Managing Children with Asthma at Home Daycares: The Views of Providers

by

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A thesis
presented to the University Of Waterloo
in fulfillment of the
thesis requirement for the degree of
Master of Science
in
Public Health and Health Systems

Waterloo, Ontario, Canada, 2020

Author's declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Abstract

Background: Over 180,000 deaths annually are caused by asthma. It is expected that more than 80% of these deaths could be avoided with proper educational and chronic disease management programs. For example, Rayne Stanley, a three-year-old child, died at a daycare center in the United States after suffering from severe asthma. Similarly, Ryan Gibbons, a young boy from southwestern Ontario died in October 2012 after suffering from an asthma attack at school. Rayne Stanley and Ryan Gibbons are two examples of deaths that could have been avoided with the right asthma management programs. The limited literature in this field shows that asthma management programs are not implemented well at daycares and preschools.

Aim: The purpose of this study was to explore how home daycare staff manages asthma for children under five years. It explored how asthma management is understood by home daycare providers, and how home daycare providers monitor children with asthma. It also explored potential barriers and facilitators to asthma management at home daycares.

Methods: This research was designed as qualitative, exploratory research. Semi-structured individual face to face interviews with eleven home daycare providers (n=11), which included both licensed and unlicensed home daycares operating in the Region of Waterloo in Ontario, Canada. All interviews were tape-recorded and transcribed verbatim. Thematic analysis was used to analyze transcripts for common themes using the Framework Approach.

Results: Three themes emerged in the analysis: a) Knowledge about diagnosing asthma, b) dealing with asthma attacks, and c) asthma management. The results suggested that (a) daycare provider's experience in dealing with childhood asthma plays a major role in asthma management

practices, where providers with their own children suffering from asthma provided a great model for asthma management in daycares. However, less experienced providers, who represent forty-five percent of participants in this study, fell short in many areas. This gap was enabled by the (b) scarcity of legislations and training programs for childhood asthma management in daycares. The gap was widened by the (c) lack of access to child asthma related medical information.

Conclusions: In this section, the findings are presented in the context of expected impact areas. The findings showed that home daycare providers managing children with asthma in this study indicated the need for (a) asthma management training, (b) establishing official processes and policies for asthma management, and (c) interventions to improve access to and communication with healthcare systems to enable asthma related information acquisition. The recommendations in this section help to establish a well-informed, more proactive, home daycare provider network and a safer environment for children with asthma.

Acknowledgements

This Master's program has been one of the most challenging projects of my academic pursuits. It has been a period of intense learning for me in both the scientific arena and a personal level. I would like to begin by thanking my supervisor Dr. Nancy Fenton for her great guidance, patience, and support throughout the process of my research, which enabled me to successfully complete this degree. I could not have imagined having a better advisor and mentor for my Master's thesis. My sincere appreciation also goes to my thesis defense committee members, Dr. Elena Neiterman , Dr. John Garcia and Dr. Samantha Meyer for their assistance, insightful comments, valuable time, and guidance through the thesis writing period. Also, a big thanks go to the Saudi Arabian government for supporting me by paying my tuition fees at the beginning of my studies and thanks to Dr. Yousef Abu-Nada for the emotional support and guidance.

Most importantly, I dedicate this work to my beloved small family starting with my dear husband Abdul for his love, faith, patience, encouragement, and on-going generous support and sacrifices over the past several years that enabled me to complete this degree, and my beloved children (Lilly and Khalid). Thanks for your laughter, enthusiasm, and playfulness. Your energies have helped me re-charge and focus when they were most needed, and you are my biggest motivators in life and my inspiration.

I would like to sincerely thank my brother Abadi for listening and giving me words of encouragement, helping me survive all the stress from these years and not letting me give up. I would like to sincerely thank my late mother and father for the unconditional love. Your teachings, values, attitudes, and work ethic have given me the courage and determination to overcome challenges and achieve my goals. Thanks to my sisters (Nahlah and Nuha), my in-laws (Abdullah and Ehsan), and my friends (Krista and Bayan) for their love and support throughout this entire journey.

Last but not least, thanks to those providers who took the time to be part of my research and for their active participation and interest in the interviews during data collection. This work would not have been possible without your help.

I hope that the knowledge, skills, and experience I gained from this journey will lead me to do valuable work that will be beneficial to families and societies.

Najwa Alyamani

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Chapter 1

1. Introduction

1.1. Research Problem

Asthma affects over 300 million people around the world (Global Initiative for Asthma, 2016). In Canada, the total population suffering from asthma accounts to more than 5 million people, representing over 14% of the total Canadian population (Braman, 2006). Asthma is considered the most common chronic disease, corresponding to over 80% of the chronic disease cases in Canada (Ashma Society of Canada, 2017). For every 100,000 people, approximately 500 people are newly diagnosed with asthma (Public Health Agency of Canada, 2017). It affects children the most, and continues to be a major cause of hospitalization for children in Canada and the rest of the world (Ashma Society of Canada, 2017).

According to World Health Organization, Asthma is a disease that cause blocking or minimizing the flow of air to the lungs resulting in breathing difficulties. It is considered an undertreated medical condition that results in major burden to children and their families, limiting the activities for a lifetime (WHO, 2013).

Asthma normally begins with children under five years old, known as preschool-age. However, the process of diagnosing this disease among pre-school children is not systematic and not clear. This results in delayed treatment and contributes to short and long-term health risks (Ducharme et al., 2015). In fact, every year, asthma contributes to over 180,000 deaths worldwide. Most of these cases could be prevented through adequate long-term medical care (Braman, 2006). A recent study by the Asthma Society of Canada found that over 80% of asthma

deaths could be prevented with proper educational programs concerned with the effective asthma management (Ashma Society of Canada, 2017).

For example, Rayne Stanley, a 3 year-old child, died at a daycare center in the United States after suffering from severe asthma (Frenkel & Frenkel, 2013). Similarly, Ryan Gibbons, a young boy from southwestern Ontario died in October 2012 after suffering from an asthma attack at school (The Canadian Press, 2015). Ryan was the reason behind the recent Ontario legislative bill named 'Ryan's Law' aiming at protecting children with asthma at every school in Ontario (see Appendix E for more details). Rayne Stanley and Ryan Gibbons are two examples of deaths that could have been avoided with the right asthma management programs. In terms of childcare services in Ontario, the Child Care and Early Years Act (CCEYA) (2014) discusses the guidelines and procedures must be followed by childcare providers (see Appendix F for more details). Unfortunately, it does not contain guidelines for dealing with children with medical needs. There are a few Canadian public guidelines targeted to managing asthma (Bush & Fleming, 2015; Ducharme et al., 2015; FitzGerald et al., 2017; Provincial Emergency Services Project, 2006; Scope et al., 2018; Winnipeg Regional Health Authority, 2012). But, it is not clear whether any of these guidelines are being used in home daycares as asthma management tools. In this research, the aim is to understand how home daycare providers manage children with asthma to fill this gap in the literature.

1.2. Study Rationale

Given the lack of research done on this area, there is a lot of work to be done to better understand how to avoid, minimize, control, and treat asthma in preschool-age children. Although most asthma patients do not die directly from asthma, they may spend a big portion

of their lives dealing with a number of asthma symptoms. Studies show that asthma management programs are not implemented well at daycares and preschools (Halterman et al., 2017; Neuharth-Pritchett & Getch, 2016; Soo et al., 2017). This might be due to the lack of knowledge and the organizational policies that emphasize the importance of asthma management programs for care providers at daycares and preschools (Braman, 2006; Callery, Milnes, Verduyn, & Couriel, 2003; Global Initiative for Asthma, 2017; Halterman et al., 2017; Ostergaard, 1998). See section 2.2 and 2.3 in the literature review for more details.

Therefore, this research filled these gaps by exploring the ways daycare staff manage asthma for preschool-age children. It studied the awareness level of home daycare providers about asthma management programs, and the methods they use to monitor asthma symptoms and treat asthma attacks. In addition, the research looked for the policies home daycare agencies have in place concerning managing children with asthma, and how they compare with Ryan's Law (Ontario law, Bill 20), which is solely designed as an asthma management program for children at schools.

The focus on home daycares comes from (a) the lack of qualitative studies on this type of daycare, (b) the unique characteristics it has over other types of daycares. For example, daycare providers do not frequently change over time, compared to other daycare options, and (c) the fact that it is becoming a favorable choice for many parents. In Canada, roughly two billion children under four years attend daycares on a fulltime basis (CBC News, 2013). Thirty three percent of these children attend daycare centers, twenty eight percent use private care, and over thirty one percent of children rely on home daycare facilities (Sinha, 2014), this is the target segment of this research. These numbers are expected to increase, especially with Ontario's new plans to make full-day daycare free for children between the age of two and four years (CBC News,

2018).

Findings from this research contributed to the advancement of the literature on asthma management, specifically on understanding how home daycare providers manage asthma for preschool children in Canada. This research aimed to understand the current asthma management practices for Ontario home daycares for children under the age of five years old. This research could contribute to increasing the awareness of home daycare staff and home daycare agencies. Based on the results of this research, the researcher will collaborate with the local home daycare agencies to increase the awareness of home daycare staff and supervisors assigned by these agencies about how and why asthma needs to be managed at home daycares.

1.3. Research Purpose

The proposed research aimed to fill the gap in the literature by exploring how home daycare staff manage asthma for children under five years. It explored whether (or not) asthma management is understood by home daycare providers and how home daycare providers monitor children with asthma. It also explored potential barriers and facilitators to better asthma management at home daycares. Moreover, the research looked for the policies home daycare agencies have in place concerning managing children with asthma, and how they compare with Ryan's Law (Ontario law, Bill 20), which is solely designed as an asthma management program for children at schools.

1.4. Main Questions

This research aims to explore how home daycare staff manages asthma for children under five years. It uncovered how asthma management is understood by home daycare providers and how home daycare providers monitor children with asthma. It also explored potential barriers

and facilitators to asthma management at home daycares. Finally, if applicable, this research provides a list of recommendations to daycare providers, parents, and daycare agencies to improve asthma management for children under five years.

This exploratory research employed qualitative methods to investigate home daycare provider's experiences and expectations, and the ability of the provider to recognize asthma warning signs, and to facilitate the right daily asthma management routines. The research sample consisted of licensed and unlicensed home daycare providers who have been active for at least two years in the region of Kitchener-Waterloo in the Canadian province of Ontario.

1.5. Dissertation Organization

This dissertation is organized as follows. Chapter 1 commences by establishing the research problem, study rationale and purpose; and concludes by discussing the expected theoretical and practical implications. Chapter 2 reviews the relevant literature on managing children with asthma at home daycares in detail. Chapter 3 discusses the research methodology. Chapter 4 analyzes the collected data in detail. Finally, chapter 5 discusses the findings of this research and outlines some recommendations for future research and the limitations of this research.

Chapter 2

2. Literature Review

This review of literature focused on identifying research examining children asthma management practices at home daycares. Specific criteria included peer-reviewed articles that a) discussed the views of daycare agencies regarding children with asthma; b) measured behavioral variables related to asthma management for children; and c) assessed daycare management policies related to dealing with childhood asthma conditions.

2.1. Asthma in Young Children

Definition

Asthma is a very common chronic disease affecting children (Jonsson, 2015). It is characterized by symptoms that include non-stop wheezing, cough, and shortness of breath (Boulet, Becker, Bérubé, Beveridge, & Ernst, 1999). The literature defines asthma as a medical condition that involves symptoms like wheezing, atopy, airway hyper responsiveness, and bronchial challenge (Noal, Menezes, Macedo, & Dumith, 2011).

According to one of the most comprehensive asthma management programs, Global Initiative for Asthma (GINA), “asthma is a heterogeneous disease, usually characterized by chronic airway inflammation. It is defined by the history of respiratory symptoms such as wheeze, shortness of breath, chest tightness and cough that vary over time and in intensity, together with variable expiratory airflow limitation” (Global Initiative for Asthma, 2017).

Prevalence

Several studies show that childhood asthma around the world has spread at surprisingly increased rates, especially over the latter half of 20th century (Ball et al., 2000). Unlike many other childhood chronic diseases, the prevalence of childhood asthma is expected to increase in the future (Akinbami, Moorman, & Liu, 2011; Centers for Disease Control and Prevention, 2016). A study performed by American Lung Association, including data from across the United States, found over six million cases of childhood asthma (American Lung Association, 2017). Another study by Statistics Canada, included data from 2013 to 2016, reported an increase in childhood asthma by more than three hundred thousand children (Child Care and Early Years Act, 2014; Statistics Canada, 2016). Over thirteen percent of Canadian children suffer from asthma, making it one of the top diseases affecting children. Asthma is also considered a major factor for hospital emergency visits for children in Canada (Millar & Hill, 1998). With asthma prevalence on the rise, more families may need help to better manage this chronic disease (Gibson, 2011).

The increasing rates of asthma prevalence have been studied in the literature. One theory suggests that the reduced rates of infection in early childhood is positively related to the increased rates of asthma prevalence in children, assuming that infections help children's immune system to become more resilient when dealing with diseases, and less prone to developing allergies (Martinez, 1999). This theory was supported by other empirical research efforts (Ball et al., 2000). Also, it has been hypothesized that the rate of atopy increases for children who were exposed to only a few number of children or playmates during early childhood (Strachan, 1989). In support of this hypothesis, other empirical studies reported a negative correlation between the number of siblings and the risk of allergy-based diseases (Strachan, 1989; Strachan, Harkins,

Johnston, & Anderson, 1997). For example, Strachan et al. (1997) studied childhood antecedents of allergic sensitization in young adults, and found that children who have older siblings (compared to younger siblings) are more likely to prevent allergic reactions and asthma.

Attending daycare during the first years of a child's life found to be negatively associated to developing allergies (Krämer, Heinrich, Wjst, & Wichmann, 1999), wheezing, and asthma (Ball et al., 2000; Martel et al., 2008). Many suggest that increased daycare attendance during early childhood exposes children to more respiratory tract infections, in turn improve their immunization system, and work to protect against asthma development (Celedón et al., 2003; Marbury, Maldonado, & Waller, 1997; Midodzi, Rowe, Majaesic, Saunders, & Senthilselvan, 2010; Nafstad, Hagen, Oie, Magnus, & J.K., 1999).

Exposure to more children during a child's first years might increase the risk of getting several infections related to wheezing, but it may minimize the risk of developing long-lasting allergies and asthma (Ball et al., 2000; Martinez et al., 1995). While some empirical studies found attending daycare to be considered a trigger for developing wheezing and asthma in children younger than five years old (Marbury et al., 1997; Nafstad et al., 1999), other research efforts also found it to improve children immunization system to resist the development of asthma (Celedón et al., 2003; Krämer et al., 1999; Martinez et al., 1995).

2.2. Asthma Management for Young Children

The main goal of treating and managing asthma is to monitor the illness and decrease future short and long-run effects that might lead to harmfulness and death. Asthma control and management was introduced in the 1996 Canadian guidelines (Bitsko, Everhart, & Rubin, 2014), and became a global standard for ensuring adequate and effective asthma management strategies (Bruzzese et al., 2004; Clements et al., 2014). Clinicians were advised to use these guidelines at

every encounter with asthma patients (Jonsson, 2015). Several studies showed that the clinical manifestation of asthma can be monitored with the proper treatment and control plans. Controlling asthma can result in reduced recurrence of the symptoms and low levels of sever exacerbation occurrences (Cukic, Lovre, & Dragisic, 2011). The main goal for asthma treatment and self-management programs is to regulate any associated symptoms, eliminate exacerbations, and retain normal activity levels (Global Initiative for Asthma, 2017). With normal activity levels, children feel healthier and more engaged in group-activities, resulting in a better social and physical development. In addition, lungs tend to function as normally expected, with minimal side effects. Managing asthma should also include educational programs and training programs to asthma patients and their families to allow them to get a better control over asthma (Jonsson, 2015).

2.3. Treatment and Management Programs

Asthma treatment requires pharmacological intervention. Using the appropriate medication, correct dosage, and proper intake procedures, asthma can be controlled (Busse et al., 2008). In addition to pharmacological intervention, asthma treatment involves improved self-awareness and appropriate management practices, typically unfamiliar to new asthma patients and their families. They need specific educational and training programs based on their condition and needs (Boulet, FitzGerald, & Reddel, 2015). Working with a multidisciplinary professional team involving physicians, nurses, psychologists, dieticians, and physiotherapists when needed seems to be very effective when it comes to increasing patient awareness about how to deal with asthma (Davis, 2002)

The importance of educational and training programs are emphasized by national and international guidelines (Global Initiative for Asthma, 2017). These programs aim to strengthen

and support the patients and their families to become more aware of the different methods to control the typical symptoms and enjoy their daily lives. A good asthma management practice involves many parties. It involves a collaboration between patients and their families/carers about the main objectives of treatment. It is very important to keep the patient's objectives in mind before prescribing medication, as they might affect the medications that needs to be prescribed to the patients (Global Initiative for Asthma, 2017; Taylor et al., 2014).

Asthma educational programs and management practices targeted for children and their parents/carers have proven to be beneficial for improving lung function, sense of control over asthma symptoms, and general quality of life (Pinnock, 2015). Education programs can also improve school attendance rates, improve activity participation rates, and reduce hospitalization rates (Britto et al., 2014; Guevara, 2003). Educational management programs have been found to play a major part in increasing awareness, among young children, about effective methods for dealing with certain symptoms (Yang, Chen, Chiang, & Chang, 2005). As a result, clinicians and early childhood educators started recommending that children with asthma and their parents/carers be offered educational programs which include written personalized asthma action plans and supported by regular clinical checkups (British Thoracic Society, 2016; Pinnock, 2015; Zemek, Bhogal, & Ducharme, 2008).

Awareness and training programs should be designed with a special attention to the patient cultural and personal beliefs (Taylor et al., 2014). Patient-centered care emphasizes that patients should be treated not just as a case of asthma, but rather that their emptions, strengths/weaknesses, objectives/future plans, and their rights should be taken into account. In patient-centered care, healthcare professionals pays more attention to getting to know the patient as a person, things he/she enjoys doing, in order to find ways to engage the patient in a treatment

plan that suits their needs and results in a positive outcome (Bölenius, Lämås, Sandman, & Edvardsson, 2017; Ekman et al., 2011). A collaboration between patients, family/carers and healthcare professionals results in a treatment plan that works for everyone. This is the core component of patient-centered care, which is gaining popularity amongst clinicians and healthcare professionals (Pirhonen, Olofsson, Fors, Ekman, & Bolin, 2017; Richards, 2014).

GINA, an organization whose main purpose is to reduce asthma prevalence, mortality and morbidly around the world, developed a general guideline for effective asthma management plans to tackle an important problem—how to effectively treat the increasing number of asthma patients in primary care. This guideline emphasizes education, training, action plans, and regular checkups (Masoli, Fabian, Holt, & Beasley, 2004).

GINA asthma management guideline states that effective management plans should (a) increase patient awareness about the need to develop collaborations to succeed in managing asthma symptoms, (b) monitor and evaluate asthma severity on a regular basis, (c) limit exposure to all asthma triggers, (d) create and follow medication plans, (e) develop specific plans for managing exacerbations, and (f) make regular clinical checkups. This type of guideline has been found to be effective in primary care settings, but it has not been tested or adopted in other settings to allow for more practical generalization of asthma management plans for preschoolers (Masoli et al., 2004; Murray & Lopez, 2013).

Asthma treatment and management programs are not widely accepted by asthma patients and their parents/carers. Common barriers to treatment and management programs include: children's health beliefs; parental health beliefs; lack of school support; lack of sufficient financial support; effectiveness of communication with healthcare providers; lack of asthma knowledge in families, care providers, and healthcare professionals; non-acceptance and denial

of asthma; under-use of preventer medications; and the use of complementary therapies (Bellin et al., 2017; Lakhanpaul et al., 2014; Laster, Holsey, Shendell, McCarty, & Celano, 2009). In asthma management, educational issues are more likely move to the forefront as a means of improving healthcare provider communication, adherence of patients and their parents/carers, and treatment outcomes. Asthma management corresponds to ten percent medical intervention and ninety percent education (Basheti, Hammad, & Bosnic-Anticevich, 2017; Fink, 2005). The key to successful asthma management program is modifying the behavior of patients and healthcare professionals (Brown, 2001; Hoskins et al., 2016).

2.4. Role of Daycare

Research indicates that children under five years differ significantly from school-aged children and adults, as do their care environments. They need specific strategies for managing asthma, especially those who spend time at daycare centers or home daycares (Brown, 2001; Fink, 2005; Global Initiative for Asthma, 2017; Young et al., 2015). Children who attend daycares are dependent upon their care providers for most activities of daily living, including feeding and medication use. Children this age may not be able to verbalize or describe the subjective symptoms of asthma (Global Initiative for Asthma, 2017)

In Canada, more than half (54%) of parents with children under five years use childcare. In Ontario alone, over 60% of parents use childcare on a full-time basis (Sinha, 2015). Parents rely on different types of childcare arrangements for their children under five years: daycare centers (33%), home daycares (31%) and private arrangements, such as grandparents, other relatives or nannies (28%) (Sinha, 2015). Asthma is among the most common chronic medical conditions that urban families and daycare providers will encounter (Laster et al., 2009).

