Creating Supportive Environments for Healthy Living in Licensed Child Care in Peel: Situational Assessment and Recommendations

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Key Messages

1. There is great potential for licensed child care centres to be settings that are conducive to the development of obesity prevention behaviours such as healthy eating, physical activity and limited sedentary activity.

2. The current social and political climate supports initiatives that aim to improve child care environments as well as those that address childhood obesity.

3. The Day Nurseries Act, the only enforceable governing document for all licensed child care providers, needs to be updated to reflect the current science and best practices in health promotion for children.

4. Opportunities for enhancement in licensed child care settings include: 1) better continuation of care of children between home and child care centres, 2) training, and funding to improve the provision of healthy foods and physical activity, 3) updated policies that govern child care; and 4) increased support for child care providers to access best practices in healthy eating and physical activity.

5. Advocating for provincial legislation changes and improving local policies and programs, together will ensure the physical and social infrastructure of licensed child care in Peel is conducive to healthy behaviours and improved health outcomes.

6. The majority of children in Peel do not attend licensed child care. Therefore we must create supportive environments to improve healthy eating and physical activity for all children in Peel.
Executive Summary

Issue and Context

Childhood obesity is a growing health problem in the Region of Peel. Children who are overweight or obese are likely to be overweight or obese in adolescence and adulthood. The available research suggests that interventions to prevent childhood obesity include healthy eating, beginning with breastfeeding; physical activity; reduced sedentary behaviour; caregiver engagement; cultural and socio-economic sensitivity; multiple-component strategies; and setting-based approaches (Baker, Kusi-Achampong, Walker & Davison, 2011). Accordingly, one potentially effective strategy to prevent childhood obesity is to optimize the healthy eating and physical activity behaviours of children in child care settings.

Methods

In order to identify the best course of action to improve the healthy eating and physical activity behaviours of children in licensed child care in the Region of Peel, a situational assessment was conducted. The situational assessment was comprised of three main activities: a review and analysis of governing documents, stakeholder consultations, and a synthesized jurisdictional scan.

Synthesis of Findings

An assessment of the healthy eating and physical activity environment in licensed child care settings in Peel, as directed by policies and reported by key stakeholders, indicates that the current policies and programs in place in licensed child care settings aim to enable children to develop health promoting behaviours. However, these policies and programs are not without their limitations. A review of the key governing documents of child care in Peel: Ontario Day Nurseries Act (DNA), Operating Criteria, Early Learning for Every Child Today (ELECT) framework and the Raising the Bar Program revealed that none of the governing documents
adequately address nutrition, physical activity and sedentary behaviour of children that attend licensed child care. Consultation sessions with key stakeholders corroborate the notion that while quality licensed child care is being provided in Peel, there is room for improvement. Opportunities for improvement include: 1) better continuation of care of children between home and child care centres, 2) training, and funding to improve the provision of healthy foods and physical activity, 3) updated policies that govern child care; and 4) increased support for child care providers to access best practices in healthy eating and physical activity. A jurisdictional scan of Canadian provinces and territories demonstrates that all provinces and territories provide some guidance regarding nutrition and physical activity. Similar to the DNA, many provincial acts and regulations require updating.

**Recommendations**

Six policy options were generated by the members of the Policy Action Group and analyzed using the National Collaborating Centre for Health Public Policy (NCCHPP) Framework for Analyzing Public Policies. A select group of decision makers from Peel Public Health and the Human Services Department were convened to discuss and contextualize the situational assessment findings and proposed policy options. Through discussion the group agreed that to improve the healthy eating and physical activity behaviours of children in licensed child care, provincial and local policies that govern child care need to be strengthened and enhancing child care providers’ knowledge and skills regarding healthy eating and physical activity is important. They also agreed that all settings where children attend need to be conducive to health promoting behaviours. Peel Public Health and Human services will work together to devise a plan to enact the final recommendations.
1 Issue

Childhood obesity is a growing health problem in the Region of Peel. Children who are overweight or obese are likely to be overweight or obese in adolescence and adulthood. Obesity is a risk factor for various chronic diseases, including diabetes, heart disease, stroke and some cancers. Currently, there are no reportable data on obesity rates of children in the early years (ages 0-6) in Peel. However, data from Peel’s Student Health Survey show that 30% of adolescents are overweight or obese, with younger adolescents more likely to be overweight or obese, indicating an increasing risk of obesity in younger children (Peel Public Health, 2011).

There is limited evidence on strategies that effectively prevent childhood obesity in the early years. Findings from a rapid review completed by Peel Public Health in 2011 indicate that there is no single intervention that prevents childhood obesity. However, the report highlighted key characteristics of successful interventions, which include: healthy eating (beginning with breastfeeding); physical activity; reduced sedentary behaviour; caregiver engagement; cultural and socio-economic sensitivity; multiple-component strategies; and the use of setting-based approaches (Baker, Kusi-Achampong, Walker & Davison, 2011).

Accordingly, one potentially effective strategy to prevent childhood obesity is to optimize the healthy eating and physical activity behaviours of children in child care settings. To that end, this paper: 1) reports the findings of a situational assessment, which explores the licensed child care environment in Peel as directed by policies and reported by key stakeholders, and 2) provides policy recommendations that are expected to promote healthy eating and increase physical activity behaviours of children who attend licensed child care in Peel. The intervention logic can be found in the Concept Model (Appendix A).
2 Context

2.1 Children in Peel and the Licensed Child Care Environment

According to the most recent census data, there are 113,375 children between the ages of 0-6 years old in the Region of Peel. Approximately 65,000 of these children are between the ages of 1-4 years, and are most likely to be in all-day child care. Currently, there are approximately 13,200 centre-based spaces that serve infants, toddlers and preschoolers (children less than 4 years of age). Consequently, with approximately 65,000 children in this age group, it is evident that the licensed child care system supports approximately 20% of children 1-4 years old, with as many as 52,000 children in other forms of child care.

The number of spaces serving infants, toddlers and preschoolers is expected to rise due to the implementation of full day kindergarten (FDK), which would result in the almost 5000 spaces currently dedicated to children of kindergarten age potentially being retrofitted to serve children 0-3.8 years of age. Overall, there are approximately 460 licensed child care settings (centre-based and home child care) that provide full day, and extended-day child care to approximately 30,000 children ages 0 to 12 years in Peel.

2.2 Key Policy Actors

Provincial Government

In Canada, child care is regulated provincially. In Ontario, child care is governed by the Day Nurseries Act (DNA) and the Ministry of Education is responsible for developing child care programs and policies and issuing licenses to prospective and current child care operators. The Ministry of Education is currently reviewing the child care system in Ontario. In 2012, the Ministry released a discussion paper titled ‘Modernizing Child Care in Ontario’ and welcomed feedback from various stakeholders on five medium-term actions that the government can take.
over the next three years to improve child care. The Region of Peel’s Human Services Department as well as Peel Public Health provided recommendations for improving the current system, including recommendations for increasing health promoting behaviours of children through changes to the *Day Nurseries Act* (Appendix B).

*Municipal Government*

*Region of Peel’s Human Services Department*

At the local level, municipalities are mandated by the province to manage the early learning and child care system. The Region of Peel’s Human Services Department is responsible for the management of the child care system in Peel. Primary funding from the Ministry of Education and additional funding from the Ministry of Children and Youth Services support the Region’s investment, responsibility to distribute fee subsidy, wage subsidy, and special needs resource funding, and ability to ensure contract compliance (Region of Peel, 2013). Currently, the Region plays the roles of service manager and service provider. In 2012, a decision was made to implement a phased out withdrawal from service provision by September 2014\(^1\).

The Region of Peel has Purchase of Service (POS) agreements (for fee and wage subsidy) with 148 agencies that operate 422 centres. Centres with POS agreements for *fee subsidy* are expected to adhere to quality assurance measures outlined in the Operating Criteria (in addition to the DNA requirements) and undergo quality assessments by POS Analysts from the Region. Centres with POS agreements for *wage subsidy* are expected to disclose their financial statements and do not have to adhere to the standards outlined in the Operating Criteria. There are 17 agencies that operate 23 centres that do not have POS agreements. With the exception of mandatory

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\(^1\) Direct service withdrawal from Regional child care centres was among the 21 recommendations put forth by the Human Services Department to improve the early learning and child care system in Peel.
relationships with public health inspectors, these agencies have no other formal relationship with the Region of Peel.

Region of Peel’s Public Health Department

Peel Public Health’s Family Health Division is mandated to optimize early child development by enabling individuals and families to achieve optimal preconception and prenatal health and be prepared for and supported during parenthood. The Family Health Division is currently involved in two of the 24 Term of Council Priorities: 1) optimize early child development in Peel (conduct research and develop and/or confirm interventions that support optimal child well-being) and, 2) create supportive environments for healthy living. The Division’s decision to explore the potential of child care settings as health promoting sites fits well with both Council priorities.

2.3 Policy Window

The current social and political climate supports initiatives that aim to improve the licensed child care environment as well as those that address childhood obesity. In addition to the Ministry of Education’s work on ‘Modernizing Child Care’, the Ministry of Health and Long-Term Care (MOHLTC) is also working on addressing childhood obesity. In 2012, the MOHLTC established a panel of experts to put forward a strategic plan to reduce obesity. Public input on strategy development was sought and Peel Public Health submitted recommendations to the panel (Appendix C). The panel released their report titled ‘No Time to Wait: The Healthy Kids Strategy’ in 2013. The report outlines a strategy, which includes tackling childhood obesity in the early years and changing the food environment in schools and licensed child care settings

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2 Term of Council Priorities refer to the areas of focus developed by Regional Council to advance the Region of Peel’s strategic plan.
(Healthy Kids Panel, 2013). The government is currently taking the necessary steps to implement the recommendations in the report.

There is great potential for licensed child care centres to be settings that are conducive to the development of obesity prevention behaviours such as healthy eating, physical activity and limited sedentary activity. Understanding the current situation in child care centres is vital to providing policy recommendations that will strengthen the physical and social infrastructure to support health promoting behaviours.

3 Methods

In order to identify the best course of action to improve the healthy eating and physical activity behaviours of children in licensed child care in the region of Peel, a situational assessment was conducted. The situational assessment was comprised of three main activities: Governing Documents Review and Analysis, Stakeholder Consultations and a synthesized Jurisdictional Scan.

4 Situational Assessment

4.1 Review and Analysis of Governing Documents

The governing documents review provides an overview of the current policies, frameworks and programs that direct child care in Peel and identifies their strengths and gaps as they relate to providing direction for healthy eating and physical activity for children in child care. The goal of the analysis is to identify opportunities to strengthen current policies and programs.
**Scope**

The documents reviewed include the Ontario *Day Nurseries Act*, the Operating Criteria, the Early Learning for Every Child Today (ELECT) Framework and the Raising the Bar program.

**Methods**

The four documents were reviewed by members of the Family Health Division Policy Action Group for content that addressed healthy eating, physical activity, sedentary activity (including screen time), and the role of the caregiver in establishing and supporting the development of the aforementioned health behaviours. Full analysis can be found in Appendix D.

**Summary of Findings**

**Ontario Day Nurseries Act**

The *Day Nurseries Act* is the provincial legislation that governs child care in Ontario. It sets out standards that protect the health, safety, and well-being of children in licensed child care. The DNA provides direction around various topic areas pertinent to the provision of child care including: equipment and furnishings, staff and group size ratios and program activities. The DNA was passed in the spring of 1947 and although sections of the Act have undergone amendments over the years, the DNA has not undergone a comprehensive review since 1983.

The main strengths of the DNA are that it provides regulations for licensed child care operators to follow regarding nutrition and play, and that the regulations are enforceable. Unfortunately, the DNA is outdated and fails to provide regulations for healthy eating, physical activity and screen time that reflect current research and best practices. For example, the nutrition standards of Regulation 262 of the DNA (ss.39-43) provides directives on feeding children that are based on the 1977 version of Canada’s Food Guide. Moreover, while the DNA stipulates that children
are to receive a minimum of two hours of outdoor time per day, there are no regulations regarding children meeting minimum physical activity recommendations. Furthermore, there are no requirements for child care providers to follow sedentary behaviour and screen time use recommendations as outlined in evidence-based guidelines.\(^3\)

*Operating Criteria*

The Operating Criteria (OC) is a validated quality assurance tool for licensed child care operators, supervisors and front-line staff to use for self-evaluation and program planning. Created for the City of Toronto by the Atkinson Foundation and the Ontario Institute for Studies in Education (OISE), the tool is used by the Region of Peel as part of their quality assurance management in licensed child care centres. The OC outlines expectations, service standards and guidelines for child care providers with a Purchase of Service (POS) agreement for fee subsidy.

The major strength of the Operating Criteria is that it encourages licensed child care providers to go above and beyond the “minimum” as outlined in the *Day Nurseries Act*. For example, the OC provides guidelines for nutrition that are based on the current national food guide, ‘*Eating Well with Canada’s Food Guide*’ (2007). Additionally, the OC outlines standards for meal/menu planning, centre meal requirements, menu adaptations, and food substitutions; items that are not captured in the DNA. Furthermore, the OC provides standards for playgrounds, play equipment, TV and computer usage, which are also not included in the DNA. However, the OC fails to use evidence-based physical activity, sedentary behaviour and screen time guidelines to underpin these standards.

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\(^3\) The Canadian Society for Exercise Physiology released Canadian Physical Activity and Sedentary Behaviour Guidelines for the early years (0-4) in 2012.
**ELECT Framework**

The Early Learning for Every Child Today (ELECT) framework for Ontario early childhood settings describes how children learn and develop and is a guide to support curriculum in early childhood settings including: child care centres, kindergarten classrooms, home child care and other family support programs. The ELECT framework complements the Ontario Day Nurseries Act, the Ontario Early Years Centre Guidelines and kindergarten programs by outlining various domains/skills, indicators of skills, and the interactions necessary to promote the development of these skills.

The strengths of the document include its focus on parent/caregiver engagement, the importance of learning in the early years and the importance of play. The framework provides minimal information on guidelines related to healthy eating, physical activity and sedentary behaviour, including screen time usage. The use of the framework is also voluntary and cannot be enforced.

**Raising the Bar Program**

Raising the Bar is a voluntary program designed to enhance quality care in early learning and licensed child care programs. A Raising the Bar (RTB) certificate signifies that a program is committed to maintaining provincial regulatory standards as well as local community standards. There are three categories of standards that centres must adhere to in order to receive a certificate: 1) Quality Assurance, 2) Best Practices and 3) Professional Education. In each category, achievement levels are measured and rated (Gold, Silver and Bronze). Currently all operators with Purchase of Service agreements are strongly encouraged to participate in the program.

The strengths of the Raising the Bar program are that it promotes quality early learning and child care programs, and it provides and recommends a series of activities to guide and monitor best practices.
practices. Additionally, the program offers several opportunities for child care operators and their staff to attend trainings on various topics pertinent to child care delivery. The current Raising the Bar program in Peel does not include directives around healthy eating and physical activity. The Raising the Bar program in the City of Hamilton has recently added a Nutrition Standards component to their program. No decisions have been made to adopt the changes in Peel.

4.2 Stakeholder Consultations

The stakeholder consultations provided an opportunity to hear the perspectives of licensed child care supervisors, cooks, and purchase of service (POS) analysts regarding children in Peel and the current policies and programs that influence healthy eating and physical activity in licensed child care. The purpose of the stakeholder consultations was to gain an understanding of any issues related to healthy eating and physical activity, as well as strengths and weaknesses of current programs and policies. The primary objective was to identify opportunities to improve healthy eating and physical activity in licensed child care centres.

Scope

The questions asked in the focus groups addressed the magnitude of the problem, strengths and limitations of programs and policies and the resources needed to achieve the ideal vision of healthy eating and physical activity in licensed child care centres. Questions can be found in Appendix E.

Methods

There were a total of five focus group sessions held. Three focus group sessions were held with licensed child care supervisors, a fourth focus group session was held with cooks that work in licensed child care centres, and the last focus group session was held with the Region of Peel’s POS analysts. Participants were recruited through existing networks, including Brampton.
Supervisors Network, Mississauga Supervisors Network and Raising the Bar participant list. Sessions were facilitated by the primary author. All sessions were audio-taped and transcribed verbatim. The findings below are categorized according to the main topic areas that were discussed in the focus groups held with approximately 50 supervisors, 15 cooks and four POS Analysts. Select stakeholder quotes can be found in Appendix F.

Summary of Findings

**Issue Identification and Magnitude of the Problem**

There was consensus among all stakeholders that there are issues regarding unhealthy eating and physical inactivity in children less than 6 years of age attending licensed child care centres; however the issue was not viewed as a main priority. It was suggested that the “physical effects” (i.e., weight issues) of poor health behaviours were more prevalent in the children that attend the school age program, (6-12 years olds) but that many issues were emerging in the early years. Key issues tabled included picky eating, food allergies and intolerances, and to a lesser extent, the use of hand-held electronic devices.

**Differences among Children**

All stakeholders reported there were no differences in health behaviours and outcomes between boys and girls, but there were noticeable cultural differences in eating and physical activity behaviours among the children. For physical activity, the most salient difference mentioned was the request made by parents of South Asian descent to not take their children outside to play when it is cold. Cultural differences in eating behaviour were linked to religious restrictions and observances. Many of the supervisors also mentioned that children in their centres were from varying socio-economic backgrounds, which had implications for what the children ate and activities they participated in outside of the centres.
Role of Parents

All stakeholder sessions reported on the role parents play in enabling poor health behaviours of the children. Participants acknowledged the global trend of overworked and busy parents and highlighted the implications of poor work-life balance on the decisions parents make every day. It was suggested that for many parents, picking up their children at 5 or 6 pm limits the time available to go home and prepare a healthy meal. Consequently, many parents pick up prepared foods on the way home. All discussions of the issue and contributing factors mirrored global discussions of the obesity epidemic and contributing factors, such as limited time and food skills.

Current status of Child Care Programs and Associated Policies

Governing Documents

There was consensus among all participants that operators adhere to the regulations outlined in the Ontario Day Nurseries Act. Participants reported that the DNA provides the minimum standards for program provision and adherence to the act does not mean that a quality program is being provided. Supplementary initiatives like ‘Raising the Bar’ and the Operating Criteria were reported to help supervisors provide quality programming.

The groups also discussed adherence to the Operating Criteria. The general consensus was that following the “Criteria” was relatively ‘easy’ and that centres aimed to score a “4-Exceeds Expectations” in all components being assessed. However, there were some challenges with achieving all expectations outlined in the OC. Of particular interest is the expectation that centre staff must have their menus reviewed by Registered Dietitians to receive a Level 4 rating in one of the sections in the Nutrition Criteria. Supervisors mentioned that hiring dietitians to review menus is expensive and is a barrier to achieving a Level 4 rating.
Site-specific Policies

In addition to the DNA and the OC, some centres have additional site-specific policies related to food, screen time and playgrounds. For example, some centres have a strict ‘no outside food’ policy and are able to accommodate the food substitutions required for various children (i.e., gluten-free foods). Only one centre indicated they have a ‘no screen time’ policy and others had age-specific screen time policies. The majority of centres did not have a screen time policy, however supervisors suggested that screen usage is very minimal and there are policies regarding the use of computers and other devices (e.g., iPads).

One stakeholder session with child care supervisors revealed that some licensed child care operators have site-specific policies that discourage child care providers from taking the children to city parks. The rationale given for these policies was that the Ministry requires licensed child care operators to have a playground safety policy that includes playground inspection and documentation protocols. Operators do not have access to municipal inspection protocols and therefore would not be able to provide this documentation if they were to be audited. Other child care operators did not interpret the licensing requirement to be as restrictive and simply apply their site-specific playground inspection protocol at local city parks (i.e., they conduct a safety check).

Nutrition

General consensus among stakeholders was that the meals and snacks that the children receive during their time in licensed child care are usually the most nutritious meals the children receive all day. All stakeholders mentioned nutrition concerns including: children arriving without having had breakfast, children arriving eating unhealthy foods and parents offering unhealthy snacks on the way home.
There was a mix of centres that had either caterers or cooks. Meals are prepared following Canada’s Food Guide and were said to be diverse to accommodate all children. Although stakeholders generally expressed pride in their menus, menu planning was also mentioned as an area in need of improvement. According to cooks, budgets for menu planning ranged from $1.14/child to $7.00/child per day. The budget has implications for the foods that are purchased.

*Physical Activity*

All licensed centres reported following the minimum 2 hour guideline of outdoor play required in the DNA regulation. Some centres indicated they provide more than the minimum 2 hours. The activities that children participate in are planned by centre staff and vary daily. There were some concerns that staff require training to lead physical activity. Additionally, there were also some discrepancies between the activities that staff “planned” for the day and the activities that took place outdoors. It was mentioned that staff would benefit from learning about physical activity in their Early Childhood Education training.

Furthermore, while staff are expected to participate in activities with the children, this does not always occur. One possible explanation given was that it is difficult to participate and supervise the children simultaneously. An additional issue tabled was the cost of maintenance and repair of play structures and physical activity equipment. There is an increasing trend at licensed centres to move from play structures to *natural play settings*\(^4\). Furthermore, from the conversations, it is evident that the location of a licensed child care centre can be either a facilitator or barrier to physical activity. Centres located in recreation facilities, schools or apartment buildings often are

\(^4\) Natural play areas are defined as designated areas within existing parks in which children have the opportunity to engage in creative, unstructured play with natural elements in natural settings.
allowed to access amenities such as gyms and swimming pools, increasing the variety of physical activity offered.

**Innovation, Curriculum, and Successes**

The consultation sessions revealed that licensed child care staff are innovative and consult a variety of resources to plan their curriculum. Nutrition and physical activity are at times incorporated into programming. For example, some child care operators create recipe books with the children, others, like the Region of Peel’s centres have programs that allow children and families to take home activities that encourage physical activity and literacy instead of screen time (e.g., *Turn off the Screens (TOTS)* program). Moreover, some licensed child care centres provide programming including dance and taekwondo classes that are run by external groups and individuals.

**Achieving the Ideal Vision**

**Collaboration between Parents and Child Care Providers**

When child care supervisors were asked what they would need to help achieve a vision whereby all children in Peel are eating well, being physically active and are happy irrespective of the centre they attended, the general consensus from stakeholders was that children receive high quality care while in licensed child care. Supervisors also stated that it would be helpful if there was better collaboration between parents and providers so that the quality of care is consistent before and after child care.

Supervisors acknowledged both the potential and limitations of acting as information brokers to parents. Supervisors see themselves as good sources of information and are able to interface with parents and pass on valuable knowledge; however they also reported that messages about healthy eating and physical activity would have more credence if the messenger was an expert (e.g.,

*Kusi-Achampong, 2014*
Public Health Unit). This sentiment was also echoed by POS analysts, who often provide support about healthy eating using Canada’s Food Guide to child care providers.

Money

Supervisors also mentioned that money was a necessary requirement to make improvements to create the ideal vision. Additional funding would be required to improve the quality and variety of food served, for physical activity equipment, to train staff on healthy eating and physical activity, and to hire additional staff.

Inspections

In all focus group sessions, it was suggested that given the variety of guidance documents and the variety of inspectors, it would be helpful if there was one administrative body or a streamlined approach to inspections. It was suggested that all inspectors should confer with each other: public health inspectors, ministry inspectors, and POS analysts. Particularly, participants in the cooks’ focus group session reported their frustration with the number of different inspectors that come into the kitchen and assess different requirements.

Role of Public Health: Expert Consultant

In all sessions, supervisors mentioned the role Peel Public Health previously played as organizers of Keep on Track events, which provided resources for supervisors, and expressed that they missed this event. Many voiced that moving forward Peel Public Health could provide consultant-type services as well as provide workshops, resources and dietitian expertise in menu planning.
4.3 **Jurisdictional Scan**

The jurisdictional scan provides a synthesized overview of the nutrition and physical activity standards outlined in the acts and regulations of Canadian provinces and territories. The scan also includes an overview of programs and policies being implemented by local public health units in Ontario. The goal of the jurisdictional scan is to assist Peel Public Health with identifying evidence-informed strategic policy recommendations.

**Scope**

For each province, acts, regulations, and pertinent standards and guidelines that address healthy eating and physical activity in licensed child care centres were reviewed. The components of the documents that specifically addressed healthy eating and physical activity were analysed (see Appendix G). Additionally, all public health units in Ontario were contacted to provide information about any healthy eating and physical activity initiatives that they are undertaking in child care settings. Survey questions and response analysis can be found in Appendices H and I, respectively.

**Methods**

The jurisdictional scan included two activities: 1) an internet scan of provincial acts, regulations and standards and guidelines that address healthy eating and physical activity in child care centres and 2) the administration of a survey to the 36 public health units in Ontario via the Ontario Society of Nutrition Professionals in Public Health (OSNPPH) listserv and the Ontario Society of Physical Activity Promoters in Public Health listserv.
Summary of Findings

A. Provincial Acts & Regulations

Nutrition

All provinces and territories have regulations that address nutrition in licensed child care settings. There are commonalities and differences among the regulations. The most frequently reported topic areas addressed in nutrition standards are: ensuring food is prepared according to Canada’s Food Guide; infant feeding practices; menu posting and record keeping; and scheduling of meals and snacks. Below is a brief analysis of the key topic areas.

Canada’s Food Guide

Almost all provincial regulations outline nutrition standards that require operators of licensed child care centres to ensure that meals and snacks follow Canada’s Food Guide; Saskatchewan, Northwest Territories & Nunavut are the only exceptions. For the following provinces, whose nutrition standards were last updated before 2007; Newfoundland & Labrador, Prince Edward Island, New Brunswick, Quebec, Manitoba, British Columbia, and Yukon; the food guide referenced in their nutrition standards is the 1992 version of the Canada’s Food Guide. The food guide referenced in Ontario’s Day Nurseries Act refers to the 1977 Canada’s Food Guide. In Alberta operators must adhere to a recognized Canada’s Food Guide, allowing for the most recent food guide to be used. Nova Scotia requires that child care providers adhere to the Standards for Food and Nutrition in Regulated Child Care Settings, which are based on the most recent food guide: ‘Eating Well with Canada’s Food Guide’ (2007).

Infant Feeding Practices

Almost all provinces provide standards regarding infant feeding practices in the regulations that address nutrition in licensed child care settings. The majority require infants to be fed in
accordance with the written instructions provided by parents and require that all bottles be labelled and stored properly. Newfoundland & Labrador, Nova Scotia and New Brunswick provide more detailed standards regarding the handling and storing of breast milk and feeding babies who use bottles (e.g., bottles must not be propped up to encourage self-feeding). In Saskatchewan, child care operators must provide meals and snacks to children who are six months of age or older. However, operators are not required to provide infant formula or baby food.

