Modernizing Child Care in Ontario – September 2012

A response from Andrew Fleck Child Care Services

Dear Minister Broten,

Thank you for the opportunity to participate in the conversation on modernizing Early Learning and Child Care in Ontario. It is with great enthusiasm that we submit the following comments, on behalf of the Board of Directors and Staff of Andrew Fleck Child Care Services, in response to the discussion paper. We appreciate that the intention is to outline a vision for early learning and care that will stabilize and transform the system to enable higher-quality consistent services over the next three years; we have framed our responses accordingly.

To ensure clarity we have responded directly to the questions posed in the discussion paper in the order that they appear. Where appropriate we have added additional information for your consideration and posed some questions of our own.

To begin we wish to endorse the five guiding principles and the five key areas for action over the next three years. We agree that transformation takes time but with the clearly identified principles and a formalized vision we can build upon the current strengths to provide a truly seamless integrated and accessible early learning and care system for all children and families that require non-parental care.

Click on the question below to take you directly to the response from Andrew Fleck Child Care Services.

To develop a new approach to funding that supports child care operators and families and maximizes current resources, the government seeks your feedback on the following key questions:
- How can the approach to child care funding be revised to enable more transparent and efficient allocations to municipal service system managers and First Nations?
- What elements should be considered when developing a new funding formula (e.g., demographics, demand, costs)?
- How can current funding be streamlined or consolidated to improve flexibility and efficiency?

To implement our approach to capital funding, the government seeks your feedback on the following key questions:
- How can the Ministry of Education facilitate collaboration and joint planning among school boards, service system managers and child care operators so they can plan and manage this approach?
- What supporting policies are required to ensure the success of a schools-first child care policy (e.g., long-term planning on space for school-based operators, reasonable accommodation costs, facilities, and other shared space issues)?
- Where school-based space does not meet community needs, are there additional capital tools that could support community-based child care operators?

To support continued advancement of program quality in child care settings across Ontario, the government seeks your feedback on the following key questions:

- Based on your experience and knowledge of existing research and evidence, how can provincial program guidelines support program quality?
- How can program quality be demonstrated and connected to the licensing process?
- What additional tools or professional development opportunities would be helpful to support ongoing quality improvement?
- How can we ensure that program guidelines meet the distinct needs of diverse communities?
- What components of the special needs resourcing program should be reviewed and streamlined (e.g., eligibility criteria, services provided, qualifications for resource consultants)?
- What resources about program quality could the government develop to help parents make choices about care?

To support the modernization of the current legislative framework, the government seeks your feedback on the following key questions:

- How should standards be updated to improve health, safety and overall quality in child care?
- How can the government reduce duplication and overlap in requirements for licensed child care providers?
- How can the government more effectively harmonize standards across legislation as well as regulatory requirements in child care (e.g., numbers/ages of children in licensed vs. unlicensed home care, clarification of programs that do and do not require licenses)?
- As the government looks to deliver on the commitment to provide on-site after-school programs for six-to-12-year-olds, should we consider a new licensing category for older children that builds on the strength of a recreation program model (e.g., different program requirements for older children, participation in recreation-focused programs)?
- How could new licensing approaches support home- and centre based care in smaller, rural and remote communities (e.g., permitting home-based providers to care for more children where there is more than one provider, providing greater flexibility for family or mixed age groupings and space configurations)?
- How can the government foster quality in informal home-based child care?

To support accountability and capacity-building in the child care system, the government seeks your feedback on the following key questions:

- How can risk assessments help the government use licensing resources more effectively, encourage compliance and reward high-performing child care operators?
- How can the government encourage quality and licensing compliance (e.g., administrative orders, administrative monetary penalties)?
- What tools can support program and administrative leadership in child care (e.g., for centre directors and staff, volunteer not-for-profit boards)?
- How can the government support the use of evaluative tools in licensed child care, including common registration and screening tools, as well as the Ontario Education Number?
- What information should be collected from operators annually in order to provide a regular cycle of public reporting on the child care system in Ontario (e.g., hours of operators, parent fees, staff compensation)?
- Additional recommendations from Andrew Fleck Child Care Services

To develop a new approach to funding that supports child care operators and families and maximizes current resources, the government seeks your feedback on the following key questions:

How can the approach to child care funding be revised to enable more transparent and efficient allocations to municipal service system managers and First Nations?

Authority for planning and allocating funding for the early learning and care system must be given to the CMSMs/DSABs.

- o *Three year service plans for the implementation of Early Learning Services should be developed by each CMSM/DSAB following set provincial criteria and parameters including a requirement for community consultation with Best Start Networks*
- o *Formalize and mandate participation from the CMSMs and School Boards in the current Best Start Network structure*
    - *Utilize the existing Best Start Networks to provide the community perspective and consultative structure for the development of service plans*
    - *While there has been mixed success and participation levels across the Province the intention of community consultation and collaboration is worth continuing. With renewed direction and a clearly defined purpose the joint planning approach of Best Start Networks can be effective Province wide to consolidate, integrate and transform services at the local level*
- o *Service plans to be submitted to the Ministry of Education for approval.*

The criteria and parameters for the CMSM service plan would include:

- *Flexibility to utilize funding allocations based on community priorities established in consultation with the Early Learning and Care Sector*
    - o *Include requirements for care outside of regular hours (weekend/evenings)*
- *Minimum % of licensed, non-profit spaces in each age group to be available in a community (formula based on population and workforce participation)*
- *Allocation of special needs resources/supports for at-risk children based on population demographics*
- *Allocation of funding for programming, resources and supports for First Nations based on population demographics*
- *Option of providing base funding to non-profit service providers (base funding to non-profit service providers would be set regionally and include occupancy and administrative costs, similar to the Quebec and PEI base funding formula).*
    - o *This supports the stability of licensed care in all communities*
- *Implementation of regionally set salary scale based on municipally operated programs*
- *Funding must be legislated (linked to DNA) to ensure it is secure and not dependent on which government is in office*

What elements should be considered when developing a new funding formula (e.g., demographics, demand, costs)?