Previous research has suggested that daycare providers are unprepared to care for children with asthma due to exposure to environmental asthma triggers and lack of asthma training and asthma policies (Goveia et al., 2005; Salo, Sever, & Zeldin, 2009; Sander et al., 2016; Young et al., 2016). Educating daycare providers may also be harder to implement and maintain. It is important to have standardized asthma action plans, policies and procedures across daycares and preschools to reduce the risk of mistakes and improve the way asthma is managed for preschoolers (Hazell, L. Henry, & Lynn Francis, 2006; Young et al., 2015)

What do daycare providers know about asthma management for young children? There is apparent scarcity of research exploring daycare providers' knowledge on asthma management for children under five years (Young et al., 2015, 2016). The work of Young et al. (2016) is one of the first studies that started to investigate this issue. Other research efforts have investigated how school staff manages children with asthma. They found that "the majority of school staff where not aware of those children in their class that had asthma or how to manage asthma should it become a problem" (Goveia et al., 2005; Hamm, 2004; Salo et al., 2009; Sander et al., 2016; Young et al., 2015, 2016).

Recently, Young et al. (2015) published the only comprehensive method for evaluating asthma preparedness and management in daycares in the United States, motivated by the fact that "no studies have investigated the extent to which child-care centers adhere to these recommendations" (p.121) developed by the National Asthma Education and Prevention Program (NAEPP). They developed a 43-item instrument, named the Preparing for Asthma in Child Care (PACC), to determine the ability of daycares to meet national guidelines and recommendations for asthma management, which has gained popularity amongst researchers in this domain (Nowakowski, Carretta, Pineda, Dudley, & Forrest, 2016; Young et al., 2016).

2.5. Home Childcare Regulations

When it comes to the safety and well-being of children, meeting government regulatory standards eliminates common mistakes performed in home daycares. A licensed home daycare must follow guidelines and procedures set by Ontario's Child Care and Early Years Act (CCEYA) (2014) related to the environment, equipment, and maximum number of children and even nutritional needs (see table 1 for more details about licensed and unlicensed home daycares). These daycares are regularly monitored by independent agents through unscheduled home visits conducted by approved Registered Early Childhood Educators (RACE), managed by independent agencies.

Table 1: Licensed and Unlicensed Home Daycare Comparison.

	Unlicensed	Licensed
Definition	• A home childcare provider not affiliated with a licensed agency that charges a fee for providing childcare. • Fee is paid directly to caregiver.	• A home childcare provider who cares for children in their own home under the regulation of a child care agency. • This means the childcare agency is licensed by the Ministry of Education and operates under the regulation of the Day Nurseries Act. • The Provider is affiliated with an agency.
Screening process	The parent would assume full responsibility for the monitoring of the home and ensuring compliance of their child's care.	• Each provider must complete a detailed screening before they are affiliated with the agency. This includes, but is not limited to: vulnerable persons criminal reference check, Children's Aid Society check, and personal references. • Provincial regulation stating standards for healthy living, eating, safety, and important needs of young children.

Supports/ Training	• Providers are responsible for their daily programming, equipment and safety. • Providers are in control of finances including taking money directly from the parent.	• CPR and First Aid must be kept current. • A licensed home child care agency provides trained staff to support the Provider and the families of the children in their care. • They offer ongoing training in child development, programming, and nutrition. • A licensed agency may also be involved in community initiatives such as Raising the Bar, an accreditation program to ensure best practice and quality care. • Fee subsidy (financial assistance) may be available. • Providers are paid directly by the agency.
Ratios/ number of children in care	The total number of children at a provider's home is set to maximum 5 children under the age of 10, excluding provider's own children.	• Licensed homes can care for up to 5 children, with no more than 2 under 2 years of age, and 3 under 3 years of age. • The Provider's own children under the age of 6 must be counted in those age ratios.
Compliance/ Health and safety	The parent would assume full responsibility for the monitoring of the home and ensuring compliance of their child's care.	• Agencies visit homes unannounced on a regular basis to ensure appropriate play, eating and sleep space. Providers are randomly inspected by the Ministry of Education. • The homes must be smoke free and proper safety measures must be followed.

Chapter 3

3. Research Methodology

This section outlines the rationale for using qualitative methods in this study, which aimed to explore how home daycare staff manages asthma for children under five years. It explored how asthma management is understood by home daycare providers and how home daycare providers monitor children with asthma. It also explored potential barriers and facilitators to asthma management at home daycares. A description of the method employed in this study is presented here. This chapter also provides information on the procedures used to collect and analyze the data and includes a discussion of the ethical considerations, trustworthiness, and the author's role as researcher.

3.1. Study Design

This research aims to explore how childcare providers manage asthma for children in home daycares. Childcare providers in this study are assumed to have constructed a specific way of understanding how to deal with children with asthma. This understanding is usually shaped by their perception of what childcare providers should do to manage asthma and minimize asthma attacks for children. This perception typically influences what actions considered most appropriate for this situation. Additionally, how childcare providers perceive their role in managing asthma for children at their household influences what they consider barriers in this situation (Burr, 2015; Silverman, 2017).

This research was designed as qualitative, exploratory research. Qualitative research methods allow participants to discuss their experiences in dealing with children with asthma, and what triggers them to perform certain actions. The study design allows for collecting rich data

hoping to create a more comprehensive understanding of the barriers and facilitators to better asthma management at home daycares. Perceived role of childcare providers in managing children with asthma is complex (Bellin et al., 2017; Laster et al., 2009). Qualitative methods are designed to capture such complexity (Creswell, 2017; Silverman, 2017). A qualitative research approach was best suited to address the research questions in this study since the researcher is seeking to understand daycare providers' perceptions. There has been increasing interest in the use of qualitative research methods in the health research field (Dongre, Deshmukh, Kalaiselvan, & Upadhyaya, 2010). Using qualitative methods in health studies helps researchers understand the specific phenomenon of individuals with regard to their values, motivations, and reasons behind related health behaviours (Berkwits & Inui, 1998). This cannot be achieved using quantitative approaches (Green & Britten, 1998).

3.2. Local Home Childcare Agencies

In order to operate legally in Ontario, home childcare providers must be licensed by a home childcare agency to ensure operating at sufficient safety standards. In the region of Kitchener-Waterloo, there are two agencies: (a) the Region of Waterloo's Home Child Care Program, and (b) WeeWatch organization (Ontario Ministry of Education, 2018). Together, they manage all licensed home childcare providers in Kitchener-Waterloo. This research was conducted by working with both licensed and un licensed home daycares.

Over the years these two agencies have cared for thousands of children from infants to 12 years of age. They are responsible for licensing home-based childcare providers to operate home-based daycare services. Once a home is licensed daycare, the agencies' registered early childhood educators make unscheduled home visits to make sure daycare providers and their

homes meet all safety standards and other general requirements set by CCEYA. The agencies also conduct monthly home visits and quarterly site safety checks to make sure daycare providers are following the provincial requirements as well as the agency's own policies and procedures. Moreover, providers are offered the opportunity of attending professional development days and monthly workshops to continually upgrade their skills. These workshops focus on nutrition, behavior management and programming.

3.3. Study Site and Population

The study took place in Ontario, specifically, Kitchener-Waterloo region. The study was designed to explore the experiences of childcare providers in managing children with asthma under their care. The focus on home daycares and the age of children under five years old is due to the lack of qualitative studies on this type of daycare, the unique characteristics it has over other types of daycares and for children of this age group.

3.4. Sampling Plan

This study used purposive sampling as its sampling strategy. Purposive sampling is one of the most common sampling strategies in qualitative studies (Azami-Aghdash, Ghojazadeh, Aghaei, Naghavi-Behzad, & Asgarlo, 2015; Santha, Sudheer, Saxena, & Tiwari, 2015; Tyrer & Heyman, 2016). It categorizes participants based on preselected criteria relevant to the research questions. For example, to be included in this study, participants must be licensed or unlicensed home daycare providers. Participants who are licensed daycare providers must be (a) registered care providers with a local licensed home childcare agency in the region of Kitchener-Waterloo for the last two years, and (b) taking care of at least one child (under five years) with asthma. Participants who are unlicensed daycare providers must be (a) working in their own home

daycare at region of Kitchener-Waterloo for the last two years and (b) taking care of at least one child (under five years) with asthma.

For this study, the sample criteria were eleven home daycare providers (n=11), three of them are registered with WeeWatch agency, four providers are registered with the Region of Waterloo childcare agency, and four of them are unlicensed home daycare providers. The researcher coordinated with home childcare agencies to reach out to the providers who meet the inclusion criteria to see who is interested to volunteer in the study. Also, the researcher posted flyers in different community centres and around some elementary schools around region of Waterloo to reach the licensed and unlicensed home daycare providers. (see Appendix B, for more details about the participant recruitment form).

The agencies sent an email to all providers who lived in Kitchener-Waterloo region encouraging them to participate in this study. The researcher plan was to select providers who meet the selection criteria. Unfortunately, the researcher did not receive any email back from licensed home daycare providers. The researcher was able to collect the required samples through the study flyers and word-of-mouth. After the initial discussion with potential participants, the researcher received email addresses or interested participants and collecting some demographic information, the researcher sent a copy of the information and consent forms to participants to ensure they were given a chance to understand the aim of the study as well as their rights. Once the home daycare providers consented to participate in the study, the researcher contacted them to arrange the interview meeting. All eleven participants self-identified as Canadian female and all participants are married and mothers.

The interviews were Face-to-Face, open-ended questions, and took approximately forty-five minutes to an hour from start to finish. The interviews were recorded using an audio recorder

for further analysis. According to the literature, a small number of participants is sufficient for early exploratory research (Baker & Edwards, 2012; Guest, Bunce, & Johnson, 2006; Morse, 1994). It should be noted that the main reason for interviewing eleven participants is that it is difficult to find home daycare providers with children with asthma.

3.5. Data Collection Procedures and Instruments

Data was collected through semi-structured interviews to gather more insights (Bernard, 2017). This qualitative research method consisted of pre-determined open-ended questions asking home-based childcare providers about their experiences of managing children with asthma. The questions covered home daycare provider experiences in caring for children living with asthma, suggestions to reduce the effect of asthma for the children, and challenges of managing children with asthma.

Specifically, a semi-structured interview was chosen to gather appropriate data and allow room for the participants to provide more detailed information and to discuss topics that may go beyond the scope of the interview questions (Bernard, 2017). Allowing the participants to go beyond the scope of the interview questions reveals hidden patterns that describe how daycare providers manage children with asthma in ways that might not have been considered when designing the interview instrument.

This is important because daycare providers have unique perceptions about dealing with children with asthma, which shapes the way they experience and manage those children. This means that some participants might speak of matters that others might not, but is still relevant to the study. This is exactly why semi-structured interview design was considered, here, the most appropriate method to capture variations in responses. The interviews were conducted in a

location most convenient for the participants. Prior to the interview, the researcher explained the aim of the study and provided an opportunity for participants to ask questions, review the letter of information, and sign the informed consent. Both information and consent forms were completed and returned to the researcher before commencing the interview. After gaining informed consent, and with the participant's permission, all interviews were audio-recorded to ensure the accurate transcript of the collected data from the interview and then all the data has been transcribed for analysis.

This study involved an individual interview of approximately forty-five minutes to an hour in length included open-ended questions about the children with asthma they are taking care off and the way that the home daycare providers act to manage asthma for these children. Also, the researcher asked about their experiences in caring for children living with asthma, suggestions to reduce the effect of asthma for the children, and challenges that they face to manage children with asthma. Throughout the interview, the researcher used probing techniques and follow-up questions, when appropriate, to encourage participants to elaborate on their answers. In some cases, the researcher repeated the participant's words to clarify terms and language they used to enrich the description of specific questions without leading the interviewee. During the interview, participants recounted and shared meaningful information about their experiences about their home daycare and the challenges they faced while taking care of children with asthma. At the completion of the interview, a letter of appreciation and a fifteen-dollar Tim Horton's gift card were provided to each participant as appreciation for their time.

During the interview, home daycare providers discussed a range of asthma management strategies that they use to manage children with asthma. This research analyzed these strategies and compare them with key asthma management standards (British Thoracic Society, 2016; Bush

& Fleming, 2015; Ducharme et al., 2015; FitzGerald et al., 2017; Provincial Emergency Services Project, 2006; Scope et al., 2018; Winnipeg Regional Health Authority, 2012), highlighting the gaps between the two. Finally, a list of recommendations were created to improve the status quo of asthma management in children under five years, targeting home daycare providers.

The questions in the interview guide were developed based on our literature review (Getch & Neuharth-Pritchett, 2007; Herdman et al., 2011; Neuharth-Pritchett & Getch, 2006; Young et al., 2015). Specifically, the interview relied on questions from the following instruments since they were the most relevant established instruments in the literature (for more details about our interview guide, see Appendix A):

- Preparing for Asthma in Child Care (PACC) instrument developed by Young et al. (2015),
- EQ-5D-5L instrument for health related quality of life developed by Herdman et al. (2011),
- Teacher Capability and School Resource Scale developed by Neuharth-Pritchett and Getch (2006), and
- Teacher Asthma Management and Information Seeking Scale created by Getch and Neuharth-Pritchett (2007)

The objective of this interview guide is to understand asthma management skills and level of awareness of home childcare providers and establish greater insight into the types of skills needed to facilitate a better care environment for children with asthma in home childcare environments.

3.6. Data Management

The researcher administered, recorded, and took hand-written notes during the interviews. All interviews were digitally audio-recorded, transcribed, and stored in a password protected Microsoft Word files under the custody of researcher (Gill, Stewart, Treasure, &

Chadwick, 2008). The completed transcripts were carefully compared to the audio recordings. The data and identity of all participants were kept confidential, as described in the ethical consideration section.

3.7. Analysis Plan

The data collected analyzed by using thematic analysis. Specifically, the study used the Framework Approach (Ritchie, Lewis, Nicholls, & Ormston, 2013; J. Smith & Firth, 2011) to analyze and organize data collection process. This approach is found to be useful in analyzing experiences of caregivers who have children with asthma (Begen et al., 2018; Garnett, 2014; J. Smith, Cheater, & Bekker, 2015). It is systematic and iterative in nature creating a clear process to develop themes and key concepts, where the researcher can continuously return to the data to further develop established themes or allow new ones to emerge (J. Smith & Firth, 2011). The Framework Approach was originally developed by Ritchie and Lewis (2003) and refined by Smith (2011). It is ideal for qualitative healthcare research because it provides a structured approach to analyzing data that can be repeated in future studies, and allows for the development of themes and concepts that eliminates unintended bias (J. Smith & Firth, 2011).

Moreover, the Framework Approach integrates data from multiple data collection instruments to find connections between the data from the various tools (Ritchie & Lewis, 2003). Since this project collected information through interviews, it is useful to use the Framework Approach to properly synthesize the collected data. There are nine key phases to completing thematic analysis using this approach (Ritchie & Lewis, 2003; Ritchie et al., 2013; J. Smith & Firth, 2011). Table 2 briefly outlines each phase.

Table 2: Typical Data Collection Phases based on the Framework Approach.

Phase	***Description***
Transcription	Transcribing interviews (if applicable).
Initial Coding	This phase occurs when initially reading through transcripts. It involves identifying potential patterns in the transcripts and coding them. At this stage, the codes will vary greatly between participants, but it is an important step to allow for initial patterns to stay true to the responses provided by participants. The codes created here are the preliminary codes placed in a coding index.
Preliminary	This phase involves writing analytical memos based on the coding in each transcript. This is the phase when the coding from multiple transcripts is compared for commonalities and anomaly detection.
Initial categories	This phase builds off the preliminary thoughts by beginning to label the coding into general concepts and categories. The initial categories are established within each transcript and are not yet linked to other transcripts. This stage is when coding index is refined to reflect more general responses from across the transcripts instead of specific codes for each transcript.
Initial themes	At this point in the analysis, the initial categories from all the transcripts are grouped and sorted into broader categories that become the first set of themes.
Refined categories	Refining the categories involves looking at the categories grouped into each initial theme and testing out deeper meanings attached to the data. This step sorts the categories into more meaningful groups.
Final themes	This phase involves going over not only the refined categories but also every previous stage to understand the underlying themes that clearly describes the data.
Core concepts	Core concepts are broad, abstract ideas that are related to the experiences of participants. Comparing current literature, the coding index and the transcripts is what shapes the final core concepts in the analysis.
Matrix	The final stage involves creating a matrix that outlines the demographics, themes and core concepts associated with each participant from all the data collected. This is when all the data is compared to identify hidden patterns illustrating how concepts and themes may be triggered by participants.

In this research, at every phase of the Framework Approach, the researcher continuously referred back to the transcripts to ensure the accuracy of emerged categories, themes and concepts (J. Smith et al., 2015; J. Smith & Firth, 2011). The iterative yet structured processes of this approach limited potential bias triggered by researcher. The use of the framework approach enabled both inductive and deductive analysis, which improved the accuracy of the study findings.

After recording the data, the audios were transcript and typed the word for word by the researcher in a secured word documents for each interview. the researcher read and reread the textual data, while also listening to the audio-recordings to check if there are any mistakes and also, to get a close connection to the data. To become even more familiar with the data and develop a sense of the content, the researcher read each transcript and listened to each audio-recorder multiple times. Re-reading the transcripts helped the researcher pick up on the nuances within the data in relation to the research questions (Ritchie & Lewis, 2003). Simultaneously, while reading and listening to the interviews, the researcher wrote down initial ideas in the margins of each page—notes that were used in later steps. Taking notes at this stage helped the researcher critically analyze the collected data and think about the underlying assumptions (Gale, Heath, Cameron, Rashid, & Redwood, 2013; J. Smith & Firth, 2011).

The researcher, at this stage, started to systematically analyze the data through a process of coding. The coding process is defined as "the assignment of simple words or short phrases to capture the meaning of a larger portion of (the original) textual data" (Yin, 2015). The researcher color-coded the transcripts, line-by-line, after reading the transcript and becoming familiar with it. The line-by-line coding approach forced the researcher to verify codes that emerged from the data, minimizing the possibility of missing any important codes. In other words, using this

approach helped the researcher cover all the concepts and ideas in the transcripts. While doing line-by-line coding, the researcher used different colors as a tool to mark different topics and themes as well as to keep track of the ideas. The researcher used the comments tool in Microsoft Word to label codes in the line-by-line process. Relevant ideas, events, actions, behaviors, activities, values, beliefs, emotions, and salient concepts voiced by participants were highlighted and labelled using short phrases written in the margins of the transcript file. This process was repeated for each transcript to uncover further codes.

Memos were also written to assist the analysis of the data. According to Ritchie and Lewis, (2003), memos help the researcher identify concepts, categories, actions, conditions, or consequences and relationships between them. After each interview, the researcher wrote a memo, which included a brief reflection on the interview and early identification of ideas and questions that emerged during the interview. This approach helped the researcher to investigate certain questions during the analysis. Memos were written from the beginning of the analysis process to the final steps of identifying themes.

This phase began once all data had been initially color-coded and the researcher had a list of the different codes, from across the data (Ritchie & Lewis, 2003). This stage involved collating similar codes into possible themes or sub-themes that represented the coded data, which capture important concepts about the data in relation to the research question. At this stage, the researcher reviewed the coded data to identify similarity and overlap between codes. Then, the researcher incorporated all initial codes that were found related to the research question(s) into a possible theme and assessed the viability of codes that were not managing asthma for children or not related to the home daycare experiences robust enough in responding to the research question. After identifying themes, the researcher drew thematic maps that helped to visualize and identify

relationships between themes and to consider if the data supported these relationships in telling an overall story about the data. The aim of analyzing the data is to tell a specific story that answers the research question(s), not just present all the information from the data.

Once all the data had been coded using the analytical framework, the researcher summarized the data in a matrix for each theme using Microsoft Excel. The matrix comprised of one row per participant and one column per code. A separate sheet was used for each category. The researcher then abstracted data from transcripts for each participant and code, summarised it using word for words and inserted it into the corresponding cell in the matrix.

3.8. Trustworthiness

Qualitative research is judged by four criteria: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985) to ensure replicability of research findings (Ritchie & Lewis, 2003). To ensure the quality and trustworthiness of this proposed search across these criteria, several steps were taken into consideration. The credibility of the study maintained through reflexive journaling (Lincoln & Guba, 1985). The principle researcher recorded the interview with all participants, keeping notes about their responses, and continuously look back on these notes to compare them with the data collected. Additionally, this thesis examined the experience of a different range of participants by including licensed with two agencies and unlicensed home daycare provides transcript in the analysis. As Shenton (2004) explains, a range of viewpoints can be source of triangulation when the perspectives and experiences can be verified against one another 'rich picture of the attitudes, needs or behaviour of those under scrutiny' (p.66). Additionally, analytical memos with the information recorded during reflexive journaling along with emerging themes from the analysis were created (Lincoln & Guba, 1985).

The transferability of the study was accounted for using purposive sampling techniques. This ensured the research questions and objectives are achieved. Moreover, it involves the ability to show that the data was collected from a sample that is representative of the population (Lincoln & Guba, 1985). Additionally, researchers, in the future, will be able to recreate the sample population using the same purposive sampling techniques employed here. The structured nature of the Framework Approach increases transferability as well since it takes a systematic approach for data analysis that can be used by other researchers to recreate the analysis process (J. Smith & Firth, 2011).