**Menu Posting and Record Keeping**

In all but three of the provincial nutrition standards, child care operators must post a planned menu of the meals and snacks to be served throughout the week. For provinces that require menus to be planned, posted and followed, it is expected that operators keep menus for record keeping. Some provinces require menus be kept for 12 months, while others require menus be kept for 30 days. The majority of provinces do not outline a minimum amount of time menus must be kept. In British Columbia, there is no explicit directive in the *Child Care Licensing Regulations* that menus must be posted, however it does say that “A licensee must make available to parents information on the food and drink given to children”. There are no directives regarding menu posting and record keeping in Saskatchewan’s regulations.

**Meal Schedules**

The majority of provincial regulations provide some standards regarding the types of foods to be served to children based on the number of hours they are in attendance in licensed child care each day. With the exception of three provinces, which make no mention of scheduling of meals (Quebec, Saskatchewan and Alberta), provinces require that children be served meals during ‘meal time’ and be provided with morning and afternoon snacks. Some provinces specify that
children in child care for more than 3 hours receive a meal and 2 snacks while others do not specify a minimum time. In the regulations of the Child Day Care Standards of the Northwest Territories and Nunavut, spacing of meals and snacks is not based on the number of hours a child is in care, but rather the age of the child. For example section 30 states “There must be no more than (a) three hours between meals or snacks, for children over 10 years of age; and (b) 2½ hours between meals or snacks for children 10 years of age and under.”

Additional Nutrition Content

Additional topic areas addressed in some provincial nutrition standards include informing parents about the foods served to children while at the centre (in addition to posting menus), posting lists of the names of children who have allergies and/or intolerances and making sure that safe drinking water is available and accessible throughout the day for children. These topic areas are found in less than five of the provincial and territorial regulations.

Physical Activity, Play and Playgrounds

All provinces and territories have regulations that address physical activity and play in licensed child care settings. There are commonalities and differences among the regulations. The most frequently reported topic areas addressed in physical activity standards are: outdoor and indoor space requirements and; outdoor and indoor play equipment. Safety and supervision of children are also mentioned in all of the regulations.

Outdoor and Indoor Space Requirements

All provinces and territories in Canada require that children attending licensed child care must have access to outdoor play time. For some child care centres, this outdoor space may be attached to the centre, for others, this means that a play space is within walking distance from the child care centre. In all provincial regulations, with the exception of Ontario, it is explicitly
stated that outdoor play spaces (parks and playgrounds) that are off-site are allowed to be used by child care providers. In Ontario’s *Day Nurseries Act*, it states (22A) “Playground must be at ground level adjacent to the premises, unless otherwise approved by the Director”. Some licensed child care operators have interpreted this directive to mean that children are not allowed to access municipal parks and playgrounds.

All provinces and territories, with the exception of Newfoundland and Labrador outline minimum outdoor space requirements per child. Minimum space requirements range from 4 square meters (Quebec) to 7 square meters (PEI, Nova Scotia, Manitoba and Saskatchewan). Additional requirements include directives around fencing and enclosures and playground specifications. All provinces also outline minimum indoor space requirements per child. This space is to be used for activity, eating and resting. For most provinces, it excludes hallways, kitchen space, washrooms and storage areas. The minimum space requirements are less than outdoor space requirements; ranging from 2.75 square meters to 4 square meters per child.

*Outdoor and Indoor Play Equipment*

Seven of the thirteen provinces and territories (PEI, NB, NS, QC, ON, MB, AB) provide directive(s) regarding outdoor play equipment (including playgrounds). All directives state some or all of the following: play equipment must support gross motor activity; must be developmentally appropriate; must be safe, well maintained and inspected; and must be in sufficient quantity for all children to use. Quebec is the only province that states in its regulations that child care operators must ensure that outdoor space and equipment meet Canadian Standards Association Standard for Children’s Play spaces and Equipment. All provinces and territories require child care operators to provide indoor play equipment for children to use. All standards
require that toys and equipment must be developmentally appropriate, must be safe, in sufficient quantity for all children and easily accessible.

*Play and Physical Activity Guidelines*

All provinces and territories require licensed child care operators to take children outside as part of their daily programming; exceptions include inclement weather and parental direction against outdoor exposure. Ontario is the only province that sets out a minimum amount of time children should play outdoors. According to Ontario’s *Day Nurseries Act*, children over 30 months that attend day care for more than 6 hours must play outdoors for at least 2 hours (weather permitting).

No province or territory outlines minimum time requirement that children should engage in moderate to vigorous physical activity. The Yukon is the only Canadian jurisdiction that provides physical activity and physical literacy directives in their child care regulations.

*Screen Time*

Quebec is the only Canadian jurisdiction that addresses screen time in their child care regulations. According to the *Educational Childcare Regulation*, ‘A childcare provider may use a television or other audiovisual equipment only if such use is part of the educational program’.

*B. Public Health Units Scan*

Twenty-nine of the 36 Ontario public health units responded to the survey. The majority of health units are providing training, presentations, or assistance with menu planning. Other commonly cited examples of work being completed by health units included workshops, presentations, and training for child care staff, caterers and cooks, and Early Childhood...
Educators (ECE) on healthy eating and physical activity (including physical literacy\(^5\)). There was also an indication that many health units are in the initial stages of work in the area of healthy eating and physical activity policy in the child care settings. To date, however, concrete policies related to licensed child care have not been implemented by health units in Ontario. Health units are also continuing to develop and provide resources and toolkits on healthy eating and physical activity to licensed child care centres. Some health units are also involved in the training of ECE through enhancements of college program curricula.

5 Synthesis of Findings

An assessment of the healthy eating and physical activity environment in licensed child care settings in Peel, as directed by policies and reported by key stakeholders, indicates that the current policies and programs in place in licensed child care aim to enable children to develop health promoting behaviours. However, these policies and programs are not without their limitations.

A review of key governing documents of child care in Peel: Ontario *Day Nurseries Act* (DNA), Operating Criteria, Early Learning for Every Child Today (ELECT) framework and the Raising the Bar Program revealed that none of the governing documents adequately address nutrition, physical activity and sedentary behaviour of children that attend licensed child care. With the exception of the Operating Criteria, all the documents provide limited or no guidance on feeding children based on evidence-based guidelines, namely the current national food guide: *Eating Well with Canada’s Food Guide*. Moreover, none of the documents provide guidelines

\(^5\) Individuals who are physically literate move with competence and confidence in a wide variety of physical activities in multiple environments that benefit the healthy development of the whole person.
on limiting sedentary behaviours (including screen time) and ensuring children meet their daily physical activity requirements. The Day Nurseries Act, the only enforceable governing document for all licensed child care providers (irrespective of their status regarding subsidies), needs to be updated to reflect the current science and best practices in health promotion for children.

Consultation sessions with key stakeholders corroborate the notion that while quality licensed child care is being provided in Peel, there is room for improvement. Opportunities for improvement include: 1) better continuation of care between home and child care centres, 2) training, resources, and funding to improve the provision of healthy foods and physical activity, 3) updated policies that govern child care, and 4) increased resources and support for child care providers to access best practices in healthy eating and physical activity.

A jurisdictional scan of Canadian provinces and territories demonstrates that all provinces and territories provide some guidance regarding nutrition and physical activity. Similar to the DNA, many provincial acts and regulations require updating. Nova Scotia’s Day Care Act (2011) is the most recently updated provincial act and is the only act that has nutrition standards based on the most recent national food guide. Locally, many Ontario health units have identified that the licensed child care environment is an ideal setting to support the development of key health promoting behaviours. While few are developing policies, one health unit in particular, Ottawa Public Health has developed nutrition and physical activity standards for child care centres.

There are many opportunities to improve the healthy eating and physical activity environment of children in licensed child care in Peel. Advocating for provincial legislation changes and improving local policies and programs, together will ensure the physical and social infrastructure of licensed child care in Peel is conducive to healthy behaviours and improved health outcomes.
6 Proposed Policy Options and Stakeholder Discussion

Following the completion of the situational assessment, the members of the Policy Action Group in the Family Health Division at Peel Public Health generated a list of policy options to improve the healthy eating and physical activity environment in licensed child care in Peel. Six options were generated and grouped into three main categories: 1) Strengthen policies that govern child care, 2) Improve knowledge and skills of child care providers, and, 3) Create supportive environments for healthy eating and physical activity for all children in Peel. The options were analyzed by the members of the Policy Action Group using the National Collaborating Centre for Healthy Public Policy (NCCHPP) Framework for Analyzing Public Policies. The dimensions assessed for each proposed option were: effectiveness, unintended effects, equity, cost, feasibility and acceptability. Further discussions were planned with other stakeholders to complete the process. Proposed policy options with full analysis can be found in Appendix J.

The proposed policy options and analysis were shared with key stakeholders at Peel Public Health and the Human Services Department in the Region of Peel including the Director of Family Health, and the Manager of Early Learning & Child Care. Due to various constraints, a formal facilitated deliberative dialogue session did not occur. The NCCHPP recommends conducting deliberative processes to finalize the knowledge synthesis. This involves bringing key stakeholders together for a meeting, at which they are presented with synthesized data, to discuss the findings and supplement it with their own knowledge (NCCHPP, 2010). In lieu of a formal deliberative dialogue session, a meeting with key decision-makers in Public Health and the Human Services Department was held on January 13th, 2014. In this meeting, attendees discussed each proposed policy option and discussed its effectiveness, feasibility, and
acceptability. The proposed recommendations were revised based on the discussion at this meeting.

Discussion Summary

Policy Option 1: Strengthen policies that govern licensed child care in Peel.

All participants agreed that regulation is an effective policy instrument that has population level effects. Option 1.1 called for Peel Public Health and the Human Services Department to advocate for changes to the Day Nurseries Act (DNA). There was group consensus that the DNA was outdated and required changes. Discussion ensued about the best way to ‘advocate’ for changes to the DNA given that the Ontario Government had recently introduced Bill 143: Modernizing Child Care Act, which among other actions, called for the repeal of the Day Nurseries Act and the enactment of the Child Care and Early Years Act, 2013. Additionally, at the time of our meeting, the Ministry of Education had invited stakeholders and the public to provide feedback on a series of potential regulatory changes to the Day Nurseries Act (Regulation 262). It was decided that both departments would work together to make a submission on amendments to Regulation 262, as well as participate in any stakeholder consultations on the Child Care and Early Years Act.

The group went on to discuss proposed policy Option 1.2 which recommended that physical activity and sedentary behaviour guidelines be added to the Operating Criteria. Members of the Human Services Department informed the group that the Operating Criteria is a validated tool and that authority to make changes or amendments to the tool is not in the purview of the Human Services Department. Despite this constraint, Peel Public Health recommends that children attending licensed childcare not receive any screen time in the form of television, computers, tablets, and/or other mobile devices. The only exception might include the use of screens to
engage children in physical activity. Moreover, Peel Public Health recommends that children follow the Canadian Physical Activity Guidelines (0-4 years), published by the Canadian Society for Exercise Physiology, which outline the amount and type of physical activity that is required to promote healthy growth and development. These guidelines are evidence-based, specific to children 0-4 years of age, and not opposed or contradictory to the play-based learning model. This recommendation has been removed from the original proposed recommendations as the Peel Human Services Department does not have jurisdiction to make amendments to this document. The issue related to physical activity guidelines will be addressed in a submission to the Ministry of Education on proposed regulatory changes.

**Policy Option 2**: Improve healthy eating and physical activity knowledge and skills of licensed child care providers.

The group discussed **Option 2.1** which stated that Peel Public Health should identify and provide credible evidence about healthy eating and physical activity to child care providers. There was consensus that Peel Public Health is uniquely positioned to provide research evidence given their expertise in evidence-informed decision making. The wording of this option could be interpreted that Peel Public Health will educate Early Childhood Educators. Rewording is necessary to be clearer about Public Health’s role. **Option 2.2** recommended that Peel Public Health work with key stakeholders to ensure research evidence is translated into practice via program curricula and menu plans. The group agreed that this option was feasible; however the exact mechanism by which knowledge would be translated was not decided on. It was suggested that Peel Public Health could provide resources to the Child Development Resource Connection Peel (CDRCP), as this agency currently provides training sessions for child care providers. The group also discussed that in the past Peel Public Health used to provide dietitian services to the licensed child care centres. However, given that there are only two Registered Dietitians in the Family
Health Division, the group agreed that returning to this practice may not be feasible and that an alternative method of providing dietitian support for child care providers is required.

**Option 2.3** highlighted the importance of influencing the early childhood educators’ curriculum to ensure future child care providers are equipped with evidence-informed knowledge about healthy eating and physical activity. There was consensus that improving knowledge and skills of child care providers is integral to making system-wide changes and that working with post-secondary schools to influence the Early Childhood Education curriculum is an upstream, long term approach to influence service providers.

**Policy Option 3:** Create supportive environments to improve the healthy eating and physical activity for all children in Peel.

The group discussed **Option 3.1**, which called for the development of a comprehensive strategy to reach all children in Peel. Given that the majority of children do not attend licensed child care, it was agreed that it would be wise to ensure that all settings that children attend are conducive to developing healthy eating and physical activity behaviours. The Human Services Department will be among the many stakeholders that Peel Public Health will work with when devising a strategy to optimize healthy behaviours and outcomes for all children, including those that do not attend licensed child care.

Overall, the group agreed that together the proposed policy options will increase the likelihood that childcare settings will provide children with the opportunity to increase their healthy eating and physical activity behaviours. Peel Public Health, together with the Human Services Department and key stakeholders will work together to submit a joint Council Report and devise a plan to move the agreed upon recommendations forward. It is understood that this work is long term and could unfold over several years.
7 Final Recommendations

1. Strengthen policies that govern licensed child care in Peel

   1.1. Peel Public Health and Human Services will continue to provide feedback and propose changes to the Ontario Day Nurseries Act (Regulation 262) and the proposed Child Care and Early Years Act, 2013 to include evidence-informed healthy eating, physical activity and sedentary behaviour reduction requirements.

2. Improve healthy eating and physical activity knowledge and skills of licensed child care providers

   2.1. Peel Public Health and Human Services staff will identify and provide licensed child care providers with credible evidence and guidance to support healthy eating, physical activity and reduce sedentary behaviours of children in licensed child care.

   2.2 Peel Public Health will collaborate with Human Services staff and other key stakeholders to translate evidence into practice in order to augment licensed child care program curricula in the areas of physical activity, sedentary behaviours, and optimal nutrition and feeding.

   2.3. Peel Public Health will work with key stakeholders to strengthen early childhood education curricula at colleges and universities with the use of the best evidence to increase healthy eating, physical activity and reduce sedentary behaviour among children in child care.

3. Create supportive environments to improve the healthy eating and physical activity for all children in Peel, recognizing that the majority of children do not attend licensed child care.

   3.1. Peel Public Health will collaborate with Human Services and community stakeholders to develop a comprehensive strategy to optimize healthy eating, physical activity and reduce sedentary behaviours of all children in Peel, including those in unlicensed child care.
References


Appendices

Appendix A: Concept Model
Appendix B: Modernizing Child Care Submission
Appendix C: Healthy Kids Panel Submission
Appendix D: Review and Analysis of Governing Documents
Appendix E: Stakeholder Consultation Questions
Appendix F: Select Stakeholder Quotes
Appendix G: Provincial Regulations Review
Appendix H: Public Health Units Survey
Appendix I: Public Health Units Response Analysis
Appendix J: Policy Options Analysis
Appendix K: Final Recommendations
Appendix A: Concept Model

Supportive Policies for Licensed Child Care Settings
Intervention Logic Model

Public Policy

Physical infrastructure conducive to healthy eating and physical activity

Social infrastructure conducive to healthy eating and physical activity

Policies for licensed child care settings that create environments that foster the development of healthy eating & physical activity behaviours

Intermediate Effects

Physical Activity/Limited Sedentary Behaviour

Healthy Eating

Children, who are active, eat well and have engaged caregivers

Effect on Problem

Prevention of childhood obesity and associated chronic diseases

Kusi-Achampong, 2014
Appendix B: Modernizing Child Care Submission

Submitted via email: CCGJ; modernization@ontario.ca

September 10, 2012

Child Care Modernization c/o Early Learning Division Ministry of Education
900 Bay Street, 24'h floor Mowat Block
Toronto, Ontario M7A 1L2

Dear Office of Early Learning:

We are writing in response to the request for consultation on Modernizing Child Care in Ontario. The Family Health Division of Peel Public Health supports your long term vision of a child care system that "will focus on learning in safe and caring play-based environments, on healthy physical, social, emotional and cognitive development, and on early identification and intervention for children in need of supports."

The foundations of lifelong health are rooted in the early years of development. When children develop in an environment with positive early experiences, they have a greater chance to thrive and grow into healthy adults. The foundations of health refer specifically to three domains of influence that are necessary for healthy development:

1. a stable and responsive environment of relationships;
2. safe and supportive physical, chemical, and built environments; and
3. sound and appropriate nutrition (Center on the Developing Child - Harvard University, 2012).

Child care providers can influence the foundations of health by creating opportunities for children to develop health promoting behaviours (healthy eating and physical activity) that children will carry with them throughout their lives, which can improve a variety of health outcomes. "High quality" early care and education programs can not only prepare children to succeed in school, but they can also promote health and prevent disease.

It is this perspective that underlies our motivation to contribute to the discussion about Modernizing Child Care in Ontario. Attached are three documents:

1. Peel Public Health - Family Health Division's Response to Discussion Paper on Modernizing Child Care in Ontario. It is focused on sections that are most relevant to public health and supportive of healthy eating and physical activity i.e. Quality Programs, Modernized Legislative and Regulatory Framework, and Support for Accountability and Capacity-Building.

2. Policy-related Recommendations for Child Care Settings

We appreciate the opportunity to provide feedback and welcome further discussion, so please do not hesitate to contact us or Sarah Baker, Family Health Nutritionist at 905-791-7800, ext 2851.

Sincerely,

Anne Fenwick  
Director, Family Health 
Peel Health Department

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**Region of Peel Public Health response to Discussion Paper: Modernization of Child Care**

1) Operating Funding Formula

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

- The cost of building and/or maintaining environments that are supportive of healthy lifestyles, including healthy eating and safe, active play. Priorities would include funding for the provision of healthy snacks and meals and safe equipment and areas for active play.

- The cost of additional training or support for child care staff in the areas of healthy eating and physical activity promotion. Certain professional health specialists, including Registered Dietitians could provide training and support in, for example, menu planning. The current availability of Registered Dietitians and Health Promoters (who specialize in physical activity) in public health in Ontario is currently insufficient to support this need.

- Health status and health indicators (e.g., rates of chronic disease) of communities should also be considered in the process of allocating funds. Certain communities may have a higher need for funding to be directed towards enhancing healthy eating and physical activity based on the health status of the community.

2) Capital Funding Priorities

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?

- Related to healthy food, collaboration can be facilitated with the provision of a policy that supports healthy food and beverages in child care settings that correspond with the guidelines set out in PPM 150 – School Food and Beverage Policy. Consistency in the food and beverage guidelines of PPM 150 with a healthy food and beverage policy for child care settings will also assist food production companies and caterers in adhering to the policy.

3) Quality Programs

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

- The identification of appropriate operating criteria and policies that child care centres should follow to support the optimal development of children should be monitored and regulated. For Peel Public Health’s suggestions for key policy consideration that have been summarized from a review of the evidence, see attached: Policy-related Recommendations for Child Care Settings and Effective Public Health Interventions for the Prevention of Obesity in Children from Birth to 6 Years: A Rapid Review of the Evidence (http://www.peelregion.ca/health/resources/pdf/Obesity_in_Children.pdf). Further quality evidence on child care related policies that can promote healthy weights in young children can be accessed in the Institute of Medicine’s 2011 consensus report entitled Early Childhood Obesity Prevention Policies
The licensing process can further ensure program quality in the areas of promoting healthy eating, physical activity, and limited sedentary time for children by introducing mandatory training in meal planning and active play.

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

- The development and enforcement of mandatory provincial program guidelines is an excellent policy direction that will, in theory, lead to an equitable distribution of acceptable quality levels.

- It is the perspective of Peel Public Health that quality child care programs are those that create supportive environments that promote healthy living. For children this means, eating healthy meals, engaging in physical activity, limiting sedentary and screen time and being in a stable relationship with a loving caregiver. The acquisition of these behaviours, coupled with the learning of fundamental social, cognitive and language skills will lead to optimal child development and ultimately a healthy adulthood.

- The linking of adherence of “high quality” operating criteria to licensing renewal. While, licensing is currently based on adherence to minimum standards, we suggest that that licensing also be linked to adherence of “high quality operating criteria”. In addition to making sure that children meet their developmental milestones, acquire social skills and develop literacy, high quality programs will ensure that children develop healthy behaviours that will promote health and prevent disease. (Refer to the above policy recommendations).

- A policy shift from “meeting standards” to adhering to “high quality operating criteria” is a shift in values. It suggests that children are invaluable and require the best care, not just adequate care. The government of Ontario can spearhead this shift by making it mandatory that operators no longer just meet minimum standards, but that they strive to meet “high quality” standards.

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

- Caregiver engagement has been noted to be essential in the encouragement of healthy lifestyles for children. Therefore, professional development for early childhood educators needs to consider their awareness and comfort level with the promotion and practice of healthy eating and active living. Training on how caregiver engagement can be promoted could be provided in the Early Childhood Educator programs, but also within routine training and updating of skills.

• The following points are referenced in our *Policy-related Recommendations for Child Care Settings*: “Child care providers and early childhood educators should receive training on healthy eating, including food skills training, menu planning, and on culturally diverse foods” and “Child care providers should receive regular training and supports on physical activity, including training on ethno-culturally diverse activities.”

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

• Provision of culturally appropriate foods. As the cultural food practices of populations throughout the province will vary greatly, there needs to be allowance for variance in terms of foods provided (i.e., providing various cultural dishes) and in acceptance of any cultural practices around the consumption of food (i.e., children observing religious traditions).

• Understanding the community from which the children attending child care centres come from. This means understanding the issues, cultural practices, (dis)ability needs, socio-economic position, assets, fears and beliefs of the various communities.

• Engaging the primary caregivers of the children in the development of program guidelines. Curriculum, activities, menu planning, should not be created in isolation of primary caregivers. All people have valuable wisdom and insight that can inform the programs in which their children attend.

• Monitoring the impact of programs consistently overtime.

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

• When a parent is making a choice about child care, information should be available to them on the food and beverages provided and also on the activity that is included throughout the day. This information could be made public and posted online for parents to have a greater opportunity to make an informed choice about their children’s child care.

• Additionally there could be posted ratings of foods and menus offered at child care centres made available online (e.g., annual ratings by Registered Dietitians).

4) **Modernized Legislative and Regulatory Framework**

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

• The new standards should be updated with current national guidelines on food and physical activity (i.e., Canada’s Food Guide to Healthy Eating and Canadian Society for Exercise Physiology Physical Activity Guidelines).
How can the government reduce duplication and overlap in requirements for licensed child care providers?

- Currently there are several standards that guide childcare in Ontario (some mandatory and some optional). As there are so many guidelines and frameworks, it may make certain child care centres more hesitant to adopt programs that reward for going above the minimum standards. Previously including added features that promote improved health and wellness of the children through healthy eating and positive play have been considered only in the programs which are above and beyond the minimum standards.

- Linking programs like *Raising the Bar* and *High Scope* with the licensing process would assist in making things streamlined.

- Furthermore, connecting with the School Food and Beverage Policy can assist in streamlining processes for schools that will be open for child care services as well.

5) Support for Accountability and Capacity-Building

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

- Provide more funding to system managers to hire more auditors. For example, in the Regional Municipality of Peel, our Purchase of Service Analysts are tasked with visiting sites yearly to assess adherence to a variety of Operating Criteria. Currently there are only three POS analysts in Peel and each site visit on average takes about five hours to complete. While this is a time-intensive commitment, the results are greater compliance and ultimately better outcomes for the children that attend the child care centres.

- Enforce stringent penalties for non-compliance. Currently in practice when child care centres fail to meet minimum standards for licensing, the centres are given provisional licenses and given a set amount of time to make the necessary changes to meet the minimum standards. It is to our knowledge that some care providers who fail to make the changes in the set time are given extensions on their provisional licenses.

- Reward centres for compliance. For example, centres that meet standards three years in a row may be exempt from undergoing assessment for 2 years, or perhaps may be issued a licence for 2 years rather than one. Such a system would lessen resources over time, ultimately leading to a more efficient use of scarce resources.

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

- Peel Public Health supports the introduction of a common provincial child care registration form and a tool for developmental screening. The introduction of such a tool will aid in the development of a transparent and systematic collection and reporting system. From the public health perspective, it is an opportunity to capture valuable
information on child health indicators. Specifically, we endorse that registration forms include: assessment of key health indicators such as height, weight, nutritional status and assessment of physical activity, media use and sedentary activity levels.

- Additionally, we would support the use of the Nipissing District Developmental Screen Tool as a standard screening tool to be used by child care staff in tandem with parents of children to monitor the developmental trajectory of a child. This tool can provide valuable information that can seamlessly be shared with teachers as children transition into full-day kindergarten.

- The Nutri-STEP program can also be supported for implementation through all Ontario child care centres for use as a nutritional screening tool.

**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)?**

- Quality ratings of all child care centres should be collected and reported, not just the ratings of those with service agreements with system managers. Moreover, these ratings should be posted online for public viewing, to not only improve accountability of operators, but to allow parents to make informed-decisions.

- Key child health indicators should also be collected, such as:
  - Birth weight (proportion of low birth weight)
  - Breastfeeding rates
  - Height and weight of children
  - Nutrition status
  - Physical activity status
  - Media/screen time usage (at home)

- Number of children with special needs or developmental delays

- Number and type of specialist referrals made (e.g. FASD assessments)

- Number of children on the waiting list

- Reporting on the menus and physically activity regimens can also be submitted annually.
Policy-Related Recommendations for Child Care Settings: Focus on Healthy Eating and Physical Activity

Family Health Division, Peel Public Health (July 2012)

The foundations of lifelong health are rooted in the early years of development. When children develop in an environment of positive early experiences, they have a greater chance to thrive and to grow up to be healthy adults. The foundations of health refer specifically to three domains of influence that are necessary for healthy development: A stable and responsive environment of relationships; safe and supportive physical, chemical, and built environments; and sound & appropriate nutrition (Center on the Developing Child - Harvard University, 2012).

Child care providers can influence the foundations of health by creating opportunities for children to develop health promoting behaviours (healthy eating and physical activity habits) that children can use throughout their lives, which can improve a variety of health outcomes.

This can be achieved by adhering to the following policy-related recommendations:

**Healthy Eating:**

1. Promote, encourage, and support exclusive breastfeeding for infants for the first six months of life; and then continued breastfeeding with the addition of age-appropriate foods for up to two years and beyond.

2. Promote the consumption of a variety of nutritious and culturally diverse foods. Follow Canada’s Food Guide recommendations for selecting the healthiest options from the four food groups at each mealtime:
   a. Grain Products
   b. Vegetables and Fruit c.
   c. Milk and Alternatives d.
   d. Meat and Alternatives

3. Offer tap water to children for drinking at any time. Do not offer sugar sweetened beverages (e.g., pop or fruit beverages) and limit the offering of 100% fruit or vegetable juice to no more than one ½ cup serving twice a week.