We recommend the following elements be considered:

- *Demographics (age of children, families at risk, special needs children, unique populations, workforce participation rates – all components to be considered)*
- *Waiting lists for full fee and subsidy spaces*

- *Family income levels including recognition of the additional expenses incurred by families who have children with special needs*
- *Unique community demographics (rural areas, shift workers etc)*

In addition we recommend:
- *Ontario implement a funding formula that provides equalizing and legitimate financial relief for parents who are burdened with child care expenses. We endorse the recommendation from the Quality Human Resources Expert panel of 2007 that identifies that the parental contribution should be 20-25% of the total cost of the service. Regionally set base funding for fixed costs such as salaries facilities and maintenance will support system growth and quality services.*
- *All individuals providing care as a fee for service must be Registered or Licensed (as described on page 15) and therefore provide a tax receipt and report their income.*
- *Annual indexation of rate increases*
  - *For example the Child Care Service Provision Price Index adopted by the City of Ottawa*
  - *Includes funding increases to maintain the current system, increases are not to be achieved by reducing service levels*
- *Adopting a base funding model similar to PEI and Quebec that allocates funding based on expenditures appropriate to quality, e.g.*
  - *Compensation - 76.5%*
  - *Occupancy Cost - 6.2%*
  - *Taxes - 0.3%*
  - *Utilities - 2.1%*
  - *Financial Services 2.2%*
  - *Maintenance/Renovations - 2.1%*
  - *Equipment - 1.3%*
  - *Supplies - 2.4%*
  - *Transportation - 1.3%*
  - *Food Costs - 5.0%*
  - *Miscellaneous - 0.7%*
  - *TOTAL - 100%*

  Subtract what is reasonably expected to be received in parental fees with funding to make up the difference.
- *Base funding reduces (but does not eliminate) the need for a fee subsidy system.*
  - *Implement a base funding/fee subsidy hybrid model similar to the one in Manitoba that reduces the cost of child care for all families while acknowledging that some families will still require assistance*
  - *The cost of administrating a subsidy system across the province would be better utilized by directly reducing the fees for all parents*

How can current funding be streamlined or consolidated to improve flexibility and efficiency?
- *Promote the establishment and growth of non-profit multi-site operators who utilize best practices, have demonstrated efficiencies, provide seamless services to families through integration and effectively use of resources to create Child and Family Centres in all communities.*
  - *Fund research to identify what is an appropriate number of sites for one operator to manage that achieves efficiencies while maintaining quality*

- *Implement a local planning process, (Best Start Networks could fulfill this role) in consultation with the Early Learning and Care sector to ensure non-profit, licensed capacity is maintained in neighbourhoods where it is needed. The current market approach is not responsive to parent need and is leaving some neighbourhoods without access to services*
  - *Plan and finance the relocation of child care spaces from areas where demand has lessened to areas of growth.*
- *Review and consolidate all funding for children's services under the Early Learning and Care division of the Ministry of Education (e.g. Early learning and care centres, OEYCs, PFLCs, PEDACs) to promote service system integration.*
  - *Identify where there is duplication that can be eliminated and/or streamlined e.g. parent playgroups being offered by community health centres on one day and by an OEYC another day in the same location*
  - *Simplify and amalgamate funding and reporting requirements e.g. pay equity, wage enhancement, Best Start expansion funding etc*
- *CMSMs should become responsible for planning and contracting for the implementation of the services currently offered by OEYCs, PFLCs and PEDACs*
- *Allow CMSMs to reallocate funding from underutilized budget areas to meet community priorities and pressures as defined in Early Learning Services plan described on page 1*

To implement our approach to capital funding, the government seeks your feedback on the following key questions:
How can the Ministry of Education facilitate collaboration and joint planning among school boards, service system managers and child care operators so they can plan and manage this approach?

- *Clearly define what is meant "CMSMs manage and/or deliver child care services at the local level" (page 6 of Modernizing Child Care discussion paper)*
- *Formalize and mandate participation from the CMSMs and School Boards in the current Best Start Network structure. There has been mixed success and participation levels across the Province but the intention of community consultation and collaboration is worth continuing. With renewed direction and a clearly defined purpose the joint planning approach of Best Start Networks can be effective Province wide to consolidate, integrate and transform services at the local level.*

What supporting policies are required to ensure the success of a schools-first child care policy (e.g., long-term planning on space for school-based operators, reasonable accommodation costs, facilities, and other shared space issues)?

- *While we agree that co-locating children's services to create a neighbourhood hub of accessible services is ideal, we have experienced several implementation challenges, specifically:*
  - *typically the highest demand for services for younger children exist in areas where the schools do not have space*
  - *Each of the 4 local School Boards and even schools within the same Boards have different access policies and fees for using space*
  - *Capital contribution requirements can be prohibitive for non-profit organizations, particularly given the limited length of leases*
- *The policies required to ensure the success of a schools-first-policy include:*

- Once school space is allocated to a non-profit early learning and care program, the agreement must remain in place even if the school is running out of space – early learning and care must be seen as part of the school not a side by side situation
- *Set consistent policies and expectations regarding fees charged to non-profit child care operators leasing school space to provide early learning and care services/children's services*
  - *Space should be provided to non-profit organizations at no charge*
  - *Accessible after regular hours at no additional cost*
  - *The French Catholic School Board in Ottawa is an example of respectful policies that encourage partnerships with the non-profit early learning and care sector, for example they:*
    - *have consistent policies for utilizing space in all their schools*
    - *have long term lease agreements*
    - *expect cost recovery only (e.g. $100.00 a month)*
    - *provide alarm codes so schools are independently accessible to the non-profit operator after hours*
  - *Maintain the Child and Family Centre Hub model as the approach to integrating services within a designated community to maximize resources and eliminate duplication.*

Where school-based space does not meet community needs, are there additional capital tools that could support community-based child care operators?

- *Where possible and appropriate, non-profit multi-service operators should be encouraged and funded to build space for children's services on school board property – this should be done in partnership with the CMSM to create additional accessible community space while maximizing green space. Andrew Fleck Child Care Services has approached the Ottawa Carleton District School Board to model the Child and Family Centre concept by utilizing vacant property beside a local school. The City of Ottawa has expressed interested in a partnership that will promote community access to recreation space.*
- *Now that both child care and education are under the same ministry the fees to access school space, whether within the school or vacant land adjoining a school, should be eliminated for non-profit early learning and care agencies if deemed necessary by the CMSM to be co-located at the school. These are public buildings and land already paid for by public dollars.*
- *Obligate provincial and municipal agreements to allow the use of surplus public buildings (e.g. schools that are closing or City buildings) to locate, where appropriate, non-profit early learning and child care centres. This will support long-term, stable arrangements.*

To support continued advancement of program quality in child care settings across Ontario, the government seeks your feedback on the following key questions:

Based on your experience and knowledge of existing research and evidence, how can provincial program guidelines support program quality?

- *A comprehensive review of the DNA is required to modernize the legislation and update the requirements for group size, ratio's, staff qualifications, indoor and outdoor space allocations etc. The review must be focused on updating and improving quality not as an opportunity to reduce the cost of providing service or reduce supported inclusion of children with special needs.*

- *Expectations for minimum standards must be applicable regardless of the auspice or license status as in the case with Home Child Care. This is in reference to the difference allowance for licensed and unlicensed care and exemptions allowed for programs offered by private schools providing care for children under age six.*
  - *We have made recommendations for changes to HCC ratio's and the definition of informal and formal care –see page 15*

How can program quality be demonstrated and connected to the licensing process?