The dependability and confirmability were achieved by transcription, note taking, and triangulation in detail for every interview. This ensures accurate representation of participants' original responses (Lincoln & Guba, 1985). Throughout the analysis, the ability to continuously refer back to the verbatim transcripts and notes kept any emerging themes and concepts true to the participants' perspectives ritchie(Smith, 2011; Sutton & Austin, 2015). Triangulation occurred during the matrix phase of the analysis when the results from the interviews are brought together to verify emergent themes and concepts, which increased the dependability and confirmability of the research.

3.9. Ethical Considerations

Ethical clearance approval for this project was obtained through the University of Waterloo Office Research Ethics (ORE# 23194), and local home childcare agencies gave permission to do the study for the home daycare providers under their name before conducting the interviews. Once ethical approval was received, the recruitment process began. Interviews were done only after explaining the purpose of this study and getting consent forms from participants.

There are some ethical considerations to this study. The most pressing ethical issue is maintaining home daycare provider confidentiality and anonymity (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada & Social Sciences and Humanities Research Council of Canada, 2010). The confidentiality and anonymity of the participants has been maintained by assigning each participant with a pseudonym. Moreover, the interviews took place in a private location to ensure the confidentiality of the participant is maintained. Location detailed was kept anonymous, even in the final thesis document and any other publications resulted from this research.

It was expected that the participants may experience a minimal amount of psychological or emotional stress in this study. While discussing certain topics during the interviews, the participants may experience distress due to discomfort or loss of privacy. All participants have been aware that they may refuse to participate in the interview at any point in time. Also, participants had been made aware that they can refuse to answer a question in the interview and ask researchers to stop it at any time. Participants knew that if experience any psychological or emotional stress during the course of the study, they can be provided with the appropriate resources to address their distress. Information letter and consent form for participants can be found in Appendix C and Appendix D, respectively.

3.10. Researcher's Role

I have had asthma from an early age. Based on my experiences struggling with Asthma and seeing others in my family suffer in the emergency room because of asthma, I had always been worried that one of my children would inherent Asthma from me genetically. After thinking about it, I realised I have to do something to help cure Asthma or at least better control its effects.

Shortly after joining the University of Waterloo as a graduate student, I started working with Dr. Nancy Fenton, who has been very helpful in guiding me and mentoring me throughout this research journey. When I completed my literature review, I found gaps in some areas such as the relation between vitamin D and asthma. Also, living in the country was found to lower the chances of developing Asthma due to the exposure to all sorts of bacteria, which was counter intuitive and surprising to me. Incidentally, this coincided with the same time period when I placed my daughter in a home-based daycare. I was very anxious about having someone who had not met my daughter to be able to take care of her, and a lot of questions came to my mind during that time such as 'is she going to eat well?', 'will she have enough play time?', 'Have fun?', etc.

I also wondered about how daycare providers manage typical sickness symptoms, will they remember to give medication on time, etc. Then I started thinking about children with asthma, and what daycare providers do to manage asthma attacks and control asthma effects. That motivated me to do a literature review in this area and I found many, so I realised that this research topic is good fit for me and decided to focus my research to advance the existing literature to help bridge some of the gaps, and increase the awareness about asthma management across daycare facilities in Canada.

During that process, Dr. Nancy mentored me about qualitative methods and how it can be done and she helped me understand some articles and she suggested that I take a qualitative methods course. I took that course with Dr. Elena Neiterman at the University of Waterloo who was also amazing. She explained the main concepts in detail, and because the course consisted of a handful of students, it was easier for everyone to understand and participate to make sure they understood the concepts. The fact that Dr. Elena emphasized the importance of

understanding the concepts, and not to worry too much about the marks was very satisfying. That made me fall in love with that course to the point that I attended a few of her classes later on after completing that course just to refresh my memory about some of the concepts and get up to date with the new materials, and it was helpful.

These events had completely changed the way I used to think about the problems and how to dive deeper into them, and explore and analyze them with our five senses, and critically evaluate the problems.

Motivated by the hard work of my supervisor, Dr. Nancy, I searched for a few relevant conferences about Asthma, I attended some, and one of them was in Toronto called 'Breathe Easy' which really helped me to understand asthma management and general practices in Canada. During the conferences time, I met great speakers at that conference who recommended some interesting articles, which I found very helpful, and lead me to some other interesting papers. The experience was eye-opening. I also registered at the asthma society of Canada, where I found some online resources that helped guide some of my research ideas in this study.

In this research, I was hoping to hear all about daycare provider's experiences with children with asthma, and to teach me everything involved in their day-to-day activities. There is something very distant about reading a paper or study on childhood asthma. To have someone in front of you, talking about it, was a very different and interesting experience. It is through these close encounters with daycare providers that I was able to piece together the "how" of these experiences and be able to help bridge a gap in this field of research.

Chapter 4

4. Results

This chapter discusses the findings of this research by analyzing recorded interviews of eleven home daycare providers. The interviews explored how home daycare staff manages asthma for children under five years. It explored how asthma management is understood by home daycare providers, and how home daycare providers monitor children with asthma. It also explored potential barriers and facilitators to asthma management at home daycares.

In this chapter, the researcher discusses the three main themes: 1) Knowledge about diagnosing asthma; 2) dealing with asthma attacks; 3) asthma management.

Table 3: Participants' Characteristics and Demographics.

Pseudonym	Number of cared for children with asthma	Own Children with asthma (OC)?	Any pets in household?	Years of experience daycare
Camelia	over 15	Yes	No	19
Krista	3	Yes	Yes	19
Kim	1	No	No	3
Andria	3	Yes	Yes	9
Elizabeth	over 10	Yes	Yes	20
Fiona	2	Yes	Yes	30
Romy	1	No	No	10
Nella	3	Yes	Yes	5
Luna	1	No	Yes	9
Nicol	3	No	Yes	7
Mia	1	No	No	7

4.1. Theme 1: Knowledge about diagnosing asthma

Ways of identifying asthma symptoms

The data analysis revealed that most home daycare providers who take care of children with asthma believe that they know how to identify asthma symptoms even when it could easily be diagnosed as a cold symptom. According to Asthma Canada society, asthma in young children is difficult to identify because children often cough and wheeze with colds and chest infections, but this is not necessarily asthma. Young children have very small, narrow airways and on average have six to eight colds per year (Ashma Society of Canada, 2017). In this study, coughing and wheezing were found to be the main symptoms of asthma, a finding that is in line with the results from Fazlollahi et al. (2019) and Heir and Oseid (1994). The data from this study showed that providers with more experience identify asthma only in the presence of severe coughing and physical signs of shortness of breath:

> *"I had one of my little children wake up from nap and they did not sound well breathing. They were squeaking. You could visibly see they were struggling to keep a right amount of airflow coming in and out. That child hadn't had an inhaler yet. I called the parents and said, your child has laboured breathing. Um, I think they need to be seen by a doctor. Then, they got prescribed inhalers." (Andria)*

In the previous example, Andria described a case where she was able to recognize early development of asthma in a child including reporting it to the parents, and recommending they follow-up with the family doctor, which resulted in a positive identification of asthma. Similarly, another provider reported that children experiencing asthma attacks:

"they usually get that kind of a tightness in their chest and you can sort of feel like see them sort of taking more of a laboured breath. They sort of have an uncomfortable shoulder rising type of thing. That's at least what I noticed with my daughter." (Nella)

Here, Nella, a mother of two children with asthma, discussed how her personal experiences helped her look for specific physical signs to successfully identify asthma attacks. In the presence of cold symptoms, providers cannot easily differentiate between asthma and cold symptoms since they usually are positively correlated and sometimes hard to distinguish:

"It's more so cold-induced. So, when the child gets a cold, she will have [asthma] symptoms. As soon as the child gets a cold, she will be on the puffer for a couple of weeks." (Luna)

In this example, Luna, who is new to asthma management, chose to administer asthma medications as soon as she sees cold symptoms to be on the safe side. This is not a great approach for identifying asthma and seems to be associated with the lack of experience with asthma.

In reference to our main research question, these three examples highlight that experienced providers pay close attention to detailed signals like the severity of cough associated and specific physical reactions to correctly spot asthma symptoms. In turn, level of experience with asthma management of providers is key to how children with asthma are monitored and treated.

How it affects children's physical activities: what they can and cannot do

The data from this research shows that asthma attacks seem to have an effect on a child's physical activities. However, the effect level seems to be influenced by the child's gender, age, and personality:

> *"When asthma is triggered, my daughter couldn't run around. It was hard to breathe. We would just sit down and take a break… But, my son was the opposite [compared to my daughter], though. It was hard to get him to stop doing stuff. He didn't seem to care. Maybe it's a boy thing. Maybe he was just a little guy [2 years old]." (Fiona)*

In this previous example, Fiona, a mother of two children with asthma, revealed that asthma affects physical activities differently based on gender and possibly age. She spent more time training her son to learn to slow down when asthma hits, compared to her daughter. This is consistent with what others reported in our study. According to most participants who managed boys and girls with asthma, girls were more likely to tone down their physical activities to better control asthma attacks. Boys, on the other hand, were more likely to ignore the attack in favour of the enjoyment of physical activities, unless trained to do otherwise to better control asthma attacks. Similar findings were reported by Williams (2000), where girls were found to be more adaptable to living with asthma but fell short in controlling asthma through diet and exercises, in comparison to boys.

In addition, data from this study revealed that the effects of asthma attacks on physical activities might be based on personality differences in children:

> *"The child that I have tends to have an attack when she gets worked up. There will be times where she'll just be sitting down and not wanting to [do physical*

activities]. But, I think maybe that's just her character. I'd try to encourage her to join in at the level she's comfortable in. Or, I'd tone down the activities, so she can join." (Luna)

Luna, who is new to asthma management, not knowing the effects on boys, attributed the effects of asthma attacks on physical activities to personality and tried to encourage the child to participate at their own pace and by modifying the physical activities. Perhaps, personality differences can shed light on the observed gender differences (Van Merode, Maas, Twellaar, Kester, & Van Schayck, 2007).

In reference to our research question, these examples demonstrate that the effects of asthma attacks on physical activities can be attributed to differences in gender, age, and personality. Knowing the effects of these factors is key to improve asthma management at home daycares. Adjusting physical activities along with words of encouragement are key to teaching young children how to independently deal with their asthma attacks. Providers play a critical role in this process.

Limited knowledge about asthma triggers

Perceptions regarding what triggers asthma varied considerably, and for the most part the knowledge providers possessed was based mainly on personal experience. Data from this research revealed that asthma attacks happen quite suddenly and triggered by many factors. Most participants identified (a) weather, (b) sickness, and (c) air quality, as main triggers. There are also other less reported triggers, such as, pets, furry toys, heat, humidity, exercising, crying, allergies, and carpets:

"Sometimes in my experience it's cold and allergies can trigger them. I don't have direct experience, but dust could trigger asthma. Heat, humidity. I have had my daughter experiences with humidity, it can cause you to not be able to breathe as well. The summer it can flare up. In the winter, sometimes the too cold temperatures can trigger asthma attacks activity. Um, in my experience I've had little kids where, you know, they'd been running, it's too much on their system and so that can trigger an asthma attack... Sometimes it's hard when they're little to know what has triggered it because there are so many broad things in their day that could have set off asthma." (Andria)

In this example, Andria, a mother of children with asthma and experienced provider, pointed to many factors that could trigger asthma attacks from first-hand experience or based on discussions with other health care professionals.

This study also found that perceived triggers are not well understood. As a result, there are many contradictions between providers as discussed by Stockdale (1995) and Whitmarsh (2008). For example, while a couple of participants reported that carpets and pets do not induce asthma attacks, others stated otherwise. While most participants stated that winter/cold weather triggers asthma, a few others reported that spring season can trigger asthma attacks due to seasonal allergies, making the identification of asthma triggers very hard when dealing with very little babies:

"We have a lot of pets, nothing like that triggers it, which is good. But, my daughter goes to summer camp, and the staff says that she's okay during the day, but at night when the cabins are a bit cold, they can hear her coughing all the time. I don't know whether cold can trigger asthma, but that's just what they say… I know some people

say carpets [can be] irritating and dangerous for children with asthma, but I don't feel this way… Sometimes from the weather, especially in the winter it is hard for them. Kids with asthma are really sensitive to smells like cigarette smoking, dust, and cold weather in the winter." (Nella)

In this previous example, Nella revealed that asthma can be triggered by factors that she does not really understand or know well. To Nella, identifying asthma triggers requires a lot of trial-and-error to get right, especially given the many contradictory information she gets from her peers.

In reference to our research question, these examples demonstrate that asthma attacks (a) happen suddenly, (b) are triggered by many factors, and (c) the effect of these triggers are not well understood by providers. Identifying these factors properly and understanding how they trigger asthma attacks are key to improving asthma management at home daycares.

Inadequate Asthma Training

Training resources for asthma management seems to be very scarce, and no certification is needed to administer asthma medications. There is only one required course that providers in daycares are required to take once every three years, which covers first aid and CPR training. The course touches on the basics of administering asthma inhalers during emergencies, however participants expressed mixed feelings about the amount of information it provided. Their feelings seem to be driven by their experiences (or lack thereof) with asthma attacks at their daycare:

"I learned how to deal with asthma attacks from only my experience of when I went to the hospital, the nurse has made sure you totally understand how to use it, what it's for, why it's been given. But I've never heard of any asthma training or any of

that kind of stuff, even when I worked as a licensed daycare… Asthma is becoming more common with children. So, I definitely think that if [a training program] was offered, I definitely would want to take it. I think parents who get, um, their children prescribed inhalers should be required to take it as well… If I didn't have the experience with asthma, I want these parents to educate me. It [should be treated] the same as Epi-pens… If I'm going to have a child who has an Epi-pen, I will be given a whole package that have three pages from the doctor telling me how to use it, signs, symptoms when, what I should watch for." (Andria)

In this previous example, Andria discussed the scarcity of today's training programs and expressed the importance of providing on-going up-to-date training on asthma management, which can be beneficial for both daycare providers and parents. This message was also echoed by others:

"Unfortunately, we're not given, um, a lot of information and I would like to see us given more information, especially being a registered home childcare… We get a basic piece of paper that a child has asthma and that we're allowed to legally give the child the medication. It doesn't actually give me any further information on the piece of paper… My experience is mostly for myself when my brother had asthma as a child. But, that's old information. And the way they deal with it may have changed over the years. We're talking 20 years." (Nicol)

The need of continuous and up-to-date education on asthma for daycares have been discussed at length in the literature. For example, in a study discussing asthma barriers for school-aged children as seen by caregivers, Volerman et al. (2018) revealed that twenty-two caregivers, who live in the United States, believe that schools have inadequate asthma care education and

lack of asthma management plans. In reference to our research question, these observations highlight that providing access to on-going up-to-date educational programs and resources is key to improving how children with asthma are monitored and treated. Education is also key to teaching these young children how to independently deal with their asthma attacks.

When asked about the kinds of asthma medications or inhalers they used, most of our participants identified inhalers by their colour scheme (i.e., orange, blue, purple, white with red base) that are usually used along with a mask for little babies. In support with this observation, previous studies reported that over 75 percent of caregivers found remembering to give the right medication to be the hardest thing about managing a child with asthma (Peterson-Sweeney et al., 2003). Interestingly, data from our study revealed that only participants who have their own children who suffer from asthma tend to know the details about these medications, and specific medication names/brands:

> *"I have both my kids up in my medicine. If I remember, it's Serevent and Flovent. So, the blue one [Serevent] is the emergency one. From my understanding, [it] helps immediately to help open the airway. The orange one [Flovent] is to be long-lasting, to keep the airway open." (Andria)*

In this previous example, Andria, a mother of children with asthma and experienced provider, illustrated that providers with asthma management experience can easily distinguish between different types of asthma medications and their applications. In reference to our research question, these observations highlight how the difficulty in remembering the correct medication and knowing more about these medications change as caregivers gain more experience with asthma medications and management techniques.

When dealing with asthma attacks, asthma medications work most of the times when the asthma is under control. However, sometimes, medications do not help stop these attacks. Poor control of asthma should alert physicians to the possibility of noncompliance (Milgrom et al., 1996). According to our data, sometimes parents forget to send children with the correct asthma medications. Sometimes parents accidentally send children with expired medications. Providers have varying levels of knowledge about what to do in these situations. It usually circles around calling the parents to pick up their child:

> *"When I was with WeeWatch, one of the [asthma] medications, was expired, but I didn't notice. [My supervisor] looked at it and said this is expired. [My supervisor] at that moment called the mom and said the boy cannot stay in daycare today because if something happens, we cannot do anything. [My supervisor] told me that we need to be careful because it has happened so many times that providers give the wrong doses [incorrect medication from a bigger brother/sister] or expired medications, which ends up hurting the child instead of helping them." (Camelia)*

In this example, Camelia, an experienced provider who cared for many children with asthma, revealed how less experienced providers could accidentally give children wrong medications or even expired medications. In reference to our research question, these observations highlight the need for a required training program, where it could be key to improving how children with asthma are monitored and treated.

Lack of Access to Official Guidelines about Asthma Management

There seems to be no comprehensive, written guidelines about asthma management that describe specific conditions, medications to take, and what to do in emergencies (Saranza et al.,

2015). Currently, this information is scattered, and collected from physicians, nurses, pharmacists, parents, CPR training, and the Internet. Data from our study revealed that participants, who have their own children with asthma, learned a lot by listening to guidelines from their family doctors, nurses they talked to (during hospital visits), and pharmacists when dispensing asthma medications. Participants who do not have children with asthma tend to rely on information from the parents or the Internet:

> *"I looked at a few things up on the Internet, our family doctor, and then the parents of the children would tell me… I don't know if there is a guideline. I honestly just followed whatever the doctor told me to do. He was my guidelines." (Fiona)*
>
> *"We don't have any guidelines to follow except for what we're taught in CPR, which is very basic. And then we have a medical form for the parent to fill out. But again, it's very basic… I think that there should be more resources for us to learn about asthma and I think they should definitely teach you that. Like, if the child is having any difficulty breathing, not just being wheezy, not to hesitate to call 911. I think a lot of people hesitate to call 911 because they're worried that they're going to overreact to a situation. So, they're not comfortable calling 911, it does make it dangerous, but seconds count. And unfortunately, in the Region of Waterloo, our response time I think is nine to eleven minutes. And that's a lot of time for that child to [be without] oxygen." (Nicol)*

In this example, Fiona, an experienced provider with own children with asthma, and Nicol, an experienced provider who has cared for three children with asthma, discussed the lack of access to official asthma management guidelines that they can follow without worrying too much about unforeseen consequences. In reference to our research question, these observations

highlight the importance of providing access to official guidelines that providers can use to improve how children with asthma are monitored and treated.

4.2. Theme 2: Dealing with asthma attacks

What are the important steps that must be taken?

There is no common procedure or action plan when dealing with asthma attacks. The most common procedures that providers follow are (a) give medications, (b) call parents, and (c) call 9-1-1:

> *"I always have the parents write down a procedure that they want to be done and I follow that depending on the severity of how the child is reacting… If [the child is] experiencing terrible asthma, then yes, I'd call the parents and get them to pick up [the child] if I'm not able to control it. If the parents have done a protocol that I can give [the child] their inhalers if in a certain amount of time it doesn't work, then call me and I will come pick up... A good rule I have in daycare is [whenever] in doubt, call 9-1-1 for emergency." (Andria)*

In this example, Andria stated that she always asks parents to write down specific procedures to follow depending on the severity of the situation. Nicole, an experienced provider, emphasized the need to categorize the attack as either minor wheezing or serious lack of breath to determine whether to first call parents for pickup or call 9-1-1.

> *"If the child is having trouble breathing, we call 9-1-1. We would waste too much time trying to get a hold of a parent with a child in that position. So, if the child's having wheezing issues, we'll give a puffer. If the puffer doesn't work, then we call the parents. If they are short of breath, having problems actually breathing, and it's just not a wheezing problem, we just call 9-1-1. If it's just a minor amount of wheezing, we'll contact the parents to pick up the child and then decide whether or not to take them to the doctor or the hospital." (Nicol)*

These previous examples are consistent with previous findings. For example, in a study describing the challenges of asthma management in fourteen elementary schools in the United States, where asthma prevalence was twenty-four percent, Anderson et al. (2005) found that (a) teachers are in great need for practical training programs explaining how to properly manage young children with asthma in the classroom and on the playground and (b) principals are concerned about the lack of policies for asthma attacks.

In reference to our research question, daycare agencies seem to help guide daycare providers about the steps they need to take in these situations, which are discussed with parents. However, the steps are limited to (a) call parents, (b) call 9-1-1, and (c) call the agency.

Data from our research suggests that daycare providers have different perceptions about asthma action plans. Some participants view action plans as things to be done in emergencies. In these cases, they usually end up calling parents or 9-1-1 if the child experiences asthma attacks as discussed above. Other participants in this study view action plans as tasks they do on a regular basis to minimize the chances of developing asthma attacks:

> *"I would be offering water more often to help [the children's] throat and keep that cough kind of calm. Um, I know there are certain home remedies like honey, something to soothe their throat to maybe see if the cough would alleviate. When they're sleeping, I would elevate beds to help them be upright and to help with their breathing. That's something I do very often... A lot of [the children] don't understand asthma. They don't know they have it. So, you just reminding them." (Andria)*

Most participants share similar views when it comes to processes and procedures for managing asthma attacks:

"We would rub [the child's] back, get her to calm down and take her puffer. Usually that helps a bit. [Parents] encourage you [to use] the puffers when she's sick and they encourage her to practice by blowing up balloons. So, we always have the balloons in our house." (Nella)

In these examples, Andria, who is experienced in asthma care, described the usual routine she goes through to minimize the chances of triggering an asthma attack. Nella described the usual routine she performs to get asthma attacks under control. In reference to our research question, these observations highlight the importance of official guidelines, perhaps approved by medical doctors, that providers can use to remove ambiguity and improve asthma care for children.