4. Provide a pleasant and social environment free from outside distractions at meal and snack times.

5. Care providers should be present and participate in mealtimes, role modelling healthy eating behaviours.

6. Encourage healthy attitudes around food – do not use food as a reward or punishment, or play games to encourage children to eat.
7. Encourage children to begin to develop food skills*(e.g., they can assist in the preparation of meals and snacks as appropriate).

8. Incorporate education for the children about healthy eating into curriculum (e.g., grow a tomato plant or even a small garden for children to experience food from field to table).

9. Encourage family involvement and communication – the healthy food habits in child care settings can have a positive influence on the food and nutrition environment at home.

10. Child care providers and early childhood educators should receive training on healthy eating, including food skills and safety (e.g., special dietary considerations), menu planning, and culturally diverse foods.

**Physical Activity and Limited Sedentary Time:**

1. Infants who are under 1 year should be physically active several times daily, particularly through interactive floor-based play (e.g., tummy time, reaching, rolling, playing on the floor, and crawling). [Canadian Society for Exercise Physiology (CSEP), 2012]

2. Toddlers (aged 1-2 years) and preschoolers (aged 3-4 years) should accumulate at least 180 minutes of physical activity at any intensity spread throughout the day including: a variety of activities in different environments, activities that develop movement skills, and progression towards at least 60 minutes of energetic play by 5 years of age. (CSEP, 2012)

3. Limit “screen time” (i.e., television watching, playing video or computer games) to encourage more activity and less food consumption, and to limit exposure to food advertising.
   a. Under 2 years, screen time is not recommended.
   b. Age 2 – 4 years, screen time should be limited to less than one hour per day.
   c. Age 5 – 6 years, limit screen time to no more than 2 hours per day. (CSEP, 2012)

4. Care providers should minimize the time infants (aged less than 1 year), toddlers (aged 1-2 years) and preschoolers (aged 3-4 years) spend being sedentary during waking hours. This includes prolonged sitting or being restrained (e.g., stroller, high chair) for more than one hour at a time. (CSEP, 2012)

5. Children should participate in a combination of structured (e.g., care provider led game of “Simon Says”) and unstructured play (e.g., free play). These activities should consider the cultural backgrounds of all the children.

6. Provide a supportive and safe environment for physical activity, considering all conditions (e.g., weather, sun safety, air quality index).
7. Provide a variety of safe and age-appropriate equipment to encourage imaginative play.

8. Care providers should be present and actively participate (“role model”) in physical activities with the children.

9. Encourage a positive attitude towards physical activity by not using it as a reward or punishment.

10. Promote parent engagement and support families being active together, including the provision of activities to do at home and equipment to sign out.

11. Child care providers should receive regular training on physical activity, including training on ethno-culturally diverse activities.

1 Policy-related recommendations are based primarily on the findings of the rapid review: “Effective Public Health Interventions in the Prevention of Obesity in Children from Birth to Six Years: A Rapid Review of the Evidence”


These policy-related recommendations coincide with those of Health Canada, the Canadian Paediatric Society, and the Institute of Medicine.

*Food skills:*
At an individual and household level, **food skills** are a complex, interrelated, person-centred set of skills, necessary to provide and prepare safe, nutritious and culturally-acceptable meals for all members of one’s household.
Region of Waterloo Public Health, 2009
Appendix C: Healthy Kids Panel Submission

Submitted via email: ChildhoodObesity@ontario.ca

September 28, 2012

Health Promotion Division, Strategic Initiatives Branch
Ministry of Health and Long Term Care

Dear Ministry of Health and Long Term Care:

We are writing in response to the request for submissions to the Healthy Kids Panel. Peel Public Health shares the goal of the Ministry of Health and Long Term Care to reduce childhood obesity.

The foundations of lifelong health are rooted in the early years of development. When children develop in an environment with positive early experiences, they have a greater chance to thrive and grow into healthy adults. The foundations of health refer specifically to three domains of influence that are necessary for healthy development:

1. a stable and responsive environment of relationships;
2. safe and supportive physical, chemical, and built environments; and
3. sound and appropriate nutrition (Center on the Developing Child- Harvard University, 2012).

These foundations of health need to be reinforced by supportive policy and a built environment that encourages healthy lifestyle choices.

The Family Health division of Peel Public Health sees an investment in the early years as key to the prevention of obesity in later years. The Family Health division is responsible for the protection and promotion of health of all children under six years of age and their families. With the increasing rise of obesity among all age cohorts, we have also prioritized obesity prevention (healthy weights promotion) in the early years.

In 2011, we undertook a rapid review of the literature to answer the question: "What are effective public health interventions to prevent obesity in children 0-6 years of age?" From the review, it was evident that there is no one policy or program that will provide the "magic bullet" to prevent childhood obesity and/or reduce its prevalence. However, the findings reported key characteristics of successful interventions:
1) **Healthy eating, beginning with breastfeeding**
   a. Promote exclusive breastfeeding for infants for the first six months of life; and then continued breastfeeding with the addition of age-appropriate foods for up to two years and beyond.
   b. Encourage children to eat regular, healthy meals following Canada's Food Guide, including breakfast, in a pleasant, sociable environment with the parents and caregivers without distractions (such as watching television).

2) **Sustained physical activity/limited sedentary activity.**
   a. Integrate more regular physical activity into daily routines in preschool/childcare settings (e.g., implement improved healthy policy at childcare centres).
   b. Promote limited "screen time" (i.e., television watching, playing video or computer games) to no more than 2 hours a day to encourage more activity and less food consumption, and to limit exposure to food advertising (e.g., social marketing encouraging less screen time).
   c. Encourage active play at home and preschool/childcare. d. Promote being active as a family.

2) **Cultural sensitivity** is essential in the promotion of healthy lifestyles that encourage healthy weights.

3) **Awareness of the impact of socioeconomic status** is essential in the promotion of healthy lifestyles that encourage healthy weights.

4) **Active engagement of parents/care providers** in reinforcing and role modelling the messages to children about healthy eating and active living.
   a. Food skills promotion for parents and child care staff, including cooks and caterers (e.g., food preparation, cooking skills, and food choices).

5) Interventions should include multiple components.

Further information on the key characteristics of successful interventions to prevent obesity can be found in the report: "Effective Public Health Interventions in the Prevention of Obesity in Children from Birth to Six Years: A Rapid Review of the Evidence" ([http://www.peelregion.ca/health/resources/pdfiObesity in Children.pdf](http://www.peelregion.ca/health/resources/pdfiObesity in Children.pdf)).

We appreciate the opportunity to provide input to the Healthy Kids Panel and welcome further discussion. You may contact Marilyn Kusi-Achampong, Research and Policy Analyst at 905-791-7800, ext 2971 or Sarah Baker, Public Health Nutritionist at 905-791-7800, ext 2851.

**Debbie Chang, RN.**
BNSc Family Health Manager Child Health Program Peel Public Health
Appendix D: Review and Analysis of Governing Documents

<table>
<thead>
<tr>
<th>Governing Document 1: Ontario Day Nurseries Act</th>
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<tbody>
<tr>
<td><strong>Background:</strong></td>
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<tr>
<td>The Ontario <em>Day Nurseries Act</em> (DNA) is the legislation that governs licensed child care in Ontario. It was Canada's first provincial legislation and regulations specifically intended for child care. The DNA was introduced in 1946, and licensing standards have not undergone a thorough review since 1983.</td>
</tr>
<tr>
<td><strong>Definition of Day Nursery:</strong></td>
</tr>
<tr>
<td>• Premise that receives more than 5 children who are not of common parentage.</td>
</tr>
<tr>
<td>• For the purpose of providing temporary care for a continued period not exceeding 24 hours.</td>
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<tr>
<td><strong>The Ministry of Education</strong> inspects licensed child care programs at least once a year. Inspections are carried out to:**</td>
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<tr>
<td>• assess compliance with the DNA</td>
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<tr>
<td>• investigate complaints, issue licences and renew licences</td>
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<tr>
<td>• monitor operators who are having difficulty meeting licensing standards</td>
</tr>
<tr>
<td><strong>Purpose:</strong></td>
</tr>
<tr>
<td>The DNA sets out requirements to protect the health, safety and well-being of children in licensed centre-based and home-based child care.</td>
</tr>
<tr>
<td><strong>Analysis</strong></td>
</tr>
<tr>
<td><strong>Limitations:</strong></td>
</tr>
<tr>
<td>• Standards for healthy eating are based on the 1977 Canada’s Food Guide</td>
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<tr>
<td>• There are no standards for children meeting minimum physical activity recommendations</td>
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<td>• There are no standards for limiting sedentary behaviour</td>
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<td>• There are no guidelines for screen time usage</td>
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<tr>
<td><strong>Strengths:</strong></td>
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<tr>
<td>• Encourages consistency in practices in licensed child care centres.</td>
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<td>• Establishes a baseline for child care standards.</td>
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<td>• Sets out required health and safety standards.</td>
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<td>• Requires children to have at least 2 hours of outdoor time</td>
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<table>
<thead>
<tr>
<th>Key Constructs</th>
<th>Relevant Content</th>
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<tbody>
<tr>
<td><strong>Healthy Eating</strong></td>
<td>Nutrition: 39. Every operator shall ensure that,</td>
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<tr>
<td></td>
<td>(a) each infant under one year of age that is in attendance in a day nursery operated by the operator or in a location where private-home day care is provided by the operator is fed in accordance with written instructions from a parent of the child;</td>
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<td></td>
<td>(b) where food or drink or both is supplied by a parent of a child in attendance in a</td>
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day nursery operated by the operator or location where private-home day care is provided by the operator, 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. R.R.O. 1990, Reg. 262, s. 39.

40. (1) Every operator shall ensure that each child one year of age or over that is in attendance in a day nursery operated by the operator or in a location where private-home day care is provided by the operator is provided with,

(a) subject to section 43, where the child is in attendance at **meal time**, a meal consisting of at least one serving from milk and milk products, one serving from meat and alternates, one serving from bread and cereals, and two servings from fruits and vegetables within the range set out in Column 2 or 3, as the case may be, of Schedule 1, for each food group set out opposite thereto in Column 1 of Schedule 1, except where otherwise approved by a Director in the case of a child who is 44 months of age or over as of August 31 of the year; and

(b) **nutritious between-meal snacks** consisting of foods that will promote good dental health at times that will not interfere with a child’s appetite for meal time. R.R.O. 1990, Reg. 262, s. 40 (1); O. Reg. 505/06, s. 9.

(2) Where a child referred to in subsection (1) is in attendance for six hours or more, the operator shall ensure that the **total food** offered to the child over the period of attendance for each food group set out in Column 1 of Schedule 2 is within the range set out opposite thereto in Column 2 of Schedule 2. R.R.O. 1990, Reg. 262, s. 40 (2).

41. (1) Every operator of a day nursery shall post **planned menus** for the current and following week in a conspicuous place in each day nursery operated by the operator with any substitutions noted on the posted menus. R.R.O. 1990, Reg. 262, s. 41 (1).

(2) A **menu** referred to in subsection (1) shall be retained by the operator for thirty days after the last day for which it is applicable. R.R.O. 1990, Reg. 262, s. 41 (2).

(3) Every operator of a private-home day care agency shall ensure that each person in charge of the children in each location where private-home day care is provided by the operator **plans menus** in consultation with the child’s parents, and a private-home day care visitor. R.R.O. 1990, Reg. 262, s. 41 (3).

<table>
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<tr>
<th>Physical Activity/ Media Use</th>
<th>Equipment and Furnishings:</th>
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<tr>
<td>14. (1) Every operator of a day nursery shall ensure that the <strong>play equipment and furnishings</strong> in each day nursery operated by the operator are provided in numbers that are adequate to serve the licensed capacity of the day nursery and are of such a type and design so as to meet the needs of the children enrolled, having regard to the ages of the children, their developmental levels and the type of program offered in the day</td>
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nursery. R.R.O. 1990, Reg. 262, s. 14 (1).

(2) Every operator of a day nursery shall ensure that the play equipment in each day nursery operated by the operator is sufficient in quantity to allow for rotation and includes equipment for gross motor activity in the playground area. R.R.O. 1990, Reg. 262, s. 14 (2).

16. Every operator shall ensure that the equipment and furnishings in each day nursery operated by the operator or in each location where private-home day care is provided by the operator are maintained in a safe and clean condition and kept in a good state of repair. R.R.O. 1990, Reg. 262, s. 16.

18. Every operator of a private-home day care agency shall ensure that the equipment and furnishings in each location where private-home day care is provided by the operator include,

(a) indoor and outdoor play material and equipment in sufficient numbers and of a type suitable to meet the needs of the children in receipt of private-home day care;

(b) a cradle or crib or a playpen that complies with the standards for cradles, cribs and playpens in the regulations made under the Hazardous Products Act (Canada) for each child under eighteen months of age that is in receipt of private-home day care;

Playground:

21. (1) Every operator of a day nursery shall ensure that each day nursery operated by the operator that has a program that runs for six hours or more in a day has an outdoor play space that is at least equivalent to 5.6 square metres for each child based on the licensed capacity, unless otherwise approved by a Director. R.R.O. 1990, Reg. 262, s. 21 (1).

(2) Where the licensed capacity of a day nursery is greater than sixty-four children, the play space referred to in subsection (1) may be divided into two or more areas by a fence to allow all the children to use the play space at one time, if each fenced-in area is not used for more than sixty-four children at one time. R.R.O. 1990, Reg. 262, s. 21 (2).

22. Every operator of a day nursery shall ensure that each playground in each day nursery operated by the operator,

(a) is at ground level and adjacent to the premises, unless otherwise approved by a Director;

(b) used by children under 44 months of age as of August 31 of the year, is fenced to a minimum height of 1.2 metres and the fence is furnished with one or more gates that are securely closed at all times;

(b.1) used by children 44 months of age or over and up to and including 67 months of age as of August 31 of the year, is fenced to a minimum height of 1.2 metres and the fence is furnished with one or more gates that are
securely closed at all times, unless otherwise approved by the Director; and

(c) is so designed that the staff can maintain constant supervision of the children. R.R.O. 1990, Reg. 262, s. 22; O. Reg. 505/06, s. 6.

24. Every operator of a private-home day care agency shall ensure that outdoor play in each location where private-home day care is provided by the operator is supervised in accordance with plans agreed upon by the person in charge of the children in that location and a parent of each child enrolled in that location and a private-home day care visitor. R.R.O. 1990, Reg. 262, s. 24.

Program:
52. (1) Every operator shall ensure that there is a written statement that outlines the program philosophy and method of operation of each program provided by the operator and that,

(a) contains the information required under subsection (2);
(b) is reviewed annually by the operator;
(c) is reviewed with a parent of a child prior to enrolling the child in a day nursery operated by the operator or in a location in which private-home day care is provided by the operator and whenever a revision of the statement occurs. R.R.O. 1990, Reg. 262, s. 52 (1).

(2) A statement referred to in subsection (1) shall set out,
(d) the particular approach of the program including,
   (i) the philosophy of the program,
   (ii) program development,
   (iii) personal and health care, including nutrition,
   (iv) parental involvement,
   (v) behaviour management,
   (vi) specialized services, including individual program plans for handicapped children, and
   (vii) activities off the premises. R.R.O. 1990, Reg. 262, s. 52 (2).

53. (1) Every operator shall ensure that there is a program of activities to be used in each day nursery operated by the operator or in each location where private-home day care is provided by the operator that is varied and flexible and that includes the following activities appropriate for the developmental levels of the children enrolled:

1. Group and individual activities.
2. Activities designed to promote gross and fine motor skills, language and cognitive, social and emotional development.
3. Active and quiet play. R.R.O. 1990, Reg. 262, s. 53 (1).

(2) Every operator shall ensure that the program of activities referred to in subsection (1) is,
(a) in the case of a day nursery operated by the operator, set out in a daily program plan that is posted in the day nursery and that is available at all times to any parent whose child is enrolled in the day nursery; and
(b) in the case of a private-home day care agency operated by the operator, provided to each location where private-home day care is provided by the operator and made available at any time to any parent whose child is
enrolled with the private-home day care agency. R.R.O. 1990, Reg. 262, s. 53 (2).

(3) Every operator of a day nursery shall ensure that any variation in a daily program plan of a day nursery operated by the operator is noted in a daily written record kept for the purpose by the day nursery. R.R.O. 1990, Reg. 262, s. 53 (3).

(4) Every operator of a day nursery shall ensure that the daily program in each day nursery operated by the operator is so arranged that,

(a) infants not yet able to walk are separated from other children during **active indoor and outdoor play periods**;

(b) children under thirty months of age are separated from other children during **active indoor and outdoor play periods**, except in the case of handicapped children;

(c) Revoked: O. Reg. 50/91, s. 1.

(d) each child over thirty months of age that is in attendance for six hours or more in a day plays outdoors for at least two hours each day, weather permitting, unless a physician or parent of the child advises otherwise in writing. R.R.O. 1990, Reg. 262, s. 53 (4); O. Reg. 50/91, s. 1.

(5) Every operator shall ensure that the daily program in each day nursery operated by the operator and in each location where private-home day care is provided by the operator is so arranged that,

(a) each child over eighteen months of age up to and including five years of age that is in attendance for six hours or more in a day has a rest period not exceeding two hours in length following the mid-day meal;

(b) each child under thirty months of age that is in attendance for six hours or more in a day is outdoors for sleep or play or both for a period of up to two hours each day, weather permitting, unless a physician or parent of the child advises otherwise in writing;

(c) a child under 44 months of age as of August 31 of the year and who is unable to sleep during the rest period is not kept in bed for longer than one hour and is permitted to engage in quiet activities; and

(d) a child 44 months of age or over and up to and including 67 months of age as of August 31 of the year and who is unable to sleep during the rest period is permitted to engage in quiet activities. R.R.O. 1990, Reg. 262, s. 53 (5); O. Reg. 505/06, s. 11 (1).

(6) Every operator of a private-home day care agency shall ensure that the daily program in each location where private-home day care is provided by the operator includes **outdoor play** for each child who is over thirty months of age who is in attendance for six hours or more. R.R.O. 1990, Reg. 262, s. 53 (6).

<table>
<thead>
<tr>
<th>Parent/ Caregiver Engagement</th>
<th>Program:</th>
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<tbody>
<tr>
<td>52. (1) Every operator shall ensure that there is a written statement that outlines the program philosophy and method of operation of each program provided by the operator and that,</td>
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<tr>
<td>(a) contains the information required under subsection (2);</td>
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</table>
(b) is reviewed annually by the operator;
(c) is **reviewed with a parent** of a child prior to enrolling the child in a day nursery operated by the operator or in a location in which private-home day care is provided by the operator and whenever a revision of the statement occurs. R.R.O. 1990, Reg. 262, s. 52 (1).

**(2)** A statement referred to in subsection (1) shall set out,
(a) the services offered and the age range served;
(b) the times when the services are offered and the holidays observed;
(c) the fee for services and the admission and discharge policy; and
(d) the particular approach of the program including,
   (i) the philosophy of the program,
   (ii) program development,
   (iii) personal and health care, including nutrition,
   (iv) **parental involvement,**
   (v) behaviour management,
   (vi) specialized services, including individual program plans for handicapped children, and
   (vii) activities off the premises. R.R.O. 1990, Reg. 262, s. 52 (2).

<table>
<thead>
<tr>
<th>Key References</th>
<th><a href="http://www.hdsb.ca/Programs/KindergartenProgram/Documents/Child%20Care%20in%20Ontario%20-%20Key%20Facts.pdf">http://www.hdsb.ca/Programs/KindergartenProgram/Documents/Child%20Care%20in%20Ontario%20-%20Key%20Facts.pdf</a></th>
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<td><a href="http://www.peterborough.ca/Assets/City+Assets/Social+Services/Documents/Children+Services+Newsletters/2012+Reports/Modernizing+Child+Care+in+Ontario.pdf">http://www.peterborough.ca/Assets/City+Assets/Social+Services/Documents/Children+Services+Newsletters/2012+Reports/Modernizing+Child+Care+in+Ontario.pdf</a></td>
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<td><a href="http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900262_e.htm#BK8">http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900262_e.htm#BK8</a></td>
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### Governing Document 2: Operating Criteria

**Background:**

In 1997, the Operating Criteria developed into a checklist format that supported operator self-assessment and promoted a continuum of quality improvement. Between 2004 and 2006, Toronto Children's Services embarked on a complete review of the Operating Criteria. A two-year comparative research project between the Operating Criteria and the Harms and Clifford Environmental Rating Scale guided the revision, and helped determine that an assessment using the revised Operating Criteria would be a reflection of the quality within a child care program.

The 2007 edition of the Operating Criteria is based on a 1 – 4 progressive measurement scale. Sections related to health and safety, human resources, interactions, parent involvement and inclusion have been embedded within the core components that have been expanded to include financial management and community partnerships.

**Purpose:**

The Toronto Operating Criteria is a tool used to evaluate the region’s expectations of quality for child care programs. It draws on the following key elements that are essential for a high quality child care program:

- Program content and development
- Health & Safety standards of the physical facility
- Training, experience and stability of caregivers
- Group size; ratio of children to caregivers
- Family involvement in the program
- Sound management practices

<table>
<thead>
<tr>
<th>Key Constructs</th>
<th>Relevant Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Eating</td>
<td>Meals and snacks prepared at the child care program or by a catering company expected to conform to the standards set in the DNA Regulations.</td>
</tr>
<tr>
<td></td>
<td>The Nutrition Criteria assessed are:</td>
</tr>
<tr>
<td></td>
<td>- Meal/menu planning</td>
</tr>
</tbody>
</table>

**Analysis**

**Limitations:**

- Based on a tool that needs to be modified through the author (Toronto). Human Services at the Region of Peel have identified their preference for not modifying the operating criteria due to its validation.
- Inadequate inclusion of limited screen time.

**Strengths:**

- A validated tool
- Comprehensive in its approach to healthy eating and physical activity
• Centre meal Requirements
• Snack Requirement
• Menu Adaptations
• Food Substitutions
• Preparation, handling and transportation of food
• Healthy and safety, kitchen/food preparation area

Infant Program Criteria
• Meals and/or snack time
  o Meals and/or snack times are viewed as an educational experience and a time for socialization and conversation
  o Individual children’s needs are met during meal times
  o Adults sits with children during mealtimes
  o Children are encouraged to eat food, but are never forced
    *Children are encouraged to taste and try new foods

• Bottle-feeding Infants
  o Infants are given individual attention while being fed
  o Younger infants are held and all infants are spoken to while fed
  o Bottles are held by adults when feeding infants not able to hold their own bottles
    *Staff use feeding times as opportunities for enhanced learning language times

• Equipment required for eating
  o Developmentally appropriate eating utensils and dishes are available to support individual feeding needs
  o Food is served on dishes or napkins
    *Extra utensils and dishes available for easy access

• Water/refrigeration/minor food preparation
  o Water and refrigeration located in the infant room
  o Space and equipment for minor food preparation located in the infant room
    *Water and refrigeration located in the infant room eating area

• Daily Information Chart
  o A daily information chart is completed for each child and lists food eaten, sleep time, diaper change, etc.

Toddler Program Criteria
• Meals and/or snack time
  o Meals and/or snack times are viewed as an educational experience and a time for socialization and conversation
  o Individual children’s needs are met during meal times
  o Adults sit with children and serve food at the table during mealtimes as much as possible
Children are encouraged to eat food, but are never forced
*children are encouraged to taste and try new foods

- Equipment required for eating/seating
  - There are sufficient serving/eating utensils and dishes available that are
    appropriate for the age and ability of the children enrolled
  - Food is served on dishes or napkins
    *seating arranged in small groups
    *extra utensils and dishes available for easy access

Preschool Program Criteria
- Meals and/or snack time
  - Meal and/or snack times are viewed as an educational experience and a time
    for socialization and conversation
  - Individual children’s needs are met during meal times
  - Adults sit with children and serve food at the table during mealtimes as much
    as possible
  - Children are encouraged to eat food, but are never forced
    *children are encouraged to taste and try new foods
    *children are encouraged to serve themselves

- Equipment required for eating/seating (same as toddler program)

<table>
<thead>
<tr>
<th>Physical Activity/ Media Use</th>
<th>Playground Criteria: playground designed and arranged to accommodate a variety of developmentally appropriate activities.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outdoor program plans are seasonally adjusted to reflect extended outdoor periods and provide for additional activities and equipment</td>
</tr>
<tr>
<td>The Playground Criteria assessed are:</td>
<td></td>
</tr>
<tr>
<td>o Supervision of children</td>
<td></td>
</tr>
<tr>
<td>o Playground services</td>
<td></td>
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<tr>
<td>o Sun and shade area</td>
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<tr>
<td>o Posted outdoor program plan</td>
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<tr>
<td>o Small toys and equipment</td>
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<tr>
<td>o Large toys and equipment</td>
<td></td>
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<tr>
<td>o Outdoor storage</td>
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</table>

Infant Program Criteria
- Indoor Physical Environment
  - The play environment is designed to promote participation, peer interactions and independent use by children
  - Play areas are set up to promote group interactions
  - Floor space with suitable floor coverings is available
  - Toys and equipment are in good condition and complete
    *Time is scheduled daily for staff to prepare materials in advance of activities
### Toys and Play Materials
- A sufficient number of appropriate toys and play materials accessible to children in the following categories:
  - Dramatic play (toy telephone, dolls, animals etc.)
  - Cognitive/manipulative (rattles, sorting & matching toys etc.)
  - Construction (blocks, fit-together toys, etc.)
  - Gross motor (balls, riding toys, push-pull toys, etc.)