- *Each CMSM should be directed to implement a community based quality assurance (QA) process, including validation from the CMSM, that is complementary but in addition to minimum licensing standards.*
  - *the QA process would be in addition to the current annual licensing by the Province*
  - *with the implementation of an effective QA process licensing could occur every second year and when a significant change has occurred.*
  - *in some communities it may be appropriate for the Province to assign licensing to the CMSM*
    - *this would not be applicable if the CMSM directly operates programs*
  - *the CMSM would be responsible for the implementation of a community based QA process which would include site visits from the CMSM to ensure compliance*
  - *the QA process should include specific provincial elements while embracing and recognizing community differences*
  - *results should be clearly articulated to parents so they are able to make an informed choice based on measurable criteria*
  - *the QA process must be more than a program self evaluation. To actually influence quality an element of coaching to support change and prepare for validation must be embedded in the QA process*
    - *we believe that RECEs and operators do not plan to deliver services that are mediocre, the coaching approach supports development of staff and programs to be successful*
  - *while the validation of the QA process should be completed by CMSM staff, there should be a community based advisory to review and update the tool and process to ensure it remains current and applicable to the community*
    - *separating the coaching element from the validation process is necessary to maintain integrity of the process*
    - *access to community based professional development opportunities to support success will be important*

What additional tools or professional development opportunities would be helpful to support ongoing quality improvement?

- *Included in the community based QA process described above should be a supportive "coaching" element to provide assistance to programs to prepare and achieve success for when they are assessed*

- o *each licensed centre in Ottawa, with support from the local CMSM, has been provided with a program evaluation manual developed by the community. A pilot of the tool with a validation visit from trained assessors is currently underway*
- o *the local licensed Home Child Care sector is adapting the manual for their setting*
- *We also recommend that the Province invest in the establishment of local non-profit community based professional development reference centres (PDRC)*
  - o *provided with base funding*
  - o *with links to local Colleges and Universities to support the ongoing professionalization of RECEs*
  - o *linked to the College of ECEs professional standards and future requirement for ongoing professional development*
  - o *There are existing models across the Province*
  - o *The delivery and development of PDRC should be part of an existing community resource with a strong connection to the sector*

How can we ensure that program guidelines meet the distinct needs of diverse communities?

- *A community based QA process, developed with specific provincial elements and expectations will address and support the distinct and diverse communities across Ontario. The intention of a QA process should be to support quality improvement not to simply assess where programs are at for the purpose of applying a rating. An interactive process with coaching and embedded support will adapt and progress the sector. This recognition that the sector is dynamic will allow for sector responsiveness to research and changing family and community needs.*

What components of the special needs resourcing program should be reviewed and streamlined (e.g., eligibility criteria, services provided, qualifications for resource consultants)?

We recommend that the following principles guide the direction of special needs resourcing in our province:

- *Parents are the primary and long term case manager for their child*
- *Inclusion is a process*
- *Supports are to follow where the child is attending based on parent's choice*
- *Schools and Early learning and care programs are to be ready to support any child*
- *Supports are to be flexible and responsive to changing needs of children families and teaching teams*
- *Collaborative partnerships between service providers and parents must exist with a shared responsibility to support each child to reach their optimum potential*

We recommend the following changes to Special Needs Resourcing

- *Families including children with special needs have additional expenses that must be recognized during income testing for fee subsidy. We recommend that **immediately** families with a child who has a designated diagnosis be allowed to reduce line 236 on their notice of assessment by 30% as recognition of increased expenses*
  - o *income testing does not respect the additional expenses a family faces when their child has a special need. The full implementation of income testing in Ontario, for families requiring financial support to access licensed early learning and care programs, has impacted parents who have a child with special needs far more than expected. Many*

families that previously qualified for a full or partial handicap subsidy are no longer eligible because the extra expenses associated with a child's special needs are not acknowledged in the simplified income testing calculation

    o *by not considering the higher expenses facing parents who are attempting to access multiple support services (speech and language, OT etc) many children end up being excluded from licensed programs. While a small percentage of these expenses can be claimed on income taxes, the true cost of accessing services is not accurately reflected*

    o *since parents have to use their last year's notice of assessment their current expenses are not automatically recognized. This is particularly important for a family adjusting to a recent diagnosis trying to quickly access multiple services to maximize opportunities*

    o *it is often recommended that a child participate in a quality early learning program as part of their developmental plan. This creates an extra cost for families that may not have planned for non-parental care. The result is families have to choose between licensed, supported care and auxiliary support services. By excluding children from accessing licensed programs because of the financial choices their families have to make we are returning to community segregation*

    o *often a supplemental (G rate) is attached to the rate for a child attending Home Child Care, to compensate the provider for the additional care that is required to assist a child with special needs. This also helps to increase the providers income to make it attractive for a provider to enroll a child who has special needs, however if a parent/guardian is paying the full fee then they are also expected to pay the additional = G rate(s). Some children are granted multiple G rates which may cause a hardship for the family, especially given the qualifying criteria to be eligible for a subsidy.*

- *Funding to support integration must be proportionate to the number of children with special needs in a community*
- *Update the description of Resource Teacher Programs*
  - o *current description is related to the centre based Resource Teacher model. While that model still exists particularly in the rural northern communities, the majority of Resource Teacher programs are itinerant and are approved under " otherwise approved"*
  - o *educational backgrounds of Resource Teachers/Consultants are varied as not all community colleges offer the Resource Teacher Program. Different combinations of diploma/degrees are also otherwise approved under the DNA.*
- *Mandate all Special Needs Resourcing programs to support children from 6 weeks to age 10 or 12 depending on the licensed capacity*
  - o *this should be a consistent expectation as parents/guardians who have children living with special needs need to work or go to school just like every other parent /guardian and needs access to a consistent supported environment*
- *Delete (0702-03) from the DNA as this refers to a placement committee*
  - o *this need no longer exists as parents are able to access the early learning and care option of their choice*
- *Delete (0703-02) from the DNA as the Resource Teacher room is no longer required.*
  - o *this may lead to the expectation of isolating children from their peers, which does not support generalization of skills through ongoing practice and repetition in a natural play based learning environment*