Data from our research revealed that fear of upsetting parents seem to be something that daycare providers struggle with:

"Written information is always given to me [upon my request], and a procedure of what [the parents] would like me to do. Because I would feel bad if I ever called 9-1-1 and they didn't want that. They want to be the ones to come pick up their child and then take [care of] them. It's all in theirs. But I know a parent would not be upset at me for taking that step if I felt it was needed." (Andria)

In this example, Andria highlighted a challenging situation faced by most providers, where it is important to keep parents happy when it comes to how to care for their children, but at the same time do what it takes to keep the children safe, even if it means calling 9-1-1. This problem has also been discussed in the literature. For example, Beaumont (2005) found that hospital staff are subjected to so much pressure from parents that staff may omit baby records in

fear of upsetting parents. P. M. Smith (2010) also found that childcare providers feel reluctant to care for disabled children for fear of upsetting parents about how they provide care services.

Approaches on how to give medications

Administering asthma puffers at home daycare is usually not a problem since most daycare providers learned from first aid specialists, parents, other daycare providers, and/or through own personal experiences. However, data from our research revealed that it can still be difficult physically and emotionally to deal with children experiencing asthma attacks at first, especially for providers with no prior experience with asthma. Other studies also show that lack of experience with asthma attacks can be frustrating and exhausting for caregivers (Andenæs & Haavind, 2018; Archibald, Caine, Ali, Hartling, & Scott, 2015; Sinkovits, Kelly, & Ernst, 2003):

> *"At first it was difficult because it was also new for the child. She has [the mask] that you could put over the mouth. So, it was tricky for both of us to get the hang of it. But, I talked to other daycare providers and got insights on the best way to hold her and to administer [asthma medications]. Now, she's used to it." (Luna)*

In this example, Luna, who is new to asthma management, discussed the difficulty she experienced in giving medications to a young child who was also new to asthma. Adjusting to asthma took a while and required Luna to experiment with many methods. In contrast, data from our research highlighted that daycare providers who have their own children with asthma are very confident about their ability to administer asthma medications and deal with children who do not cooperate very well, educating them about the importance of these medications, letting them play with the masks and hold the puffers to get familiar with, playing games, reading

books/stories, or singing to get the child's mind away from the puffers and the mask attached to it:

> *"In my experience, I haven't had kids enjoy inhalers. Once you've done it a lot of times, I find they get used to it. I'm letting [one current child] hold the chamber, letting her pretend with it when it's not time to have medication. It makes it not scary and tries to make it a positive experience. And it was fun to watch her. She'd go and just hold it there and she got to understand that it helps her, that it's something good, that it's not always us doing it out of her control." (Andria)*

In this previous example, Andria highlighted that she uses specific strategies to give regular puffers, make it a positive experience, and try not to disrupt the child's fun activities. In reference to our research question, these observations indicate the importance of providing access to official guidelines and training that providers can use to improve administering asthma medications for different types of children.

While most participants prefer administering the medications when the child is being somewhat calm, depending on the experience with asthma, some participants do not have a problem giving those medications even when a child is crying:

> *"From my experience, when a child cries when they're getting their inhalers, it's a good thing because then they go to suck in the air. So, you're getting the medication in better into their lungs and down their bronchial." (Andria)*

Less experienced providers seem to get nervous when it comes to giving medications to children with asthma:

"I try [to give the medication] at the beginning but if the child refuses. I need to call the parents. [I tell them] I am sorry, I cannot give the medicine because he [does not want it]. I never force [children to take medications]." (Romy)

In these two observations, Andria described her belief that crying helps to get the medication into the children's lungs quickly since they are automatically breathing in most of the medication. Romy, however, stated that when a child is not cooperative, she would let the parents know and ask them to pick up their child. In reference to our research question, these observations highlight two contradictory methods used by providers based on their experience when giving medications to uncooperative children, which indicate the need for official guidelines to be followed by caregivers to improve asthma management techniques.

Asthma care is stressful for daycare providers

Based on data from this research, asthma care for children under 5 years old seems to be stressful because the children cannot tell you if they are experiencing asthma attacks:

"It's hard to know [when a child is experiencing asthma attacks] unless you observe their laboured breathing. It's hard when they're little to know what has triggered [the attack] because there're so many broad things in their day that could have set it off. Asthma is very scary, and I am very aware of how easily things can go bad with asthma if you're not helping that person recover from it. I've heard experiences where you can die from asthma." (Andria)

In this example, Andria revealed that asthma care requires close behavioural observation of children with asthma. At the same time, it also requires quick actions to help children recover from asthma attacks, which makes asthma care extremely scary. Similar findings were reported

in the literature describing how daycare providers have to be actively observing breathing routines, activity levels, and facial expressions to notice those attacks (Andenæs & Haavind, 2018):

> *"I don't like taking care of kids with asthma because sometimes I think it is difficult. I had one kid [with asthma]. He needed too much care. I was very conscious of his health. The kid was with me for a month and I was very scared. So, I quit. I'm scared that he has a problem [that I don't know how to deal with], then face legal consequences." (Mia)*

In this example, Mia, who has cared for one child with asthma, discussed how terrified of the consequences she felt when a child gets an asthma attack. Others can unintentionally scare children from taking asthma medications as a result of provider's uncomfortable feelings for administering asthma medications:

> *"Thank God, I never had to give [the child] any asthma medication. I would always tell her you don't want that puffer. It's not good because that will not make you feel good. So, you need to calm your body down. I think [this was] the best way with her. Children [are] aware about what can cause their asthma attacks, because children are smart. They know what can trigger it and if they have a bad experience or something, they will try not to go there again. For example, if they get burned, they know they are not [to] touch fire [again]. Same with asthma. If they are aware that they are with someone that's not their parents, and it can be a bad experience for them, they don't want to go through [asthma attacks]. They can control themselves and be aware that I shouldn't run fast and exert my asthma attack. Or*

as a provider you can be very aware that this child has asthma. So, don't make her run around fast like other children." (Kim)

In this previous example, Kim, who has no prior experience with asthma care, was so worried about administering asthma medications that she would scare the child from using the puffers, thinking that the child is smart enough to avoid asthma triggers if they know they might not get the medications. Similar results were reported in the literature suggesting that children with asthma often get better levels of asthma care when daycare providers have own experience with asthma. The lack of personal experience and asthma awareness can result in inadequate asthma care, or even life-threatening situations (Andenæs & Haavind, 2018; Archibald et al., 2015).

In reference to our research question, these observations highlight how stressful asthma care for children under 5 years old can be, especially since it can quickly become life-threatening if not treated promptly. It is scary because parents might be mistakenly providing expired medication or that is prescribed for another (older) child. It is also scary because providers worry about the legal consequences. This fear could be regarded as a reflection of providers' lack of understanding of asthma care procedures and its guidelines which can be changed with training.

4.3. Theme 3: Asthma management is a complex and shared responsibility

Family role in asthma management

This study revealed that parents represent the main source of information for daycare providers when it comes to understanding the severity of a child's asthma, and how to deal with it. Having no access to medical files or doctor notes adds more complexity to the situation:

> *"I might ask the parents if I know they had a doctor's appointment, I'll ask if there is anything we need to adjust. If the child gets worse, I will let them know. We're very open to talk. So, I'll text [the mom] and say, today, [your child was] coughing more than usual. I had to give more than a normal [inhaler dosage]." (Krista)*

In this example, Krista, an experienced provider with own children with asthma, emphasized the importance of open communication with the parents to get up-to-date information about asthma conditions:

> *"It's a responsibility of parents to write the puffer [procedures] and [give me the right] medication." (Kim)*
>
> *"[The parents] have to fill up the medication forms with me. If it was a situation where it's ongoing asthma, then they would fill out a procedure form. If it's just when they are sick, then they would bring their inhalers. If they have that cold that's causing asthma to flare, then they would fill up the medication form with the directions on the medication form and what to do and when… I also have an emergency binder that has all [details about] the kids. So, it has each child's name and their forms. I'll go in there and if there was ever a situation [where] I needed to call an ambulance, I can grab that binder and pass it to the people, so they have all the information they need." (Andria)*

In the previous two observations, Kim, who has no prior experience with asthma care, emphasized that parents are the ones responsible to explain what needs to be done every day when there is no asthma attack and during emergency situations. In contrast, Andria, an experienced provider with own children with asthma, stated that she asks parents to write down their asthma attack protocol, describing how parents deal with asthma attacks. This protocol gets updated on a regular basis. She also regularly checks the asthma medications to make sure they are up to date and asks the parents to report any changes in how to administer asthma medications. Andria was the only provider who reported keeping important information on each child in a specific folder to be referred to in emergencies when calling 9-1-1.

In reference to our research question, these observations highlight the importance of parents in today's home daycare asthma care practices. They also highlight some of the complexities faced by providers in emergency situations, where, for example, parents are also new to asthma care and do not have all the details. In these situations, the only solution today is for both daycare providers and parents to work together to make sure asthma is getting under control.

Medication instructions, tracking schedules, and long-term analysis

Most daycare providers use a specific medication consent form monitored by the Region of Waterloo Childcare and WeeWatch agencies. It contains information about the medication, time to be administered, specific instructions, and parents' permission. This reduces the chances of miscommunication between parents and daycare providers:

"Whenever I have to give a kid a medication, I always get [the parents] written consent. So, if [kids] have pneumonia and they need a puffer, I fill out a form and

it'll say what exactly the medication is, what the dose is, what time of day I should do it, and then [parents] have to sign off on it so that I have that for my records." (Nella)

In this example, Nella highlighted a specific procedure she goes through to collect a detailed written instruction from parents on how and when to give medication. This is a standard process that has been reported by other research findings (e.g., Andenæs & Haavind, 2018; Garro et al., 2012; Peterson-Sweeney et al., 2003). This process also helps daycare providers to track short-term and long-term trends:

"I can look back [to the track record] and see that over the summer that child has to use his puffer a lot more than over the winter. So, I know that the child [might] have seasonal allergies or allergies that affect his asthma… and I talk to their parents about it." (Nicol)

In this example, Nicole, an experienced provider, revealed how she uses medication forms over a period of time to analyze seasonal changes in dosage and informs parents to investigate with their doctor for specific reasons. In contrast, some other participants described the methods used to track medication schedules:

"I set [the medications] on my shelf, which is very visible. I set alarms on my phone. Most of the time, also, I put the forms out on my information shelf. I walk by that [location] very often. So, it will give me a reminder." (Andria)

In this example, Andria described how she keep track of medication schedules by setting up timers on her phone, writing reminder notes, and keeping the medications in a visible location. Data from our research revealed that some daycare providers, especially those with asthma

experience, require a separate set of asthma medications to be available at daycare to make sure that they have the medications at all times:

> *"I have to have [the medications] always on hand. So, wherever the child is [going outside], we would carry them. So, the puffer was always on us." (Elizabeth)*
>
> *"I would request one that stays at daycare and then they can have one at home or it travels back and forth with the child in the diaper bag or backpack. So, there's always one that's with the child I think is important. If they have severe asthma, if they have asthma that's triggered by a cold, then whenever they have cold symptoms, I request the inhaler to be at daycare in case we need it. And I think it'd be different if I didn't have experience with asthma. I think it really helps that I have experienced it." (Andria)*

In these two observations, Elizabeth, who is experienced in asthma care and has own children with asthma, highlighted the importance of availability of asthma medications throughout the day, even when they are outside on a short walk because asthma attacks are very hard to predict. Andria, an experienced asthma care provider with own children with asthma, echoed the remarks of Elizabeth and attributed the successful results of her procedures to her experience with asthma with her own children. It turns out that daycare centers typically also keep a box of medications when enrolling new a pre-schooler (Sinkovits et al., 2003).

There are no detailed official guidelines from home daycare agencies or government in Ontario, leaving less experienced home daycare providers unprepared for situations where children experience sudden asthma attacks. In reference to our research question, these observations highlight that adequate asthma medication procedures are key to improving how children with asthma are monitored and treated.

Chapter 5

5. Discussion and Implications

In this qualitative study, the researcher aimed to explore childhood asthma management as perceived by home childcare providers, with a special focus on identifying barriers to implementing asthma management programs and optimal asthma care for children in Ontario, Canada. This chapter highlights the findings of this study, outlining the implications for practice and future research and the strengths and limitations of this study.

Results suggest that (a) daycare provider's experience in dealing with childhood asthma plays a major role in asthma management practices, where providers with their own children suffering from asthma provide a great model for asthma management in daycares. However, less experienced providers, who represent forty-five percent of participants in this study, fall short in many areas. This gap is enabled by the (b) scarcity of legislation and training programs for childhood asthma management in daycares. The gap is widened by the (c) lack of access to child asthma related medical information. Interventions are needed to improve access to and communication with healthcare systems to enable asthma related information acquisition.

5.1. Findings

In this section, two main findings are discussed in detail to (a) explore childhood asthma management practices as performed by childcare providers, (b) understand different perceptions of childcare providers about the accessibility of asthma related health services, and (c) help guide and interpret the findings generated from this research.

Improved Asthma Experience

Identifying asthma symptoms is an important aspect relating to home daycare providers' experience in managing asthma. This study revealed that most home daycare providers have limited knowledge about identifying the signs and symptoms of asthma. This directly affects their ability to recognize asthma attacks in children. As a result, daycare provider's ability to recognize asthma attacks and avoid its' triggers are driven mainly by experience. In this study, the findings showed that being a licenced or unlicensed daycare provider did not have a pronounced effect on the ability to recognize asthma triggers. Despite the rigorous screening and licensing processes that home daycare agencies perform to select home daycare providers, this study found that what makes a great daycare provider managing children with asthma is their understanding and experience of asthma. As discussed in the previous chapter, providers with asthma experience tend to be better at correctly identifying asthma symptoms. They can correctly differentiate between asthma and cold symptoms. For example, one of the study participants, unlicensed home daycare providers, was able to identify early signs of asthma for one of the children well before the parents had any suspicions. She advised them to check with their family doctor, who was able to confirm the presence of asthma. In comparison, another participant, licensed home daycare provider, was unaware of the expired medications for one of the children at the daycare until the agency's supervisor pointed that out to her during a routine visit. A well-trained provider should regularly check medication details (e.g., patient name, expiry date, assigned dosage). This is an area of improvement for the licensing programs.

These findings are supported by other studies (Van Rhyn, 2013). Van Rhyn (2013) studied Australian caregivers experiences with childhood asthma and found that when a child showed first signs of asthma, non-experienced caregivers felt overwhelmed by anxiety about the child's health and fear of the child dying. This study's findings concurred with Van Rhyn's findings that also showed caregiver responses change as they gained more experience with asthma medications and management techniques. A recent study by Volerman, Dennin, Vela, Ignoffo, and Press (2018) investigated barriers for asthma care at schools and also found that limited knowledge about asthma amongst teachers, school staff, and students to be a major barrier to asthma care at schools. This study revealed the magnitude of impact related to identifying asthma symptoms, where it spans a wide spectrum of children, from preschool to middle school.

Proactive communication between parents and home daycare providers can enable early diagnosis of asthma. It is also an important aspect relating to home daycare providers' experience in managing asthma. In this study, daycare providers with asthma experience, played a critical role in asthma diagnosis, reporting specific symptoms to parents, suggesting methods to manage asthma, and keeping a log of symptoms, medication times, analyzing asthma management progress, and reporting back to parents on an on-going basis. Previous research findings (e.g., Patterson, 2014) support our findings where a caregiver's experience was found to be instrumental in correctly diagnosing asthma symptoms and treating appropriately. However, contrary findings in a larger scale study from Taiwan, Shih (2005) found no statistically significant differences between caregivers with less than one year of experience and those with over three years of experience towards improving the quality of life of children with asthma in central Taiwan. This could however, be attributed to environmental factors (e.g., air pollution)

in population dense areas (e.g., Taiwan), which may contribute to a larger effect on the quality of life of children with asthma than caregiver's asthma experience.

Getting up-to-date information about a child's asthma status is an important aspect relating to home daycare providers' experience in managing asthma. Based on the results of this study, to manage asthma, daycare providers rely primarily on parents for information about the kind of situations to expect and how to handle the circumstances through written permission from parents. Communication with parents is very important and requires both parents and daycare providers to invest time to make sure more than adequate information about the child's asthma condition is provided on a regular basis to providers, which makes on-going information sharing hard to do properly given everyone's increasingly busy schedules. Perhaps, granting providers' a controlled access to-up-to date asthma information based on healthcare records can enhance asthma management process tremendously simply by allowing providers to easily stay updated with recent medical developments, and enable them to be more proactive when it comes to reporting any concerns to parents and healthcare systems. However, access to these healthcare records is also associated with privacy concerns that needs to be addressed and implemented cautiously. Finding the right balance between being more transparent with daycare providers and protecting patient privacy can help in bridging this information gap and improve asthma care at daycares.

In this study, home day care providers with personal asthma experience were more informed because they have seen and experienced, first-hand, situations where children experienced asthma attacks and talked with many health care professionals about asthma management. These experiences providers were able to ask parents for specific details on steps that must be taken in case of an asthma attack (Palmer, 2001). Palmer's research found that

providers welcomed special training or educational resources on asthma management that would eliminate some of the stress they experience when dealing with asthma attacks in children. Previous research efforts supports this view as discussed in the previous section (e.g., Anderson et al., 2005). For example, as discussed in the previous chapter, one of the experienced providers who were interviewed emphasized the need to categorize the attack as either minor wheezing or serious lack of breath to determine whether to first call parents for pickup or call 9-1-1, which is a level of detail that was missing for providers with less experience.

Following medical instructions for asthma medications is an important aspect relating to home daycare providers' experience in managing asthma. In this study, making decisions on how and when to give asthma medications was an issue that daycare providers discussed in depth. This study found that daycare providers' knowledge and beliefs about both asthma and the effectiveness of the medications affected the degree to which they followed the instructions communicated by parents. For example, some daycare providers with no asthma experience, reported that they chose not to give children their asthma medications, ignoring parents written instructions, even when asthma symptoms appear, worrying about various side effects of the medications (e.g., addiction). Instead, they rely on familiar methods that they believe could be more helpful (Bellin et al., 2017; Van Rhyn, 2013; Volerman et al., 2018). Any degree of reluctance to follow medical instructions for asthma medications put the children's lives at risk. This is something that can be prevented by enforcing proper procedures and establishing guidelines to be followed at home daycares.

Improved Safety Measures

Access to asthma management services enables home daycare providers to establish better measures and procedures to ensure the safety of children with asthma. Data from this study showed that access to asthma management services are usually offered only to asthma patients and their families. Daycare providers have secondary access to these services through parents sharing with daycare providers the knowledge they gained from these services. However, sometimes parents unintentionally, due to, e.g., their busy schedules, withhold information from daycare providers. Other times, parents do not have access to asthma management services because they are still new to it, and they are trying to learn specifics about asthma triggers and trying to figure out the best ways to manage themselves. The lack of asthma management services has been discussed by others (e.g.,Van Rhyn, 2013; Volerman et al., 2018), and was highlighted earlier in this chapter.

Visiting asthma management service providers, physically or virtually, for medical attention or intervention is not typically done by daycare providers, except in emergencies, where they are encouraged to call 9-1-1 in cases where a child's life is in danger.

Daycare providers believe they do not have many options when it comes to dealing with a child who is experiencing a severe asthma attack. The only immediate actions that daycare providers believe they can make are calling parents to obtain specific instructions on appropriate action to take or to request that parents pick up their child or to call 9-1-1 to seek medical attention. These actions delay the care that a child experiencing a severe asthma attack needs immediately and is dangerous and can result in a variety of outcomes, with a high margin of error which puts children's lives at risk. This study found a lack of guidance by child care agencies and provincial authorities on important questions to be asked when registering a child in daycare

and during the care period to help in (a) identifying asthma triggers and asthma attacks and (b) highlighting actions to be performed in case of asthma attacks. For example, as discussed in the previous chapter, one of the providers in this study had no idea what to do when one of the children at the home daycare experienced an asthma attack. She waited until she saw one of her friends who is more experienced in asthma care to ask for guidance. Another licensed provider refused to give asthma medications because of false beliefs that the medications could do more harm than good. Despite the difficulty associated with caring for children with asthma, especially for providers with no prior experience in asthma care, children can be at risk during critical times when experiencing asthma attacks, without proper procedures to follow. Providers who accept children with asthma need to be well equipped about ways to quickly react to critical situations. In this study, findings showed that a lack of emergency procedures that only relied on calling 9-1-1 and contacting parents, meant that the responsibility for managing a child with asthma in the moment was left at risk, especially with inexperienced providers. The importance of home day cares having common emergency procedures that enable providers to perform in emergencies while they are waiting for the arrival of parents and emergency medical responders, is essential for a child experiencing an asthma attack.

