situation where the parent/home child care provider was unaware that a child was prone to seizures.
- A home child care provider administered the wrong dosage of a medication to a child, who required hospital/medical attention.
- A child was hit in the head with a baseball bat and loses consciousness.

#### Examples of Incidents that are **not** Serious Occurrences

- A child with a pre-existing seizure disorder had a seizure at the home child care premises. The licensee was aware of the condition, had a plan in place to respond and followed the plan to appropriately respond to the incident. The child did not require emergency medical attention.
- A child fell on the outdoor playground/structure and sustained a cut that required a few stitches.
- A child tripped while running and chipped a tooth.
- A child ingested a non-toxic substance (e.g., playdough).

## Category 4 - Missing or Temporarily Unsupervised Child(ren)

Definition: An incident where a child who is receiving child care at a home child care premises or child care centre goes missing or is temporarily unsupervised.

CCLS has two sub categories: child found; and child still missing

The following provides some examples of what would and would not be considered a serious occurrence under this category.

Examples of Reportable Serious Occurrences:

Missing – Child found:

- A child was left alone outdoors and was later located.
- A child was not met by a home child care provider when getting off a school bus to attend child care and was located before time of reporting.
- During transition time, a child was left in a room unattended as the home child care provider and other children in care went outside. Child was found by the home child care providers spouse.
- A child left the home child care premises and walked home. The child was greeted by the parents/guardian at home.

Missing – Child still missing:

- A child left the home child care premises through the front door. The home child care provider did not notice and the child's whereabouts are unknown.

Examples of Incidents that are **not** Serious Occurrences

- A parent picked up their child early from school and did not inform the home child care provider or home child care agency. The home child care provider or home child care agency called the parent and was able to confirm that the child was with the parent.
- An expected child did not get off the bus afterschool. The home child care provider or home child care agency called the parent and found out that the parent had picked the child up from school.
- The school mistakenly placed a child on the school bus rather than waiting for the home child care provider to pick up the child from the classroom afterschool.
- A child went missing while in the care of his/her parent.

## Category 5 - Unplanned Disruption of Service

Definition: An unplanned disruption of the normal operations of a home child care premises or child care centre that poses a risk to the health, safety or well-being of children receiving child care at the home child care premises or child care centre.

Unplanned disruption of service may involve program closure, relocation (not including a planned temporary relocation), immediate evacuation, prohibition to enter the premises and/or restrictions placed (i.e. lockdown, outbreak).

CCLS has these sub categories: fire, flood, gas leak, detection of carbon monoxide, outbreak, lockdown, other emergency relocation or temporary closure.

The following provides some examples of what would and would not be considered a serious occurrence under this category.

### Examples of Reportable Serious Occurrences:

- A fire caused an emergency relocation or closure of the premises.
- A fire occurred on the weekend when no children were on the premises. The licensee decided to close the home child care premises until repairs are completed or until air quality is tested.
- There was a gas leak at the home child care premises (occurred before/during/after operational hours).
- Carbon monoxide was detected at the home child care premises; home child care provider and children had to evacuate.
- The local medical officer of health declared an outbreak which has caused a provider to close their program.
- Other unplanned disruption occurred (e.g., evacuation).

### Examples of Incidents that are **not** Serious Occurrences

- A program does not open or must close due to extreme weather conditions (i.e. snow storm).
- A boil water advisory was in effect.
- A fire alarm was activated, the home child care provider and children evacuated and fire services determined that there was no danger (i.e., someone pulled the fire alarm).
- The local medical officer of health declared an outbreak and has put restrictions on the program (e.g. discontinuing all sensory play).