- *Redefine the requirement for Individual program plans (0704-01) under the DNA*
  - *an alternative would be a case conference approach that includes parents/guardians, teaching teams, consultants and results in a Team Service Plan that identifies the child's strengths as well as their needs and focuses on the priority areas*
  - *Resource Consultants use a wide variety of functional educational assessments to support this process, this is an area where the MOE could support programs by providing consistent tools and resources in the future*
- *Special Needs Resourcing is a community model and not a medical model*
  - *due to complex medical needs the DNA has supported some children in receiving care in their home when a Home Child Care Agency can request that a child's home be approved to have a Provider go into a child's home versus a child going to a Provider's home. These situations are rare but they do exist and the DNA supports this as an option*
  - *a child who has a complex medical need (medically fragile) that requires nursing support should be able to access support so that they can attend an early learning and care option.*
  - *presently these children and their families live in social isolation as the "system" does not allow for nursing support to go into an early learning environment. This change would reduce social isolation and optimize the social and developmental gains of young children who are medically fragile. Same child at 3.8 years of age would be able to access nursing support when they enter a Ministry of Education program*
- *Update the language in the DNA to appropriately reflect current and respectful terminology*
  - *the DNA refers to special needs children; they are children first and should not be defined by their diagnosis. Change all references to children with special needs*
  - *delete references to "handicapped" children as this is derogatory. It refers back to a time when people who had disabilities were begging and "cap in hand"*
- *The definition of children who are supported through special needs resourcing also needs to be redefined.*
  - *many Resource Teacher programs are able to support Early Learning and Care programs with children who do not have a diagnosis however who are at risk in their development*
  - *children at Risk can include children who are challenged by their family and environmental circumstances. Families may have multiple issues such as a history of abuse, drugs, alcohol addictions, mental health, socially isolated, lack of resources, poverty, lack of food, inadequate housing, experienced or witnessed trauma or violence*
  - *throughout the Province there are more children demonstration challenging behaviours and lower ratios support successful implementation of prevention strategies in early learning environments*
  - *programs/supports such as Speech Language Pathology, Children's Treatment Centre, community preschool therapy team, Mother Goose, Early Literacy, Hanen Early Language Training, Learning Language and Loving It are keys to provide complementary support better outcomes for these children. Some of these services are funding using special needs resourcing dollars*
  - *Special Needs Resource funding is used in some communities to support specialized preschool programs for specific diagnosis and to offer a family a choice*
  - *we support the OMSSA definition of children with special needs to reduce the silo approach in service delivery*

- *Change how a child with special needs is counted in Home Child Care ratios*
    - o *currently a child who has a special need is counted as an infant in the DNA when attending home child care. This is inappropriate as a child may have a diagnosis and be able to function very well with their peers*
    - o *this has an impact on a Providers ability to earn an income*

- *Develop consistent criteria for enhanced staff support funding*
    - o *currently, Resource Teacher programs are able to fund enhanced staff support dollars to enhance the child staff ratio when it is warranted based on specific needs but there is no Provincial criteria to define who qualifies for this support*
    - o *provincially there is not a consistent funding mechanism to support this approach*
    - o *Parents/Guardians sometimes can only access part time care due to limited funding resources, or their child is not able to attend until funding for this level of support is available*
    - o *Some early learning and care programs are asking parents to pay for the extra pair of hands themselves in order for their child to attend*
- *Develop consistent planning and approaches for children transitioning from early learning to school*
    - o *transitions need to be provided to transfer knowledge, support planning and the identification of needed support for the child, teaching teams and parents*
- *Develop protocols or memorandums of understanding to create stronger supportive connections for the child, parents/guardians and teaching teams with community early years services and supports*
- *Ensure options for parents as it relates to full day kindergarten and the extended day*
    - o *some before and after school programs are licensed and can access special needs resourcing programs to provide supports*
    - o *others are not licensed and therefore may not be available to parents/children who live with special needs if there are not the necessary supports*
    - o *support is not simply funding an educational assistant, it is a system of resource support as needs change for the child, teaching team and parents, this includes training, equipment and resourcing*
    - o *support is not defined by assigning an Educational Assistant, this is a regressive approach to supported inclusion*
    - o *to successfully support a transition the resource teacher program should be able to transfer the child to the educational program with parents/guardians permission and continue to act as a resource to the new setting for 4-6 months*
- *Develop provincial training modules that could be accessed to support quality, inclusive service delivery and outcomes for all children.*
    - o *Resource Teacher programs such as Children's Integration Support Services in Ottawa (a program of Andrew Fleck Child Care Services described on page 23) have independently developed training modules that could be shared to develop an accessible library of resources*

What resources about program quality could the government develop to help parents make choices about care?

- *The following resources should be developed for all parents, based on existing community examples, to support access to information:*
  - o *Children's services information – including web based, telephone and in person access to information on all children's services available within a community – supports the "no wrong door" concept. Ottawa's Child Care Information (a program of Andrew Fleck Child Care Services described on page 22) is an excellent example*
  - o *Centralized Waiting List tool (CWL) – supports all parents, licensed programs and access to timely data for CMSMs to plan and respond to the community requirements. This information will be important in producing effective service system plans. Again Ottawa has an excellent example that has been duplicated in several other ON communities and adopted by the Province of Manitoba. The CWL tool should be available for all families, both full fee and those that qualify for subsidy*
  - o *Public education campaign similar to the one undertaken to inform parents about full day Kindergarten, with information on child care an options, for example*
    - *explanation of child care options including informal and formal home child care based on the definitions above*
    - *quality indicators*
    - *role of the Ministry of Education and CMSMs*
    - *what families can expect, parents role in supporting, monitoring their child's early learning experience*
    - *description of Montessori curriculum and fact that the name is not copyrighted so it may be used out of context*
  - o *There was a recent unfortunate experience in Ottawa where a for-profit private Montessori school closed due to bankruptcy. Many parents had pre-paid their child's tuition including child care costs as the school enrolled children as of 18 months. While for school age children the families can now choose publicly funded education for parents of younger children requiring child care they have to find and pay for child care elsewhere. Parents shared with the Ottawa Citizen that they felt that both the City of Ottawa and the Province have let them down, clearly not understanding the limited role and influence government has on for-profit institutions. This school, due to a grandfathering clause, was not even licensed or meeting DNA ratio's for their toddler and Preschool Programs. In a letter from Lisa MacLeod, MPP Nepean Carleton to Minister Broten dated July 26, 2012 she requested that the grandfathering clause be dismissed, we support this recommendation.*

To support the modernization of the current legislative framework, the government seeks your feedback on the following key questions:

How should standards be updated to improve health, safety and overall quality in child care?

- *Complete a comprehensive review of the DNA to ensure clarity and reduce regional interpretations*
- *Align the regulations and expectations for Early Learning Programs and Schools*
  - *serious occurrence reporting*
  - *communicable disease exclusion*
  - *disinfection of toys and equipment*