The findings of this study showed that there are significant gaps between the information and documentation that daycare providers hold and the procedures they perform based on their experience with asthma in children, which others research support (Volerman et al., 2018). Tackling these gaps promotes better safety measures and procedures for care providers who care for young children with asthma in home daycares.

5.2. Implications

In this study, the researcher examined perceptions and understandings of home daycare providers who take care of at least one child with asthma and explored their experiences of care, with a particular focus on identifying barriers to optimal asthma care. Drawing on the findings, this research has highlighted a number of areas in which barriers appear to inhibit successful asthma management. This section touches on the challenges faced when performing this research, the impact of this research on future studies, and practical recommendations for improving asthma management in Ontario.

Challenges faced when performing this research

- It was challenging to find participants due to a lack of personal trust. Some daycare providers asked to have the questions prior to the interview. Some providers felt worried, and they thought that the researcher was a social worker trying to investigate their daycare.
- Some providers spoke English as a second language, it was a little hard for them to explain their opinion and their experiences.
- In Winter, it was hard to find home daycare providers easily to participate in this study, as they minimized outdoor activities with children.

Impact of this research on future studies

- There is a great need for improving asthma management skills for home daycare providers. Our results show that home daycare providers who do not have their own children with asthma need to have additional training to give medications properly,

identify asthma symptoms, and contribute proactively by making action plans to reduce asthma symptoms and asthma attacks. Home daycare providers would benefit from a training program for asthma management that provides asthma education, medication administration instructions, action plans, and strategies of how to reduce asthma symptoms to improve children's health.

- Training programs could provide recommendations and information for both parents and home daycare providers. Encouraging all types of caregivers to participate in such training programs could help to reduce asthma attacks and enable healthier environments for children with asthma.
- Strategies to improve communications between all types of caregivers (i.e., parents, home daycare providers, and healthcare professionals) would be a great subject for future work.
- It would be beneficial to do interviews with parents and home daycare agencies, understanding both sides to see their viewpoints to help create regulations that may assist in enabling better asthma management practices.
- Testing and examining the effect of home daycare owned pets on asthma attacks would be beneficial, especially since most daycare providers, who own house pets, believed their pets did not trigger any asthma symptoms.

Practical recommendations for improving asthma management in Ontario

- Train home daycare providers to handle asthma-related emergency situations.
- Make specific legislation for asthma management at home daycares. Ryan's Law is a very good starting point.

- Make training programs for all types of caregivers, including parents since they are the ones who usually deal with many tricky situations.
- Enable easier communication between all parties involved in caring for children with asthma, including home daycare providers, parents, and healthcare professionals.
- Asthma management training programs should touch on the following topics:
    - Prevention strategies (trigger, dust, animals, smoking).
    - Symptoms of asthma and how to recognize it.
    - How to take puffers, how to use the puffer chambers, and appropriate emergency action plans.
    - Training on these specific topics may ensure that all home daycare providers have basic knowledge in not only the emergency treatment of asthma for children but also provide them with the knowledge, experience and skills they need to prevent asthma attacks and to recognize triggers.
    - Providing information on asthma for home daycare providers through yearly mandatory modules could ensure that all registered home daycare providers, receive the information they need to respond in the event of an emergency.
    - Further communication suggestions to improve asthma care at home daycares could include the following:
        - There needs to be a more detailed discussion between home daycare providers and parents about their roles and responsibilities, and if they have the tools and knowledge to perform the role. This research demonstrated the existence of a big gap from the providers on how to administer asthma medications properly and how to identify key asthma triggers in young children.

- There needs to be easier access to information amongst all types of caregivers involved with asthmatic children (i.e., parents, daycare providers, and healthcare professionals) to easily stay updated on recent asthma related incidents. In this study, children with asthma and their families and home daycare providers seemed to be interacting within a system that they are unfamiliar with. For the family, they do not know what happens within home daycares around asthma management, yet children's lives depend on the providers' own abilities to manage asthma in their home daycares. For the home daycare providers, they do not know what medications the doctor described recently for a child with asthma and the medical advice parents received from health professionals.

Current Regulations

There are two Ontario legislative laws governing asthma management at schools and daycare administration. The Child Care and Early Years Act discusses the specific rules and regulations in regards to operating child care centers / homes over eighty-eight regulations. However, it does not mention any details on the role of child care providers in handling medical conditions or emergencies, including asthma attacks, for children under care.

Ryan's Law discusses critical topics regarding asthma management for the sole purpose of ensuring asthma friendly schools. These topics are discussed in five main regulations that discuss the role of school boards, principals, teachers, and parents in managing student's asthma and enabling them to control their asthma triggers. Ryan's Law can be a great starting point for

child care agencies to make sure child care centers and homes have everything needed to ensure a safe environment for children under five years old.

5.3. Limitations

Our findings are not entirely generalizable given the modest number of home daycare providers who participated in the interviews. Although data saturation was achieved in our analysis, it is possible that other salient aspects of the asthma management at home daycares were not captured. Perhaps, some home daycare providers may not have had the physical availability to participate in this study.

Finally, in future research, a larger-scale study may be developed to allow for increased generalizability of these findings. In addition, it would be fruitful to begin and end the investigation with a handful of focus group discussions to increase the probability of capturing and validating the main important aspects of asthma management at home daycares.

Despite these limitations, insights into current asthma management at home daycares suggest the need for (a) asthma management training, (b) establishing official processes and policies for asthma management, and (c) interventions to improve access to and communication with healthcare systems to enable asthma related information acquisition.

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Appendices

Appendix A: Interview Guide

Persona Identification	
Tell me about your experience of being a home daycare provider?	(Number of years running this daycare, number of children with asthma who you cared for (present or in the past))
What is your typical workday routine with children?	(Educational programs, games, sports, arts/crafts)
When you have a child with asthma, how can you tell if they are experiencing asthma symptoms?	(Perform medical tests, notice shortness of breathe, notice unusual activity levels)
How do you know if asthma medications are not working properly for the child who has asthma?	(Notice child complains for a long time, physical signs of less oxygen in their bodies)
Do you know what trigger asthma attacks? If YES ▪ Give me some examples, please. ▪ Tell me about a time where you identified asthma triggers in your daycare ▪ What did you do to eliminate these triggers?	(Certain types of furniture, odors/fumes, dust, outdoor activities)
How do you get information about how to manage asthma for children?	(Read books, talk to parents/nurses, attend training courses)
What is the primary floor type in your home?	Non-carpet (wood, tiles, or linoleum)
Are non-washable stuffed animals present in child-care areas? Are there any furry pets present?	(E.g., cats, dogs, gerbils, birds, hamsters, etc.)
Do you follow any guidelines related to asthma? If YES, What guidelines do you follow for managing medications, reducing asthma triggers, and planning outdoor activities for students with asthma?	
Based on your experience, do you think asthma affects the levels of physical activities in children? How do you encourage children with asthma to participate in physical activities?	

Is there a medical or nursing consultant available to help with asthma related issues?	
Medication Use	
What are the types of asthma prescribed drugs that you typically use to help manage asthma?	(Inhalers, Leukotriene modifiers, Theophylline)
How prepared are you to personally administer asthma medication to children if necessary?	
Do you ask parents of children with asthma to talk about their child's medication?	
Do all children with asthma have a filled out action plans and consent form authorizing you to give asthma medications?	
How do you keep a record of the times when children take a medication?	
Action Plans	
Is there a written, asthma action plan for each child in case of a severe asthma episode (attack)? Does the plan make clear what action to take?	(Who to call? When to call? Can we get a copy of the plan's template?)
Do you require an asthma action plan to be on file for each child with asthma? How often do you update the asthma action plans? Do you discuss this with parents?	
How resistive do children get when you try to apply your asthma management program? Do they listen to you? Do they follow your plan and rules?	
Training Programs	
Does a nurse or other specialized person from the region talk to you about asthma management practices and plans, reducing allergens and irritants, and asthma medicines?	
Do you receive any training about asthma? How often do you get this training? What do you learn from these courses?	
Other Information	
Is there anything you want to add?	

Thanking the interviewee for taking a part in the study

Appendix B: Participant Recruitment Form

University of Waterloo

Faculty of Applied Health Science

School of Public Health and Health Systems

PARTICIPANTS NEEDED FOR RESEARCH ON

The Experiences of Managing Asthma at Home Daycare

We are looking for volunteers who work as home daycare providers to participate in a study that explores individual's experiences of managing asthma for children under five years old at home daycare setting.

As a participant in this study, you will take part in a confidential Face-to-Face open-ended interview of approximately 45-60 minutes in length, in a location of your choosing. The questions will focus on your daily life at home daycare and the way you manage asthma for children at your home daycare.

In appreciation for your time, you will receive
a $15 Tim Hortons gift card.

For more information about this study, or to volunteer for this study, please contact:
Najwa Alyamani
School of Public Health and Health Systems
at
Email: *nalyaman@uwaterloo.ca*

This study has been reviewed by, and received ethics clearance through a University of Waterloo Research Ethics Committee.

Appendix C: Information Letter for the Interview

University of Waterloo

Date:

Dear ***(Participant's name):***

Research Project Title: Managing Children with Asthma at Home Daycares: The Views of Providers

Faculty Supervisor: Nancy Fenton, School of Public Health and Health Systems, University of Waterloo. Phone: 905-525-9140, Ext.*20797*. Email: nfenton@uwaterloo.ca

Student Investigator: Najwa Alyamani, MSc, School of Public Health and Health Systems, University of Waterloo. Email: nalyaman@uwaterloo.ca

To help you make an informed decision regarding your participation, this letter will explain what the study is about, the possible risks and benefits, and your rights as a research participant. If you do not understand something in the letter, please ask one of the investigators prior to consenting to the study. You will be provided with a copy of the information and consent form if you choose to participate in the study

Purpose: You are invited to participate in a research study about Managing Asthma for children at Home Daycares.The purpose of this interview is to explore 'how home daycare staff manages asthma for children under five years.' It will explore how asthma management is understood by home day care providers and how home daycare providers monitor children with asthma. It will also explore potential barriers and facilitators to asthma management at home daycares. The questions will be largely open-ended questions.

Procedures: If you volunteer to participate in this study, we will ask you to do the following things. This is an interview study; you will be interviewed and asked to participate in one interview that will last approximately 45 minutes to an hour. The interview will be audio recorded to ensure the accurate transcript of the collected data from the interview. You will be asked open-ended questions about the children with asthma you are taking care off and the way that you act to manage asthma for them. You will also be asked about your experiences in caring for children living with asthma, suggestions to reduce the effect of asthma for the children, and challenges that you face to manage children with asthma. You will be asked in the beginning of the interview several questions to describe your experiences working with children with asthma. There is no right or wrong answer. I am interested to know what you think. With your permission, anonymous quotations may be used in publications and/or presentations.

Who may participate in the study? In order to participate in the study you must be home daycare providers who have been active for at least two years in the region of Kitchener-Waterloo

in the Canadian province of Ontario and have managed at least one child (under five years) with asthma.

Potential risks and discomforts: There are no known or anticipated risks associated with participation in this study although some providers may get upset or embarrassed discussing their experience about managing asthma for children during the interview. If a question, or the discussion, makes you uncomfortable, you can choose not to answer.

Potential benefits: This research will not benefit you directly. I hope the data from the interviews will contribute to increase awareness about managing asthma for children at the home daycares. Also, it can help home daycare agencies to develop specific asthma programs and procedures to reduce the risk for children.

Appreciation for participation: To thank you for your time you will receive a $15 Tim Hortons gift card. If you leave the study during the interview you will still receive the gift card. The amount received is taxable. It is your responsibility to report this amount for income tax purposes.

Confidentiality: The information you share will be kept confidential. Identifying information will be removed from the transcripts and the audio recordings will be deleted after I defend my thesis (expected to be winter 2019). The transcripts and other electronic data will be retained for a minimum of 10 years, after which they will be destroyed. Data will be stored in an encrypted folder on my password protected laptop. Only the research team will have access to study data. No identifying information will be used in my thesis or any presentations or publications based on this research.

Participation and withdrawal: The final decision about participation is yours. If you are willing to take a part in this study, you may withdraw at any time without consequences of any kind. You can also refuse to answer any questions you do not wish to answer and still remain in the study.

Rights of research participants: I would like to assure you that this study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE# 23193). If you have questions for the Committee contact the Office of Research Ethics, at 1-519-888-4567 ext. 36005 or ore-ceo@uwaterloo.ca.

Questions, comments, or concerns: If you have any questions regarding this study, or would like additional information to assist you in reaching a decision about participation, please contact Najwa Alyamani, School of Public Health and Health Systems, by Email: nalyaman@uwaterloo.ca, or Dr. Nancy Fenton, School of Public Health and Health Systems, by Email: nfenton@uwaterloo.ca

I look forward to speaking with you and thank you in advance for your assistance in this study.

Yours sincerely,

Najwa Alyamani
School of Public Health and Health Systems
University of Waterloo
nalyaman@uwaterloo.ca

Nancy Fenton
School of Public Health and Health Systems
University of Waterloo
Phone: 905-525-9140, Ext.*20797*
nfenton@uwaterloo.ca

Appendix D: Consent Form

By signing this consent form, you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.

_____
_

I have read the information presented in the information letter about a study being conducted by *Dr. Nancy Fenton* and *Najwa Alyamani, School of Public Health and Health System* at the University of Waterloo. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and any additional details I wanted. I am aware that I may withdraw from the study without penalty at any time by advising the researchers of this decision.

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE# 23193). If you have questions for the Committee contact the Office of Research Ethics, at 1-519-888-4567 ext. 36005 or ore-ceo@uwaterloo.ca.

For all other questions contact Najwa Alyamani by Email nalyaman@uwaterloo.ca

With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

- **I am aware the interview will be audio recorded to ensure accurate transcription and analysis.**
- **I give permission for the use of anonymous quotations in any thesis or publication that comes from this research.**

Participant's name: _____

Participant's signature: _____ Date:_____

Researcher's/Witness' signature_____ Date:_____

Appendix E: Appreciation letter

University of Waterloo

Date:

Dear ***(Name of Participant),***

I would like to thank you for your participation in this study entitled *Managing Children with Asthma at Home Daycares: The Views of Providers*. As a reminder, The purpose of this interview is to explore 'how home daycare staff manages asthma for children under five years.' It will explore how asthma management is understood by home day care providers and how home daycare providers monitor children with asthma. It will also explore potential barriers and facilitators to asthma management at home daycares.
This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE# 23193). If you have questions for the Committee contact the Office of Research Ethics, at 1-519-888-4567 ext. 36005 or ore-ceo@uwaterloo.ca.

For all other questions contact *Najwa Alyamani* by Email nalyaman@uwaterloo.ca

Please remember that any data pertaining to you as an individual participant will be kept confidential. Once all the data are collected and analyzed for this project, I plan on sharing this information with the research community through seminars, conferences, presentations, and journal articles. If you are interested in receiving more information regarding the results of this study, or would like a summary of the results, please provide your email address, and when the study is completed, I will send you the information. In the meantime, if you have any questions about the study, please do not hesitate to contact me by email as noted below.

Najwa Alyamani
University of Waterloo
School of Public Health and Health System
Email nalyaman@uwaterloo.ca

Nancy Fenton
University of Waterloo
School of Public Health and Health Systems
Phone: 905-525-9140, Ext.20797
Email nfenton@uwaterloo.ca

Appendix F: Ryan's Law (Ensuring Asthma Friendly Schools)

Ryan's Law 2015

S.O. 2015, CHAPTER 3

Consolidation Period: From May 5, 2015 to the e-Laws currency date.

No amendments.

Definitions

1. (1) In this Act,

"board" means a district school board or a school authority; ("conseil")

"consent" means consent given by an individual with the capacity to provide consent to treatment for the purposes of the *Health Care Consent Act, 1996*; ("consentement")

"employee" means an employee of a board who regularly works at the school, in the case of a school operated by the board. ("employé")

Health care provider

(2) A reference in this Act to a health care provider means a member of a College under the *Regulated Health Professions Act, 1991*, provided that the member is acting within the scope of his or her practice at the relevant time.

Expressions related to education

(3) Expressions in this Act related to education have the same meaning as in the *Education Act*, unless the context requires otherwise.

Establishment of policy

2. (1) Every board shall establish and maintain an asthma policy in accordance with this section.

Contents of asthma policy

(2) The asthma policy shall include the following:

1. Strategies that reduce the risk of exposure to asthma triggers in classrooms and common school areas.
2. A communication plan for the dissemination of information on asthma to parents, pupils and employees.
3. Regular training on recognizing asthma symptoms and managing asthma exacerbations for all employees and others who are in direct contact with pupils on a regular basis.
4. A requirement that every school principal develop an individual plan for each pupil who has asthma. In developing an individual plan, the principal shall take into consideration any recommendations made by the pupil's health care provider.
5. A requirement that every school principal inform employees and others who are in direct contact on a regular basis with a pupil who has asthma about the contents of the pupil's individual plan.
6. A requirement that every school principal ensure that, upon registration, parents, guardians and pupils shall be asked to supply information about asthma.
7. A requirement that every school principal maintain a file of current treatment and other information for each pupil with asthma, including a copy of any notes and instructions from the pupil's health care provider and a current emergency contact list.

Contents of individual plan

(3) An individual plan for a pupil with asthma shall be consistent with the board's policy and shall include:

1. Details informing employees and others who are in direct contact with the pupil on a regular basis of the monitoring and avoidance strategies and appropriate treatment.
2. A readily accessible emergency procedure for the pupil, including emergency contact information.

3. Details relating to the storage of the pupil's asthma medication, including,

   i. if the pupil is under 16 years old, whether the pupil has his or her parent's or guardian's permission to carry his or her asthma medication, and

   ii. whether any spare medication is kept in the school and, if so, where it is stored.

Pupils permitted to carry asthma medication

3. (1) Every school principal shall permit a pupil to carry his or her asthma medication if the pupil has his or her parent's or guardian's permission.

Same

(2) If the pupil is 16 years or older, the pupil is not required to have his or her parent's or guardian's permission to carry his or her asthma medication.

Administration of asthma medication

4. (1) Employees may be preauthorized to administer medication or supervise a pupil while he or she takes medication in response to an asthma exacerbation, if the school has the consent of the parent, guardian or pupil, as applicable.

Obligation to keep school informed

(2) It is the obligation of the pupil's parent or guardian and the pupil to ensure that the information in the pupil's file is kept up-to-date with the medication that the pupil is taking.

Emergency administration of medication

(3) If an employee has reason to believe that a pupil is experiencing an asthma exacerbation, the employee may administer asthma medication to the pupil for the treatment of the exacerbation, even if there is no preauthorization to do so under subsection (1).

Immunity

(4) No action or other proceeding for damages shall be commenced against an employee for an act or omission done or omitted by the employee in good faith in the execution or intended execution of any duty or power under this Act.

Common law preserved

(5) This section does not affect or in any way interfere with the duties any person may have under common law.

5. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS ACT).

6. OMITTED (ENACTS SHORT TITLE OF THIS ACT).

———

Appendix G: Child Care and Early Years Act (Ontario Law)

Child Care and Early Years Act, 2014

S.O. 2014, CHAPTER 11
SCHEDULE 1

Consolidation Period: From March 8, 2018 to the e-Laws currency date.

Last amendment: 2018, c. 3, Sched. 5, s. 4.

Legislative History: 2014, c. 11, Sched. 1, s. 89; 2015, c. 30, s. 23; 2016, c. 23, s. 39; 2017, c. 14, Sched. 4, s. 3; 2017, c. 20, Sched. 7, s. 77; 2017, c. 20, Sched. 8, s. 69, 146; 2017, c. 34, Sched. 3; 2018, c. 3, Sched. 5, s. 4.

CONTENTS

PART I
PURPOSES AND INTERPRETATION

Purposes of Act

1 (1) The purposes of this Act are to foster the learning, development, health and well-being of children and to enhance their safety.

Same

(2) In order to fulfil the purposes set out in subsection (1), this Act,

(a) provides a framework for the regulation of,

(i) the provision of child care, and

(ii) the operation of child care and early years programs and services;

(b) establishes a licensing and compliance scheme relating to the provision of child care;

(c) sets out requirements in relation to the funding and resourcing of child care and early years programs and services;

(d) facilitates and supports the local planning and implementation of child care and early years programs and services by municipalities, district social services administration boards, First Nations and prescribed local authorities;

(e) provides access to information that,

(i) supports the ability of parents to evaluate and choose child care and early years programs and services, and

(ii) increases understanding about child development and improves the ability to evaluate the effectiveness of the child care and early years programs and services; and

(f) facilitates and supports the coordination of provincial planning and policy development.