*Special interest toys are introduced daily and indicated on the program plan/outline of activities*

### Physical Activities/Active Play Indoors or Outdoors
- Planned active physical play is available daily, whether outside or inside
  - Activities are planned to ensure all children are able to participate
  - Physical activities are modified to meet the needs and interests of children

### Toddler Program Criteria

#### Indoor Physical Environment
- The play environment is designed to promote participation, peer interactions and independent use by children
- The play environment is arranged into learning areas that are open and accessible throughout the day. Similar areas may be combined,
- Toys and equipment are in good condition and complete
- Floor space with suitable floor coverings is available
  *Time is scheduled daily for staff to prepare materials in advance of activities*

#### Diversity in Play Equipment/Toys
- Play equipment, toys and materials represent a diverse range of:
  - Culture/Races
  - Abilities and disabilities

*Staff incorporate ethno-culturally relevant activities into the program*

#### Physical Activities/Active Play Indoors or Outdoors
- Planned active physical play is available daily, whether outside or inside
  - Activities are planned to ensure all children are able to participate
  - Physical activities are modified to meet the needs and interests of children

### Preschool Program Criteria

#### Indoor Physical Environment
- The play environment is designed to promote participation, peer interactions and independent use by children
- The play environment is arranged into learning areas that are open and accessible throughout the day. Similar areas may be combined,
- Toys and equipment are in good condition and complete
- Floor space with suitable floor coverings is available
  *Time is scheduled daily for staff to prepare materials in advance of activities*
- Diversity in Play Equipment/Toys
  - Play equipment, toys and materials represent a diverse range of:
    - Culture/Races
    - Abilities and disabilities
  - *Staff incorporate ethno-culturally relevant activities into the program*

- TV and/or Movie Usage
  - TV and/or Movie content is rated Family or “G”, and is free of bias and stereotypes
  - Information, including the name and length of the TV and/or Movie is documented on the program plan/outline of activities
  - Parents are notified in advance of all TV and/or Movies
  - *Alternate activities are equally interesting to children and do not create conflict between activities*
  - *TV and/or Movies shown are used to extend learning and are integrated into the program plan/outline of activities*

- Computer Usage
  - When available, the use of computer/electronic games is supervised and time allocated equitably
  - Games are rated “E” for Everyone (suitable for children 5 years or younger)
  - *Variety of educational games and computer programs available*

- Physical Activities/Active Play Indoors or Outdoors
  - Planned active physical play is available daily, whether outside or inside
  - Activities are planned to ensure all children are able to participate
  - *Children are given a choice of more than one planned physical activity*

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<thead>
<tr>
<th>Parent/Caregiver Engagement</th>
<th>Infant/Toddler/Preschool Program Criteria—Interactions</th>
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<tbody>
<tr>
<td></td>
<td>Positive Atmosphere</td>
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<tr>
<td></td>
<td>- Maintains a positive voice tone</td>
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<td></td>
<td>- Responds to children’s needs appropriately</td>
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<td></td>
<td>- Models positive social behaviour and interactions</td>
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<td></td>
<td>- Maintains a calm manner</td>
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</table>

| Supervision of Children     | Balances checking and scanning the environment with child interactions |
|                             | Aware of the number and location of children          |

<table>
<thead>
<tr>
<th>Fostering Children’s independence</th>
<th>Respecting children’s decisions</th>
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<tbody>
<tr>
<td></td>
<td>Supports the development of self-help skills</td>
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<td>Providing time for children to complete tasks</td>
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| Supporting the development of self-esteem | 
Addresses children by name  
Shows respect for individual and ethno-racial diversity  
Responds to children’s interest  
Breaks tasks into small steps to ensure a child’s success  
Uses praise and encouragement

- Behaviour Guidance
  - Matches expectations with child’s abilities and/or developmental level  
  - Calmly explains consequences of behaviour  
  - Anticipates behaviour and provides alternatives and re-direction

References

[http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=ea6ad25ed83ae310VgnVCM10000071d60f89RCRD&vgnextchannel=922e8ed34ce9e310VgnVCM10000071d60f89RCRD&vgnextfmt=default](http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=ea6ad25ed83ae310VgnVCM10000071d60f89RCRD&vgnextchannel=922e8ed34ce9e310VgnVCM10000071d60f89RCRD&vgnextfmt=default)
Background:
In 2005, the Best Start Expert Panel on Early Learning was established to develop an early learning framework for formal preschool settings that would link with the Junior/Senior Kindergarten program and, ultimately, develop a single integrated early learning framework for children ages two-and-a-half-to-six-years. Early Learning for Every Child Today (ELECT) brings together established research findings and diverse perspectives, beliefs and recommended practices.

Purpose:
ELECT is a framework that describes how young children learn and develop, and provides a guide to support curriculum and pedagogy in Ontario’s early childhood settings, including child care centres, kindergarten classrooms, home child care, nursery schools, Ontario Early Years Centres and other family support programs and early intervention services. It is a living document that will continue to evolve as early childhood practitioners working in early childhood settings use it.

ELECT complements, rather than replaces, the Ontario Day Nurseries Act, Ontario Early Years Centre guidelines and the Kindergarten Program. It also provides direction for programs that do not have an explicit curriculum or consistent pedagogical approach. It features a continuum of developmental skills and a shared language that will support early childhood practitioners and caregivers as they work together across early childhood settings.

ELECT is organized into 5 sections:
- Statement of Principles
- Understanding Children’s Development
- Into Practice
- Evaluation, Assessment and Monitoring
- Glossary

Statement of Principles is based on beliefs, values, experience and current research findings.

1. Early child development sets the foundation for lifelong learning, behaviour and health.
2. Partnerships with families and communities strengthen the ability of early childhood settings to meet the needs of young children.
3. Respect for diversity, equity and inclusion are prerequisites for honouring children’s rights, optimal development and learning.
5. Play is a means to early learning that capitalizes on children’s natural curiosity and exuberance.
6. Knowledgeable, responsive early childhood professionals are essential.

Analysis
Limitations:
- Healthy Eating - minimal information on anything that relates to nutrition
- Physical Activity - No mention of how much physical activity is recommended or suggestions on limiting sedentary time

Strengths:
- Focused on parent/caregiver engagement
- Focused on the importance of learning in the early years
- Focused on the importance of play

<table>
<thead>
<tr>
<th>Key Constructs</th>
<th>Relevant Content</th>
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<tbody>
<tr>
<td>Healthy Eating</td>
<td>*Only mention of nutrition is within the development of skills</td>
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<tr>
<td></td>
<td>The Continuum of Development</td>
</tr>
<tr>
<td></td>
<td>The Continuum of Development describes predictable sequences of development for children 0-24 months, 14 months- 3 years, 2.5- 6 years, 5-8 years.</td>
</tr>
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<td></td>
<td>This includes social, cognitive, social, emotional, language and <strong>physical</strong> development. The primary purpose is for childhood practitioners to use that information to plan curriculum that is meaningful for individual children and groups of children.</td>
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<tr>
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<td><strong>E.g.: Understanding Children’s Development: Physical 0-24 months</strong></td>
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<tr>
<td>Domain and Skills</td>
<td>Indicators of Skill</td>
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<tr>
<td>Senses</td>
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<tr>
<td>Taste: <em>Taste Exploration</em></td>
<td>• trying new foods</td>
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<td></td>
<td>Interactions</td>
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<td></td>
<td>Ensure snacks and meals are healthy and varied and that they include both new foods and foods from home. Eat a bit of each food with infants. This supports the acquisition of a broad palate that promotes healthy nutrition.</td>
</tr>
<tr>
<td>Physical Activity/Media Use</td>
<td>Statement of Principles:</td>
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<td></td>
<td>#5- Play is a means to early learning that capitalizes on children’s natural curiosity and exuberance.</td>
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<tr>
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<td><strong>E.g: Understanding Children’s Development- Physical 0-24 months</strong></td>
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<tr>
<td>Domain and Skills</td>
<td>Indicators of Skill</td>
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<td>Example:</td>
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Walking

- walking unassisted with wide gait

Provide push toys that motivate walking. Push toys provide purpose and support for infant’s walking.

In high-density communities where families live in high-rise buildings, early childhood programs may add more items to the physical development section to ensure children have the opportunity to practise important motor skills that are not fully supported in the community.

Guidelines for Practice:

Play - The Continuum of Development identifies skills that are learned and practised in play and gives examples of adult interactions that support early learning in the context of play.

- Create learning environments and caring communities where children play collaboratively and participate together in the daily routines.
- Create learning indoor and outdoor environments in distinctive areas for different types of play and participation.
- Observe children’s play to inform planning, including changes to the environment.
- Engage in continuous supervision supporting exploration, well-being and safety.
- Take an active role in play with the children.
- Promote play that offers challenge and that is within the child's capacity to master by creating opportunities for play where children can learn, practise and extend their skills.
- Use a range of strategies in play to help children extend thinking and learning.
- Provide for play with opportunities for children to plan and select many of their own activities and provide choice so that children can select among types of social play, activities, projects and play areas.
- Promote play that is the platform for literacy, numeracy and inquiry.
- Promote children's pretend play as a primary mode of learning.
- Use play as an opportunity to model acceptance, respect, empathy and co-operative problem solving strategies: create situations that encourage children to co-operate; balance individual with group needs; provide experiences that expand children’s capacity to verbally exchange ideas and feelings with others where children learn from each other as well as adults.
- Explain the role of play in early learning and development.

Parent/Caregiver Engagement

Statement of Principles:
Partnerships with families and communities strengthen the ability of early childhood settings to meet the needs of young children.

**Guidelines for Practice:**

**Partnerships** - Using the Continuum of Development, families and early childhood professionals can exchange information about children’s early development.

- Engage in meaningful communication, establishing and building respectful relationships with families that enable children to enjoy and benefit from early learning opportunities.
- Amplify families' involvement in their children's early learning and development.
- Connect families to other community resources and work together with families and other professionals to support all children's learning and development needs.
- Engage in ongoing exchange of information with families.
- Review children’s developmental progress with parents.
- Link with communities to expand opportunities for children and their families; connect families to community resources and services as needed; and support dual language and mixed culture families by inviting them to take part.
- Make extra efforts to ensure families who are newcomers to Canada can find information and services that they need.
- Follow-up on referrals.
- Share research with families.
- Connect families with each other, particularly those that share the same language.
# Governing Document 4: Raising the Bar

## Background:

Raising the Bar (RTB) is a program designed to enhance quality care in early learning and child care programs. The presence of a RTB certificate is a sign that the program is committed to maintaining provincial regulatory standards as well as local community standards. RTB was developed and introduced in Hamilton, Ontario to promote and support observance of community standards.

CDRCP acquired the rights to participate in the program however made it unique to Peel. This was done by customizing it to incorporate standards and resource tools used in this Region.

RTB is endorsed and financially supported by the Region of Peel and Child Development Resource Connection Peel.

## Purpose:

The presence of a RTB certificate is a sign that the program is committed to maintaining provincial regulatory standards as well as local community standards.

Promotes and supports observance of community standards in:

- Licensed, centre-based Early Learning and Child Care programs
- Licensed School-Age Child Care programs
- Special Needs Resource Agencies
- Licensed Home Child Care Agencies
- Early Learning and Parenting Centres.

RTB was developed to promote and support observance of community standards in a variety of early learning and child care programs. The program provides a framework for best practice to guide early learning and child care operators in delivering high-quality services for children and families. In addition to the best practice framework, RTB helps to ensure practices are current and responsive to family and community needs by engaging educators in ongoing Professional Education, Mentoring and Reflective Practice.

## Three Categories of Standards

1) **Quality Assurance**

Quality is monitored through frequent on-site observations.

- Parent and/or Caretaker feedback is collected each year.
- Action plans are developed to address areas of need and to plan for improvement.
- In addition to annual licensing reviews and local public health inspections, RTB programs undergo site visits by Third Party Consultants.

2) **Best Practices**

The program offers information for parents and promotes opportunities for community involvement.

- There are detailed policies, procedures and management practices to guide day-to-day operations.
- Specific strategies are in place to support optimal child health and development. Resources and
information about child development are provided to parents.

3) **Professional Education**
Raising the Bar in Peel programs commit to additional professional education each year. First aid and CPR are kept current.

- Cooks have Food Handlers' Certificate training
- All directors and staff attend workshops and conferences to enhance their understanding of early childhood education and care.
- Raising the Bar programs support teacher professional education through mentorship and by providing practical training opportunities for cooperative education students.

### Analysis

#### Limitations:
- Does not include guidelines on physical activity, healthy eating, and limited sedentary and screen time. Decision was made that these areas are covered in the operating criteria.

#### Strengths:
- Promotes healthy early learning and child care programs
- Builds on strengths of the local early learning and child care communities
- Provides and recommends a series of activities to guide and monitor best practices
- Provides Professional Education opportunities through mentorship and collaborative practices.
- Networking – there are several networking opportunities available to programs once they become involved in RTB in Peel: RTB meetings, recognition and celebration events, peer review days, professional education, program visits, sharing of resources and information.
- Builds on community awareness and partnerships

<table>
<thead>
<tr>
<th>Key Constructs</th>
<th>Relevant Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Eating</td>
<td>Healthy eating in the child care centres follows the guidelines/recommendations of the DNA.</td>
</tr>
<tr>
<td></td>
<td>Personal communication from Gayle Ballard on May 14, 2013: Healthy eating, physical activity, and screen time components of the various levels (e.g., bronze, silver, gold) are not a RTBP requirement at any of the levels. Various discussions take place at networking meetings on these topics but they are not a requirement. Information is shared by handouts or emails as well.</td>
</tr>
<tr>
<td></td>
<td>The RTB Advisory Committee reviewed nutrition info from a couple of the other RTB areas. The committee felt that the operating criteria met all the same requirements so they didn’t want to ask for duplicate requirements.</td>
</tr>
<tr>
<td>Physical Activity/Media Use</td>
<td>Physical Activity in the child care centres follows the guidelines/recommendations of the DNA.</td>
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| **Parent/Caregiver Engagement** (Document seems to focus on parent engagement and involving) | Bronze:  
- Strategies in place to support parent and family communication  
- There is a copy of the Peel Children’s Charter of Rights posted  

Silver:  
- Strategies in place that engage parents/families in education opportunities or networking  

Gold:  
- Facilities opportunities for groups to network and communicate with family and staff. A min. of 2 group meetings is identified/described how they met the criteria required.  

In each area there are also attachments that need to be completed to identify/describe how they met the criteria required.  
Example - Parent Communication: program newsletters, parent workshops, curriculum info, parent advisory group, etc.  
Example - Parent Engagement: parent/family events e.g., Mother’s Day, parent/family barbeque, etc. |
Appendix E: Stakeholder Consultations Questions

Supportive Environments for Healthy Living
Healthy Eating and Physical Activity Policies in Child Care Settings

Stakeholder Consultation Questions

Preamble

Purpose of Session

The Family Health Division at Peel Public Health would like to consult with you to identify opportunities for developing, supporting and enhancing policies and programs that influence the healthy eating and physical activity behaviours of children in licensed child care settings.

In 2011, we undertook a rapid review of the evidence to answer the question: ‘What are effective public health interventions to prevent obesity in children from birth to six years?’

From the review, it was evident that there is limited research on this topic; however, the literature did identify key characteristics of successful interventions, such as healthy eating, physical activity and parent engagement, among others.

Additionally, the evidence highlighted that the child care environment is an ideal setting to support the development of health promoting behaviours in children, namely healthy eating habits, and improved physical activity levels.

During this session we want to find out from your perspective:

- The magnitude of the issue/problem
- What type of healthy eating and physical activity programming happens in child care
- Facilitators and Challenges to implementing programs and policies
- Opportunities for collaboration on policy enhancement or development

Before we begin there are a few housekeeping items we need to take care of.

1. Quick review of consent forms
2. Have participants complete consent forms if not completed beforehand

Facilitator Information

Facilitator:

__________________________________________________________________________________________
Section 1: Issue Identification /Magnitude of the Problem/Priorities

Opening: Peel Public Health is concerned about the rising rates of childhood obesity. Poor eating habits, physical inactivity and increased screen time are all identified in the literature as contributing to this rise.

1. From your perspective, do you think there is a problem in Peel? (re: weight, physical activity, screen time, healthy eating habits)
2. Are you hearing anything from parents re: this issue? Parental perspective?
3. Are there gender differences re: healthy eating and physical activity?
4. Are there cultural/ethnic differences re: healthy eating and physical activity?
5. How important is this issue to you? Where does this issue fall on your priority list for your centres? Competing priorities?

Section 2: Understanding current status of child care programs and policies

Opening: We are aware that there are many governing documents that address healthy eating and physical activity in child care centres, we’d like to gain a better understanding of how these guidelines are operationalized at the centre level.

1. To what extent do you apply the following documents (DNA, Operating Criteria, High Scope, Early Learning Framework)? Are they feasible? Realistic? Duplication? Perception of them?
2. What programs or policies are in place currently regarding healthy eating and physical activity in your centres? What resources do you consult for planning activities?
3. What’s working for you? What are you most proud of? (successes re: current policies)
4. What challenges, if any, have you faced re: implementation or adherence? (time, cost, equipment, physical environment)
5. What role have parents played, if any, in helping operationalize the guidelines? Is there a process in place where parents can engage with you in sharing their concerns or ideas about current programs? Is there a parent council or advisory group?
6. What is the nature of the relationship between centres and caterers? Are your caterers open to feedback/change? Who determines menus? For your infant population, do you store breast milk? For those with internal cooks, are children involved with food preparation?
7. Who determines what physical activity children are involved in during the day? Is it the same each day? How much physical activity is structured vs., unstructured? Time? Intensity?
8. What is your current policy regarding screen time or media use? Does it differ by age?
9. What training, if any, do staff undergo re: healthy eating and physical activity?
10. What outcome measurements, if any, do you document or report? How do you know are successful in your efforts? Do you collect any data on intake and/or exit forms?
11. Are there any food-related centre policies over and above the DNA and Operating Criteria?
12. What challenges, if any, have you faced re: implementation or adherence? (cost?)
13. What’s working for you? What are you most proud of? (successes re: current policies)
14. Who determines menu items? What resources do you consult for planning menus?
15. What are some of the challenges (and/or barriers) do you think centres face with providing nutritious meals and physical activity?
16. What improvements do you think the majority of centres need to make (re: HE/PA/SB of children)?
17. What do you perceive are the strengths and weaknesses of the Operating Criteria?
18. How can the Operating Criteria be used to help centres improve the eating and physical activity behaviours of children attending licensed child care in Peel?

Section 3: Visioning the Ideal/Facilitators and Challenges to development and implementation

Opening: In an ideal world, we’d like all children to be happy, eat well, and be active, irrespective of the child care provider they are with.

1. In an ideal world, what would you need to be able to achieve this vision?
2. What is actually feasible, given current limitations? (e.g. physical space, competing priorities)
3. What do you perceive are the benefits for your centre to implement a new, specific policy about healthy eating and physical activity?
4. What do you perceive are the drawbacks/costs for your centre to implement a new, specific policy about healthy eating and physical activity?
5. In an ideal world, what would you need to better help centres achieve this vision?
6. What is actually feasible, given current limitations? (e.g. physical space, competing priorities)
7. What do you perceive are the benefits or drawbacks for centres to implement a new, specific policy about healthy eating and physical activity?

Section 4: Opportunities for Collaboration

Opening: It is the intention of Peel Public Health to collaborate with key stakeholders to create supportive environments for healthy living.

1. What role can Peel Public Health play in helping your centre get to your ideal state (given your constraints)?
2. Who are the key decision makers?
3. Are there key people that need to be on board first? Who is missing from this conversation?
4. Do you see your centres as being a good place to implement a new policy?
5. Realistically, what role do you want to play in the policy development process? Joint writers? Reviewers? Implementers?
6. Do you have any general comments? Is there anything you would like to add?

Closing

We thank you all for your time and participation.
Next Steps: We will follow up with all participants at the end of our stakeholder consultations to share the findings.

Note* Questions blue are select questions only asked to the participants of the Cooks Network Questions in red are select questions only asked to the purchase of services (POS) Analysts.
Appendix F: Select Stakeholder Quotes

**Issue Identification**

- “…Some parents have a day they’ll walk but a lot of times they’re either taking the bus or they do drive. It’s unfortunate that way. I think it’s just the upbringing in our society now with everything’s texting and you’re emailing, more sedentary and everybody’s on their phone. It’s just that kind of lifestyle.” (Cooks Focus Group Participant)

- “…I’ve really seen the visual outcome from the 6-12-year-olds. Three-year-olds, say the 0-3 we see them getting picked up and little snacks like Fruit To Go, fruit roll-ups and stuff for 3-year-olds to eat on the way home or chips and different things. You might not see the visual effect, the physical effects of that until they’re 3 years of that by 6 and up. It’s with my school-agers, I see because we get to track them too…” (Supervisors Focus Group Participant)

- “In our centre, we’ve got two-and-a-half, right through to 12 and I agree with you. In the younger age group it’s not a concern. In the 6 to 12, yes, there are isolated incidences of obesity in some of the children there that is of concern to us. Also, too, the lack of inactivity in that they don’t want to always participate. They don’t want to walk. They don’t want to engage in the activities on the playground, things like that. That’s with the older age group.” (Supervisors Focus Group Participant)

- “Once they start getting involved in hand-held electronics, they get more sedentary and that’s when it starts.” (Supervisors Focus Group Participant)

- “That’s where the screen time comes in because if it’s not the TV, it’s the computer. If it’s not the computer, it’s the DS. If it’s not the DS, it’s the…” (Supervisors Focus Group Participant)

**Differences among children**

- “Going back to the different cultures, I find when I do tours and when they do start, it’s more the Asian families that look at the menus, like really look at the menus day-by-day. They always ask first, “Do you serve pork?” If your meat is halal, they ask those kinds of questions. What would we do to substitute if it wasn’t halal? What would be the alternative?” (Supervisors Focus Group Participant)

- “I was going to say the same thing with ours because we’re in a low-income area as well. Give somebody $20, you’ll get a lot more bang for the buck if they buy 7 boxes of KD and a dollar container of that Tang-like juice than bread, a bag of apples and a thing of milk.” (Supervisors Focus Group Participant)

- “I’m finding…it’s not even really culture as much as maybe affording and lower income and things like that with kids that aren’t involved in, say, a dance program after school or a Y membership which does have assistant [sic] programs or like going to baseball or going to soccer and also how do they get there with the driving? How do they?” (Supervisors Focus Group Participant)

- “I also get some parents, not a lot but there’s always some that ask us not to send their children outside because it might be too cold or they’re kind of tired. Can you keep them inside?” (Supervisors Focus Group Participant)
• “It also has to do with the cultural roots because there are lots of parents who come to us and say to us, “My child isn’t eating,” and they want you to give them more. To them it’s like my child isn’t eating. He’s thin. Would you please coax him to eat? Give him some more. The thing about it is that if you were to go on their premise as to the child is not eating and then you would give him more they are supposed to you would be overfeeding that child.” (Supervisors Focus Group Participant)

• “In their cultures their kids have to be chunky because if they’re not chunky, you’re not feeding them properly. There’s something wrong with you...” (Supervisors Focus Group Participant)

Role of Parents

• “I think another issue also is I’m going to say not necessarily more so for single parent families but it’s time because these parents are in for 7:00 o’clock in the morning, come and pick their kids up at 6:00 at night. That screen time, like TV time, video game time, that’s the babysitter while the parent is getting dinner ready and then it’s time to go to bed. I think there’s a lack of time just because of the business of their own personal schedules between work and everything else.” (Supervisors Focus Group Participant)

• “Yeah, so by the time they go home they’re not going to be hungry to eat their dinner because the kids aren’t being active at that time and how do you have an appetite when you’re not active and you’re getting something in the car. You’re getting something at the day care. Parents probably have snacks in the car on the way home so the kids aren’t crying. Then they’re going home and they’re eating again so it’s a lot of food.” (Supervisors Focus Group Participant)

• “Where I was going to go with that is sometimes parents get home and the last thing they have to do is the time to prepare a proper, home-cooked meal. What do they do? They go through the drive-through and this is all economic status. This isn’t the poorest of the poor. It’s across all… not everybody and very few go home to a hot, cooked meal that is nutritionally balanced.” (POS Analysts Focus Group Participant)

• “The challenge becomes educating the parents as well because we hear operators saying, “I know that this is kind of not a best practice,” but it’s a business for them as well. You have to remember that if the parents are saying, “We want a computer in the classroom,” we want them to know they think that Baby Einstein is the greatest thing or Baby Can Read programs are the greatest thing. If the parents aren’t informed of that, a lot of times what we see is those operators saying, “Okay, we’re going to give the parents what they want.”” (POS Analysts Focus Group Participant)

• “…and seeing that Peel is a culturally diverse community you have certain cultures that really believe that the way to achieve academic success is through technology. They don’t believe that play has anything to do with academic success. That’s a huge piece that I think most centres have to hurdle. We mentioned earlier, some of them, they run a business and they have to do what’s best for the business.” (POS Analysts Focus Group Participant)
Current status of child care programs and associated policies

Governing documents

- “The Day Nurseries Act is like the Bible of all. They have to be following the Day Nurseries Act in the first place to get their license.” (POS Analysts Focus Group Participant)

- “Well, the Day Nurseries Act is the minimum, the minimum requirement. If you’re meeting those requirements, yes, you’re meeting the minimum but it doesn’t mean that you have a quality program. It’s the other initiatives, the Raising the Bar, the operating criteria, all that other stuff that’s going to allow us to determine how high up we are on that quality scale. The DNA, as long as you meet them then you’re good to go.” (Supervisors Focus Group Participant)

- “I was just going to say because the Ministry gives you the guidelines for the minimum requirement so that’s why they might come and say to you, “You don’t need to do this.” When your regional subsidy comes in and they do the operating criteria, they want you to do the maximum because they want you to be at fours as much as you possibly can.” (Cooks Focus Group Participant)

- “I remember when we used to serve hot dogs to the kids. I remember when we used to serve anything we wanted. Our menus have become more and more nutritious over the years. It’s because of the operating criteria.” (Supervisors Focus Group Participant)

- “In order to get a four, they want us to have it every year, looked at by a dietician or a nutritionist and we can’t afford to do that.” (Supervisors Focus Group Participant)

- “That’s our message. Licensing is minimum standard. We’re not willing to accept that in Peel. It’s been stated that we are going to ask for higher quality. That’s where this tool comes in because they’ll say, “Well, the Ministry doesn’t ask us to do that.” That’s right, because that’s the minimum standard and this is what we are looking for.” (POS Analysts Focus Group Participant)

Site-specific policies

- “We used to go to a local park but we stopped doing that now because the Ministry requirement that you need a letter from the city. The city won’t give up those letters and we can’t even use the local park. The playground needs to be inspected. At the centres we do daily, monthly, seasonal, annual. Then we have a third party to come in and inspect so if we were to go to a city park we don’t have their reports. I don’t know if this is across the board but [site] does not allow us then to go to a city park. My [site] location, they just put in this beautiful, beautiful park and they can’t take advantage of it.” (Supervisors Focus Group Participant)

- “… I know that the equipment is safe but you still have to do your playground inspection before you allow the children to play in the park. You can still go to the park. You could still play in the park but you have to do your own playground inspection before you go, like when you get there.” (Supervisors Focus Group Participant)
• “Our toddlers don’t have any screen time. Preschoolers get half an hour a month and our school-agers get 2 hours a month only because a movie is usually 2 hours. There are a lot of months that we don’t use it.” (Supervisors Focus Group Participant)

• “There are some centres that actually have screen time as part of their programming. We are addressing that issue because we all know that research has shown from 0 to 2, children should have no screen time at all. They are doing videos for children younger than that.” (POS Analysts Focus Group Participant)

• “Home childcare is another pocket that is very difficult to manage because TV is a lot more accessible and a lot more acceptable in a home environment. We really struggle with them understanding that as well, especially if you have a mixed age grouping. Toddlers aren’t supposed to have TV but preschoolers are watching a program while lunch is being prepared and so are the little ones too.” (POS Analysts Focus Group Participant)