- *provide funding and clear directions for interpretation and implementation of new legislation and acts*
  - *in the past new directions were provided to operators with the expectation that policies be developed and implemented. This typically requires the same work to be completed by a significant number of operators across the province, an unnecessary duplication of effort. We recommend that policy templates and samples be provided and where necessary funding for training to implement new regulations*
- *Given the governments commitment to the schools first policy along with obligation for Boards to provide extended day programs, add to the DNA regulations requiring schools and operators to collaborate on the delivery, implementation and programming where children and families when services are jointly offered*
- *Add to the regulations a requirement for the delivery of a developmentally appropriate play based curriculum that includes parental goals and an assessment component, regardless of the setting*
- *Add regulations to the DNA that limit the amount of time a child from one age group can "visit" another age group*
  - *Some licensed group operators over enroll and shift children around between program groups and age groups to balance ratios. This practice is developmentally inappropriate*
  - *the ratio's and group sizes described on page 13 should provide enough flexibility for operator viability eliminating the need to mix age groups*
- *Update and increase the required amount of indoor and outdoor space required in all age groups*
  - *toddlers require increased space both inside and out to explore appropriately. The current amount of space required is not adequate, limits programming options and often leads to preventable behaviours such as biting.*
    - *require a designated separate sleep room for each group of toddlers*
    - *increase the amount of space required between sleeping cots to reduce transmission of illness*
  - *preschool age children require increased space both inside and out to explore appropriately including being able to participate in small group activities. The current amount of space required limits programming options, is not adequate and often leads to preventable behaviours.*
    - *require a designated separate sleep room for each group of preschool age children linked to a program room allowing for an early wakers program*
    - *increase the amount of space required between sleeping cots to reduce transmission of illness*
  - *kindergarten age children require increased space both inside and out to be able to participate in small and group activities and ongoing projects. The current amount of space required is not adequate, limits programming options and often leads to preventable behaviours.*
    - *eliminate the obligatory rest period allowing RECEs to determine at different times of the year the individual and group requirements*
  - *school age children require increased space both inside and out to be able to participate in small and group activities and ongoing projects. The current amount of space*

required is not adequate, does not respect the size of the children, limits programming options and often leads to preventable behaviours.

- *these updated space requirements would apply for all newly licensed programs*
  - *provide capital funding grants for renovations to existing spaces in areas of high need*
  - *consider under the base funding model described on page 4, allowing centres to reduce their license capacity to meet the new space requirements with the shortfall in operating revenue included in the base funding*
  - *this recognizes the developmental needs of children and equalizes quality for children attending older programs compared to children attending new programs*

- *For newly constructed sites access to the washrooms from outside must allow for supervision of the playground and washroom areas simultaneously*
  - *to maintain 100% of required ratio's while the children are outside*
  - *to eliminate obligating a group of children to use the washroom at a prescribed time or asking children to wait*

- *All existing licensed sites must meet the updated DNA standards (except changes to space requirements) within a defined time period*
  - *eliminate the option for programs to be grandfathered to old legislation*
  - *require all programs, including private schools, who provide group early learning and care as defined by the DNA for children under the age of six to be licensed*

In recommending ratios for licensed group programs, we have carefully considered effective and developmentally appropriate group sizes that support children's individual needs and inclusion of all children. We recommend the following changes to the DNA:

- *For Infants and Toddlers:*
  - *0-12 months – 1:3 ratio, maximum group size of 10*
  - *12 – 24 months – 1:4 ratio, maximum group size of 12*
    - *walkers must be separated from non-walkers*
    - *unless child has special needs*
- *For Toddlers and Preschoolers we propose that there are options for age group mixing that may occur within one centre to allow for flexibility, viability and developmental differences*
  - *24m – 3.8 years – 1:7 ratio, maximum group size of 21 and a minimum of 8 children 36m and older*
    and/or group structure of
  - *24m – 36m – 1:6 ratio, maximum group size of 18*
    and/or group structure of
  - *2.6 years to 3.8 years – 1:8 ratio, maximum group size of 24*
- *At a minimum, in all groups identified above, 2/3 of the staff in the program must be RECE*
- *For Kindergarten age children:*
  - *JK- ratio of 1:10*
  - *SK – ratio of 1:12*
  - *Mixed JK/SK ratio of 1:11*

- o *Maximum group size of 30*
  - • *These ratios support inclusion and recognize that the number of children in a group has an effect on quality along with the child/adult ratio. If the group size is 30 then the ratio is reduced to 1:10*
- • *At a minimum, 1 of the staff in the program must be RECE*
- • *For School age children:*
  - o *6 – 8 years of age, ratio of 1:14, maximum group size of 28*
  - o *children 9 – 12 years of age, ratio of 1:18, maximum group size of 32*
    - • *These ratios support inclusion and recognize that the number of children in a group has an effect on quality along with the child/adult ratio. If the group size is 32 then the ratio is reduced to 1:16*
  - o *Mixed group of 6 – 12 year olds, ratio of 1:15, maximum group size of 30*
- • *At a minimum, 1 of the staff in the program must be RECE*
- • *We propose that the 20% clause be allowable in all rooms with Ministry approval, based on specific criteria e.g.*
  - o *size and set up of the indoor and outdoor space*
  - o *access (from inside and outside) and availability to washrooms*
  - o *range, quantity and quality of equipment and materials available*
- • *Beginning and end of day group mixing should be limited and based on developmental needs of the age group*
  - o *ratios and group sizes described above support quality during the 2/3 allowable ratios at the beginning and end of the day obligating the ratios to be met in the program age group that is opened.*

How can the government reduce duplication and overlap in requirements for licensed child care providers?

Licensed Home Child care

- • *To reduce duplication and support access to training Licensed Home Child Care Agencies should operate within specific boundaries, ideally the same boundaries as OEYCs, and where appropriate with both the OEYCs and HCC services operated by the same agency.*
  - o *this will ensure that two or more agencies are not "competing" and providing the same service within one territory, duplicating resources unnecessarily*
  - o *eliminate the duplication of Providers being supported by two agencies*
  - o *support collaborated access and maximize the current parent and Provider training mandate and expertise of OEYCs*
- • *Licensing of new Home Child Care Agencies should be limited and based on the CMSM community service plan (recommended by AFCCS on page 3)*

Licensed Group Child Care

- • *Licensing of new programs should be limited and based on the CMSM community service plan (recommended by AFCCS on page 3)*
  - o *unless expansion is in the non-profit sector*
  - o *this will support non-profit program stability*

- *When available, all capital funding for expansion of early learning should be directed through the CMSM and based on the community service plan*
  - *all new early learning environments to provide barrier free fully accessible space for children, their parents and staff*
- *When Early Learning Programs are based in a school, reporting requirements should be made by the school and automatically trigger an update for Early Learning Programs, for example:*
  - *water flushing*
  - *play ground inspections*
  - *serious occurrence reporting related to disruption of service*

How can the government more effectively harmonize standards across legislation as well as regulatory requirements in child care (e.g., numbers/ages of children in licensed vs. unlicensed home care, clarification of programs that do and do not require licenses)?