Definitions

2 (1) In this Act,

"authorized recreational and skill building programs" means programs that meet the description set out in subsection 6 (4); ("programmes autorisés de loisirs et de développement des compétences")

"child" means a person who is younger than 13 years old; ("enfant")

"child care" has the meaning set out in section 3; ("garde d'enfants", "services de garde")

"child care and early years programs and services" means programs and services that,

(a) include the provision of child care, or

(b) are early years programs and services; ("programmes et services pour la garde d'enfants et la petite enfance")

"child care and early years programs and services plan" means the plan established and approved under section 51; ("plan de programmes et de services pour la garde d'enfants et la petite enfance")

"child care centre" means a premises operated by a person licensed under this Act to operate a child care centre at the premises; ("centre de garde")

"child care provider" means any person who provides child care for one or more children; ("fournisseur de services de garde")

"criminal reference check" means a document concerning an individual,

(a) that was prepared by a police force or service from national data on the Canadian Police Information Centre system, and

Note: On a day to be named by proclamation of the Lieutenant Governor, clause (a) of the definition of "criminal reference check" in subsection 2 (1) of the Act is amended by striking out "police force or service" and substituting "police service". (See: 2018, c. 3, Sched. 5, s. 4)

(b) that contains information concerning the individual's personal criminal history; ("relevé des antécédents criminels")

Note: On a day to be named by proclamation of the Lieutenant Governor, the definition of "criminal reference check" in subsection 2 (1) of the Act is repealed. (See: 2015, c. 30, s. 23 (1))

"designated senior employee" means a person employed in the Ministry as a deputy minister, associate deputy minister or assistant deputy minister, or in a position prescribed by the regulations; ("titulaire d'un poste supérieur désigné")

"director" means a director appointed under section 66; ("directeur")

"district social services administration board" means a board established under the *District Social Services Administration Boards Act*; ("conseil d'administration de district des services sociaux")

"early years programs and services" means programs and services for children or parents that are specified or meet the description set out in the regulations, which,

(a) involve or relate to the learning, development, health and well-being of children,

(b) do not provide child care and are not extended day programs, and

(c) are funded wholly or partly by the Ministry; ("programmes et services pour la petite enfance")

"exempt circumstances" means the circumstances set out in section 4 in which temporary care for and supervision of children are provided; ("circonstances exclues")

"extended day program" has the same meaning as in the *Education Act*; ("programme de jour prolongé")

"First Nation" means a band as defined in the *Indian Act* (Canada); ("Première Nation")

"home child care" means child care that meets the description set out in paragraph 1 of subsection 6 (3); ("services de garde en milieu familial")

"home child care agency" means a person that is licensed as a home child care agency under this Act; ("agence de services de garde en milieu familial")

"in-home services" means child care that meets the description set out in paragraph 3 of subsection 6 (3); ("services à domicile")

"justice" means a provincial judge or a justice of the peace; ("juge")

"licence" means a licence issued under this Act and, unless the context indicates otherwise, includes a provisional licence; ("permis")

"licensed child care" means child care that,

(a) is provided at a child care centre,

(b) is home child care, or

(c) is in-home services; ("services de garde agréés")

"licensee" means a person who holds a licence issued under this Act; (English version only)

"Minister" means the Minister of Education or such other member of the Executive Council to whom the administration of this Act may be assigned under the *Executive Council Act*; ("ministre")

"Ministry" means the Ministry of the Minister; ("ministère")

"operator" means a person who has control or management of a premises, agency, program or service, and "operate" has a corresponding meaning; ("exploitant", "exploiter", "faire fonctionner", "fonctionnement")

"parent" includes a person having lawful custody of a child or a person who has demonstrated a settled intention to treat a child as a child of his or her family; ("parent")

"personal information" means personal information within the meaning of section 38 of the *Freedom of Information and Protection of Privacy Act* and section 28 of the *Municipal Freedom of Information and Protection of Privacy Act*; ("renseignements personnels")

Note: On a day to be named by proclamation of the Lieutenant Governor, subsection 2 (1) of the Act is amended by adding the following definition: (See: 2015, c. 30, s. 23 (2))

"police record check" means a police record check within the meaning of the *Police Record Checks Reform Act, 2015*. ("vérification de dossier de police")

"prescribed" means prescribed by the regulations; ("prescrit")

"prescribed local authority" means a person or entity prescribed by the regulations; ("autorité locale prescrite")

"regulations" means the regulations made under this Act; ("règlements")

"relative" means, with respect to a child, a person who is the child's parent, sibling, grandparent, great-uncle, great-aunt, uncle, aunt, cousin or such other person prescribed by the regulations, including through a spousal relationship or adoption; ("membre de la famille")

"residential care" means boarding or lodging, or both, and may include specialized, sheltered or group care in conjunction with the boarding or lodging, or both; ("soins en établissement")

"school" has the same meaning as in the *Education Act*; ("école")

"school board" means a board as defined in subsection 1 (1) of the *Education Act*; ("conseil scolaire")

"service area", in relation to a service system manager, means the geographic area specified by the regulations as the service area of that service system manager, in accordance with subsection 65 (2); ("aire de service")

"service system manager" means a municipality or district social services administration board designated by the regulations as a service system manager in accordance with subsection 65 (1); ("gestionnaire de système de services")

"temporary care for or supervision of a child" means providing for a child's safety, well-being or development, in the absence of the child's parent and for a continuous period that does not exceed 24 hours; ("garde ou surveillance temporaire d'un enfant")

"Tribunal" means the Licence Appeal Tribunal; ("Tribunal")

"weekday" means any Monday, Tuesday, Wednesday, Thursday or Friday that is not a holiday. ("jour de semaine")
2016, c. 23, s. 39.

Interpretation, home child care agency

(2) Nothing in this Act is intended to imply that a home child care agency is an employer of a person who provides home child care or in-home services.

Section Amendments with date in force (d/m/y)

2015, c. 30, s. 23 (1, 2) - not in force

2016, c. 23, s. 39 - 01/01/2017

2018, c. 3, Sched. 5, s. 4 - not in force

Meaning of "child care"

3 For the purposes of this Act, child care means the provision of temporary care for or supervision of children in any circumstance other than in exempt circumstances.

Exempt circumstances

4 (1) For the purposes of this Act, temporary care for and supervision of children are provided in exempt circumstances if:

relatives

1. The person providing the care or supervision is a relative of all of the children for whom it is provided.

services for patrons, etc.

2. The care or supervision is provided as a service at a premises for guests, visitors or patrons who,

i. use the service on an irregular basis,

ii. remain at the premises for the duration of the time during which they use the service, and

iii. are readily available to attend to the children.

homes

3. The care or supervision is provided at a child's own home and is not provided,

   i. for any other children who do not reside at that home, or

   ii. pursuant to an agreement described in paragraph 2 of section 7.

schools

4. The care or supervision is provided as a service or part of a program operated by a school board or by the Government of Ontario, and the program or service,

   i. has a primary purpose that is instructional or extracurricular in nature, and

   ii. is provided only for pupils enrolled in the primary division or a higher division in a school.

extended day programs

5. The care or supervision is provided as part of an extended day program.

private schools

6. The care or supervision is provided as a service or part of a program operated by a person operating a private school (within the meaning of the *Education Act*) and only for pupils enrolled in the school who,

   i. are four years old or older, or

   ii. if the care or supervision is provided on or after September 1 in a calendar year, will attain the age of four in that year.

recreational, etc.

7. The care or supervision is provided as part of a program, the primary purpose of which is not to provide temporary care for or supervision of children but rather to promote recreational, artistic, musical or athletic skills or to provide religious, cultural or linguistic instruction.

academic

8. The care or supervision is provided as a service or part of a program and the primary purpose of the service or program is not to provide temporary care for or supervision of children but rather to assist children with academic studies and skills. An example of a service or program described in this paragraph is tutoring.

camps

9. Subject to subsection (3), the care or supervision is provided as part of a camp,

   i. that is not operated for more than 13 weeks in a calendar year,

   ii. that is not operated on days on which instruction is typically provided for pupils enrolled in schools,

   iii. that is not operated at a person's home, and

   iv. where the care or supervision is provided only for children who,

      A. are four years old or older, or

      B. if the care or supervision is provided on or after September 1 in a calendar year, will attain the age of four in that year.

residential or foster care

10. The care or supervision is provided in the course of providing residential or foster care for the child under the authority of another Act.

prescribed circumstances

11. The care or supervision is provided by a person, at a premises, as part of a program or service or in any other circumstance prescribed by the regulations.

Third party programs, etc.

(2) For greater certainty, the temporary care or supervision referred to in paragraph 4 of subsection (1) does not include temporary care or supervision provided as part of a third party program within the meaning of the *Education Act*, or at a child care centre operated by a board under paragraph 49 of subsection 171 (1) of that Act.

Camps, exception

(3) Paragraph 9 of subsection (1) does not include temporary care for or supervision of children that is provided as part of a camp,

(a) that is operated by a person who,

(i) stopped operating a child care centre at a premises for the purpose of operating the camp at the premises,

(ii) stopped providing home child care at a premises for the purpose of operating the camp at the premises,

(iii) stopped providing child care described in paragraph 2 of subsection 6 (3) at a premises for the purpose of operating the camp at the premises, or

(iv) stopped operating any other child care program or service prescribed by the regulations at a premises for the purpose of operating the camp at the premises; and

(b) that is operated during the same or similar hours as before the operation of the camp and where the child care provided is otherwise of the same nature as before the operation of the camp.

PART II
PROTECTIVE MEASURES

Application of Part - exempt circumstances

5 (1) Subject to subsection (2), this Part does not apply to a person who, in an exempt circumstance,

(a) provides temporary care for or supervision of children;

(b) operates a premises where temporary care for or supervision of children is provided; or

(c) arranges or oversees the provision of temporary care for or supervision of children.

Same

(2) Subsection (1) does not apply with respect to sections 11, 16 and 17 and any other provision prescribed by the regulations.

Prohibition - operation of child care centre

6 (1) No person shall operate a premises where child care is provided except under the authority of a licence to operate a child care centre.

Same, premises specified in licence

(2) Subject to section 26, a person who holds a licence to operate a child care centre is authorized to operate the centre only at the premises specified in the licence.

Exceptions

(3) Subsection (1) does not apply in respect of the provision of child care in any of the following circumstances:

home child care

1. The child care provided at the premises meets the following criteria:
    i. The child care is provided,
        A. by one child care provider for no more than six children at any one time or, if a lesser number is prescribed in accordance with subsection (6), no more than the prescribed number of children at any one time, or
        B. if the regulations so provide, by two child care providers for no more than twice the number of children that applies for the purposes of sub-subparagraph A or, if a lesser number is prescribed, no more than the prescribed number of children.

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

iii. The home child care agency has been advised of all of the children at the premises.

iv. The group of children does not include,

A. in the circumstances described in sub-subparagraph i A, more than two children who are younger than two years old,

B. in the circumstances described in sub-subparagraph i B, more than four children who are younger than two years old or, if a lesser number is prescribed, more than the prescribed number, or

C. if the director authorizes under section 27 the provision of child care for more children who are younger than two years old than the number that applies for the purposes of sub-subparagraph A or B, more than the number specified by the director.

unlicensed child care, five children or less

2. The child care provided at the premises meets the following criteria:

i. The child care is provided for no more than five children at any one time or, if a lesser number is prescribed by the regulations, no more than the prescribed number of children at any one time.

ii. There is no agreement between a home child care agency and the child care provider that provides for the agency's oversight of the provision of care.

iii. The group of children does not include more than two children who are younger than two years old.

in-home services

3. The child care provided at the premises meets the following criteria:

i. The child care is provided for a child at his or her home, or at another place where residential care is provided for the child.

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

iii. The home child care agency has been advised of all of the children at the premises.

iv. Financial assistance is provided under this Act for the child care.

v. The child care meets any other criteria prescribed by the regulations.

prescribed circumstances

4. The child care is provided by a person, at a premises, as part of a program or service or in any other circumstance prescribed by the regulations.

Same, authorized recreational and skill building programs

(4) If the regulations so provide, subsection (1) does not apply in respect of the provision of child care if the child care is provided as part of a program that meets the following criteria:

1. The primary purpose of the program is to provide child care.
2. The program includes, as a complementary purpose, activities that promote recreational, artistic, musical or athletic skills or provide religious, cultural or linguistic instruction.
3. The program is not operated at a person's home.
4. The child care is provided only for children who,

i. are six years old or older, or

ii. if the child care is provided on or after September 1 in a calendar year, will attain the age of six in that year.

5. The program meets any other criteria prescribed by the regulations.

Children of the provider

(5) For the purposes of counting children at a premises under paragraphs 1 and 2 of subsection (3), a child care provider's own children who are at the premises shall be counted, except as follows:

1. A child who is six years old or older shall not be counted on any day.
2. Subject to paragraph 1, if the child care provider provides care for fewer than two children who are younger than two years old and the child care provider meets the prescribed criteria,
   i. a child who is enrolled in and regularly attends full day junior kindergarten, full day kindergarten or grade 1 in a school operated by a school board shall not be counted on any day within the school board's school year, as defined in the *Education Act*, other than a day or part of a day prescribed by the regulations, and
   ii. a child who is of an age such that he or she would meet the eligibility requirements for enrolment in full day junior kindergarten, full day kindergarten or grade 1 in a school operated by a school board and who is instead enrolled in and regularly attends a full day program administered by a First Nation or by the Government of Canada for First Nation children shall not be counted on any day within the school year that applies for the purposes of the program, other than a day or part of a day prescribed by the regulations. 2017, c. 34, Sched. 3, s. 1.

Home child care, number of children

(6) Regulations made for the purposes of sub-subparagraph 1 i A of subsection (3) shall ensure that the number of children prescribed is more than the number of children for whom child care may be provided under subparagraph 2 i of subsection (3).

Same, interpretation

(7) For greater certainty, nothing in this section shall be interpreted as preventing an agreement between a home child care agency and a provider of home child care that provides that the number of children for whom the care is provided shall be less than the number of children that applies for the purposes of subparagraph 1 i of subsection (3).

Para. 2 of subs. (3), interpretation

(8) For greater certainty, the number of child care providers at a premises shall not affect the number of children for whom child care may be provided in the circumstances set out in paragraph 2 of subsection (3).

Exception re unlicensed child care

(9) If, on the day that the *Child Care Modernization Act, 2014* receives Royal Assent, a child care provider provides child care for children at a premises in the circumstances described in subparagraphs 2 i and ii of subsection (3), then until the date mentioned in subsection (10), subparagraph 2 iii of subsection (3) and subsection (5) do not apply to the person in respect of those children.

Same

(10) For the purposes of subsection (9), the date is January 1, 2016 or, if a different date is prescribed by the regulations, the prescribed date.

Section Amendments with date in force (d/m/y)

2017, c. 34, Sched. 3, s. 1 - 01/03/2018

Prohibition - operation of home child care agency

7 No person shall do any of the following except under the authority of a licence as a home child care agency:

1. Enter into an agreement with the parent of a child that arranges for a third person to provide child care for the child at a premises that is not the child's own home.
2. Enter into an agreement with the parent of a child that arranges for a third person to provide child care for the child that meets the criteria set out in subparagraphs 3 i, iv and v of subsection 6 (3).
3. Enter into an agreement with a child care provider to oversee the provision of child care by performing functions such as monitoring the operation, providing administrative services or imposing standards or requirements in relation to the provision of care.

Prohibition - operation of multiple unlicensed premises

8 No person shall operate more than one premises where child care is provided in a circumstance described in paragraph 2 of subsection 6 (3).

Prohibition - past conduct, child care providers, etc.

9 (1) No individual shall provide child care, operate a premises where child care is provided or enter into an agreement described in section 7 if:

1. The individual has been convicted of any of the following offences:
    i. An offence under this Act.
    ii. An offence under any of the following sections of the *Criminal Code* (Canada):
        A. Section 151 (sexual interference).
        B. Section 163.1 (child pornography).
        C. Section 215 (duty of persons to provide necessaries).
        D. Section 229 (murder).
        E. Section 233 (infanticide).
    iii. Any other federal or provincial offence prescribed by the regulations.
2. The individual has been found guilty of professional misconduct under the *Early Childhood Educators Act, 2007*, the *Ontario College of Teachers Act, 1996*, the *Social Work and Social Service Work Act, 1998* or another prescribed Act, and based on that finding,
    i. the individual's membership in the regulatory body established under that Act was revoked and the individual has not been readmitted since that time,
    ii. a certificate or documentation issued to the individual under that Act that authorized the individual to practice was revoked and has not been reissued since that time, or
    iii. the individual's authority to practice was restricted in any other way prescribed by the regulations.

Directors of corporations

(2) If a corporation operates a premises where child care is provided or enters into an agreement described in section 7, all of its directors are deemed, for the purposes of subsection (1), to be operating the premises or to have entered into the agreement.

Corporation

(3) No corporation shall operate a premises where child care is provided or enter into an agreement described in section 7 if,

(a) the corporation has been convicted of an offence referred to in subparagraph 1 i or iii of subsection (1); or

(b) a director of the corporation is described in paragraph 1 or 2 of subsection (1).

Municipalities and school boards

(4) Subsection (2) and clause (3) (b) do not apply if the corporation is a municipality, school board or district social services administration board.

Prohibition - preventing parental access

Access to child

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

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

(b) in the circumstances prescribed by the regulations.

Access to premises

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

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

(b) if the person believes on reasonable grounds that the parent could be dangerous to the children at the premises;

(c) if the parent is behaving in a disruptive manner; or

(d) in the circumstances prescribed by the regulations.

Prohibition - use of terms re licensing

11 (1) No person shall use the following terms in connection with a program or service that includes the provision of temporary care for or supervision of children, or a premises where such a program or service is provided, unless the temporary care for or supervision of children is licensed child care:

1. Child care centre.
2. Licensed child care centre.
3. Licensed child care.
4. Licensed day care.
5. Home child care agency.
6. Licensed home child care agency.
7. Licensed home child care.
8. Any other term prescribed by the regulations.

Same

(2) Subsection (1) also applies to the use of,

(a) a variation, an abbreviation or an abbreviation of a variation of a term listed in subsection (1); or

(b) an equivalent in another language,

(i) of a term listed in subsection (1), or

(ii) of a variation, an abbreviation or an abbreviation of a variation of such a term.

Holding out as licensed

(3) No person shall represent or hold out expressly or by implication that he, she or it is licensed to operate a child care centre or as a home child care agency, unless the person is licensed under this Act.

Same, home child care agency

(4) No person who provides temporary care for or supervision of children shall represent or hold out expressly or by implication that the care or supervision is overseen by a home child care agency unless it is in fact overseen by a home child care agency that is licensed under this Act.

Application, prescribed exemptions

(5) This section does not apply in the circumstances prescribed by the regulations.

Duty to disclose if not licensed

12 (1) Any person who does not hold a licence shall, before providing child care in a circumstance described in paragraph 2 or 4 of subsection 6 (3), or, if relevant, in subsection 6 (4), disclose to the parent of the child, in a manner that may be prescribed, that the person does not hold a licence.

Duty to retain record of disclosure

(2) A person who makes a disclosure in accordance with subsection (1) shall retain a record of the disclosure in a prescribed manner for at least the prescribed time period, or if no time period is prescribed, for at least two years from the date the disclosure is made.

Duty to act in accordance with regulations

13 (1) Any person who provides child care, operates a premises where child care is provided or enters into an agreement described in section 7 shall do so in accordance with the regulations.

Prescribed qualifications, member of College of Early Childhood Educators

(2) If the regulations impose requirements in relation to the qualifications of a child care provider, the requirements are deemed to include membership in the College of Early Childhood Educators, unless otherwise provided by the regulations.

Posting, returning and copying licences

14 (1) A licensee shall post a copy of a licence in a conspicuous place at the child care centre or the premises where the home child care agency is located, as the case may be, together with any other information or signage prescribed by the regulations.

Duty to post information at home child care premises

(2) A home child care agency shall post any information or signage prescribed by the regulations in a conspicuous place at each premises where the agency oversees the provision of child care.

Exceptions

(3) Subsections (1) and (2) do not apply during the prescribed time periods.

Same

(4) If the prescribed conditions apply, subsection (2) does not apply with respect to premises where in-home services are provided.

Prohibition re making copies

(5) If a licence or any other signage has been provided to a person for the purposes of this Act, the person shall not make copies of the licence or signage, except as required for the purposes of this section, as otherwise required by law, or as permitted by the regulations.

Duty to return licence and signage

(6) If a licence or any other signage has been provided to a person for the purposes of this Act, the person shall return the licence or signage to a director in the circumstances prescribed by and in accordance with the regulations.

Duty to provide receipt for payment

15 Upon request, any licensee or child care provider shall provide a receipt for payment to a person who pays the licensee or child care provider for child care, and the receipt shall be provided free of charge and in accordance with the regulations.

Accrediting programs and services

16 If the regulations so provide, no person shall provide a child care or early years program or service with an accreditation, certification or other designation indicating that the program or service meets certain standards or requirements, except in accordance with the regulations.

Use of terms re accreditation

17 (1) If the regulations so provide, no person shall use, in connection with a child care or early years program or service, a term prescribed by the regulations indicating that the program or service has been provided with an accreditation, certification or other designation, except in accordance with the regulations.

Same

(2) Subsection (1) also applies to the use of,

(a) a variation, an abbreviation or an abbreviation of a variation of a term referred to in subsection (1); or

(b) an equivalent in another language,

(i) of a term referred to in subsection (1), or

(ii) of a variation, an abbreviation or an abbreviation of a variation of such a term.

Holding out as accredited

(3) If the regulations so provide, no person shall represent or hold out expressly or by implication that a child care or early years program or service has been provided with an accreditation, certification or other designation indicating that it meets certain standards or requirements, except in accordance with the regulations.

Duty to report certain matters to director

18 (1) If, in the course of employment, it comes to the attention of a person prescribed by the regulations that there are reasonable grounds to suspect that there is an imminent threat to the health, safety or welfare of any child for whom child care is provided, the person shall immediately report the suspicion and the information on which it is based to a director.