• “We don’t have that problem. We stopped that long ago, that cake business, and it was a real tough…and it continues to be with parents, new parents coming in until they understand why you’re doing it but we don’t do the cake thing. We haven’t done it for years and it’s okay. Even the staff, it took them a long time to get used to it or what to say to a parent about a child’s birthday and what’s appropriate, what’s not. It’s similar to the whole health menu. We started that a long time ago as well and it took a good couple of years for everybody, teachers included, to promote it and encourage the eating and that type of thing. Once you do it and you’re on your way doing it, it’s a lot easier.” (Supervisors Focus Group Participant)

**Nutrition**

• “I think that’s again why you find that while children are in child care these are not as big issues because we are controlling the type of food that they’re getting. Control is not the best word but we are providing the proper nutrients and we are giving them that outdoor time. It’s when the kids go to school or depending on the school system or the region that that entirely falls off completely. Kids are coming in with pop for breakfast and chips for a snack. They’re not going to get that from us but the moment they leave our environment we’re out. We’re out and again, I can see it on a personal level with the kids that are walking to school with my son. A little girl is walking with a can of Sprite for breakfast.” (Supervisors Focus Group Participant)

• “At my centre, we have a little child, boy, 5 years old, that will starve himself all day and just drink milk. His mommy promised him they’ll take him to McDonald’s or buy him a chocolate bar or whatever he wants and she does it every morning. Even though you try, you give them healthy meals and snacks, he waits for that every day, five days a week.” (Supervisors Focus Group Participant)

• “It’s cost of items too. You want to get the highest quality foods that you can. You want to do all the seasonal stuff, the watermelons and that but some places are charging you $12 and $13 for a watermelon. You want to provide that variety but again your budget limits you to what you can afford so it isn’t always necessarily the best of the best.” (Supervisors Focus Group Participant)

• “Fish sticks. We try to recommend to them, maybe you’re just going to buy fish and you’re going to bread it. Well, breading that fish takes extra time. Chopping those potatoes, peeling those potatoes, that all takes time. That is one of the main barriers that they are saying. Cost and time are the two main barriers, for sure.” (POS Analysts Focus Group Participant)
• “Getting rid of the processed foods, the heat and serve foods, that’s a big mindset change. Eating your fruit, don’t drink it. They are serving juice and we’re saying they should be eating their fruit and not drinking it. Getting those messages out can be very difficult.” (POS Analysts Focus Group Participant)

• “Even though it might be the best meal of the day, there’s still room for improvement.” (POS Analysts Focus Group Participant)

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**Physical Activity**

• “We swim in the summertime. We have access to our pool that’s on the property so our kids, they swim. Our younger ones have access to the wading pool and then our school age have access to the standard size pool, as well as we have a tennis court in the back which the staff will bring equipment out there where they can run around, ride their bikes, all that stuff.” (Supervisors Focus Group Participant)

• “You get some staff who are out in the playground just sitting there watching the children and not participating… There’s a safety piece to it as well you have a climber out there so there has to be staff at the climber. It just depends what’s going on the playground. How many staff are out there because safety is a big key.” (Supervisors Focus Group Participant)

• “I know our teachers…we have a couple of teachers that aren’t active themselves. That group of children probably isn’t going to be active as say the preschoolers that has somebody that plays baseball and wants to run around and chase.” (Supervisors Focus Group Participant)

• “You know that they’re required for the two hours. My thinking is that staff are not challenging them physically enough with active games. Yes, they are out for two hours but what are they doing for that two hours? There could be some and we do see it on the planners that there are some planned activities but they are not always physical. Not everybody is interested in those. There are a lot of free play options too. Some children just aren’t as physically active as others. I think the staff struggle with good appropriate… because we don’t want to promote competition. A lot of that, the games are ruled out over the staff don’t know how to have a game without having that competitive element. I think there could be a lot more support with that.” (POS Analysts Focus Group Participant)

• “Unfortunately, sometimes, too, that’s the teacher’s break. Going to the playground. I’m just going to walk around and supervise. It’s also changing that mindset but honestly, at that time if they have enough equipment on the playground they won’t need to teachers because they are able to be physically running around. It’s also space. If you have a playground that’s half the size with let’s say 10 infants on it or 10 toddlers on it, how much running can they possibly do? How much running a bike can they possibly do? They don’t have the physical space.” (POS Analysts Focus Group Participant)

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**Innovation, Curriculum, and Successes**

• “I know at the Learn Play Care Centres they have the snack-to-go program. Basically they have fruit set out for the parents and the children to pick up on the way home or for the parents before they go to work so they have fruit or they have healthy snacks, yogurts, set up for the parents and the families. They also have for physical Turn off the Screen program which is materials put together. For example, books or activities that promote language and literacy and encourage them to turn off the
screens. Families can borrow it whenever they want, take it home, bring it back, and then take another kit home.” (Supervisors Focus Group Participant)

- “I was just going to say one of the specific things that I do that I really enjoy is once a week I do cooking or baking classes with some of the kids. It doesn’t have to be anything exciting. We’ve just made roll-ups with cream cheese and just something so that you engage them a little bit and pass along a little knowledge when you can.” (Cooks Focus Group Participant)

- “One of the things… I don’t know if this fits into where you’re at here but one of the things that I know has been successful is when the kids are involved in the cooking with the actual teachers. I know I used to work at a centre where we had that cook come out. Again it was a time issue but she would come out and spent half an hour once a week cooking with my class, teaching them how to make something. That got a lot of buy-in from the menu. Typically, it was something that was actually on the menu that day. She would try and help them prepare a piece of the lunch or something so that when it came out, they felt like they had been a part of that.” (POS Analysts Focus Group Participant)

- “In some cases, some centres actually have small gardens. Part of the curriculum is that they’ll do some planting so the children can have that extended activity, that learning process, from the planting of the seed right through to the grabbing the lettuce and now we are having it for lunch. It’s not really common but they do work hard at trying.” (POS Analysts Focus Group Participant)

- “We have seen a program now move to, it’s a large nonprofit organization to having a basket of fruit in the classroom at all times so it’s free to take when you need it. You’re not being told, “Okay, we are eating in two hours. Too bad you’re hungry now.” That fruit is there and it’s part of the program. If they want an apple or banana, they can help themselves to it.” (POS Analysts Focus Group Participant)

Achieving the Ideal Vision

Collaboration between parents and child care providers

- “I think as child care centres we can be educators. I find that we actually are educators when it comes to healthy eating because I get a lot of comments all the time about “My child doesn’t eat this at home but at the day care centre, he will.” It’s just because we introduce them to lots of different foods that they wouldn’t necessarily get at home. Parents generally tend to be a bit more lax in terms of if the child doesn’t want something, they’ll just give them what they really want or what they really like whereas we encourage them to try everything. I think we have a role to play in being educators to help them develop those healthy eating habits that they’ll take when they leave.” (Supervisors Focus Group Participant)

- “Parent buy-ins…For the parents to follow through with the things that we’ve already started, so to speak, around eating, around activity. Ideally, you’d like to be able to have families still have that family time that a lot of families don’t seem to have now. It’s going to the park, it’s going for a walk, it’s whatever it takes when they get home just to be able to spend some quality time together versus putting on the TV while someone cooks dinner, then it’s bath and bed. It would be the ability to spend more time or influence the time that they have at home.” (Supervisors Focus Group Participant)
Money

- “We always need money.” (POS Analysts Focus Group Participant)

- “Money to be able to provide the foods that we would want to, to kind of knock up the quality of the food, the variety of the food. For physical activity, the materials that we use, the possibilities that we have, potentially additional supervision so that the adults are more participatory when they can be.” (Supervisors Focus Group Participant)

- “Some people need to spend their money better. It needs to be spent because they might not necessarily have a shortage of it but they might not necessarily be dedicating enough of it back into their programs.” (POS Analysts Focus Group Participant)

- “Sometimes the cook knows what she/he needs to do but she/he doesn’t necessarily have the support of the supervisor or the operator. She knows that she needs to have certain amounts of food for the children but if the budget only allows for two apples for 10 children, she can only do what she can do with it. They are not always in charge of the budget or the shopping.” (POS Analysts Focus Group Participant)

Inspections

- “Maybe some coordination between yourselves and the analysts so that if they were to be coming in and looking at the quality of our nutrition and our outdoor spaces and stuff like that, you wouldn’t then come in and do the exact same thing. Whereas if maybe they’re not addressing it to the extent that it should then that gets piggybacked by you. We get a lot of people coming in to ensure that we’re meeting all of these requirements. Not that we don’t want you to come and visit but another person coming in might just be…didn’t we already go over this or maybe looking at the operating criteria and seeing if maybe there are things that need to get added to ensure that we’re addressing these kinds of issues as well.” (Supervisors Focus Group Participant)

- “Everybody needs to be on the same page. The Ministry, the operating…everybody needs to be doing the same thing. Everybody’s doing different things and it needs to be one body governing everybody. There’s too many odds and ends.” (Supervisors Focus Group Participant)

- “There’s too many inspectors that do the same thing but look at it differently.” (Supervisors Focus Group Participant)

- “Also I find when they come to inspect, they all come at different times of the year so it’s like when they do question some things, they’ll say we don’t do it that way. We have it this way. If you do that, that’s why I wish they would communicate amongst themselves.” (Cooks Focus Group Participant)

Role of Public Health

- “…the Day Nurseries Act tells us how to feed the children. I really think the Health Department should be doing that. That should be part of the Health Department side of it because that’s where they can provide a dietician that knows something about portions and knows…the Ministry (crosstalk) The Health Department should be approving what we serve the children, not licensing.
We need dieticians and people that can do that to improve it. That might help the situation.”
(Supervisors Focus Group Participant)

- “…with all the technology we have it would be great to have somebody that we could even send our menus to just for an overhaul, just for some ideas and then you just basically make recommendations.” (Supervisors Focus Group Participant)

- “Sometimes if you could say, “Peel Health says this…”, parents will listen to that more than if it’s just the supervisor or the teachers saying it to them. If there’s documentation or studies…” (Supervisors Focus Group Participant)

- “Or workshops. I think sometimes…I know that it’s hard to get because there’s so many child care centres in Peel. I completely understand, but a centre director and the staff doing a presentation versus having someone coming and talking to you about nutrition. The message is a little bit different when it’s a body from outside.” (Supervisors Focus Group Participant)

- “…with all the technology we have it would be great to have somebody that we could even send our menus to just for an overhaul, just for some ideas and then you just basically make recommendations.” (Supervisors Focus Group Participant)

- “Just a backup to the nutrition piece, I think even though that is working well, I think there’s still a big role for others to play maybe, such as the Health Department, because right now a lot of that support is directly coming from us. I’m not an expert in nutrition. I’m just following basically what I can or what I know about Canada’s Food Guide. They are still wanting a lot of support and I know they appreciate at times where dietitians would review their menus and things like that.”(POS Analysts Focus Group Participant)

- “…Having a good resource file that we can go to that supports what we’re saying and doing. That might not necessarily come from us. We might be able to gather all of those pieces of information, put it in our resource file and then be able to share it. Because right now, if we need menus and recipes, we are looking for them ourselves.” (POS Analysts Focus Group Participant)

- “Maybe more visibility, so maybe the Health Department could be more visible at community meetings and that sort of thing, be a part of our networking groups, one representative perhaps. We had the Health Department come out at one point too to some of the meetings and that was really helpful.” (POS Analysts Focus Group Participant)
### Appendix G: Provincial Child Care Acts and Regulations Review

#### Nutrition and Healthy Eating Regulations

<table>
<thead>
<tr>
<th>Province</th>
<th>Regulations</th>
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<tr>
<td><strong>Newfoundland and Labrador</strong></td>
<td><a href="http://www.assembly.nl.ca/Legislation/sr/Regulations/rc050089.htm">http://www.assembly.nl.ca/Legislation/sr/Regulations/rc050089.htm</a></td>
</tr>
<tr>
<td><strong>Child Care Services Regulations, 2005</strong></td>
<td>Child care service requirements</td>
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<tr>
<td></td>
<td>9. (1) A child care service</td>
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<tr>
<td></td>
<td>(k) shall provide meals to children in accordance with the requirements of the Canada Food Guide to Healthy Eating;</td>
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<td></td>
<td>(l) shall prepare food and ensure food handling and food handling facilities are in accordance with the requirements of the Standards and Guidelines for Health in Child Care Settings Manual approved by the minister;</td>
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<td></td>
<td>(m) shall ensure a child sleeps, is fed and offered food appropriate to the child’s stage of development and individual capability;</td>
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<td>(n) shall, daily, provide to the parent or guardian of a child who is less than 24 months of age a written record of the child’s eating, sleeping and elimination patterns;</td>
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<tr>
<td><strong>CHILD CARE FACILITIES ACT REGULATIONS (2005)</strong></td>
<td>PART III: PUBLIC HEALTH</td>
</tr>
<tr>
<td></td>
<td>16. (2) A facility shall, if it provides a food service for the children, have a sanitary food preparation area and follow practices to the satisfaction of the public health officer.</td>
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<td>PART V: NUTRITION</td>
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<tr>
<td></td>
<td>22. (1) The supervisor shall ensure that all meals and snacks that are served meet the nutritional requirements of children in accordance with Canada's Food Guide. Nutritional requirement</td>
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<td></td>
<td>(2) Where meals or snacks are supplied by the facility, menus shall be posted in a prominent location for the information of parents and kept on file for a period of 30 days. Posting of menus</td>
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<td></td>
<td>(3) A child attending for 3 hours or more shall, if present, be provided with: Meals or snacks</td>
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<tr>
<td></td>
<td>(a) a mid-morning snack;</td>
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<td>(b) a mid-afternoon snack;</td>
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<td>(c) a noontime meal;</td>
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<td></td>
<td>(d) an early evening meal or breakfast if required. (EC475/87)</td>
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<tr>
<td><strong>Day Care Regulations</strong></td>
<td>Nutrition</td>
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<td>25 (1) A licensee must adhere to the food and nutrition standards established by the Minister.</td>
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<tr>
<td></td>
<td>(2) Each meal served to a child who is enrolled in a day care program must be nutritious; and</td>
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</tbody>
</table>

(3) Each snack served to a child who is enrolled in a day care program must
   (a) be nutritious; and
   (b) provide servings from at least 2 of the food groups identified by Health Canada, including at least 1 serving of vegetables or fruit.

(4) Each child enrolled in a full-day program must be provided with a lunch, a morning snack and an afternoon snack.

(5) Each child enrolled in a part-day program and a school-age program must be provided with a snack.

(6) Subject to subsection (7), each child enrolled in a school-age program may bring a lunch from home or be provided with a lunch.

(7) Children who bring their lunch from home must eat apart from children who are provided with a lunch by the program.

(8) For a family home day care program,
   (a) each child who is in attendance during a regular meal period must be provided with a meal; and
   (b) each child who is in attendance before or after a regular meal period must be provided with a snack.

Menus must be developed and followed

26 (1) A facility director or, in the case of a family home day care program, a care provider, must develop and follow menus.

(2) A menu must be kept on file for 12 months.

(3) A facility director or, for a family home day care program, a care provider, may make a substitution to a menu if
   (a) the substitution is of equal nutritional value to the original menu item;
   (b) the menu documents the substitution; and
   (c) a record of the substitution is kept on file for 12 months.

Infant feeding requirements

27 (1) Breast milk or formula provided by a parent for an infant must be

   (a) labelled to specify the name of infant, the date received, and the contents;
   (b) refrigerated at 4.0° C or lower; and
   (c) stored in accordance with Provincial guidelines.

(2) Food provided by a parent for an infant must be dated, refrigerated if required, and used or discarded before the expiry date.

(3) An infant who cannot hold a bottle must be held by a staff member during bottle feeding.

(4) An infant must not be fed in a crib or by bottle propping.
### 6.7 Nutrition

**Menus**
- All child day care facilities must prepare meals and snacks in accordance with Canada’s Food Guide to Healthy Eating, respecting the four (4) basic food groups and the recommended serving sizes for the age group being served.
- Where milk and juice are served, the milk must be undiluted and the juice must be one hundred per cent (100%) pure fruit juice. Water may be served at meals and snacks providing the requirements of Canada’s Food Guide to Healthy Eating are met throughout the day.
- Drinking water must be available to children at all times either through independent access or requests through staff.
- Children’s allergy information must be posted in the food preparation area.

All day care centre menus must:
- be prepared four (4) weeks in advance and posted at the beginning of each week in a location that is conspicuous to staff and parents
- be amended or varied to provide for children with special nutritional requirements
- be amended to reflect any changes in the food actually served, as changes occur
- ensure that no additives or fillers are added to stretch or colour food

All community day care homes menus must be provided to parents every two (2) weeks.

**Meals/snacks provided by parent(s)/guardian(s) must:**
- be labelled with the child’s name, the date, and the type of food
- be properly refrigerated, as required

**Infants**

Infants under 12 months of age must:
- be fed on demand and in accordance with written instructions from the parent regarding the amount, type and scheduling of feedings
- be held during bottle feeding

Both the propping of bottles, in cribs, playpens or infants seats, and the carrying of bottles by young children are prohibited.

Where there is more than one bottle-fed infant, all bottles must:
- be labelled with the child’s name
- only be used for the intended child
- stored with covers on each bottle

**Servings**

Children who are in attendance at a child day care facility for:
- less than three (3) hours, must be served one (1) snack which must provide one (1) serving each from two (2) or more of the basic four (4) good groups
- at least three but less than six hours (3-6) hours, must be served one (1) snack which must provide one (1) serving each from two (2) or more of the basic four (4) food groups and one (1) meal which must provide one (1) serving from each of the
- four (4) food groups
- at least six but less then ten hours (6-10) hours, must be served two (2) snacks and one (1) meal which must provide: for each snack, one (1) serving each from two (2) or more of the basic four (4) food groups; and for the meal, one service from each of
the four (4) food groups; and in total include at least two (2) servings from the Milk Products food group

Quebec

EDUCATIONAL
Childcare
Regulation
Educational
Childcare
Act

http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=3&file=S_4_1_1/S4_1_1R2_A.HTM

DIVISION I
SAFETY AND SALUBRITY

110. A childcare provider must, when providing meals and snacks to children, ensure that the meals and snacks comply with Canada’s Food Guide published by Health Canada.

O.C. 582-2006, s. 110.

111. If a child is on a special diet prescribed by a member of the Collège des médecins du Québec, the childcare provider must follow the parent’s written instructions for the meals and snacks to be served to that child.

O.C. 582-2006, s. 111.

112. A childcare provider other than a home childcare provider must post the weekly menu for consultation by the staff and parents and ensure that the meals and snacks served to the children conform to the menu.

A home childcare provider must inform parents of the contents of the meals and snacks served to the children.

O.C. 582-2006, s. 112.

113. All food prepared on or brought onto the premises must be kept and served by the childcare provider under sanitary conditions at the appropriate temperature.

O.C. 582-2006, s. 113.

Ontario

Day Nurseries Act (DNA)
R.R.O. 1990,
REGULATION 262

http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900262_e.htm#BK8

NUTRITION
39. Every operator shall ensure that,

(a) each infant under one year of age that is in attendance in a day nursery operated by the operator or in a location where private-home day care is provided by the operator is fed in accordance with written instructions from a parent of the child;

(b) where food or drink or both is supplied by a parent of a child in attendance in a day nursery operated by the operator or location where private-home day care is provided by the operator, 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. R.R.O. 1990, Reg. 262, s. 39.

40. (1) Every operator shall ensure that each child one year of age or over that is in attendance in a day nursery operated by the operator or in a location where private-home day care is provided by the operator is provided with,

(a) subject to section 43, where the child is in attendance at meal time, a meal consisting of at least one serving from milk and milk products, one serving from meat and alternates, one serving from bread and cereals, and two servings from fruits and vegetables within the range set out in Column 2
or 3, as the case may be, of Schedule 1, for each food group set out opposite thereto in Column 1 of Schedule 1, except where otherwise approved by a Director in the case of a child who is 44 months of age or over as of August 31 of the year; and

(b) nutritious between-meal snacks consisting of foods that will promote good dental health at times that will not interfere with a child’s appetite for meal time. R.R.O. 1990, Reg. 262, s. 40 (1); O. Reg. 505/06, s. 9.

(2) Where a child referred to in subsection (1) is in attendance for six hours or more, the operator shall ensure that the total food offered to the child over the period of attendance for each food group set out in Column 1 of Schedule 2 is within the range set out opposite thereto in Column 2 of Schedule 2. R.R.O. 1990, Reg. 262, s. 40 (2).

41. (1) Every operator of a day nursery shall post planned menus for the current and following week in a conspicuous place in each day nursery operated by the operator with any substitutions noted on the posted menus. R.R.O. 1990, Reg. 262, s. 41 (1).

(2) A menu referred to in subsection (1) shall be retained by the operator for thirty days after the last day for which it is applicable. R.R.O. 1990, Reg. 262, s. 41 (2).

(3) Every operator of a private-home day care agency shall ensure that each person in charge of the children in each location where private-home day care is provided by the operator plans menus in consultation with the child’s parents, and a private-home day care visitor. R.R.O. 1990, Reg. 262, s. 41 (3).

42. Every operator of a day nursery shall ensure that a list is posted in each cooking and serving area of each day nursery operated by the operator that sets out the names of the children enrolled in the day nursery that have food allergies and their respective allergies. R.R.O. 1990, Reg. 262, s. 42.

43. Every operator shall ensure that where special dietary and feeding arrangements have been made with the operator with respect to a child enrolled in a day nursery operated by the operator or in a location where private-home day care is provided by the operator that the arrangements are carried out in accordance with the written instructions of a parent of the child. R.R.O. 1990, Reg. 262, s. 43.

Manitoba C.C.S.M. c. C158

The Community Child Care Standards Act


Nutrition

16(1) Every licensee shall ensure that, where infants are cared for in the licensee's child care centre, the infants are

(a) fed by the same person for at least three-quarters of their feedings at the child care centre;
(b) attended while eating or having a bottle; and
(c) held while having a bottle unless they are able to hold the bottle themselves.

16(3) Where meals or snacks are supplied by the licensee to children in attendance at the licensee's child care centre (a) if the child care centre is a full time child care centre or a school age child care centre, the licensee shall ensure that

(i) nutritious foods in accordance with Canada’s Food Guide to Healthy Eating issued by the Minister of Health (Canada) are served,
(ii) written menus are prepared in advance,
(B) posted in a conspicuous location for the information of parents and guardians, and
(C) kept on file for a period of one year,
(iii) only foods of low choking potential are provided, and
(iv) no foods containing known peanut products are served to children under three years of age;

(b) if the child care centre is a nursery school, the licensee shall
   (i) inform parents or guardians of the snacks provided for the children, and
   (ii) shall comply with subclauses (a) (iii) and (iv).

16(4) Every licensee shall ensure that
(a) if a child is in attendance during a recognized meal period, a meal is served to the child; and
(b) if a child is in attendance prior to or after a recognized meal period, a snack is served after approximately three hours of attendance.

16(5) Every licensee shall comply with all health regulations and guidelines pertaining to food storage, handling and serving.

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**Saskatchewan Child Care Regulations, 2001**

Under **The Child Care Act**, Chapter C-7.3 of the **Statutes of Saskatchewan, 1989-90** (consult Table of Saskatchewan Statutes for effective date) as amended by the **Statutes of Saskatchewan, 2000, c.7; 2002, c.C-11.1; and 2012, c.4**.

[http://wwwqp.govskcadocumentsEnglishRegulationsRegulationsC73R2pdf](http://wwwqp.govskcadocumentsEnglishRegulationsRegulationsC73R2pdf)

**DIVISION 3 Health and Safety**

**Nutrition**

23 (1) Subject to subsection (3), a licensee of a facility must provide meals and snacks for children attending the facility who are six months of age or older.

(2) A licensee of a facility must ensure that:
(a) subject to subsection (3), the meals and snacks provided meet the nutritional needs of the children attending the facility; and
(b) the manner in which children are fed is appropriate to their ages and levels of development.

(3) Subject to subsection (4), a licensee of a facility is not required to provide:
(a) infant formula or baby food; or
(b) meals and snacks for a child who requires a special diet or whose parent requests a special diet.

(4) A licensee of a teen student support centre or a teen student support family child care home must provide any foods, other than infant formula, required by an infant under the age of six months.

**Food services**

24 A licensee of a facility must ensure that adequate and safe procedures are followed in the facility for:
(a) handling, preparation, serving and storing food; and
(b) cleansing utensils used for eating and drinking.

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**Alberta Ministry of Human**

[http://wwwqpalbertaca1266cfmpage2008143cfm&leg_type=Regs&isbncln=9780779735570](http://wwwqpalbertaca1266cfmpage2008143cfm&leg_type=Regs&isbncln=9780779735570)

Schedule 1 – Day Care Program

**Program Requirements**
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<th>Day care program</th>
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<tbody>
<tr>
<td>CHILD CARE LICENSING ACT</td>
<td>2(1) A licence holder must provide a program that is in keeping with the physical, social, intellectual, creative and emotional needs of children in the program.</td>
</tr>
<tr>
<td>CHILD CARE LICENSING REGULATIONS</td>
<td></td>
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</table>

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<thead>
<tr>
<th>Nutrition</th>
<th>13 A licence holder must</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>(a) provide or require parents to provide meals and snacks for children in the program,</td>
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<tr>
<td></td>
<td>(b) where the licence holder provides meals and snacks, ensure that the meals and snacks are provided to children</td>
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<tr>
<td></td>
<td>(i) at appropriate times and in sufficient quantities in accordance with the needs of each child, and</td>
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<td></td>
<td>(ii) in accordance with a food guide recognized by Health Canada, and</td>
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<tr>
<td></td>
<td>(c) ensure that infant nutrition provided by parents is clearly labelled with the infant’s name.</td>
</tr>
</tbody>
</table>

|Menus | 14 A licence holder must ensure that menus for meals and snacks provided by the licence holder are posted in a prominent place on the program premises. |

<table>
<thead>
<tr>
<th>Manner of feeding</th>
<th>15 A licence holder must ensure that</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a) the manner in which children are fed is appropriate to their age and level of development,</td>
</tr>
<tr>
<td></td>
<td>(b) children are seated while eating and drinking, and</td>
</tr>
<tr>
<td></td>
<td>(c) no beverages are provided to children while they are napping.</td>
</tr>
</tbody>
</table>


| Health and hygiene | 46 (2) A licensee must ensure that any surface used for food preparation, storage or consumption is not used for changing diapers. |

<table>
<thead>
<tr>
<th>Nutrition</th>
<th>48 (1) A licensee must</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a) ensure that each child has healthy food and drink according to the Canada's Food Guide, and</td>
</tr>
<tr>
<td></td>
<td>(b) promote healthy eating and nutritional habits.</td>
</tr>
</tbody>
</table>

| (2) | If a child's record includes, or the child has a care plan that includes, instructions respecting food and drink for the child, |
|     | (a) the requirements of subsection (1) (a) do not apply to the extent that they are inconsistent with those instructions, and |
|     | (b) the licensee must comply with those instructions. |

| (3) | A licensee must ensure that the food and drink given to a child is sufficient in quantity and quality to meet the developmental needs of the child, having regard to |
|     | (a) the child's age, |
|     | (b) the number of hours the child is under the care of the licensee, and |
|     | (c) the child's food preferences and cultural background. |

| (4) | A licensee must ensure that children are not |
|     | (a) fed by means of a propped bottle, |
|     | (b) forced to consume any food or drink, or |
|     | (c) left unsupervised while consuming food or drink. |

| (5) | A licensee must ensure that safe drinking water is available to children. |
(6) A licensee must make available to parents information on the food and drink given to children.