- *As a starting point there needs to be a revised definition of informal care (sometimes called unregulated care), we propose the following:*

Informal care / unregulated would be defined as

- *care that is provided regularly outside of the child's home by an immediate family member (e.g. Grandparent) or*
- *is casual care provided outside of the child's home on an **irregular basis with limited remuneration***

Formal care / regulated would be defined as

- *care that is regularly scheduled care provided outside of the child's home (or in some cases in the child's home) by a non-family member, over the age of 18, for remuneration.*

- *We believe that all Providers providing regularly scheduled care for remuneration should be affiliated with a licensed agency. We understand that this is would require a significant infrastructure government investment as licensed home child care agencies do not have the capacity to monitor all existing Provider homes.*

- *Therefore as an interim measure we propose that for any care situations that fit within the definition of formal care above, an individual who wishes to provide care must be either be Registered or Licensed. Licensed means that the Provider is affiliated with a licensed agency. We strongly recommend that the regulations and ratios for registered and licensed Providers be different based on the level of monitoring associated with the care being provided.*

- *Andrew Fleck Child Care Services endorses a model that would include a process for the Provider to register with a licensed home child care agency. We are opposed to creating a registry where Providers simply register their name.*

Andrew Fleck Child Care Services endorses a model that would include a process for the Provider to register with a licensed home child care agency. We are opposed to creating a registry where Providers simply register their name. Our description of Registered Providers and Licensed Providers is below:

Registered Providers
- *registered Providers are self-employed/independent contractors*
- *at a minimum, an individual who is interested in providing formal care, as defined above, must register annually with a licensed non-profit Home Child Care Agency. Before care commences, the agency would be required to complete a screening process (including CAS and Police Record checks on everyone in the home over the age of 18, proof of liability insurance), provide initial training as required (e.g. first aid, CPR, etc) and completes a home inspection. This process mirrors the process required for security guards*
- *initial training includes the successful completion of an approved training program offered through a licensed home child care agency - such as the 9 modules developed by Home Child Care Ottawa in level one. Potential Registered Providers must complete a minimum of 12 hours (not including First Aid and CPR that also must be completed) before they can start providing care. Providers who are registered ECEs would be exempt from some components of the initial training (e.g. child development)*
- *registered providers would pay a reasonable annual registration fee to a licensed non-profit home child care agency and must demonstrate that they have participated in a minimum number of annual training hours. The training may be offered by the licensed home child care agency or through the OEYC.*
- *the Agency conducts an annual unscheduled safety inspection of the Registered Providers home*
- *registered providers are able to provide care for up to a maximum of 4 children under age 11, including their own, with no more than 2 children under the age two.*
- *registered Providers are not eligible to enter into purchase of service agreements with the local CMSM and are therefore not able to provide care for children receiving a fee subsidy*
- *licensed Agencies issue an annual registration certificate*
    - *registered Providers must display their registration certificate in a location visible to parents and the community*
    - *registered Providers are to issue child care fee receipts to parents*
    - *the Agency that issues the Registration certificate informs Revenue Canada of all Registered Providers*

Licensed Providers – are affiliated with a licensed non-profit Home Child Care Agency
- *An individual, who is interested in providing formal care, as defined above, may choose to affiliate with a licensed home child care agency.*
- *The agency is licensed by the Ministry of Education and in turn the agency licenses the individual Provider*
- *Due to the affiliation, monitoring and support provided by the licensed agency, the regulations for Licensed Providers are different than for Registered Providers.*
    - with **agency approval** placement of up to 7 children including their own under the age of 11 – with a maximum of 2 children under 18 months and 3 children under age 4
        - *these ratio's relate to all hours of care, including overnight*
        - *licensed agencies would be expected to follow DNA guidelines to determine number of children that can be present in a licensed Providers home for*

example home set up & space, needs of children attending, Provider training, length of time Provider has been licensed.

- *monitoring to remain at a minimum of in-home visits once every three months but actual schedule depends on age groups/number of children in home, experience of Provider etc*

o *there would not be a registration fee charged to licensed Providers*

o *all other initial screening, home inspections and mandatory training requirements remain the same as are currently in place*

o *minimum of three children in the home must be placed by the license agency, this is to ensure:*

- *support for effective parent communication. We believe that a Registered Provider can communicate a child's daily experience for up to 4 children but once there are more than 4 children in the home the Provider will require support, tools and resources.*
- *Agency viability and compensation for the monitoring that is required in a home where there are 7 children*

The chart below highlights the main differences between a Licensed Provider and a Registered Provider:

Licensed Providers	Registered Providers
are self-employed/independent contractors	*are self-employed/independent contractors*
are continuously affiliated with a licensed HCC agency who provides direct support	*register annually with a licensed non-profit Home Child Care Agency*
must obtain a police records and CAS check - to be reviewed by the agency	*must obtain a police records and CAS check - to be reviewed by the agency*
complete a first aid and CPR course	*complete a first aid and CPR course*
Parents pay the agency directly for the child care service. The agency in turn compensates the Provider. A small administration fee is deducted	*Parents pay the Provider directly for the child care service. The Registered Providers pays a cost-recovery annual registration fee to the licensed agency*
must pass quarterly safety inspections of the home conducted by the Licensed HCC Agency	*must pass a minimum of one annual unscheduled safety inspection of the home conducted by the Licensed HCC Agency*
participate in multiple training opportunities, at no cost	*must participate in annual training for re-registration*
placement of up to 7 children including their own under the age of 11 – with the maximum of 2 children under 18 months, 3 children under age 4 and 2 children over age 4 and up to age 11. Or 7 children, including their own between ages 4 - 11 years	*able to provide care for up to a maximum of 4 children under age 11, including their own, with no more than 2 children under the age two*
able to display their affiliation with a licensed agency in a location visible to parents and the community	*display their registration certificate in a location visible to parents and the community*
Agency issues child care fee receipts to parents	*must issue child care fee receipts to parents*
are loaned agency equipment	
follow comprehensive agency policies regarding supervision and support of children's development	
are visited monthly by a HCC consultant who offers support, mentoring and coaching	

In addition we propose the following:

- o *CMSMs continue to establish purchase of service agreements for providing subsidized child care with licensed home child care agencies only, not directly with Registered Providers*
- o *CMSMs to work in partnership with licensed home child care agencies to develop funding policies that support equalization with Registered Providers who set their own policies and remuneration schedules. E.g. Provider paid holidays*
- o *licensed Providers would be eligible for home set up and equipment loans.*
- o *establishment of a Provincial insurance plan for licensed providers*
- o *additional funding to be allocated to Agencies who are providing supports in areas that have been identified as high-risk*
- o *HCC advisor/consultants to be part of a community delivery model including utilization of Nipissing checklist and other support tools such as quality assurance.*
  - • *financial incentives be provided to agencies to build capacity*
- o *expectation that Licensed Providers, with the support of the HCC advisor/consultant communicate the development of the children in their care to parents*
- o *explore options to settle the employer/employee relationship verses independent contractor status of Providers*
- o *the establishment of a provincial searchable database so Parents can determine if a Provider they are considering is Registered or Licensed*
- o *the establishment of a confidential searchable database so Agencies can determine if a Provider who has applied either to be Registered or Licensed is not eligible to provide care – this would include CAS/Police Record check information, as well as other information such as serious occurrences, fraud etc that may not appear in record checks*
  - • *Agencies would report to the database when they have deemed a home to be unsuitable to be Registered*
  - • *the Ministry would also report the addresses and names of Providers who should not be Registered*
  - • *an appeals process would need to be established*
  - • *due to the fact that Registered Providers are monitored for the most part exclusively by parents, parents will also be able to confidentially report serious occurrence situations to the database for follow up by the Ministry of Education. This is an extension of and in addition to the complaint review process already in place through the Ministry*
- • *to support the continued professionalization of the sector we also recommend:*
  - o *linking mandatory training for Providers that is delivered by licensed Home Child Care Agencies (either directly or through an OEYC) be linked to the local community College to support access to ECE diploma training*
  - o *special needs resourcing programs provide comprehensive training sessions regarding disabilities, inclusion, behaviour, sign language, seizures etc*

As the government looks to deliver on the commitment to provide on-site after-school programs for six-to-12-year-olds, should we consider a new licensing category for older children that builds on the strength of a recreation program model (e.g., different program requirements for older children, participation in recreation-focused programs)?