Investigation

(2) If a suspicion is reported to a director under subsection (1), the director shall have an inspector conduct an inspection or make inquiries for the purpose of ensuring compliance with this Act and the regulations.

Solicitor-client privilege

(3) Nothing in this section abrogates any privilege that may exist between a solicitor and the solicitor's client.

Duty to report under *Child and Family Services Act*

(4) Nothing in this section affects the duty to report a suspicion under section 72 of the *Child and Family Services Act*.

Note: On April 30, 2018, the day named by proclamation of the Lieutenant Governor, subsection 18 (4) of the Act is repealed and the following substituted: (See: 2017, c. 14, Sched. 4, s. 3 (1))

Duty to report under *Child, Youth and Family Services Act, 2017*

(4) Nothing in this section affects the duty to report a suspicion under section 125 of the *Child, Youth and Family Services Act, 2017*. 2017, c. 14, Sched. 4, s. 3 (1).

Section Amendments with date in force (d/m/y)

2017, c. 14, Sched. 4, s. 3 (1) - 30/04/2018

Publication of information

19 (1) The Minister shall publish the following on a government website:

1. A summary of each compliance order made under section 36.
2. A summary of each protection order made under section 37.
3. A summary of each notice of administrative penalty issued under section 39, unless the notice was rescinded or overturned.
4. A summary of each conviction for an offence listed under section 78 and the penalties imposed.

Same

(2) The Minister may publish the following on a government website:

1. A summary of each proposal to refuse to issue or renew a licence or to revoke a licence under section 23, unless the refusal or revocation was not carried out.
2. A summary of each restraining order made under section 38.
3. Any other information prescribed by the regulations.

Other publications

(3) A director may publish anything set out in subsection (1) or (2) in any other manner or medium that the director considers appropriate.

Content

(4) A summary required to be published under this section shall include any information prescribed by the regulations.

Timing

(5) The following rules apply with respect to the timing of the publication of information under subsection (1) or (2):

1. A summary of a compliance order shall be published within 30 days after the day the order is made.
2. A summary of a proposal to refuse to issue or renew a licence or to revoke a licence shall not be published before the time for requiring a hearing as provided for under subsection 23 (4) expires, or, if a hearing is required, until the matter in issue has been finally determined.
3. A summary of an administrative penalty shall not be published before,
    i. the time for requiring a review as provided for under subsection 39 (7) expires, or
    ii. if a review is required, until the designated senior employee has made a decision.

Length of publication

(6) The following rules apply for determining how long the information described in subsection (1) shall remain on the website:

1. A summary described in subsection (1) shall remain on the website for at least 12 months after the day it is published, subject to paragraph 2.
2. If the order, penalty or conviction to which a summary relates is rescinded or overturned, the summary described in subsection (1) shall be removed from the website promptly.
3. After the expiry of the 12-month period referred to in paragraph 1, a summary described in subsection (1) may be removed from the website, subject to paragraph 4.
4. Summaries described in subsection (1) shall not be removed from the website in the prescribed circumstances.

Posting of information

(7) A director may post a copy of a summary described in subsection (1) or (2) in a conspicuous place at a child care centre, the premises where a home child care agency is located or any other premises where child care is provided if the subject matter of the publication is connected to the centre, agency or other premises.

Same

(8) Subsection (5) does not apply to a summary posted under subsection (7).

Removal of posted information

(9) No person, other than a director or inspector, shall remove a summary posted under subsection (7) unless the person is authorized to do so by a director or inspector, or the circumstances prescribed by the regulations exist.

Prohibition - identifying child

(10) Despite anything in this section, the Minister or a director shall not publish the identity, or any information that could disclose the identity, of a child who was allegedly,

(a) sexually abused; or

(b) the subject of any other physical or psychological harm.

Final determination

(11) For the purposes of paragraph 2 of subsection (5), a matter in issue has not been finally determined if a right of appeal exists and the time for appealing has not expired.

PART III
LICENSING

Issuance and renewal of licence

Application

20 (1) A person may apply for a licence or the renewal of a licence to operate a child care centre or as a home child care agency by submitting to a director,

(a) an application in a form approved by the Minister;

(b) an attestation, that is to be completed by the applicant in a form approved by the Minister, confirming that the applicant is not prohibited from operating a child care centre or a home child care agency under section 9;

(c) any other information or documentation that may be specified by the Minister; and

(d) payment of the fee prescribed by the regulations.

Same, additional requirements

(2) A person who applied for a licence or renewal of a licence shall comply with any other requirements prescribed by the regulations that relate to the application process, unless the person withdraws the application.

Advice from service system manager, First Nation or prescribed local authority

(3) For the purposes of section 62, the director may send a copy of an application to a service system manager, First Nation or prescribed local authority and, if the service system manager, First Nation or prescribed local authority provides advice to the director in respect of the application, the director shall consider the advice for the purposes of clause 23 (1) (f).

Director's duty to issue or renew

(4) The director shall issue or renew a licence if the applicant applied in accordance with subsection (1) unless,

(a) the director refuses to do so in accordance with section 23;

(b) the applicant is under 18 years old, is a partnership or is an association of persons; or

(c) a licence held by the applicant has been revoked, or the issuance or renewal of such a licence has been refused, and the time period prescribed by the regulations has not elapsed since the day of the revocation or refusal.

Not transferable

(5) A licence is not transferable.

Notice of change, corporations

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

Conditions of licence

21 (1) A licence is subject to any conditions imposed on it by a director or the Tribunal.

Same

(2) Upon issuing or renewing a licence or at any other time, the director may impose on the licence the conditions that the director considers appropriate.

Same

(3) The director may, at any time, amend the conditions imposed on the licence.

Licensee must comply

(4) Every licensee shall comply with the conditions imposed on a licence.

Term of licence

22 (1) A licence shall be issued or renewed,

(a) for a term specified by the director in accordance with the regulations; or

(b) if there are no regulations governing the term, for a term specified by the director that does not exceed one year.

Expiry at end of term

(2) A licence expires at the end of its term.

Revocation for cause

(3) Nothing in this section prevents a licence from being revoked or suspended.

Refusals and revocations

Proposal to refuse to issue

23 (1) A director may propose to refuse to issue a licence if, in the director's opinion,

(a) any of the following are not competent to operate a child care centre or home child care agency, as the case may be, in a responsible manner in accordance with this Act and the regulations:

(i) the applicant or any employee of the applicant,

(ii) if the applicant is a corporation, the officers, directors or employees of the corporation or any other person with a controlling interest in the corporation, and

(iii) if the person with a controlling interest referred to in subclause (ii) is a corporation, the officers, directors or employees of that corporation;

(b) the past conduct of any person set out in clause (a) affords reasonable grounds to believe that the child care centre or home child care agency will not be operated in accordance with the law and with honesty and integrity;

(c) a building or other accommodation where the application indicates that child care will be provided would not comply with this Act and the regulations and any other applicable Act, regulation or municipal by-law;

(d) any person has made a false statement in the application for the licence, or the applicant or any person acting on behalf of the applicant has made a false statement in any report, document or other information required to be furnished by this Act or the regulations or any other Act or regulation that applies to the child care centre or home child care agency;

(e) a licence held by the applicant has been revoked or the renewal of such a licence has been refused and there has been no material change in the applicant's circumstances;

(f) advice provided by a service system manager, First Nation or prescribed local authority under section 62 affords reasonable grounds to believe that the licence would authorize the provision of child care in a service area that is inconsistent with the service system manager's, First Nation's or prescribed local authority's child care and early years programs and services plan with respect to,

(i) the demand for child care, and

(ii) the capacity and locations of existing child care centres and premises where home child care is provided; or

(g) the applicant failed to comply with the requirements prescribed by the regulations for the purposes of subsection 20 (2).

Proposal to revoke or refuse to renew

(2) A director may propose to revoke or refuse to renew a licence if, in the director's opinion,

(a) any of the following persons have failed to comply with, or have knowingly permitted any person under the control of or direction of or associated with that person to fail to comply with, any provision of this Act or the regulations or of any other Act or regulation that applies to the child care centre or home child care agency, or any condition of the licence:

(i) the licensee or any employee of the licensee,

(ii) if the licensee is a corporation, the officers, directors or employees of the corporation or any other person with a controlling interest in the corporation, and

(iii) if the person with a controlling interest referred to in subclause (ii) is a corporation, the officers, directors or employees of that corporation;

(b) the conduct of any person set out in clause (a) affords reasonable grounds to believe,

(i) that the person is not competent to operate a child care centre or home child care agency in a responsible manner in accordance with this Act and the regulations,

(ii) that the child care centre or home child care agency is not being or will not be operated in accordance with the law and with honesty and integrity, or

(iii) that the child care centre is being operated or will be operated, or the home child care is being provided or will be provided, in a manner that is prejudicial to the health, safety or welfare of the children for whom the care is provided;

(c) a building or other accommodation where the application indicates that child care is being or will be provided does not comply with this Act or the regulations or any other applicable Act, regulation or municipal by-law;

(d) any person has made a false statement in the application for the licence or renewal of the licence, or the licensee or any person acting on behalf of the licensee has made a false statement in any report, document or other information required to be furnished by this Act or the regulations or any other Act or regulation that applies to the child care centre or home child care agency;

(e) the licensee failed to comply with an order issued by a director or an inspector under Part V;

(f) the licensee failed to pay a penalty imposed by a notice of administrative penalty issued under section 39; or

(g) the licensee failed to comply with the requirements prescribed by the regulations for the purposes of subsection 20 (2).

Notice of proposal to applicant or licensee

(3) The director shall notify the applicant or licensee, as the case may be, in writing if the director proposes to,

(a) refuse to issue a licence;

(b) refuse to renew a licence; or

(c) revoke a licence.

Contents of notice

(4) The notice of proposal shall set out the reasons for the proposed action and shall state that the applicant or licensee is entitled to a hearing by the Tribunal if the applicant or licensee, within 15 days after service of the notice, serves a written request for a hearing on the director and the Tribunal.

Notice to parents, etc.

(5) If a director proposes to refuse to renew a licence or revoke a licence, he or she,

(a) shall post a notice of the proposal, in a manner approved by the Minister, at the premises where the child care is provided under the authority of a licence; and

(b) may provide notice of the proposal to the parents of the children for whom the care is provided.

Removal of posted notice

(6) No person, other than a director or inspector, shall remove a notice posted under clause (5) (a) unless the person is authorized to do so by a director or inspector or the circumstances prescribed by the regulations exist.

If no request for hearing

(7) If the applicant or licensee does not request a hearing in accordance with subsection (4), the director may carry out the proposal.

Hearing

(8) If the applicant or licensee requests a hearing, the Tribunal shall appoint a time for and hold the hearing.

Powers of Tribunal

(9) After holding the hearing, the Tribunal may,

(a) by order, direct the director to carry out the proposal, with or without amendments, or substitute its opinion for that of the director; and

(b) by order, direct the director to take such action as the Tribunal considers he or she should take in accordance with this Act and the regulations.

Application of *Child and Family Services Act*

(10) Sections 201 and 202 of Part IX of the *Child and Family Services Act* apply with necessary modifications to proceedings before the Tribunal, its powers and appeals of its orders.

Note: On April 30, 2018, the day named by proclamation of the Lieutenant Governor, subsection 23 (10) of the Act is repealed and the following substituted: (See: 2017, c. 14, Sched. 4, s. 3 (2))

Application of *Child, Youth and Family Services Act, 2017*

(10) Sections 266 and 267 of Part IX of the *Child, Youth and Family Services Act, 2017* apply with necessary modifications to proceedings before the Tribunal, its powers and appeals of its orders. 2017, c. 14, Sched. 4, s. 3 (2).

Continuation of licence pending renewal

(11) Subject to section 37, if a licensee has applied for the renewal of a licence in accordance with subsection 20 (1) before the licence has expired, or within such other time period prescribed by the regulations, the term of the licence is deemed to be extended,

(a) until the day the director grants the renewal; or

(b) if the director proposes to refuse to grant the renewal, until the time for requesting a hearing has expired or, if a hearing is requested, until the Tribunal makes a decision.

Appeals from orders of the Tribunal

(12) If a licensee appeals an order of the Tribunal, the order takes effect immediately but the Tribunal may grant a stay until the disposition of the appeal.

Section Amendments with date in force (d/m/y)

2017, c. 14, Sched. 4, s. 3 (2) - 30/04/2018

Provisional licence

24 (1) Despite anything else in this Act or the regulations, a director may issue a provisional licence to a person who applies for a licence or for the renewal of a licence in accordance with subsections 20 (1) and (2) if,

(a) the person or a premises operated by the person has been the subject of an inspection under Part IV and,

(i) the inspection revealed that the person or premises is not in compliance with all the requirements under this Act or the regulations and requires time to meet such requirements,

(ii) the director is satisfied that the non-compliance will not result in an imminent threat to the health, safety or welfare of any children, and

(iii) in the director's opinion, the non-compliance will be remedied within the time period prescribed by the regulations;

(b) the person is not described in clause 20 (4) (b) or (c); and

(c) any other criteria or conditions prescribed by the regulations are met.

Same, status change

(2) A director may change the status of a person's licence issued under section 20 to a provisional licence in the circumstances set out in subsection (1).

Conditions

(3) If the director imposes conditions on a provisional licence or amends the conditions imposed on a provisional licence, the licensee is not entitled to a hearing by the Tribunal, despite section 25.

Term of licence

(4) A provisional licence may be issued for a term specified by the director that does not exceed the prescribed time period.

Renewal of licence

(5) If the holder of a provisional licence fails to remedy the non-compliance because of which the licence was issued as or changed to a provisional licence, but the director is satisfied that the licensee's failure to do so was due to circumstances beyond his, her or its control, the director may renew the provisional licence, once only, for a term specified by the director that does not exceed the prescribed time period.

Contents of licence

(6) A provisional licence shall set out the non-compliance revealed by the inspection and any measures that the licensee has been ordered to take under this Act to remedy the non-compliance.

Notice to parents

(7) When a licensee is issued a provisional licence or a licence is changed to a provisional licence, the licensee shall promptly notify the parents of the children who receive child care under the authority of the licence that it is

provisional, and the notice shall be in a manner approved by the Minister and in accordance with any other requirements prescribed by the regulations.

Issuance of non-provisional licence

(8) At any time during the term of a provisional licence, the director may change it to a licence that is not provisional.

Revocation

(9) The director may propose to revoke a provisional licence in accordance with section 23.

Action upon expiry, etc.

(10) If the term of a provisional licence expires and it is not renewed under subsection (5), the director shall,

(a) if the provisional licence was issued to a person who applied for a licence or renewal of a licence,

(i) issue or renew a licence under subsection 20 (4), or

(ii) propose to refuse to issue or renew the licence in accordance with section 23; and

(b) if the status of a licence was changed to a provisional licence,

(i) change the status back to a licence that is not provisional, or

(ii) propose to revoke the licence in accordance with section 23.

No right to licence

(11) For greater certainty, the issuance of a provisional licence does not confer any right on a person to have a licence renewed under section 20.

Notice of change in status or conditions

25 (1) A director shall notify a licensee in writing if the director makes any of the following changes with respect to a licence:

1. Changes the status of the licence to a provisional licence.
2. Imposes conditions on the licence.
3. Amends the conditions imposed on the licence.

Change or conditions effective upon notice

(2) The change is effective immediately upon service of the notice and is not stayed by a request for a hearing by the Tribunal.

Contents of notice

(3) The notice shall set out the reasons for the change and shall state that the licensee is entitled to a hearing by the Tribunal if the licensee, within 15 days after service of the notice, serves a written request for a hearing on the director and the Tribunal.

Hearing

(4) If the licensee requests a hearing, the Tribunal shall appoint a time for and hold the hearing.

Powers of Tribunal

(5) After holding the hearing, the Tribunal may,

(a) order that the change be continued, with or without amendments, or substitute its opinion for that of the director; and

(b) by order, direct the director to take such action as the Tribunal considers he or she should take in accordance with this Act and the regulations.

Application of subs. 23 (10) and (12)

(6) Subsections 23 (10) and (12) apply for the purposes of this section.

Temporary change in location, child care centre

26 A director may authorize a licensee, in writing and in accordance with the regulations, to operate a child care centre at a premises other than the one specified in the licence for a temporary period that does not exceed the time specified by the director.

Authorization, request by agency

27 (1) A home child care agency may make a written request to a director to authorize it to provide home child care at a premises for more children who are younger than two years old than the number that applies for the purposes of sub-subparagraph 1 iv A or B of subsection 6 (3).

Same

(2) A director may provide the requested authorization, in writing, in accordance with the regulations and may impose conditions on the authorization.

Agency shall comply

(3) The home child care agency shall comply with the conditions imposed on the authorization.

PART IV
INSPECTIONS

Appointment of inspectors

28 (1) The Minister shall appoint employees of the Government of Ontario as inspectors for the purposes of this Act.

Director is an inspector

(2) A director is, by virtue of his or her office, an inspector.

Powers and duties

(3) An inspector shall have the powers and duties set out in this Act and such other powers and duties as may be prescribed by the regulations.

Restrictions

(4) The Minister may restrict an inspector's powers of entry and inspection to specified premises.

Certificate of appointment

(5) The Minister shall issue to every inspector a certificate of appointment which the inspector shall produce, upon request, when acting in the performance of his or her duties.

Purpose of inspection

29 An inspector shall conduct inspections for the purpose of enforcing this Act and the regulations.

Inspections without warrant

30 (1) An inspector may, at any reasonable time and without a warrant, enter and inspect,

(a) a child care centre;

(b) a premises where in-home services are provided;

(c) a premises where home child care is provided;

(d) a premises where a home child care agency is located;

(e) a premises where the inspector suspects on reasonable grounds that a person is not complying with this Act or the regulations; or

(f) a premises where the inspector suspects on reasonable grounds that child care is provided.

Dwellings

(2) The power to enter and inspect a premises described in clause (1) (f) without a warrant shall not be exercised to enter and inspect a premises that is used as a dwelling, except with the consent of the occupier of the premises.

Powers on inspection

31 (1) An inspector conducting an inspection may,

(a) examine a record or other thing that is relevant to the inspection;

(b) demand the production for inspection of a document or other thing that is relevant to the inspection;

(c) on issuing a written receipt, remove for review and copying a record or other thing that is relevant to the inspection;

(d) in order to produce a record in readable form, use data storage, information processing or retrieval devices or systems that are normally used in carrying on business on the premises;

(e) take photographs, video recordings or other visual or audio recordings that are relevant to the inspection, including photographs or recordings of a child or other person at the premises; and

(f) question a person on matters relevant to the inspection.

Limitation re photographs and recordings

(2) A photograph or recording made under clause (1) (e) must be made in a manner that does not intercept any private communication and that accords with reasonable expectations of privacy.

Written demand

(3) A demand that a record or other thing be produced for inspection must be in writing and must state,

(a) the nature of the record or thing required; and

(b) when the record or thing is to be produced.

Obligation to produce and assist

(4) If an inspector demands that a record or other thing be produced for inspection, the person having custody of the record or other thing shall produce it for the inspector within the time provided for in the demand, and shall, upon the inspector's demand,

(a) provide whatever assistance is reasonably necessary to produce a record in a readable form, including using a data storage, processing or retrieval device or system; and

(b) provide whatever assistance is reasonably necessary to interpret a record for the inspector.

Power to exclude persons

(5) An inspector who questions a person under clause (1) (f) may exclude from the questioning any person except counsel for the individual being questioned.

Return of things

(6) A record or other thing that has been removed for review and copying,

(a) shall be made available to the person from whom it was removed on request and at a time and place that are convenient for the person and for the inspector; and

(b) shall be returned to the person within a reasonable time.

Definition of record

(7) In this section,

"record" means any document or record of information, in any form, including a record of personal information.

Warrants

32 (1) An inspector may, without notice, apply to a justice for a warrant under this section.

Issuance of warrant

(2) A justice may issue a warrant authorizing an inspector named in the warrant to enter the premises specified in the warrant, and to exercise any of the powers mentioned in section 31, if the justice is satisfied on information under oath or affirmation,

(a) that,

(i) the premises is a child care centre,

(ii) in-home services are provided at the premises,

(iii) home child care is provided at the premises,

(iv) a home child care agency is located at the premises,

(v) the inspector suspects on reasonable grounds that a person at the premises is not complying with this Act or the regulations, or

(vi) the inspector suspects on reasonable grounds that child care is provided at the premises; and

(b) that,

(i) the inspector has been prevented from exercising a right of entry to the premises under section 30 or a power under subsection 31 (1), or

(ii) there are reasonable grounds to believe that the inspector will be prevented from exercising a right of entry to the premises under section 30 or a power under subsection 31 (1).

Dwellings

(3) The power to enter a premises described in subsection (2) with a warrant shall not be exercised to enter a premises that is used as a dwelling, except where,

(a) the justice is informed that the warrant is being sought to authorize entry into a dwelling; and

(b) the justice authorizes the entry into the dwelling.

Same, subclause (2) (a) (vi)

(4) Despite subsection (3), the power to enter a premises described in subclause (2) (a) (vi) with a warrant shall not be exercised to enter a premises that is used as a dwelling.

Expert help

(5) The warrant may authorize persons who have special, expert or professional knowledge to accompany and assist the inspector in the execution of the warrant.

Expiry of warrant

(6) A warrant issued under this section shall name a date on which it expires, which shall be no later than 30 days after the warrant is issued.