(7) A licensee must ensure that food and drink are not used as a form of reward or punishment for children.

**Yukon Regulations of The Child Care Act**


**Nutritional standards**

15. (1) The operator must, after consulting with the parents or guardians, ensure that there is a sufficient quantity of foods that meet the basic nutritional requirements of the children in attendance; Canada's Food Guide to Healthy Eating and Native Food Guide must be used in conjunction with established guidelines.

(2) Subsection (1) does not forbid the supplying of food from the child's home.

(3) The operator must ensure that children who are in attendance when the following meals or snacks are served, have

(a) a morning meal, a mid-day meal, or an evening meal that includes at least four food groups as regulated by subsection (1), and

(b) a mid-morning, mid-afternoon, or mid-evening nutritional snack that includes at least two food groups as regulated by subsection (1).

(4) Subsection (3) does not apply to infants.

(5) The operator must ensure that school-aged children have an after-school snack.

(6) All foods must be prepared, stored, and served under sanitary conditions; foods supplied from the child's home must be stored and served under sanitary conditions; items which are perishable within the time they were prepared and intended to be eaten, must be refrigerated.

(7) During bottle feeding, each child who cannot hold their own bottle must be held; propping a bottle on a pillow or some other thing so the child can feed themselves is not permitted; no child shall be allowed to walk around while drinking from a bottle.

(8) Each infant must be fed according to its needs and schedule.

(9) Menus must be posted and followed.

(10) An adequate supply of drinking water which meets the guidelines for Canadian drinking water quality must be available at all times.

**Northwest Territories and Nunavut Child Day Care Standards Regulations, RRNWT (Nu) 1990 c**


**NUTRITIONAL STANDARDS**

27. (1) Nutritious food from guidelines provided by a qualified nutritionist must be provided by the operator or by the child's parent or guardian, for each child attending the child day care facility.

(2) The food referred to in this section may include country food, where the operator has obtained a licence to serve country food from the department responsible for renewable resources.

28. A child under 18 months of age must be
(a) attended by an adult while eating; and
(b) given only foods of low choking potential.

29. When a child attending a child day care facility is bottle fed, an adult must hold the bottle at all times during the feeding.

30. There must be no more than
(a) three hours between meals or snacks, for children over 10 years of age; and
(b) 2½ hours between meals or snacks for children 10 years of age and under.

31. (1) Menus must be prepared and posted a week in advance in a conspicuous place in the child day care facility.
(2) Any changes to the menu for a meal must be posted before the meal is served.

32. Every operator shall comply with all health regulations and guidelines pertaining to food storage, handling and serving.

33. (1) Children in attendance at a child day care facility must have ready access to a pressurized drinking water supply approved by the Health Officer.
(2) Every operator shall maintain disposable or separate drinking cups in a manner acceptable to the Health Officer.

### Physical Activity, Play and Playground Regulations

<table>
<thead>
<tr>
<th>Province</th>
<th>Regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newfoundland and Labrador</td>
<td><a href="http://www.assembly.nl.ca/Legislation/sr/Regulations/rc050089.htm">http://www.assembly.nl.ca/Legislation/sr/Regulations/rc050089.htm</a></td>
</tr>
</tbody>
</table>
| **Child Care Services Regulations, 2005** under the Child Care Services Act | Building requirements
| 8. (1) A child care service     | (a) shall, if it is centre based,                                           |
|                                 | (vi) if it operates more than 4 hours a session, have access to an outdoor play area on-site, surfaced, enclosed, of a size and equipped in the manner determined by the minister, and |
|                                 | (vii) if it operates for 4 or fewer hours a session, have access to an outdoor play area which, if it is on-site, shall conform to the requirements of subparagraph (vi), but if it is not on-site, which is safe and appropriate for the purpose, in the opinion of a director; and |
|                                 | (b) if it is a family child care service which has an on-site outdoor play area, it shall conform to the requirements of subparagraph (vi), but if it does not have an on-site outdoor play space, then with subparagraph (vii). |
| **CHILD CARE FACILITIES ACT REGULATIONS** | PART II
|                                 | PHYSICAL FACILITIES                                                         |
| 13. Where there is no outdoor space immediately adjacent to the facility, nearby parks or other open space, which in the Board’s judgment is appropriate to the nature of the program activities offered, may be used. |
| 14. Every supervisor shall provide and maintain in safe condition equipment for the use of children which is Equipment |

Kusi-Achampong, 2014

- 53 -
(a) relevant to the developmental capabilities of children enrolled;
(b) in compliance with the requirements of the *Hazardous Products Act* (Canada) R.S.C. 1985, Chap. H-3; and
(c) located in areas accessible for independent selection by children.


**Equipment requirements**

| 21 (1) | A facility or a family day care home must be equipped with indoor play equipment and toys that are
(a) developmentally appropriate, safe and sanitary;
(b) accessible for independent selection; and
(c) available in a quantity and variety to engage all children in each group of children served.

**Outdoor play equipment and space requirements for facilities**

| 22 (1) | An outdoor play space used by a facility must be accessible to all enrolled children, including those with diverse abilities.
(2) Children enrolled in a full-day program or a school-age program must be provided with either of the following:
(a) 1 or more outdoor play spaces located at the facility that are safe and suitable for the age range of the children enrolled in the program; or
(b) access to a safe and suitable outdoor play space that is within a reasonable distance of the facility and that is suitable for the age range of the children enrolled in the program.

(3) Except for outdoor play spaces located at a public school or a private school, for the purpose of clause (2)(a) an outdoor play space located at a facility must meet all of the following requirements:
(a) it must provide at least 7 m² (75 ft.²) of play space per child using the play space;
(b) it must be large enough to accommodate the largest age group of children enrolled in the day care program, other than infants;
(c) it must be enclosed by a fence that is at least 1.2 m (4 ft.) high.

(4) If any infants are enrolled in a full-day program, there must be a separate outdoor play space for the infants at the facility or in the immediate vicinity that meets all of the following requirements:
(a) it must provide at least 7 m² (75 ft.²) of play space per infant using the play space;
(b) it must be large enough to accommodate all of the infants enrolled in the program;
(c) it must be enclosed by a fence that is at least 1.2 m (4 ft.) high.

(5) Any outdoor play space provided for children enrolled in a part-day program must comply with the requirements of subsections (2) and (3).

(6) The Minister may waive or alter any of the requirements of subsection (3) or (4) and apply other requirements if there are special circumstances and the Minister is satisfied that the waiver or alteration will not adversely affect the children’s safety or the services and programs provided.
Any outdoor play structure for gross motor activity that is provided by a facility must meet all of the following requirements:

(a) it must be appropriate to the size of the outdoor play area;
(b) it must be appropriate to the age range of the children using the outdoor play area;
(c) it must be safe and well maintained;
(d) it must be designed for commercial use and installed according to the manufacturer’s specifications.

A licensee with an existing outdoor play structure located at a facility on the coming into force of these regulations is not required to comply with the design and installation requirements of clause (7)(d), but any replacement of the structure must comply with clause (7)(d).

### Outdoor play supervision requirements for facilities

23 (1) Subject to subsection (2), an outdoor play space used by a facility must be supervised in accordance with the staff-to-children ratios and group sizes set out in Section 34 for a full-day program, a part-day program or a school-age program, as applicable.

(2) Children from 2 or more age ranges, other than infants, may use an outdoor play space at the same time if

- the space available for each child using the play space is at least as large as required by clause 22(3)(a); and
- the staff-to-children ratio is based on the youngest child in the group.

(3) Despite subsection (2), children other than infants may occasionally use an outdoor place space for infants if the staff-to-children ratio is based on the youngest child in the group.

### Outdoor play space requirements for family day care homes

24 (1) An outdoor play space used by a family home day care program must be accessible to all enrolled children, including those with diverse abilities.

(2) Children enrolled in a family home day care program must be provided with an outdoor play area that is

- on the premises of the family day care home and enclosed by a fence that is at least 1.2 m (4 ft.) high; or
- within a reasonable distance of the family day care home and that has been determined by the agency to be safe and appropriate.

(3) An outdoor play space used by children enrolled in a family home day care program must be supervised in accordance with the staff-to-children ratios and group sizes set out in Section 34 for a family home day care program.

17 Every day care center shall have outdoor play space averaging four and one-half square metres per child to safely accommodate fifty per cent of the children at any time

- immediately adjacent to the day care center, or
- within a reasonable walking distance depending on the age of the children participating in an activity.
23(2) The maximum number of children grouped for a common activity including free play in a day care center shall be maintained in accordance with Schedule B.

**SCHEDULE B**

**MAXIMUM GROUP SIZE FOR DAY CARE CENTERS**

<table>
<thead>
<tr>
<th>Age of Children</th>
<th>Maximum /Number of Children per Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 2 years</td>
<td>9</td>
</tr>
<tr>
<td>2 years</td>
<td>10</td>
</tr>
<tr>
<td>3 years</td>
<td>14</td>
</tr>
<tr>
<td>4 years</td>
<td>20</td>
</tr>
<tr>
<td>5 years</td>
<td>24</td>
</tr>
<tr>
<td>6 years</td>
<td>30</td>
</tr>
<tr>
<td>7-12 years</td>
<td>30</td>
</tr>
</tbody>
</table>


### 4.6 Outdoor Play Space

#### 4.6.1 Day Care Centres

Outdoor play space must:
- be measured by the Coordinator and provide a minimum of four and one half (4.5) square metres (48 square feet) per child to accommodate fifty per cent (50%) of the centre’s approved capacity
- be enclosed on all sides by a fence of at least 1.22 metre (4 feet) in height for children under the age of five (5)
- have gates equipped with bolts and latches which must be locked at all times when children are using the play space
- have a surface which is well drained and free from depressions in which water may stand
- be maintained free of glass, debris, animal litter
- be adjacent to the centre

Day care centres, approved to care for children under the age of two (2) must either:
- ensure this age group use the outdoor play space at a time separate from all other age groups
- or
  - designate an area within the outdoor play space to meet the needs of this age group

A fenced outdoor play space is not required for school age children. Day care centres, approved to care for school age children, must ensure that the children have access to an outdoor play space; if this space is not adjacent to the facility, it must be within reasonable walking distance. Day care centres approved as half day programs, for example nursery schools, are exempt from the provisions for outdoor play space as outlined in section 4.6.1.

All stairs, walkways, ramps, porches, parking areas and driveways must be maintained free from accumulations of water, ice and snow.

#### 4.6.2 Community Day Care Homes

- Community day care homes must provide outdoor play space, which is either directly adjacent to the Operator’s home or within walking distance, for example, a neighbourhood park or playground.
- The outdoor play space of a community day care home is not required to be fenced.
- Where the Coordinator is of the opinion that the community day care home is located in a traffic area where the safety of the children may be at risk, a fence could be
5.2 Indoor Play Equipment, Furnishings and Program Materials
All child day care facilities must provide indoor play equipment, furnishings and program materials that must be:
- available in sufficient quantity and variety for the number of children enrolled at any one time
- arranged on low, open shelves to permit independent selection and use
- in compliance with the Canadian Consumer Product Safety Act and any regulation there under
- surfaced with a lead-free, non-toxic paint, if painted
- maintained clean and in good repair

Open ended play materials and equipment in sufficient quantity and variety for the size of the group and representative of each of the following categories must be present:
- art materials
- blocks and accessories
- language and literacy
- dramatic play
- music and movement
- large muscle (gross motor)
- manipulative and fine motor
- sand and water play
- puzzles and games
- materials that support mathematical learning
- materials that support learning in science and technology

All Operators must be aware of and take action according to recall notices on defective equipment.

5.3 Outdoor Play Equipment
All child day care facilities must complete a monthly maintenance and inspection plan, which must include but is not limited, to the following:
- the date(s) when checked and when repairs were completed
- the action(s) required and taken
- the name of the staff who conducted the check(s)

Quebec Educational Childcare Regulation
Educational Childcare Act
http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=3&file=/S_4_1_1/S4_1_1R2_A.HTM

Play areas
31. A permit holder must have play areas in the facility that have a minimum net area determined as follows:

(1) if the children are under 18 months of age, the minimum net area required is 4 m² per child and for each group of 15 or fewer children, the space must be divided into at least 2 rooms, one for
playing and the other for resting. The rooms must be separate, adjacent and closed, and must allow a direct view of the children, through a glass opening, from the play area to the rest room. Not more than 15 children at a time may be accommodated in each room; and

(2) if the children are 18 months of age and older, the minimum net area required is 2.75 m² per child. The space may be divided into a number of rooms and not more than 30 children at a time may be accommodated in each room, except for special activities.

32. A play area must

(1) have a window that remains unobstructed at all times through which the children may be viewed;
(2) have, on the average, at least half of its floor/ceiling height above ground level, or have windows referred to in paragraph 6 that are entirely above ground level and whose bases are not more than 1.2 m from the floor;
(3) have a minimum floor/ceiling clearance of 2.30 m over at least 75% of its net area and a minimum floor/ceiling clearance of at least 2.10 m at any given point in that area;
(4) have walls covered with smooth, washable materials;
(5) have floors covered with a washable material other than carpeting and that are not concrete, ceramic, terrazzo or other similar material;
(6) have windows opening directly to the outside with a glass area that is never less than 10% of the floor area of a room. A windowless room is considered to be part of an adjoining room with windows provided that 60% of the common wall is entirely open; if any part of one of those rooms is more than 6 m from a source of natural light, the minimum glass area lighting the room must be equal to at least 15% of the total floor area;
(7) be equipped with an artificial lighting system providing a minimum light level of 320 lux measured 1 m above the floor; and
(8) be maintained at a relative humidity of at least 30% in the winter

Outdoor play spaces and outdoor play areas

39. A permit holder must provide the children with

(1) an outdoor play space, enclosed by a safety fence at least 1.20 m in height, situated less than 500 m from the facility to which the permit holder has access during the hours childcare is provided and whose minimum area must be 4 m² per child, allowing for at least one third of the maximum number of children stated on the permit to be accommodated at a time; or
(2) an outdoor children’s play space in a public park within 500 m of the facility, delimited by a fence and accessible during the hours of childcare.

The play space must be suitably and safely laid out and, if it has an outdoor play area, that area must be adapted to the age of the children.

The distance of 500 m is measured by the shortest route taken to walk the distance safely.

40. A permit holder must ensure that the outdoor play area and its play equipment meet Canadian Standards Association Standard CAN/CSA-Z614-03 Children’s Playspaces and Equipment (Etobicoke, 2003).

The permit holder must also comply with that standard as it pertains to inspections and maintenance, and must prepare the annual report and maintain all the records referred to in the standard.
41. A permit holder who equips the outdoor play space with an outdoor play area and play equipment must, within 30 days of laying out the area, provide the Minister with a current layout certificate certifying that the outdoor play area and its play equipment comply with the requirements of the second paragraph of section 39 and the first paragraph of section 40. The certificate must be issued by an architect, engineer or technologist who is a member of his or her respective professional order or by a landscape architect who is a member of the Association des architectes paysagistes du Québec under which the landscape architect is authorized for that purpose.

42. A permit holder must, not later than 30 June of the third year following the year in which the certificate was issued, provide the Minister with a new certificate not older than 4 months.

43. A permit holder must notify the Minister in writing within 10 days of any change affecting the outdoor play area or play equipment. The permit holder must, on request, provide the Minister with a new certificate.

44. Sections 40 to 43 do not apply to an outdoor play area located in a public park.

DIVISION I
SAFETY AND SALUBRITY

114. Unless prevented from doing so by inclement weather, a childcare provider must ensure that the children are taken outdoors every day to a safe place where they can be supervised.

115. A childcare provider may use a television or other audiovisual equipment only if such use is part of the educational program.

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Equipment and Furnishing:</strong></td>
<td></td>
</tr>
<tr>
<td>• (14.2) Each day nursery operator must make sure that there is a large enough quantity of the play equipment for gross motor activities in the playground area.</td>
<td></td>
</tr>
<tr>
<td>• (15) Every operator must make sure that the following equipment and furnishings are provided in each day nursery operated by the operator:</td>
<td></td>
</tr>
<tr>
<td>○ (15.18A) There is sufficient numbers of indoor/ outdoor equipment and play material suited the children’s ages.</td>
<td></td>
</tr>
<tr>
<td><strong>Playground:</strong></td>
<td></td>
</tr>
<tr>
<td>• (21.1) Day nursery operators must ensure that a program that runs for 6 hours or more in a day has an outdoor play space equivalent to 5.6 square meters for each child based on the licensed capacity, unless otherwise approved by a Director.</td>
<td></td>
</tr>
<tr>
<td>• (21.2) If a day nursery has 64 children or more the outdoor play space may be divided by a fence into 2 or more areas to allow all the children to use the play space at one time, as long as they are not in one fenced area.</td>
<td></td>
</tr>
<tr>
<td>• (22A) Playground must be at ground level adjacent to the premises, unless otherwise approved by the Director.</td>
<td></td>
</tr>
<tr>
<td>• (22B/B1) Children under 67 months (5.7 years old) (as of August 31 of that year), need fenced area to a min height of 1.2 meters and one or more gates that are securely closed at all times.</td>
<td></td>
</tr>
<tr>
<td>• Private home daycare:</td>
<td></td>
</tr>
<tr>
<td>○ (23) No children are allowed to play on a balcony unless supervised by adult.</td>
<td></td>
</tr>
</tbody>
</table>
(24) Outdoor play in each location (e.g., park) is supervised in accordance with plans agreed upon by the operator, parent of the child, and a private-home day care visitor.

**Program:**
- Operator needs to have a program of group and individual activities which are age appropriate that includes activities designed to promote gross and fine motor skills
- (53.4AB) Infants not able to walk and children under 30 months need to be separated from other children during outdoor and active indoor play,
- (53.4D/53.6) Children over 30 months that attend daycare and private home daycare for more than 6 hours need to play outdoors for at least 2 hours (weather permitting)
- (53.5AB) Children from ages 18 months up to and including 5 years old that attend for 6 hours or more need a rest period not exceeding 2 hours in length following the mid-day meal.
- (53.5CD) Children up until age 67 months (as of August 31 of that year – 5 years and 7 months) who are unable to sleep during the rest period are not kept in bed form longer than 1 hour and permitted to engage in quiet activities.
- (54) Handicapped children must have accommodations to participate in activities

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**Manitoba C.C.S.M. c. C158**

*The Community Child Care Standard s Act*

**http://web2.gov.mb.ca/laws/regs/pdf/c158-062.86.pdf**

**Daily program**

10(3) Play activity for children shall be in groups which do not exceed the requirements of subsections 8(2), (3) and (4) and shall allow for daily

(a) individual and small group activity;

(b) large and small muscle activity

(c) cognitive, language and social activity; and

(d) child initiated and adult initiated activity.

10(4) Every licensee who operates a full time child care centre, a nursery school which provides child care for more than four continuous hours per day or a school age child care centre, shall provide outdoor play for children attending the child care centre on a daily basis except where

(a) prohibited by a child's parent, guardian or family physician;

(b) the wind chill is below -25;

(c) the temperature is below -25° C;

(d) the wind chill or temperature would, according to the policy of the school division where the facility is located, prohibit outdoor play by children; or

(e) another form of weather or a condition exists that would affect a child's health, safety or well-being.

-The above regulation is identical to Regulation 26(2) for operators of home based child care centres.

**Play equipment**

13(1) Every licensee shall provide and maintain indoor play equipment for the use of children in attendance at the licensee's child care centre which is

(a) consistent with the developmental capabilities of children in attendance;

(b) in compliance with the requirements of the *Hazardous Products Act* (Canada) and other applicable safety legislation or standards as determined by the director;

(c) located in areas accessible for independent selection by children;

(d) available in a quantity and variety to occupy all children in attendance; and

(e) arranged in a manner which facilitates small group interaction in areas free from interference and interruption
<table>
<thead>
<tr>
<th>Saskatchewan Child Care Regulations, 2001 under The Child Care Act Chapter C-7.3 of the Statutes of Saskatchewan, 1989-90 (consult Table of Saskatchewan Statutes for effective date) as amended by the Statutes of Saskatchewan, 2000, c.7; 2002, c.C-11.1; and 2012, c.4. Ministry of Education The Early Learning and Child Care Branch</th>
<th><a href="http://www.qp.gov.sk.ca/documents/English/Regulations/Regulations/C7-3R2.pdf">http://www.qp.gov.sk.ca/documents/English/Regulations/Regulations/C7-3R2.pdf</a></th>
</tr>
</thead>
</table>
| **DIVISION 3**  
Physical Environment, Facilities and Equipment | **Outdoor play area**  
58(1) The licensee of a centre must provide a safe outdoor play area of seven square metres per licensed child care space.  
(2) Unless otherwise provided in the licence, at least half of the outdoor play area required by subsection (1) must be adjacent to the centre and the remainder must be within walking distance of the centre, determined in relation to the youngest age category for which the centre is licensed. |**PART V**  
Standards for Homes | **Outdoor play area**  
66 A licensee of a home must provide a safe outdoor play area that is sufficient for the number of licensed child care spaces and resident child care spaces and that is:  
(a) adjacent to the home; or  
(b) where there is insufficient outdoor play area adjacent to the home, within walking distance of the home, determined in relation to the youngest child attending the home. |
intellectual, creative and emotional needs of children in the program.

Part 2
Physical Space Requirements
Layout of program premises
16 A licence holder must, with respect to the program premises, ensure that
(a) washrooms and washroom fixtures are conveniently located and easily accessible to children,
(b) areas used for child care have a layout that is conducive to effective supervision of children, and
(c) adequate space is designated for administrative and staff needs.

Outdoor play space
19(1) A licence holder must provide outdoor play space that is adjacent to or within easy and safe
walking distance from the
program premises and accommodates at least 50% of the licensed capacity at a level of not less
than 2 square metres for each child under 19 months of age and not less than 4.5 square metres
for each child who is 19 months of age or over.

(2) The licence holder must ensure that
(a) the outdoor play space referred to in subsection (1) is securely enclosed on all sides, and
(b) all entrances to and exits from the outdoor play space that do not lead into the interior of the
program premises are kept closed at all times while children are using the outdoor play space.

(3) Despite subsection (2), the director may
(a) exempt a licence holder from any requirement of subsection (2) in respect of program premises
that are located on school property if the director is satisfied that
(i) outdoor play space that meets the requirements of subsection (2) is not reasonably available, and
(ii) the children will be adequately supervised and protected in the outdoor play space provided by
the licence holder,
or
(b) exempt a transitional licence holder from any requirement of subsection (2) in respect of
program premises that are located on public property if the director is satisfied in respect of the
matters referred to in clause (a)(i) and (ii).

(4) A licence holder must ensure that the number of children utilizing the outdoor play space at any
given time does not exceed the number that can be accommodated in accordance with subsection
(1).

Indoor furnishings and equipment
20 A licence holder must ensure that
(a) indoor furnishings, play equipment and play materials are
(i) safe and maintained in good repair,
(ii) developmentally appropriate for children, and
(iii) of sufficient quantity and variety for children,

(b) books, toys and play equipment that support literacy development are available to children,
and

(c) each child under 12 months of age is provided with a separate crib or alternative infant bed
approved by the director.

Outdoor equipment
A licence holder must ensure that outdoor play equipment and play materials are
(a) safe and maintained in good repair,
(b) developmentally appropriate for children, and
(c) of sufficient quantity and variety for children.

British Columbia


Program of activities

44 (1) A licensee must provide to children a comprehensive and coordinated program of indoor and outdoor activities that
(a) is designed for the development and care of children,
(b) is appropriate for the age and development of children in each group in the community care facility, and
(c) complies with the program standards set out in Schedule G.

(2) If a child who requires extra support is attending the community care facility, the licensee must
(a) ensure that the program of activities is modified to address the needs of the child, with reference to the child's care plan, and
(b) record in the child's care plan the manner in which the program of activities was modified.

(3) A licensee, other than a licensee providing a care program described as Occasional Child Care, must provide each child with daily outdoor play periods unless weather conditions would make it unreasonable to do so.

(4) Despite subsection (1), a licensee who provides a care program described as Occasional Child Care need not provide a program of outdoor activities.

(5) Despite subsection (3), that subsection applies to a licensee who provides a care program described as Child-minding only if the program provides care for 3.5 hours or more each day. [am. B.C. Reg. 202/2011, s. 13.]


Director of Licensing Standards of Practice

Safe Play Space
A safe and well-planned play space creates an appropriate balance between safety and meeting children’s developmental needs. It should offer activities to encourage the development of perception and physical skills and include opportunities for social, physical, and cognitive forms of play.

Yukon

Regulations of The Child Care Act


Space requirements - outdoor space

11.(1) The operator must provide access to outdoor playground space, either on the premises or off, of sufficient size to allow not less than five square metres of play area per child for each child using the outdoor space (it is not necessary that required outdoor playground space be provided for every child in the program, however, at no time may the operator allow the number of children using the space to exceed the limit provided for above). (2) Unless it is a public playground, the outdoor playground space provided by the operator must:
(a) be surrounded on all sides by a fence at least 1.2 metres high; and
(b) be suitably surfaced and drained for safe and comfortable play; and
(c) be designed to allow required supervision of children; and
(d) be maintained in a safe and sanitary condition, according to established guidelines; and
(e) provide an area for sand play and other activities; and
(f) contain equipment allowing for large muscle activity;
(g) provide an area for quiet activities.

(3) The outdoor playground space must be within easy and safe walking distance for the age groups involved.

(4) If outdoor space is not available on the premises, the following conditions apply:
(a) notice of the liability of everyone concerned (such as the operator of the program, the owner of the playground area, the parents or guardians) must be posted and clarified by the operator of the program; and
(b) when required, written permission to use the playground area must be obtained from the owner of the area; and
(c) use of public parks is subject to territorial and municipal regulations or procedures.

Program of activities
16. (1) The operator must establish a daily program of activities which responds to the individual needs and interests of the children, is appropriate to each child’s age and level of development, and is sensitive to each child’s cultural heritage.

(2) The daily schedule must provide a predictable daily routine to instill a sense of security, but be flexible to allow for individual preferences and independent choices, and must include time for:
(a) indoor play; and
(b) an opportunity to play outdoors every day except in inclement weather; and
(c) toilet and washroom routines according to individual needs; and
(d) meals and snacks; and
(e) periods of sleep, rest or quiet play depending on the age of the child.