> *While we believe in parental choice we also believe that school board operated extended day programs are appropriate for children attending school. We recommend that the following principles be expected of all school board operated programs:*
> - *All spaces in the school should be accessible to the children including the library, computer lab and the gym*
>   - *children should be able to access and utilize the school after school hours as they do during school hours*
>   - *age appropriate equipment and program materials must be available*
> - *Program days and hours of operation should meet community need, including providing a program during all non-instructional days if appropriate*
> - *There must be a planned, appropriate program*
>   - *the extended day program should not be an extension of the school day*
> - *Parental fees should be cost recovery*
> - *Integration support must be included so the program is accessible to all children*
> - *Some staff must overlap between the school day and extended day program*
> - *Special Needs Resourcing Programs must be mandated to support these program to ensure a supported quality inclusive opportunity and should be seen as a supportive bridge in service delivery*

How could new licensing approaches support home- and centre based care in smaller, rural and remote communities (e.g., permitting home-based providers to care for more children where there is more than one provider, providing greater flexibility for family or mixed age groupings and space configurations)?
- *The proposed definitions and ratio's described on pages 15 & 16 above provide greater flexibility for home based care in all communities.*
- *In some situations, based on specific criteria (e.g. space, home set up, availability of alternate Providers) **licensed Home Child Care Agencies** may allow for two Providers, one of whom is registered with the College of ECEs, to cooperatively provide care in one home setting for up to a maximum of 12 children under the age of 12 with no more than 4 children under the age of 2. The maximum number of children in the direct care of one Licensed Provider cannot exceed the ratios for an individual Provider as described on page 16. This option is only applicable to Licensed Providers affiliated with a licensed agency, not Registered Providers.*
  - *licensed Providers must have confirmed alternate Providers, approved by the licensed agency, to provide coverage when one of the Providers is unavailable*

How can the government foster quality in informal home-based child care?
- *As described above, any one providing care, defined as formal care, we propose establishing a Register Home Child Care Provider category to ensure minimum quality standards are being met.*
- *Shift the current DNA ratios from being in favour of unlicensed Providers to licensed Providers.*
  - *licensed Home Child Care Agencies may place up to 7 children (including the Provider's own children) with a skilled Provider as long as specific criteria is met.*

- o *without monitoring from a licensed agency, the maximum number of children (including the Providers own children) that can be cared for in a home is 4. This will encourage more Providers to be part of the monitored system.*
- *We also propose establishing a Registration category, obligating anyone who is providing care for remuneration to be registered with an agency to meet minimum standards.*
- *The following DNA regulations, currently in place for Licensed Providers to be applied to the new category of Registered Providers (see above) but not licensed Providers:*
  - o *registered Providers own children are counted in the ratio's defined above*
  - o *all in-ground and above ground swimming pools must be fenced separately from the yard and inaccessible to children. Registered Providers must ensure that the children in their care will not have access to or be permitted to play in private above ground, in-ground or kiddy wading pools. Swimming at public pools with lifeguards present is permitted.*
  - o *the maximum number of children allowed to be onsite in a Registered Providers home, regardless of the number of adults present, may not exceed the ratio's as defined above*

To support accountability and capacity-building in the child care system, the government seeks your feedback on the following key questions:

How can risk assessments help the government use licensing resources more effectively, encourage compliance and reward high-performing child care operators?

- *Purchase of service agreements with CMSMs should be linked to the Quality Assurance (QA) process – operators offering services must achieve a specific level of validation in order to receive public funding.*
  - o *Operators must also commit to, at a minimum, following the established regional wage scale described on page 3*
- *Higher QA ratings increases the length that the QA is valid for (assuming that the administrator/Director has remained the same and there has not been any a turnover of RECE staff less than 40%,) For example, with achievement of a 6/7 rating the QA is valid for 5 years while a 2/7 rating is only valid for one year. This information would be communicated to parents as well.*
- *The Risk Assessment process in place for OEYCs should be adapted for all agencies receiving public funding*

How can the government encourage quality and licensing compliance (e.g., administrative orders, administrative monetary penalties)?

- *Link purchase of service agreements to compliance as described above*
- *Public funding should only purchase services from non-profit organizations to ensure ongoing community commitment and responsive. All non-profit organizations must include dissolution clauses in their by-laws directing that assets of the organization be distributed exclusively to another local non-profit children's services organization*
- *Statistical information from Special Needs Resourcing Programs should be consistent and include waiting list information to support systems planning in identifying gaps and needs*

What tools can support program and administrative leadership in child care (e.g., for centre directors and staff, volunteer not-for-profit boards)?

- *At this time all individual agencies manage their data requirements, accounting, parent billing and reporting to their OCCMS independently. Some organizations enter data manually, others have invested in the development of tools. A significant area of support required is the development of an effective database tool that is linked with the OCCMS system for uploading data. By collaborating across the Province we could identify numerous features that would enhance the entire sector and support multiple environments; the goal would be to create a highly functional tool that would be useful in unique environments –a database with a lot of functionality that a program could turn on/off depending on their need.*

- *This centralized tool would be a robust database that would support the data collection requirements for many programs (HCC, group programs, OEYC, special needs resourcing and others) that links efficiently with the OCCMS system and accounting software. This would create efficiencies and support the integration of services.*

Database functionality could include, for example:

- *link to OCCMS*
- *link to accounting software*
- *link to Centralized waiting list information (for those communities that have that in place)*
- *record keeping requirements with optional fields depending on the services being offered – this would support OEYCs, licensed HCC, Group programs etc*
- *ability to produce statistics and reports, including waiting lists for Special Needs Resourcing*
- *send notes by email directly to parents*
- *functionality could be turned off/on depending on requirements*
- *different levels of users – e.g. accounting staff would have access to accounting information, but not parental notes and vice versa*
- *development of sustainable training options (e.g. webinars) so that after the project new staff have access to training at no cost*

With parental permission application information could be shared with other service providers and schools eliminating the burdensome task of filling out multiple registration forms that ask the same questions.

How can the government support the use of evaluative tools in licensed child care, including common registration and screening tools, as well as the Ontario Education Number?