(3) The daily program must include opportunities for a balance of:
(c) periods of free play in an environment which can provide a wide variety of experiences and sufficient materials to allow the child opportunities to develop creative expression, and appropriate social skills; and
(d) physical activities which promote large muscle development and physical competence such as running and climbing; and
(e) activities that promote small muscle development and eye-hand co-ordination; and
(f) vigorous and quiet activities; and
(g) individual activities and activities which promote physical well being, independence and self esteem; and

Northwest Territories & Nunavut Child Day Care

PHYSICAL REQUIREMENTS FOR CHILD DAY CARE FACILITY
| Standards Regulations, RNRW (Nu) 1990 c C-3 (2007) | **14.** (2) The operator of a family home day care facility shall provide indoor play space suitable to the number, ages and development of the children attending the facility.  
Exterior  
**20.** (1) Every operator shall provide safe outdoor play space.  
(2) Where the outdoor play space is not adjacent to the child day care facility, the operator shall  
(a) provide safe access to the space; and  
(b) ensure that the space is within walking distance of the facility.  
(3) Where the outdoor play space is adjacent to the child day care facility, the operator shall  
(a) provide a minimum of 5 m² of play space is provided for each child; and  
(b) the space is fenced if the surrounding environment is potentially hazardous to children.  

**DAILY PROGRAM**  
**22.** Every operator shall provide daily outdoor play activities for each child unless  
(a) outdoor play is prohibited by the child's parent or guardian or the health care professional providing health care to the child; or  
(b) the weather is inclement. |
Appendix H: Public Health Units Survey

<table>
<thead>
<tr>
<th>Q1</th>
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<tbody>
<tr>
<td>1. Name of Health Unit:</td>
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<table>
<thead>
<tr>
<th>Q2</th>
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<tr>
<td>2. Key Contact(s):</td>
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<table>
<thead>
<tr>
<th>Q3</th>
<th>*</th>
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<tbody>
<tr>
<td>3. Is your health unit involved in any work on healthy eating/physical activity for child care centres?</td>
<td></td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
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<table>
<thead>
<tr>
<th>Q4</th>
<th></th>
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<tbody>
<tr>
<td>4. If YES to #3:</td>
<td></td>
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<tr>
<td>What type of work? (Please identify all that apply)</td>
<td></td>
</tr>
<tr>
<td>☐ awareness / education</td>
<td>☐ programming</td>
</tr>
<tr>
<td>☐ staff training</td>
<td>☐ policy</td>
</tr>
<tr>
<td>Other (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q5</th>
<th></th>
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<tbody>
<tr>
<td>5. If YES to #3:</td>
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</tr>
<tr>
<td>Please list some of the key components (e.g., training on menu planning for cooks and caterers, physical activity toolkits):</td>
<td></td>
</tr>
</tbody>
</table>
Q6
6. If NO to #3:
Are there any plans for future work?
- Yes
- No

Q7
7. If NO to #3:
Are there any specific reasons for no current health unit activity with child care centres? (Please identify all that apply)
- lack of resources
- addressed by other groups

Other (please specify)
### Appendix I: Public Health Units Response Analysis

#### Physical Activity and Healthy Eating in Child Care Settings – Ontario Health Unit Survey
March 2013
Total Respondents: 29 Health Units

<table>
<thead>
<tr>
<th>Name of Health Unit</th>
<th>Key Contact(s)</th>
<th>Is your health unit involved in any work on healthy eating/physical activity for child care centres?</th>
<th>If YES to #3: What type of work? (Please identify all that apply)</th>
<th>If YES to #3: Please list some of the key components (e.g., training on menu planning for cooks and caterers, physical activity toolkits):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peterborough County-City Health Unit</td>
<td>Janet Dawson - <a href="mailto:jdawson@pcchu.ca">jdawson@pcchu.ca</a> (Physical Activity) Erica Diamond - <a href="mailto:ediamond@pcchu.ca">ediamond@pcchu.ca</a> (Healthy Eating)</td>
<td>YES</td>
<td>- Awareness/education - Staff training - Policy</td>
<td>- Professional development re: healthy eating/menu/food prep, etc. - Professional development re: physical activity</td>
</tr>
<tr>
<td>Haldimand-Norfolk Health Unit</td>
<td>Michele Crowley - PA Promoter</td>
<td>YES</td>
<td>- Policy</td>
<td>- Looking to implement policy related to Physical Literacy in child care centres - just getting started with this</td>
</tr>
<tr>
<td>KFLA Public Health</td>
<td>Mary Jane Gordon, PHN</td>
<td>YES</td>
<td>- Awareness/education - Staff training - Policy</td>
<td>- We have a partnership with daycares and OYEY’s to draft a policy template addressing Physical Activity, Physical Literacy and Sedentary Behaviour. Next steps from this project will be promotion, dissemination and training.</td>
</tr>
<tr>
<td>Durham Region Health Department</td>
<td>Dianne Elliott</td>
<td>YES</td>
<td>- Staff training</td>
<td>- Participate along with a non-profit organization of child care professionals to provide professional development opportunities in response to their identified learning needs.</td>
</tr>
<tr>
<td>Northwestern</td>
<td>Elaine Fischer Julie Slack</td>
<td>YES</td>
<td>- Awareness/education - Staff training</td>
<td>- Sharing he/pa resources, training- games, activities, resources, training on menu-planning for cooks</td>
</tr>
<tr>
<td>Region</td>
<td>Contact Information</td>
<td>YES/NO</td>
<td>Awareness/education</td>
<td>Staff training</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Algoma Public Health</td>
<td>Tracey Perri, Tracey McClelland, Kelly Murray, Alison Dutkiewicz</td>
<td>YES</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Simcoe Muskoka District Health Unit</td>
<td>Vanessa Hurley <a href="mailto:vanessa.hurley@smdhu.org">vanessa.hurley@smdhu.org</a> Becky Blair <a href="mailto:becky.blair@smdhu.org">becky.blair@smdhu.org</a></td>
<td>YES</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Perth District Health Unit</td>
<td>Michele Hurd Public Health Dietitian 519-271-7600 ext 277 Katherine Horst</td>
<td>YES</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Niagara Region Public Health</td>
<td>Kim Ouellette, Child Health RD (acting) Melissa Westoby, Child Health RD (on leave)</td>
<td>YES</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hastings &amp; Prince Edward Counties Health Unit</td>
<td>Jennifer Ronan, PHN Allison Phillips</td>
<td>YES</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Eastern Ontario Health Unit</td>
<td>Lysanne Trudeau Program manager</td>
<td>YES</td>
<td>- Awareness/education - Staff training - Policy</td>
<td>- Working on menu assessment tool for daycare and podcast for the how to use it as well as physical activity assessment tool for the daycares.</td>
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</tr>
<tr>
<td>Ottawa Public Health</td>
<td>Ellen Lakusiak</td>
<td>YES</td>
<td>- Awareness/education - Staff training - Programming - Policy</td>
<td>- Pilot of healthy eating policy at 4 sites currently. Plan for full implementation with training, standardized menus and recipes in fall 2013. Pilot of physical activity guidelines at 2 sites starting in March, 2013.</td>
</tr>
<tr>
<td>Halton Region</td>
<td>Maureen Harris RN, BScN Cyndie MacNeil</td>
<td>YES</td>
<td>- Awareness/Education - Staff training - Programming - Policy</td>
<td>- We do monthly mail outs to all of the licensed child care centres in Halton. - We recently mailed out the new Cdn Physical Activity and Sedentary Guidelines to all of the child care centres in Halton. - We are available to do presentations on Healthy Eating or Physical Activity to the child care centres when requested. - In the past, through the “Active Minds Active Bodies” project, we held workshops throughout Halton for child care staff. We gave the staff new and fun ideas on how to be physically active with the kids, both indoors and outdoors. - We also discussed ways that child care staff can promote physical activity with the families at their centre. Each child care centre who attended the workshop received a Physical Activity tool kit, consisting of books, balls, CDs to help them with the activities. - Training is provided for staff through workshops and conferences; RD consultations are provided as required; locally they have implemented the Quality First program (adapted from the US) which has a limited nutrition component.</td>
</tr>
<tr>
<td>York Region Community and Health Services</td>
<td>Mary Turfryer</td>
<td>YES</td>
<td>- Awareness/education - Staff training - Policy</td>
<td>- Develop education resources such as “Come Grow with Us” child care manual (Chapter 6 Health Eating; also NutriSTEP info in chapter 9) and Come Grow with us e-newsletters - Also, factsheets, NutriSTEP questionnaires and other education resources for staff and parents -Regularly do Seneca College ECE classes, and staff training for centres and home care staff on request. -Topics include: What to feed children (Canada’s Food Guide. Day Nurseries Act- Nutrition requirements, Menu planning), How to feed children (Division of Responsibility) and Food and nutrition activities</td>
</tr>
</tbody>
</table>
that staff can do with children, Child care menu consultations/reviews on request, Raising the Bar program- Member of our leadership committee. Our 2nd group of centres is working through Bronze (about 12 centres) and 5 centres in the 1st group of 8 Bronze recipients are through Silver.
- The RTB Leadership Committee struggles because there I no funding or mandate for this work- sit on early years/child care networks e.g. www.cfcollaboration.ca

<table>
<thead>
<tr>
<th>Location</th>
<th>Name</th>
<th>YES</th>
<th>Awareness/education</th>
<th>Staff training</th>
<th>Policy</th>
<th>Support NutriSTEP</th>
<th>Menu planning for cooks</th>
<th>Written articles supporting a Healthy Eating Environment workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamilton</td>
<td>Liz Shaver-Heeney</td>
<td></td>
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<tr>
<td>Peel Public Health</td>
<td>Sarah Baker - Public Health Nutritionist</td>
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<td></td>
<td>Marilyn Kusi-Achampong - Research and Policy Analyst</td>
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<tr>
<td></td>
<td>Rachel Mowat - Public Health Nurse</td>
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</table>

Internal Knowledge Transfer:
- Completed a rapid review “Effective Public health interventions in the Prevention of Obesity in Children from Birth to 6 Years” -
  http://www.peelregion.ca/health/resources/pdf/Obesity_in_Children.pdf - identified child care as an effective intervention setting
- Involved in internal staff awareness and education – Divisional meeting held
- Developed “Key Messages for the Prevention of Obesity in Children from Birth to Six Years” for internal staff
- Developing key messages for parents and child care providers on healthy eating and physical activity and an orientation presentation/module on this initiative for staff

Programming Review:
- Programming Inventory completed to see where current programming can be enhanced
- Programming Enhancement Tool developed and current programming is being enhanced internally

Policy Analysis:
1. Governing Documents Analyses
   • This includes reviewing current Acts, regulations and guidelines
that licensed child care centres are expected to adhere to, and assessing their strengths and weaknesses

2. Jurisdictional Review
   • This includes reviewing the policies and guidelines that address healthy eating and physical activity standards that affect child care in other Canadian provinces and select countries

3. Environmental Scan
   • This includes identifying other health units in Ontario who are currently working on the topic area, analysing their projects and their lessons learned

4. Stakeholder Consultations
   • This includes consulting with key stakeholders to assess current practices in child care centres to discuss strengths of current policies and guidelines, challenges to implementation or adherence and opportunities for improvement

5. Synthesis, Analysis, Policy Options and Recommendations
   • The findings from the first four steps will be synthesized to recommend a policy option or suite of policy options to strengthen current practice

<table>
<thead>
<tr>
<th>Health Unit</th>
<th>Name/Role</th>
<th>YES</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timiskaming</td>
<td>Susan Hall, Stephanie Bowdrey, Maryann Moffitt</td>
<td>YES</td>
<td>Awareness/education - Staff training - Hoping to move forward with more policy work in 2013</td>
</tr>
<tr>
<td>Porcupine Health Unit</td>
<td>Sue Bonsall Martin Paul, Betty Ann Horbul or Joelle Aubin</td>
<td>YES</td>
<td>Awareness/education - Staff training - Physical literacy workshop provision of resources (ie. OPHEA).</td>
</tr>
<tr>
<td>Grey Bruce Health Unit</td>
<td>Jason Weppler, Kathryn Forsyth RD</td>
<td>YES</td>
<td>Awareness/education - Staff training - Workshop provision - Workshops for child care staff regarding healthy eating and physical activity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Physical literacy - Physical activity and nutrition resources provided to day cares. - Training provided to day care conferences on request</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Organize and speak at annual Cook's workshop - Speaker at Supervisors Meeting and frontline workshops when requested</td>
</tr>
</tbody>
</table>
| North Bay Parry Sound district health unit | environmental health Alexandra Shishkov | YES | - Staff training  
- Policy  
I have created a toolkit that I am implementing in child care facilities that cover a wide range of nutrition topics. We will be working on moving it to policy in 2014. Child cares are aware of this. | - Provide resources and updates regularly  
- Sit on the Quality Assurance Child care Committee of Grey Bruce to attend regular meetings q. 2 months  
- Provide individual consultations with daycares when nutrition issues arise  
- Provided activities for the school age program staff workshop (one health promoter and myself) on Healthy Eating Active Living (had stations staff worked through to learn about these topics including a food prep station - went over very well!)  
- Safe food handling and inspections  
- I trained child care cooks on childhood eating habits, Day Nurseries Act, and overview of the toolkit – highlighting nutrition standards and menu planning.  
- Training for front line staff will occur in the spring. Presentations have been done for the supervisors to get them on board. |
| --- | --- | --- | --- |
| Windsor Essex County Health Unit | Karen Lukic, HPS  
Jennifer Jacob, RD  
Jennifer Jacob RD  
Karen Lukic HPS | YES | - Awareness/education  
- Staff training  
- Policy  
- We are a steering committee member to support our local "Raising the Bar" initiative.  
- RTB is a program specifically designed to enhance quality care in early learning and child care programs. There is both a Nutrition Policy and Physical Activity Policy section included in RTB.  
- We may be providing PD for menu planning in the near future to help participating child care centres meet their PD requirements.  
- We are also involved with awareness/education through various presentations at our local college's ECE program, and by invitation at child care staff events.  
- Healthy Eating Toolkit  
- Raising the Bar Policy program, including Healthy Eating Policy |
<table>
<thead>
<tr>
<th>County</th>
<th>Contact Person</th>
<th>Staff Training</th>
<th>Policy</th>
<th>Physical Literacy Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxford County</td>
<td>Pam Ewart PHN, Cathy Macpherson RD</td>
<td>YES</td>
<td>- Policy</td>
<td>- Physical Literacy policy</td>
</tr>
<tr>
<td>Elgin St. Thomas Public Health</td>
<td>Pam Ewart PHN (physical activity lead), Cathy Macpherson RD (nutrition lead)</td>
<td>YES</td>
<td>- Awareness/education - Staff training</td>
<td>- An understanding of the psycho-social aspects of feeding children and your role supporting this</td>
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<td></td>
<td>1) Provided training and supplied 2 toolkits containing ready to go indoor/outdoor games and activities designed to teach healthy eating and active living to young children (Hop, Skip, and Munch! for ages 2-5 AND 'Healthy Bodies, Happy Kids' for ages 6-12; both adapted from MLHU);</td>
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<tr>
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<td>2) Provided training sessions to child care providers on the following:</td>
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<td>- an update on the 2011 Pediatric Nutrition Guidelines</td>
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<td>- an introduction to the psycho-social aspects of feeding children (the &quot;how&quot; of feeding versus the “what”) including an introduction to the “Trust me. Trust my tummy” messaging campaign</td>
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<td>- a discussion on weight sensitivity and your role as a child care provider</td>
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<td>- ideas for talking to parents about food situations</td>
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<td>3) Provided training to child care food service providers on the following</td>
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<td>- A review of the Day Nurseries Act</td>
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<tr>
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<td></td>
<td>- Suggestions for making healthy and safe food choices that kids will eat</td>
</tr>
<tr>
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<td></td>
<td>- Insight into managing food allergies-Recommendations for planning a cycle menu</td>
</tr>
<tr>
<td>Brant County Health Unit</td>
<td>Barb Bartle</td>
<td>YES</td>
<td>- Awareness/education - Staff training</td>
<td>- Meal planning for child care cooks and in home child care providers</td>
</tr>
<tr>
<td>Middlesex-London Health Unit</td>
<td>Ginette Blake</td>
<td>YES</td>
<td>- Awareness/education - Staff training - Programming - Menu review and development</td>
<td>- Menu review and development Education about menu planning Nutrition Education for children (Hop, Skip, Munch!) toolkit developed</td>
</tr>
<tr>
<td>Huron County Health Unit</td>
<td>Amy MacDonald, RD amacdonald@huronco</td>
<td>YES</td>
<td>- Staff training</td>
<td>- Training for cooks</td>
</tr>
</tbody>
</table>
|                      |                                    |                |        | - We are also in the initial stages of determining what other training,
Healthy eating is a priority, we haven’t discussed anything about physical activity yet.
Lack of resources is a challenge (1 RD for entire Health Unit)

| Region of Waterloo Public Health | Judith Kitching, MSc, RD Public Health Nutritionist Child and Family Health | YES | -Awareness/education  
- Staff training  
- Policy |
|---------------------------------|---------------------------------------------------------------------------|-----|------------------------------------------------------------------|
| Wellington-Dufferin-Guelph Public Health | Heather Harvey, RD, MHSc | YES | -Training on menu planning, label reading and general nutrition for cooks.  
-Training on division of responsibility, picky eaters for supervisors and front line staff.  
-Creation of planning healthy meals section of child care provider resource.  
-Conducted a brief baseline assessment of child care supervisor nutrition knowledge, attitudes, behaviours and needs to help direct future work.  
-Physical literacy training day -In Motion Certification Program for child care centres -Skip, Hop, Jump Challenge |
| Haliburton Kawartha Pine Ridge District Health Unit | Laura Danilko - Family Health Dietitian - 905-885-9100 ext 233 or ldanilko@hkpr.on.ca | YES | -Training on menu planning  
-In service on healthy eating, child development with regard to eating, nutrition red flags - community supports healthy feeding relationships, allergies - most support is to the staff of the Childcare centres, however we have been invited to a number of centres AGM to present on nutrition to the parents |
| Toronto Public Health | Mary Louise C. Yarema Consultant Health Promotion | YES | -Rainbow Fun Program: TPH provides a workshop for child care providers on PA, Healthy eating and body image/self esteem.  
- Attendees receive a resource to use at their childcare centre.  
- Resource is a binder and poster (although future workshop will use poster only). There are 20 minute play based physical activities, healthy eating activities (curriculum and workshop for child care providers) and body image self esteem. There are parent handouts for child care staff to share / post for parents. The resource is now available on line.  
- 3-5 month follow up and on average about 75% are still using the resource. |
Appendix J: Proposed Policy Options and Analysis

1. Strengthen policies that govern licensed child care in Peel

1.1. Peel Public Health and the Human Services Department should advocate for changes to the Ontario Day Nurseries Act to include evidence-informed healthy eating, physical activity and sedentary behaviour reduction requirements.

1.2 Peel Public Health and the Human Services Department should advocate for changes to Toronto Children’s Services Operating Criteria to include physical activity and sedentary behaviour guidelines outlined by the Canadian Society of Exercise Physiology.

2. Improve healthy eating and physical activity knowledge and skills of licensed child care providers

2.1. Peel Public Health will identify and provide child care providers with credible evidence and guidance to improve healthy eating, physical activity and reduce sedentary behaviours of children in licensed child care.

2.2 Peel Public Health will work with key stakeholders to translate evidence into practice in order to improve child care program curricula and menu plans

2.3. Peel Public Health will work with key stakeholders to review and enhance early childhood education (ECE) curricula at local community colleges to include best evidence to increase healthy eating, physical activity and reduce sedentary behaviour among children in child care.

3. Create supportive environments to improve the healthy eating and physical activity for all children in Peel

3.1. Peel Public Health will work with community stakeholders to develop a comprehensive strategy to optimize healthy eating, physical activity and reduce sedentary behaviours of all children in Peel.
### Policy Options and Analysis

#### 1. Strengthen policies that govern licensed child care in Peel

**Option 1.1.** Peel Public Health and the Human Services Department should advocate for changes to the Ontario *Day Nurseries Act (DNA)* to include evidence-informed healthy eating, physical activity and sedentary reduction behaviour requirements.

<table>
<thead>
<tr>
<th>Effectiveness</th>
<th>Regulations are effective policy instruments and have population level effects.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Questions to consider:</strong></td>
<td>Political advocacy is a legitimate function of public health.</td>
</tr>
<tr>
<td>What are the effects of the public policy under study on the targeted health problem?</td>
<td>The DNA is monitored for compliance by Ministry Program Advisors. Consequently, standards for healthy eating and physical activity will be enforced.</td>
</tr>
<tr>
<td>How effective is the policy in terms of its intermediate effects?</td>
<td>Child care providers report strictly adhering to the DNA.</td>
</tr>
<tr>
<td>Is the intervention logic of this policy plausible?</td>
<td><strong>Intervention logic:</strong> amendments to DNA will improve the nutrition and physical activity standards for child care operators (\rightarrow) child care operators will implement new standards (\rightarrow) children in child care will improve their healthy eating and physical activity behaviours</td>
</tr>
<tr>
<td>How does the implementation context influence this policy’s effectiveness?</td>
<td>Positive effects for children, families, and care providers in regards to improving health outcomes as a result of improved food and physical activity environments and programming.</td>
</tr>
<tr>
<td>How much time is needed before effects can be observed?</td>
<td>The current social and political context supports improvements to the DNA. The province is currently reviewing the DNA as part of their initiative to Modernize Child Care.</td>
</tr>
<tr>
<td></td>
<td>Changes to the DNA may potentially take a long time to implement, which would impact the length of time to see improvements in behaviours of children in licensed child care.</td>
</tr>
<tr>
<td><strong>Unintended Effects</strong></td>
<td><strong>Positive Unintended Effects</strong></td>
</tr>
<tr>
<td>------------------------</td>
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</tbody>
</table>
| Questions to consider: | *Child care providers and parents may increase their personal knowledge and skills about healthy eating and physical activity.*  
| Does the policy under study produce unintended effect, whether positive or negative? | *Improved regulations may also lead to improvements in unlicensed child care centres as parents become aware of any improvements and request equal levels of care.* |
| How can the negative unintended effects be mitigated? | **Negative Unintended Effects**  
| | *An increase in standards for licensing may discourage operators from obtaining licenses. However, this option is currently limited to operators with less than 5 children in their care.*  
| | *Changes in standards may result in hyper-vigilant policing of foods and physical activity by child care providers. Training would need to accompany implementation efforts in child care settings.*  
| | *Changes in standards may increase costs of providing care for child care operators (e.g. more fresh food, more playground equipment, training costs).*  
| | *Increased costs for parents due to increased costs for operators* |

<table>
<thead>
<tr>
<th><strong>Equity</strong></th>
<th><strong>Positive Equity Implications</strong></th>
</tr>
</thead>
</table>
| Questions to consider: | *Changes made to the DNA may level inequalities in nutrition and physical activity among children that attend licensed child care (through the creation of a uniform standard).*  
| What are the effects (intended or unintended) of the policy on different groups? | *The health behaviours of the parents and care providers may also improve.*  
| Does this policy create, reinforce, or correct social inequalities in health? | **Negative Equity Implications**  
<p>| | <em>Changes made to the DNA may increase the health disparity between children in licensed child care and children in other forms of care arrangements.</em> |</p>
<table>
<thead>
<tr>
<th>Cost</th>
<th>Feasibility</th>
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<tbody>
<tr>
<td>Questions to consider:</td>
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<tr>
<td>What are the financial costs and gains for the government?</td>
<td>Are the required human, material, and technological resources available?</td>
</tr>
<tr>
<td>For other actors (industry, community organizations, consumers, taxpayers etc.)?</td>
<td>Does the policy fall under the jurisdiction of the authority who wishes to adopt it?</td>
</tr>
<tr>
<td>How do the costs of the policy compare with other potential policies, including that of inaction?</td>
<td>Can this policy be administered by pre-existing</td>
</tr>
<tr>
<td></td>
<td>Human resources are available at the Region of Peel to provide and advocate for evidence-informed recommendations to the Ministry of Education.</td>
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<tr>
<td></td>
<td>Evidence-informed policy recommendations have already been submitted to the province as part of Modernizing Child Care. Peel Public Health has initiated discussions with the province and there is interest in Peel’s recommendations.</td>
</tr>
<tr>
<td></td>
<td>Peel’s advocacy is only one tactic to influence DNA amendments. Effectiveness of advocacy can be strengthened by collaborating with other public health units, with the Association of Local Public Health Agencies (alPHA) and the Council of Ontario Medical Officers of Health (COMOH) as well as other stakeholders who are also advocating for DNA amendments.</td>
</tr>
<tr>
<td></td>
<td>Advocacy efforts are already underway by many stakeholders including the Ontario Society of Nutrition Professionals in Public Health and the Ontario Society of Physical Activity Professionals.</td>
</tr>
</tbody>
</table>

- Smaller independent child care centres may have an increased cost and/or work load to implement changes related to less information and financial resources to draw from than centres belonging to larger multi-centre organizations (e.g., PLASP, Family Day).

- Financial costs related to advocating for changes will be absorbed in operational budgets for Public Health and Human Services.

- Financial costs to the government associated with implementation and enforcement of a new or revised policy may increase (e.g. training costs for Program Advisors with new DNA requirements)

- Potential financial costs for child care operators in terms of equipment and training of staff.

- Financial gains for the government may include reduced health care costs in the future.

- The cost of inaction (e.g. increased health care costs) outweigh cost of updating the DNA
<table>
<thead>
<tr>
<th><strong>Mechanisms?</strong></th>
<th><strong>Acceptability</strong></th>
</tr>
</thead>
<tbody>
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<td><em>Is the authority promoting this policy also the one that will implement it?</em></td>
<td><em>Questions to consider:</em></td>
</tr>
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<td><em>Which actors are or would be affected by the public policy under consideration?</em></td>
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<td></td>
<td><em>What are stakeholders’ reactions to the idea of intervening to address this problem?</em></td>
</tr>
<tr>
<td></td>
<td><strong>Key policy actors include the provincial government, the Region of Peel’s Human Services and Public Health Department and licensed child care operators in Peel.</strong></td>
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<td></td>
<td><strong>The problem of unhealthy behaviours in children is considered a social issue that requires attention and this has been identified by all levels of government (federal, provincial, municipal).</strong></td>
</tr>
<tr>
<td></td>
<td><strong>The current political and social climate supports improvements to child care legislation. The province of Ontario is currently reviewing the child care system with intentions to improve the legislative framework that governs child care in Ontario.</strong></td>
</tr>
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<td></td>
<td><strong>The policy is a revision of an existing legislation, which may ease adoption.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Stakeholders such as public health units and child care providers have indicated support of a revised and updated DNA.</strong></td>
</tr>
</tbody>
</table>

- The DNA is a provincial legislation. Amendments are outside of Peel’s control. The legislative process takes a very long time and is influenced by many factors (political party, stakeholders, etc.).
- No obvious opponents of this policy can be identified (perhaps if there is a change in the political party leading the province).
- Child care operators and providers may be resistant if appropriate supports and resources are not provided to implement DNA changes.
**Option 1.2.** Peel Public Health and the Human Services Department should advocate for changes to Toronto Children’s Services Operating Criteria to include physical activity and sedentary behaviour guidelines outlined by the Canadian Society of Exercise Physiology.