The development of a Quality Assurance process, as described on page 7 is necessary to support quality in our sector and support the licensing process.

The establishment of a provincial centralized waiting list described on page 11 is an important planning tool for CMSMs along with providing simplified access for parents to navigate the early learning and care system. Assigning the ON Education number upon registration would support information sharing, with parental permission, and reduce duplication

In addition, we recommend:

- *Provincial implementation of the Nipissing developmental screening tool to support parent communication and understanding of their child's development*

       ○ *this tool should be utilized as part of the intake process*
       ○ *completed by RECEs in both licensed group and licensed HCC sector completed by Resource Teacher/Resource Consultants as required*
       ○ *Resource Consultants may also complete other types of educational assessments to determine strengths and needs of a child to support planning*

What information should be collected from operators annually in order to provide a regular cycle of public reporting on the child care system in Ontario (e.g., hours of operators, parent fees, staff compensation)?

- *Effective public reporting would be accomplished by the Implementation of a Quality Assurance process as described above.*
- *A Child Care Information service as described on page 11 would provide the public with the information they need to make an informed choice. This information should be produced locally and updated both annually and as changed occur.*
- *Define minimum expected practices for all non-profit Board of Directors including Annual reports, Annual General meeting open to the public*
  - *encourage CMSM to implement the Risk Assessment tool in place by MCYS where funded agencies must self-report on their policies and practices*

Additional recommendations from Andrew Fleck Child Care Services

- *Increase the amount of information on the government of Ontario website about Home Child Care*
- *Increase the amount of information on the government of Ontario website regarding Special Needs Resourcing Programs and what is offered*
- *Support consistency of Child care terms moving forward – e.g. in modernization paper Child Care Provider is referred to as the operator of the licensed group agency while the sector typically uses this term to describe the independent contractor providing Home Child Care*
- *Post the DNA on government website – searchable by key words*
- *Explore alternative models to support parents such as Short Term Child Care, a program of AFCCS described below on page 21*

Description of Andrew Fleck Child Care Services
Andrew Fleck Child Care Services (AFCCS) is one of the oldest and most diversified non-profit, charitable, multi-service early learning, child care and family support organizations in Ontario. It began its operation in 1911 and was incorporated as a charitable organization in 1920 under the legal name of The Ottawa Day Nursery Inc. It later changed its name to Andrew Fleck Child Care Services in recognition of its benefactor Mrs. Andrew Fleck who donated the building at 195 George Street to the organization in 1932.

AFCCS has always taken a leadership role in the child care community and in early childhood education. Over the past 100 years, in response to the changing needs of the community, it has developed innovative programs and expanded the organization to provide a comprehensive range of services that meet the diverse early learning and child care needs of families in the City of Ottawa. AFCCS takes pride in being innovative, progressive, responsive and - most importantly - committed to excellence in all its services.

AFCCS benefits from sound management practices, a secure financial base and an efficient infrastructure. It also keeps pace with the latest developments in the early childhood education field and information technology to support the delivery of high quality, client- and child-focused services. In addition, it has proven expertise in successfully piloting demonstration projects.

AFCCS advocates for high quality, affordable, accessible, accountable and inclusive child care that promotes the optimum physical, emotional, social, cognitive and intellectual development of the child. AFCCS believes in a holistic and family-centred approach to child care – one that offers a continuum of easily accessible child care options to meet the varying and changing needs of parents and children.

We are a comprehensive multi-service organization. In 2011 we provided care and services for 7,407 children and 52,208 families.

*We currently provide **Licensed Group Care** for children from 18 months to 12 years in 4 locations. We have been providing child care to the families of Lowertown since 1911. Our purposely built building at 195 George St was constructed in 1932. We opened a second location at 185 George St in the 70's, that building was torn down and a new building opened on the same site in 2008. We also operate two kindergarten/school age programs. One is located in a school that will be offering full day kindergarten starting September 2012. We have entered into a third party agreement with the Ottawa Carleton District School Board (OCDSB) to offer the extended day program at that site. The other program is also in an OCDSB school, it is purposely built space and we contributed to the capital cost of constructing that site.*

***Licensed Home Child Care** (HCC) has been offered by Andrew Fleck Child Care Services since 1969. Today, approximately 550 children aged three months to ten years are cared for by dedicated Child Care Providers in nurturing, inclusive, supportive and stimulating home environments. Professional staff visit the homes regularly to provide support, consultation and educational opportunities and also to ensure that the highest standards of health, safety, nutrition and child development are met*

***The Ontario Early Years Centre** (OEYC) – Ottawa South is a place for children aged 0-6, their parents and caregivers to take part in programs and activities together. Parents and caregivers can also get information about services available to them in the community, learn about their children's development and get answers to their questions. At the Ontario Early Years Centre our focus is on helping families give their young children the best start in life. Services are available in English and French.*

We also offer four City wide services:

***Child Care Information** (CCI) is a bilingual, publicly funded information and referral service on early learning and child care. The purpose of Child Care Information is to provide guidance and information on all available child care options in Ottawa. Bilingual staff are available by phone or in person to help parents make informed child care choices. Comprehensive child care and nursery school directories as well as other helpful publications are available for sale. Child Care Information also manages the Centralized Waiting List for all the licensed child care centres and home child care programs in the City of Ottawa.*

***Children's Integration Support Services** (CISS), is a special needs resourcing program that provides a system of support services in both English and French to licensed nursery schools, day care centres, school age and home child care programs that integrate children who have special needs between six weeks and ten years of age in the City of Ottawa. Each year approximately 520 children and their families access this service. These services include the roles of Resource Consultants, Behaviour Consultants and a Behaviour Facilitator. CISS delivers a comprehensive training program for the early learning and care sector including*

parents and guardians. Other supports include a newsletter to inspire and inform, enhanced staff support funding, a comprehensive community resource library, toys and to further support successful inclusion.

Thursday's Child Nursery School *(TCNS) is a licensed center-based nursery school program for children aged two to five whose diagnosis is within the Autism Spectrum. Each year 15-17 children attend this program. TCNS is funded 100% by the City of Ottawa. Using a multidisciplinary approach which embraces parents as partners, the RECE team is supported by a consulting Speech Language Pathologist, an Occupational Therapist and a Behaviour Consultant. TCNS provides a quality learning- through- play environment balancing optimal individual development with experience in groups.*

Short Term Child Care *provides peace of mind for working parents. This bilingual program was initiated in 1987 to provide reliable, accessible back up care for children 3 months to 12 years when the child is mildly ill, when regular child care arrangements are interrupted, or when other family emergencies arise. Employers/organizations/unions pay an annual access fee that entitles their employees/members access to the Short Term Child Care Program. Parents who use the services are charged a reasonable user fee, which may be subsidized partially or fully by their employer/union.*

More information about Andrew Fleck Child Care Services can be found at www.afchildcare.on.ca