### Effectiveness

**Questions to consider:**

- What are the effects of the public policy under study?
- How effective is the policy in terms of its intermediate effects?
- Is the intervention logic of this policy plausible?
- How does the implementation context influence this policy’s effectiveness?
- How much time is needed before effects can be observed?

- The Operating Criteria is an effective policy instrument.
- Child care providers with purchase of services agreements with the Region are expected to adhere to the Operating Criteria as part of quality assurance in licensed child care settings in Peel.
- Stakeholders report adhering to the Operating Criteria
- Intervention logic: amendments to Operating Criteria will improve physical activity and sedentary behaviour standards for child care operators → child care operators will implement new standards → children in child care will improve their physical activity and sedentary behaviours
- Positive effects for children, families, and care providers in regards to improving health outcomes as a result of improved physical activity and reduced sedentary behaviour.
- The current social and political context supports improvements in children’s physical activity. The Ministry of Health and Long-Term Care is currently involved in addressing childhood obesity in their Healthy Kids Strategy.
- The Region of Peel’s Human Services Division is undergoing many changes. Consequently, changes to the Operating Criteria may not be a priority.
- It is unclear the timeframe needed to enact changes and see effects in children in licensed child care
- It may be faster to implement changes to Operating Criteria than amendments to the DNA.

### Unintended Effects

**Questions to consider:**

- Positive Unintended Effects:
- Children may continue physical activity behaviour and opt out of prolonged screen time at home

*Kusi-Achampong, 2014*
| Does the policy under study produce unintended effect, whether positive or negative? | • Child care providers and parents may begin to practice more physical activity and less sedentary habits.  
• Peel’s child care centres may get a reputation as having superior standards.  
• Centres that do not follow the OC may also begin to incorporate some of the new practices influenced by the modified OC.  
• City of Toronto may incorporate physical activity and sedentary behaviour guidelines into their Operating Criteria.  

**Negative Unintended Effects:**  
• Addition of physical activity and sedentary behaviour standards may result in hyper-vigilant policing of physical activity and sedentary behaviour by child care providers. Appropriate support will be needed. |

| How can the negative unintended effects be mitigated? | • Child care providers and parents may begin to practice more physical activity and less sedentary habits.  
• Peel’s child care centres may get a reputation as having superior standards.  
• Centres that do not follow the OC may also begin to incorporate some of the new practices influenced by the modified OC.  
• City of Toronto may incorporate physical activity and sedentary behaviour guidelines into their Operating Criteria.  

**Negative Unintended Effects:**  
• Addition of physical activity and sedentary behaviour standards may result in hyper-vigilant policing of physical activity and sedentary behaviour by child care providers. Appropriate support will be needed. |

| Equity | Positive Equity Implications:  
• Changes made to the Operating Criteria may level inequalities in physical activity opportunities among children that attend licensed child care.  
• Positive changes would impact a diverse audience. It would positively impact children of various ethnicities and reach children with special needs. |

**Negative Equity Implications:**  
• Changes made to the Operating Criteria may increase disparities between children that attend licensed child care and those in other forms of care arrangements  
• Changes made to the Operating Criteria may increase disparities between children that attend subsidized child care and those that do not. |

*Kusi-Achampong, 2014*
### Cost

**Questions to consider:**

- What are the financial costs and gains for the government?
- For other actors (industry, community organizations, consumers, taxpayers etc.)?
- How do the costs of the policy compare with other potential policies, including that of inaction?

- Financial costs associated with making and implementing changes to the Operating Criteria are primarily human resources related. Costs will be absorbed in operational budgets for Public Health and Human Services.

- Financial costs may be incurred by child care providers regarding training of staff.

- Potential cost saving for child care operators: “no screen time” guidelines may save money for child care centres as they would not require electronic devices.

- Non-financial costs: changes to the Operating Criteria may increase workload of POS Analysts regarding inspections.

### Feasibility

**Questions to consider:**

- Are the required human, material, and technological resources available?
- Does the policy fall under the jurisdiction of the authority who wishes to adopt it?
- Can this policy be administered by pre-existing mechanisms?

- An addendum to the operating criteria that outlines physical activity and sedentary behaviour (including screen time) standards is feasible. However, changes to the entire operating criteria may be more labour-intensive (which is beyond the scope of this policy option).

- Human Services Department has experience creating Operating Criteria (e.g. OC standards for licensed home-based child care centres)

- The revision of the policy falls within the domain of OISE at the University of Toronto and therefore control over what is revised and when it is revised is not with the Region of Peel Human Services.

- The authority promoting this policy (Peel Public Health) is not the one that will be implementing it, but can assist with implementation.

- The possible opponent(s) of implementing this policy may be the creators of the Operating Criteria and potentially could interfere with changes.
<table>
<thead>
<tr>
<th>Is the authority promoting this policy also the one that will implement it?</th>
<th>Do the opponents of this policy have the ability to interfere with its adoption? Its implementation?</th>
</tr>
</thead>
</table>

**Acceptability**

**Questions to consider:**

- **Which actors are or would be affected by the public policy under consideration?**

- **Is the problem targeted by this policy considered a social issue that requires intervention?**

- **What are stakeholders’ reactions to the idea of intervening to address this problem?**

|  | Key policy actors include: the Region of Peel’s Human Services and Public Health Departments, licensed child care operators with purchase of service agreements, and the City of Toronto. |
|  | The problem of high levels of sedentary behaviour and low levels of physical activity has been identified as a health issue in research, by all levels of government and has been corroborated through stakeholder consultations. Addressing this problem would be acceptable by all stakeholders. |
|  | There are a lot of changes currently taking place in the Human Services Division. It is unclear if changes to the Operating Criteria will be viewed as a priority. |
|  | Some members of the Human Services Department have expressed that it may be a challenge to change the tool as it’s through a third party (University of Toronto). |
|  | The Operating Criteria is owned by the City of Toronto. Changes made to the Operating Criteria may require support by City of Toronto. The Operating Criteria is a validated tool. Any changes made in one section may require entire tool to undergo re-validation. |
2. Improve healthy eating and physical activity knowledge and skills of licensed child care providers

Option 2.1. Peel Public Health will identify and provide child care providers with credible, evidence-informed information and guidance to improve healthy eating, physical activity and reduce sedentary behaviours of children in licensed child care.

<table>
<thead>
<tr>
<th>Effectiveness</th>
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</thead>
<tbody>
<tr>
<td><strong>What are the effects of the public policy under study?</strong></td>
<td>• The use of credible evidence to support practice offers several potential benefits; adoption of the most effective interventions, prudent use of scarce resources and better health outcomes for children in child care</td>
</tr>
<tr>
<td><strong>How effective is the policy in terms of its intermediate effects?</strong></td>
<td>• Peel Public Health is a credible health organization with expertise in evidence-informed decision making</td>
</tr>
<tr>
<td><strong>Is the intervention logic of this policy plausible?</strong></td>
<td>• Peel Public Health has expertise in health promotion regarding healthy eating, physical activity and reduction of sedentary behaviour</td>
</tr>
<tr>
<td><strong>How does the implementation context influence this policy’s effectiveness?</strong></td>
<td>• The Family Health Division is a leader in early childhood development</td>
</tr>
<tr>
<td><strong>How much time is needed before effects can be observed?</strong></td>
<td>• Intervention Logic: PPH will identify and supply child care providers with evidence for practice → child care providers will implement knowledge → children in child care will improve their healthy eating, physical activity and reduce sedentary behaviours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unintended Effects</th>
<th>Unintended negative effects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Questions to consider:</strong></td>
<td>• Child care providers may see PPH as gatekeepers to information. A collaborative relationship will need to be developed to ensure uptake and co-creation of knowledge</td>
</tr>
<tr>
<td><strong>Does the policy under study produce unintended effect, whether positive or</strong></td>
<td>• Child care providers may create unprecedented demand for information. This will depend on the mode of translation of evidence. PPH should continuously monitor their capacity to provide evidence</td>
</tr>
</tbody>
</table>
negative?

How can the negative unintended effects be mitigated?

### Equity

**Questions to consider:**
- What are the effects (intended or unintended) of the policy on different groups?
- Does this policy create, reinforce, or correct social inequalities in health?

**Negative Equity Implications**
- Provision of evidence to licensed child care providers may increase disparities in health outcomes between children attending licensed child care and those in other forms of child care arrangements.

### Cost

**Questions to consider:**
- What are the financial costs and gains for the government?
- For other actors (industry, community organizations, consumers, taxpayers etc.)?
- How do the costs of the

**Cost Implications**
- Costs associated with conducting research and translating findings to usable formats for child care providers will be absorbed in operational budgets for Public Health.
- Depending on what the evidence suggests, there may be cost implications for child care operators. However, the costs would be less than the cost of applying ineffective interventions.
### Feasibility

**Questions to consider:**

- Are the required human, material, and technological resources available?
- Does the policy fall under the jurisdiction of the authority who wishes to adopt it?
- Can this policy be administered by pre-existing mechanisms?
- Is the authority promoting this policy also the one that will implement it?
- Do the opponents of this policy have the ability to interfere with its adoption? Its implementation?

- Peel Public Health has the required human, material and technological resources to enact this option
- Peel Public Health is a leader in evidence-informed decision making
- Research and Policy Analysts and Nutritionists are trained and knowledgeable in conducting research to inform practice
- Peel Public Health has access to librarians and access to published and grey literature
- PPH has a mechanism for bringing evidence into practice (Rapid Review process)
- Currently there is no formal mechanism for providing practice-based recommendations for external service providers. A new process may need to be created based on the internal process.
- PPH will have to work with stakeholders, including the Human Services Department to devise the best mode for knowledge translation
**Acceptability**

*Questions to consider:*

- Which actors are or would be affected by the public policy under consideration?
- Is the problem targeted by this policy considered a social issue that requires intervention?
- What are stakeholders’ reactions to the idea of intervening to address this problem?

- Peel Public Health, Human Services, Raising the Bar, child care providers and children would be affected by this policy
- Stakeholder consultation indicate a receptivity to receive credible health information regarding healthy eating and physical activity

**Option 2.2.** Peel Public Health will work with key stakeholders to translate evidence into practice in order to improve child care program curricula and menu plans.

**Effectiveness**

*What are the effects of the public policy under study?*

*How effective is the policy in terms of its intermediate effects?*

*Is the intervention logic of this policy plausible?*

- Ensuring child care program curricula and menus reflect the best evidence in healthy eating and physical activity for children is an effective strategy to translate evidence into practice
- Changes to program curricula and menus will result in immediate positive changes in behaviours of children attending licensed child care
- Impact of changes on long-term outcomes cannot be measured in the near future
- **Intervention logic:** review and enhancement of child care program curricula and menus to reflect best evidence in healthy eating and physical activity → child care providers follow curricula plans and menus → children in licensed child care meet nutritional and physical activity requirements
<table>
<thead>
<tr>
<th>How does the implementation context influence this policy’s effectiveness?</th>
<th>The effects of healthy eating and physical activity could be observed immediately in licensed child care. However, long-term impacts on population-level health risks (e.g. obesity) would be difficult to attribute to this policy intervention.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much time is needed before effects can be observed?</td>
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</tbody>
</table>

**Unintended Effects**

**Questions to consider:**

Does the policy under study produce unintended effect, whether positive or negative?

How can the negative unintended effects be mitigated?

<table>
<thead>
<tr>
<th>Positive Unintended Effects:</th>
<th>Child care providers will be able convey public health messaging to parents re: healthy eating and physical activity at home or any setting outside of the child care centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Unintended Effects:</td>
<td>Potentially a high demand from child care centres (over reliance on PPH as the gatekeeper for information – can it be sustained?)</td>
</tr>
</tbody>
</table>

**Equity**

**Questions to consider:**

What are the effects (intended or unintended) of the policy on different groups?

Does this policy create, reinforce, or correct social inequalities in health?

<table>
<thead>
<tr>
<th>Positive Equity Implications:</th>
<th>If standardized changes are employed in all licensed child care centres, it would level the disparities in meals and physical activity provision across centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Equity Implications:</td>
<td>Improved program curricula and menus for licensed child care centres may increase disparities in health behaviours between children in licensed child care and those in other forms of care arrangements</td>
</tr>
</tbody>
</table>
| Cost Questions to consider: | • Financial costs associated with research and knowledge translation of best practices will be absorbed by Peel Public Health’s operational budget.  
• There could be some costs introduced to the child care centres if they have new practices, related training, and resources to support these new best practices.  
• Potential benefits in terms of costs savings would be received at the provincial level in terms of reduced health care costs. |
|---------------------------|--------------------------------------------------------------------------------------------------|
| What are the financial costs and gains for the government? | • Financial costs associated with research and knowledge translation of best practices will be absorbed by Peel Public Health’s operational budget.  
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| How do the costs of the policy compare with other potential policies, including that of inaction? | • Financial costs associated with research and knowledge translation of best practices will be absorbed by Peel Public Health’s operational budget.  
• There could be some costs introduced to the child care centres if they have new practices, related training, and resources to support these new best practices.  
• Potential benefits in terms of costs savings would be received at the provincial level in terms of reduced health care costs. |

| Feasibility Questions to consider: | • Peel Public Health has the human, material and technical resources to promote nutrition and physical activity.  
• Peel Public health is a credible health organization with expertise in healthy eating and physical activity. This work is already part of the work that public health does.  
• Peel Public Health has relationships with Human Services Division and child care providers who participated in our stakeholder consultations. These stakeholders would be integral to the work.  
• Peel Public Health currently interfaces with other community stakeholders through our Facebook Page, our call centres and website. These channels can be used to engage child care providers.  
• *Raising the Bar* program currently provides training opportunities to child care providers. Peel Public Health can collaborate with the RTB program to reach out to providers.  
• The human resources required to promote and provide the best practices and tools would need to be provided through reallocation of the current work of the Family Health Division. |
|---------------------------|--------------------------------------------------------------------------------------------------|
| Are the required human, material, and technological resources available? | • Peel Public Health has the human, material and technical resources to promote nutrition and physical activity.  
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| Can this policy be administered by pre-existing mechanisms? | • Peel Public Health has the human, material and technical resources to promote nutrition and physical activity.  
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• Peel Public Health has relationships with Human Services Division and child care providers who participated in our stakeholder consultations. These stakeholders would be integral to the work.  
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• The human resources required to promote and provide the best practices and tools would need to be provided through reallocation of the current work of the Family Health Division. |
**this policy also the one that will implement it?**

*Do the opponents of this policy have the ability to interfere with its adoption? Its implementation?*

- This policy does not fall under any legal jurisdiction of any of the involved parties.
- This policy could be connected to some pre-existing programs including connecting to the inspection programs run through Human Services and/or Health Inspection by Peel Public Health. It could also be connected to the Keep on Track program.
- The authority promoting this policy (Peel Public Health) would be involved in implementing it.
- There are no apparent opponents to this policy that could interfere with its implementation.

<table>
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</table>

- Key policy actors include child care providers, child care centre management, Peel Public Health, the children attending child care and potentially the parents of the children attending licensed child care would be affected by this policy.
- Limited knowledge in nutrition and physical activity was identified as an issue through consultation with child care stakeholders (supervisors, cooks and POS Analysts). Opportunities for improvement in healthy eating and physical activity were identified (e.g. cooks indicated that they would like to receive support with menu planning).
- Stakeholders have indicated in stakeholder consultations that they would like more support from Peel Public Health in terms of resources ad support on healthy eating and physical activity.
- Provision of healthy eating and physical activity knowledge and resources to improve child care environments are in accordance with Peel Public Health’s strategic priority ‘Supportive Environments for Healthy Living’, which identified the pre-school setting as one of four settings for intervention.
Option 2.3. Peel Public Health will work with key stakeholders to review and enhance early childhood education (ECE) curricula at local community colleges to include best evidence to increase healthy eating, physical activity and reduce sedentary behaviours among children in child care.

| Effectiveness | • Education is an effective policy instrument. It is often necessary to educate stakeholders on the importance of behaviour change before enacting regulations (or sticks).  
• Improving the knowledge and skills of child care providers has direct impact on the quality of programming offered to children that attend licensed child care.  
• Ensuring curriculum that guides ECE education reflects best practices in healthy eating and physical activity is an upstream approach that will impact future early childhood educators.  
• Training prospective child care providers will increase the number of centres with knowledgeable staff.  
• Enhancing the ECE curriculum could improve the knowledge and skills of child care staff in the areas of healthy eating and physical activity programming for children and could therefore improve the targeted health problem of unhealthy eating and limited physical activity.  
• Intervention logic: Child care providers with improved knowledge of healthy eating, physical activity and sedentary behaviour requirements for children → ensure children in licensed child care meet nutritional and physical activity requirement as well as develop health promoting behaviours  
• The implementation context is unclear as the perspectives of colleges that provide ECE training have not been gathered.  
• The effects of this policy would be seen gradually over time as newly trained ECE professionals enter the workforce. |
| --- | --- |
| What are the effects of the public policy under study?  
How effective is the policy in terms of its intermediate effects?  
Is the intervention logic of this policy plausible?  
How does the implementation context influence this policy’s effectiveness?  
How much time is needed before effects can be observed? | |
| Unintended Effects | Positive Unintended Effects:  
• ECEs will have improved health behaviours related to healthy eating and physical activity.  
• ECEs are also parents and members of community and therefore will increase the number of people passing along HE and PA messages throughout the community. |
| Questions to consider:  
Does the policy under study | |
produce unintended effect, whether positive or negative?

How can the negative unintended effects be mitigated?

- More community members with knowledge and skill – many ECEs set up their own unlicensed child care centres. This may be beyond the Region of Peel.

Negative Unintended Effects:

- Addition of content in curriculum may have implications for the amount of content that can be taught regarding other pertinent issues.

**Equity**

**Questions to consider:**

- What are the effects (intended or unintended) of the policy on different groups?

- Does this policy create, reinforce, or correct social inequalities in health?

**Positive Equity Implications:**

- Changes to the curriculum that guides all ECE education would ensure all ECEs are well trained irrespective of the school they attend

**Negative Equity Implications:**

- This policy might increase inequalities between those children in unlicensed and licensed child care as children in licensed child care would benefit from the training that teachers/supervisors received.

- There may be disparities in knowledge and skills between current and newly trained Early Childhood Educators.

**Cost**

**Questions to consider:**

- What are the financial costs and gains for the government?

- For other actors (industry, community organizations, consumers, taxpayers etc.)?

- Financial costs for Peel Public Health include human resource costs associated with reviewing the curriculum and identifying areas for improvement.

- There are potential increased costs to the colleges who have ECE programs in terms of updating the ECE curriculum and implementing the changes (e.g. instructor learning).

- Increased instructor training (i.e. not just written/verbal info and the teaching guidelines, but actual training on offering/providing P.A. activities for the children).

- The costs would be incurred at the time of the enhancement of the curriculum.
### How do the costs of the policy compare with other potential policies, including that of inaction?

- There could be increased costs for the child care centres in terms of supporting the enhanced programming that might result from the ECE training.
- The financial gain for the government would be improved care and programming for the children related to healthy eating and physical activity and outcomes related to improved health and reduced healthcare costs.

### Feasibility

**Questions to consider:**

**Are the required human, material, and technological resources available?**

**Does the policy fall under the jurisdiction of the authority who wishes to adopt it?**

**Can this policy be administered by pre-existing mechanisms?**

**Is the authority promoting this policy also the one that will implement it?**

**Do the opponents of this policy have the ability to interfere with its adoption? Its implementation?**

- Peel Public Health has the human, material and technical resources to provide knowledge regarding healthy eating and physical activity. Influencing curriculum is a potential population level strategy.
- Human resources to support enhanced ECE curriculum can be provided by Peel Public Health. The capacity of the colleges to support increased human resources to enhance curriculum is unknown.
- One college (Sheridan College) is currently reviewing their ECE curriculum. There may be an opportunity to work with them to pilot curriculum changes.
- The authority promoting this policy is not the authority who would be implementing. However, Peel Public Health could be instrumental in informing the enhancements to the ECE curriculum.
| Acceptability | Actors involved in implementing this policy include Peel Public Health and community colleges with ECE programs. These actors have had little collaboration in the past and this work would involve forming new relationships.  
| Questions to consider: | Stakeholder consultations with child care supervisors revealed that there is an opportunity for child care staff to improve their knowledge regarding menu planning and physical activity planning, both of which can be addressed in the curriculum.  
| Which actors are or would be affected by the public policy under consideration? | The schools that teach ECE programming are viewed as receptive to input on their programming and would be receptive to enhancements in the area of the health of the children.  
| Is the problem targeted by this policy considered a social issue that requires intervention? |  
| What are stakeholders’ reactions to the idea of intervening to address this problem? |
3. Create supportive environments to improve the healthy eating and physical activity for all children in Peel

Option 3.1. Peel Public Health will work with community stakeholders to develop a comprehensive strategy to optimize healthy eating, physical activity and reduce sedentary behaviours of all children in Peel.

### Effectiveness

<table>
<thead>
<tr>
<th>Effectiveness Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the effects of the public policy under study?</td>
<td>The majority of children 0-3.8 years old in Peel do not attend licensed child care given the limited number of child care spaces available. Improving the healthy eating and physical activity of this age group would require broader strategies targeted at unlicensed and family care as well as the home environment.</td>
</tr>
<tr>
<td>How effective is the policy in terms of its intermediate effects?</td>
<td>Broader community level strategies will ensure that messages about healthy eating and physical activity will be transferred to parents/grandparents of children.</td>
</tr>
<tr>
<td>Is the intervention logic of this policy plausible?</td>
<td><strong>Intervention logic:</strong> collaboration on initiatives to create supportive environments for healthy eating and physical activity → settings that enable healthy eating physical activity → all children will eat healthy foods and meet physical activity guidelines</td>
</tr>
<tr>
<td>How does the implementation context influence this policy’s effectiveness?</td>
<td>Given that a variety of settings will be targeted, it will ensure that children will be enabled to eat well and be active in all places they live, learn and play</td>
</tr>
<tr>
<td>How much time is needed before effects can be observed?</td>
<td>It may take several years to see changes in health status. However, changes in health behaviour may be observed shortly after policies are implemented in selected settings</td>
</tr>
</tbody>
</table>

### Unintended Effects

**Questions to consider:**

Does the policy under study produce unintended effect, whether positive or negative?

<table>
<thead>
<tr>
<th>Positive Unintended Effects</th>
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</thead>
<tbody>
<tr>
<td>• Improved healthy eating and physical activity of children may result in improved school performance and increased self-esteem among children</td>
</tr>
<tr>
<td>• Improved service coordination among key stakeholders: Peel Public Health, Human Services and community agencies.</td>
</tr>
<tr>
<td>Equity</td>
</tr>
<tr>
<td>------------------------------</td>
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<tr>
<td>Questions to consider:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost</th>
<th>• The financial costs that will be incurred are uncertain as specific strategies are not yet defined.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions to consider:</td>
<td><strong>continued</strong></td>
</tr>
<tr>
<td>What are the financial costs and gains for the government? For other actors (industry, community organizations, consumers, taxpayers etc.)</td>
<td><strong>continued</strong></td>
</tr>
<tr>
<td>How do the costs of the policy compare with other potential policies, including that of inaction?</td>
<td><strong>continued</strong></td>
</tr>
</tbody>
</table>
### Feasibility

**Questions to consider:**

- **Are the required human, material, and technological resources available?**
- **Does the policy fall under the jurisdiction of the authority who wishes to adopt it? Is it in conformity with existing legislation?**
- **Can this policy be administered by pre-existing mechanisms?**
- **Is the authority promoting this policy also the one that will implement it?**
- **Do the opponents of this policy have the ability to interfere with its adoption? Its implementation?**

- Supportive Environments for Healthy Living is a strategic priority for Peel Public Health and is a Term of Council Priority (TOCP #18) consequently activities that ensures that the strategy is executed will be prioritized.
- CDRCP maintains a voluntary list of home child care providers who wish to receive information and updates. Working with CDRCP would be instrumental in reaching children not in licensed child care.
- New partnerships may need to be formed or existing partnerships strengthened to target various settings where children live, learn and play.

### Acceptability

**Questions to consider:**

- **Which actors are or would be affected by the public policy under consideration?**

- Formal and informal child care providers will be affected by the development and implementation of multiple initiatives that will improve environments that enable healthy eating and physical activity among children in Peel.
- Healthy eating and physical activity promotion among children is a priority for all levels of government as evidenced by programs, policies and funding administered.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
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<tbody>
<tr>
<td>Is the problem targeted by this policy considered a social issue that requires intervention?</td>
<td>It is anticipated that creating supportive environments for healthy living for children will receive positive reactions from stakeholders. The issues addressed are complex and require collaboration. Leveraging the knowledge and skills of all stakeholders is integral to devising programs and policies that will ensure all children are eating healthy and being physically active.</td>
</tr>
<tr>
<td>What are stakeholders’ reactions to the idea of intervening to address this problem?</td>
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</tbody>
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Appendix K: Final Recommendations

1. Strengthen policies that govern licensed child care in Peel

   1.1. Peel Public Health and Human Services will continue to provide feedback and propose changes to the Ontario Day Nurseries Act (Regulation 262) and the proposed Child Care and Early Years Act, 2013 to include evidence-informed healthy eating, physical activity and sedentary behaviour reduction requirements.

2. Improve healthy eating and physical activity knowledge and skills of licensed child care providers

   2.1. Peel Public Health and Human Services staff will identify and provide licensed child care providers with credible evidence and guidance to support healthy eating, physical activity and reduce sedentary behaviours of children in licensed child care.

   2.2 Peel Public Health will collaborate with Human Services staff and other key stakeholders to translate evidence into practice in order to augment licensed child care program curricula in the areas of physical activity, sedentary behaviours, and optimal nutrition and feeding.

   2.3. Peel Public Health will work with key stakeholders to strengthen early childhood education curricula at colleges and universities with the use of the best evidence to increase healthy eating, physical activity and reduce sedentary behaviour among children in child care.

3. Create supportive environments to improve the healthy eating and physical activity for all children in Peel, recognizing that the majority of children do not attend licensed child care.

   3.1. Peel Public Health will collaborate with Human Services and community stakeholders to develop a comprehensive strategy to optimize healthy eating, physical activity and reduce sedentary behaviours of all children in Peel, including those in unlicensed child care.