Extension of time

(7) A justice may extend the date on which a warrant issued under this section expires for an additional period of no more than 30 days, upon application without notice by the inspector named in the warrant.

Police assistance, etc.

(8) An inspector named in a warrant issued under this section may use whatever force is necessary to execute the warrant and may call upon a police officer for assistance in executing the warrant.

Time of execution

(9) A warrant issued under this section may be executed between 8 a.m. and 8 p.m. only, unless the warrant specifies otherwise.

Other matters

(10) Subsections 31 (3) to (7) apply, with necessary modifications, with respect to the exercise of the powers mentioned in subsection (4) under a warrant issued under this section.

Inspection report

33 (1) After completing an inspection, an inspector shall prepare an inspection report and give a copy of the report to a director and,

(a) if the report is in respect of a child care centre, to the licensee or an employee of the licensee who is in charge of the child care centre;

(b) if the report is in respect of home child care or in-home services, to the relevant home child care agency; or

(c) in any other case, to a person who provides child care at the premises inspected.

Copy to provider

(2) A home child care agency shall provide a copy of an inspection report to the provider of any home child care or in-home service that is the subject of the report.

Admissibility of certain documents

34 A copy made under subsection 31 (1) that purports to be certified by the inspector as being a true copy of the original is admissible in evidence in any proceeding to the same extent as, and has the same evidentiary value as, the original.

Criminal reference checks

35 (1) A director or an inspector may require any of the following persons to provide him or her with a criminal reference check concerning the person:

Note: On a day to be named by proclamation of the Lieutenant Governor, subsection 35 (1) of the Act is amended by striking out "a criminal reference check" in the portion before paragraph 1 and substituting "the results of a police record check". (See: 2015, c. 30, s. 23 (3))

1. A licensee or person who has applied for a licence, or an employee of the licensee or applicant.
2. If the person described in paragraph 1 is a corporation, an officer, director or employee of the corporation or any other person with a controlling interest in the corporation.
3. A person who provides home child care or in-home services.
4. Any other person prescribed by the regulations.

Same, person in violation of s. 9

(2) If a director or inspector believes on reasonable grounds that a person is contravening section 9, the director or inspector may require the person to provide him or her with a criminal reference check concerning the person.

Note: On a day to be named by proclamation of the Lieutenant Governor, subsection 35 (2) of the Act is amended by striking out "a criminal reference check" and substituting "the results of a police record check". (See: 2015, c. 30, s. 23 (4))

Same

(3) A criminal reference check,

Note: On a day to be named by proclamation of the Lieutenant Governor, subsection 35 (3) of the Act is amended by striking out "criminal reference check" in the portion before clause (a) and substituting "police record check". (See: 2015, c. 30, s. 23 (5))

(a) must have been prepared within the period of time prescribed by the regulations; and

(b) must meet any other requirements prescribed by the regulations.

Note: On a day to be named by proclamation of the Lieutenant Governor, clause 35 (3) (b) of the Act is repealed and the following substituted: (See: 2015, c. 30, s. 23 (6))

(b) must meet any other requirements prescribed by the regulations, including requirements relating to the type of police record check.

Duty to comply

(4) The person shall provide the director with the criminal reference check as soon as reasonably possible or within such other time period prescribed by the regulations.

Note: On a day to be named by proclamation of the Lieutenant Governor, subsection 35 (4) of the Act is amended by striking out "criminal reference check" and substituting "results of the police record check". (See: 2015, c. 30, s. 23 (7))

Section Amendments with date in force (d/m/y)

2015, c. 30, s. 23 (3-7) - not in force

PART V
ENFORCEMENT

ORDERS

Compliance orders

36 (1) If a director or inspector believes on reasonable grounds that a person is not in compliance with a provision of this Act or the regulations, the director or inspector may make a compliance order,

(a) ordering the person to comply with the provision;

(b) ordering the person to do or refrain from doing anything specified in the order; and

(c) specifying dates by which the person is required to do or refrain from doing the things specified.

Requirements

(2) Without limiting the generality of subsection (1), a compliance order may include,

(a) a requirement that the person submit a plan to the director specifying the steps the person will take to come into compliance and to maintain compliance; and

(b) a requirement that the person, or any employee of the person, complete specified educational courses or training.

Content of order

(3) A compliance order shall include the information prescribed by the regulations.

Service

(4) The order shall be served on the person whom the director or inspector believes is not in compliance with this Act or the regulations.

Amendment or revocation of order

(5) If a director or inspector makes an order under subsection (1), he or she may amend or revoke it.

Notice

(6) Upon amending or revoking an order under subsection (5), the director or inspector shall give written notice of the amendment or revocation to the person to whom the order is directed.

Protection orders

37 (1) If, upon conducting an inspection, a director or an inspector believes on reasonable grounds that there is an imminent threat to the health, safety or welfare of any children for whom child care is provided, the director or inspector shall make a protection order as follows:

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

Purpose of protection order

(2) A protection order may be made under this section for the purpose of,

(a) eliminating the threat to the health, safety, or welfare of the children; or

(b) protecting the children from such threat.

Content of order

(3) A protection order shall,

(a) set out the reasons for the order;

(b) state that the person who is required to comply with the order is entitled to a hearing by the Tribunal if the person, within 15 days after receiving the order, serves a written request for a hearing on a director and the Tribunal; and

(c) include any other information prescribed by the regulations.

Service

(4) The order shall be served on any person who is subject to the order.

Notice to parents, etc.

(5) A director or inspector,

(a) shall post a notice of the order, in a manner approved by the Minister, at the premises where the child care is provided; and

(b) may provide notice of the order to the parents of the children for whom the care is provided.

Removal of posted notice

(6) No person, other than a director or inspector, shall remove a notice posted under clause (5) (a) unless the person is authorized to do so by a director or inspector or the circumstances prescribed by the regulations exist.

Protection order effective immediately

(7) The protection order is effective immediately upon the earlier of,

(a) the posting of the notice of the protection order at the premises where the child care is provided; and

(b) the day on which the protection order is served.

Protection order not stayed

(8) The protection order is not stayed by an appeal to the Tribunal.

Director may lift protection order

(9) The protection order may be lifted by the director at any time upon being satisfied that it has been complied with.

Hearing

(10) Subsections 23 (8) to (10) and (12) apply with necessary modifications to a hearing before the Tribunal and, for the purposes of clause 23 (9) (a), the Tribunal may order that the protection order be continued, with or without amendments, or substitute its opinion for that of the director or inspector.

Restraining orders by court

38 (1) If a director believes on reasonable grounds that the provision of child care by a particular person poses an imminent threat to the health, safety or welfare of any children, the director may apply to the Superior Court of Justice for an order to restrain the person from providing child care.

Interim order

(2) In a proceeding under subsection (1), a judge may, on application of the director, grant an interim order described in that subsection if the judge believes, based on the evidence before him or her, that it is in the public interest to do so.

Same

(3) A judge may grant an interim order even though the director has not established that irreparable harm will be done if the order is not issued.

Same

(4) A judge shall not require the director to post a bond or give an undertaking as to damages when granting an interim order.

Variations or discharge

(5) Any person may apply to the Superior Court of Justice for an order varying or discharging any order made under subsection (1).

Notice of administrative penalty

39 (1) A director or inspector may issue a notice in writing requiring a person to pay an administrative penalty in the amount set out in the notice if the director or inspector is of the opinion that the person has contravened this Act or the regulations.

Purpose of administrative penalty

(2) A notice of administrative penalty may be issued under this section for the purpose of,

(a) encouraging compliance with this Act and the regulations; or

(b) preventing a person from deriving, directly or indirectly, any economic benefit as a result of a contravention of this Act or the regulations.

Amount of administrative penalty

(3) Subject to subsection (4), the amount of an administrative penalty in respect of a contravention,

(a) shall not exceed $100,000;

(b) shall be determined by the director or inspector in accordance with the regulations; and

(c) shall reflect the purpose referred to in subsection (2).

Same, reduction

(4) The director or inspector shall reduce the amount of an administrative penalty determined under clause (3) (b) if he or she determines that the amount is excessive in the circumstances or is, by its magnitude, punitive in nature having regard to all the circumstances.

One-year limitation

(5) A notice of administrative penalty shall not be issued under this section more than one year after the day the most recent contravention on which the notice is based first came to the knowledge of a director or inspector.

Content of notice of administrative penalty

(6) A notice of administrative penalty shall,

(a) contain or be accompanied by information setting out the nature of the contravention including, if relevant, the date on which and location where the contravention occurred;

(b) set out the amount of the penalty to be paid and specify the time and manner of the payment; and

(c) inform the person of his, her or its right to request a review of the notice by a designated senior employee.

Right to review

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

(a) within 15 days after the notice is served; or

(b) within a longer period specified by the designated senior employee, if he or she considers it appropriate in the circumstances to extend the time for applying.

If no review requested

(8) If a person who has received a notice of administrative penalty does not apply for a review under subsection (7), the person shall pay the penalty within 30 days after the day the notice was served.

If review requested

(9) If a person who has received a notice of administrative penalty applies for a review under subsection (7), the designated senior employee shall conduct the review in accordance with the regulations.

Notice to parents, etc.

(10) Within 30 days after serving a notice of administrative penalty, a director shall,

(a) post a summary of the notice of administrative penalty, in a manner approved by the Minister, at the premises where the child care is provided; or

(b) provide a summary of the notice of administrative penalty to the parents of the children for whom the care is provided.

Removal of posted notice

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

Designated senior employee's decision

(12) Upon a review, the designated senior employee may,

(a) find that the person did not contravene the provision of this Act or regulations specified in the notice of administrative penalty, and rescind the notice;

(b) find that the person did contravene the provision of this Act or regulations specified in the notice of administrative penalty and affirm the notice; or

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

Decision final

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

Non-application of SPPA

(14) The *Statutory Powers Procedure Act* does not apply to a decision made under subsection (4) or to a review conducted under subsection (9).

Payment after review

(15) If the designated senior employee finds under clause (12) (b) or (c) that a person has contravened the provision of this Act or regulations specified in the notice of administrative penalty, the person shall pay the penalty required by the designated senior employee within 30 days after the day the decision was made.

Payment to Minister of Finance

(16) A person who is required to pay an administrative penalty under this section shall pay the penalty to the Minister of Finance.

Enforcement of administrative penalty

40 (1) If a person who is required to pay an administrative penalty under section 39 fails to pay it within the time required under subsection 39 (8) or (15), the notice of administrative penalty or the designated senior employee's decision, as the case may be, may be filed with a local registrar of the Superior Court of Justice and may be enforced as if it were an order of the court.

Same

(2) Section 129 of the *Courts of Justice Act* applies in respect of a notice of administrative penalty or decision filed with the Superior Court of Justice under subsection (1) and, for the purpose, the date on which the notice of administrative penalty or decision is filed under subsection (1) is deemed to be the date of the order that is referred to in section 129 of the *Courts of Justice Act*.

Crown debt

41 An administrative penalty imposed under section 39 that is not paid within the time required under that section is a debt due to the Crown and enforceable as such.

Director may authorize collector

42 (1) A director may authorize any person to act as a collector for the purposes of this section and sections 43 and 44 and to exercise the powers that the director specifies in the authorization to collect administrative penalties owing under this Act.

Costs of collection

(2) Despite clause 22 (a) of the *Collection Agencies Act*, the director may also authorize a collector to collect a reasonable fee or reasonable disbursements or both from each person from whom the collector seeks to collect administrative penalties owing under this Act.

Same

(3) The director may impose conditions on an authorization under subsection (2) and may determine what constitutes a reasonable fee or reasonable disbursements for the purposes of that subsection.

Exception re disbursements

(4) The director shall not authorize a collector who is required to be registered under the *Collection Agencies Act* to collect disbursements.

Collector's powers

43 (1) A collector may exercise any of the powers specified in an authorization of a director under section 42.

Fees and disbursements part of order

(2) If a collector is seeking to collect an administrative penalty owing under a notice of administrative penalty or decision of a designated senior employee, any fees and disbursements authorized under subsection 42 (2) are deemed to be owing under and are deemed to be added to the amount of the penalty set out in the notice or decision.

Distribution of money collected

(3) A collector shall pay the amount collected under this section with respect to the penalty to the Minister of Finance and may retain the amount collected with respect to the collector's fees and disbursements.

Settlement by collector

44 (1) A collector may agree to a settlement with the person from whom he or she seeks to collect money, but only with the written agreement of a director.

Payment

(2) The person who owes money under a settlement shall pay the amount agreed upon to the collector, who shall deal with it in accordance with subsection 43 (3).

GENERAL

Enforcement measures

45 The use of an enforcement measure provided for in this Act in respect of a contravention of this Act or the regulations does not prohibit the use, at the same time or different times, of any other enforcement measure or remedy provided for in this Act or otherwise available in law in respect of the same contravention.

Consideration of past conduct

46 In making a decision under this Act, a director or the Tribunal may consider any person's current or past failures to comply with this Act or the regulations that the director or Tribunal considers relevant.

PART VI
SERVICE SYSTEM PLANNING FOR CHILD CARE AND EARLY YEARS PROGRAMS AND SERVICES

Interpretation

47 (1) In this Part, despite the definition of "child care and early years programs and services" in subsection 2 (1), references to that term apply only to,

(a) programs and services that provide licensed child care;

(b) authorized recreational and skill building programs; and

(c) early years programs and services.

Same

(2) For the purposes of this Part, the power to establish, administer, operate or fund programs and services includes the power to do so directly or indirectly.

Non-application of Part V

48 Part V does not apply with respect to the enforcement of sections 49 to 62 or the regulations made for the purposes of those sections.

PROVINCIAL INTEREST

Provincial interest

49 (1) It is a matter of provincial interest that there be a system of child care and early years programs and services that,

(a) is focused on Ontario's children and families;

(b) promotes the health, safety and well-being of children;

(c) provides high quality experiences and positive outcomes for children with a provincial framework to guide pedagogy;

(d) includes knowledgeable, self-reflective and qualified professionals and staff, including members of the College of Early Childhood Educators;

(e) responds to communities' needs by,

(i) providing services both for families who receive financial assistance for child care and for families who do not receive such financial assistance,

(ii) providing a range of service options to support parents who are part of the workforce, such as options that address varied working hours and arrangements, and

(iii) providing centre-based and home-based options for families in relation to the receipt of licensed child care;

(f) respects equity, inclusiveness and diversity in communities and the particular qualities of,

(i) Aboriginal, First Nations, Métis and Inuit communities,

(ii) children with disabilities;

(iii) Francophone communities, and

(iv) urban, rural, remote and northern communities;

(g) provides for strong and sustainable partnerships among the Province, service system managers and others in the community;

(h) is co-ordinated with other community and human services;

(i) is flexible and able to adapt to local circumstances;

(j) supports the social and economic well-being of Ontarians;

(k) ensures appropriate accountability for public funding;

(l) supports the transition from child care and early years programs and services to school;

(m) approaches pedagogy in child care and early years programs and services in a manner that supports the transition referred to in clause (l);

(n) addresses any other aspect prescribed by the regulations.

Additional matters declared by LG in C

(2) The Lieutenant Governor in Council may, by regulation, declare additional matters to be matters of provincial interest for the purposes of this Part.

Duty to co-operate

50 (1) The Minister and service system managers shall co-operate with each other for the purposes of promoting the health, safety and well-being of children.

Same

(2) For the purposes of subsection (1), the duty to co-operate includes the duty to provide access to and share information relating to child care and early years programs and services.

CHILD CARE AND EARLY YEARS PROGRAMS AND SERVICES PLANS

Child care and early years programs and services plan

51 (1) Each service system manager shall have a child care and early years programs and services plan for its service area.

Content

(2) The plan must,

(a) address the matters of provincial interest under section 49, including each aspect of the system described in subsection 49 (1);

(b) be consistent with the policy statements issued under subsection 55 (2); and

(c) include such other content as may be prescribed by the regulations.

Other requirements

(3) The plan must comply with any procedural requirements prescribed by the regulations, including requirements relating to the frequency with which a plan must developed, reviewed, updated or approved.

Consultation

(4) In developing the plan, the service system manager shall consult with school boards and other prescribed persons or entities in accordance with the regulations, and those persons or entities shall cooperate with the service system manager for that purpose.

Approval of plan

(5) A plan shall not be implemented before it is approved,

(a) by the council of the municipality, if the service system manager is a municipality; and

(b) by the members of a district social services administration board, if the service system manager is such a board.

Implementation of plan

52 (1) A service system manager shall implement its child care and early years programs and services plan.

Duty to cooperate

(2) The service system manager, school boards and persons or entities prescribed for the purposes of subsection 51 (4) shall cooperate with each other for the purpose of implementing the plan.

MINISTER'S ROLE

Role of Minister

53 (1) The role of the Minister includes,

(a) developing and promoting an overview of the system of child care and early years programs and services and aspirational goals for the system;

(b) supporting the provision of child care and early years programs and services across the province;

(c) coordinating efforts with other ministries in relation to programs and services that support the learning, development, health and well-being of children;

(d) encouraging high quality experiences that support children's learning, development, health and well-being; and

(e) administering the licensing framework set out in this Act and enforcing this Act.

Interpretation

(2) For greater certainty, subsection (1) does not impose duties on the Minister or limit the generality of the powers conferred on the Minister by this or any other Act.

General powers of Minister

54 (1) The Minister may,

(a) establish, administer, operate and fund child care and early years programs and services;

(b) provide financial assistance for persons who are charged fees in respect of licensed child care, authorized recreational and skill building programs or extended day programs, in accordance with the regulations; and

(c) fund and provide financial assistance for other programs or services prescribed by the regulations that provide or support temporary care for or supervision of children.

Same, funding

(2) Without limiting the generality of clause (1) (a), the Minister's powers under that clause include the power to fund capital projects and research and development.

Ministerial agreements

(3) The Minister may enter into agreements with service system managers, or any other persons prescribed by the regulations, for the purposes of subsection (1).

Interpretation

(4) For greater certainty, this section does not limit the generality of the powers conferred on the Minister by this or any other Act.

Minister's policy statements - provincial interest, programming and pedagogy, etc.

General

55 (1) The Minister may issue policy statements relating to the operation of child care and early years programs and services and any other matter dealt with under this Part.

Matters of provincial interest

(2) For the purpose of guiding service system managers in developing and implementing their child care and early years programs and services plans, the Minister may issue policy statements on matters relating to child care and early years programs and services that are of provincial interest under section 49, including policy statements addressing aspects of the system described in subsection 49 (1).

Programming and pedagogy

(3) For the purpose of guiding operators of child care and early years programs and services in developing their programs and services, the Minister may issue policy statements regarding programming and pedagogy that constitute high quality child care and early years programming and pedagogy that support children's learning and development.

Same

(4) In developing policy statements under subsection (1), the Minister shall consider the interests and particular qualities of Aboriginal, First Nations, Métis and Inuit communities and Francophone communities.

Joint issue

(5) The Minister may issue a policy statement alone or together with any other minister.

Legislation Act, 2006

(6) For greater certainty, Part III (Regulations) of the *Legislation Act, 2006* does not apply to a policy statement made under this section.

ROLE OF SERVICE SYSTEM MANAGERS, FIRST NATIONS AND PRESCRIBED LOCAL AUTHORITIES

Duties of service system manager

56 In addition to any other duties under this Act, a service system manager shall,

(a) develop and administer local policies respecting the operation of child care and early years programs and services;

(b) administer the delivery of financial assistance provided by the Minister under clause 54 (1) (b), in accordance with the regulations;

(c) coordinate the planning and operation of child care and early years programs and services with the planning and provision of other human services delivered by the service system manager;

(d) assess the economic viability of the child care and early years programs and services in the service area and, if necessary, make or facilitate changes to help make such programs and services economically viable;

(e) perform such other duties as may be prescribed by the regulations.

General powers of service system manager

57 (1) A service system manager may,

(a) establish, administer, operate and fund child care and early years programs and services;

(b) provide financial assistance for persons who are charged fees in respect of licensed child care, authorized recreational and skill building programs and extended day programs, in accordance with the regulations;

(c) fund and provide financial assistance for other programs or services prescribed by the regulations that provide or support temporary care for or supervision of children;

(d) provide assistance to persons who operate child care and early years programs and services to improve their capabilities in relation to matters such as governance, financial management and the planning and delivery of programs and services;

(e) evaluate and assess the impact of public funding; and

(f) exercise such other powers as may be prescribed by the regulations.

Natural person powers

(2) For greater certainty, a service system manager may exercise the capacity, rights, powers and privileges of a natural person conferred on it by the following provisions, for the purposes of this Act:

1. If the service system manager is a municipality, section 9 of the *Municipal Act, 2001* or section 7 of the *City of Toronto Act, 2006*.
2. If the service system manager is a district social services administration board, section 126.1 of the *Corporations Act*. 2017, c. 20, Sched. 7, s. 77.

Note: On the later of January 13, 2018 and the day subsection 4 (1) of the *Not-for-Profit Corporations Act, 2010* comes into force, subsection 57 (2) of the Act is repealed and the following substituted: (See: 2017, c. 20, Sched. 8, s. 69)

Natural person powers

(2) For greater certainty, a service system manager may use its powers under the following provisions for the purposes of this Act:

1. If the service system manager is a municipality, section 9 of the *Municipal Act, 2001* or section 7 of the *City of Toronto Act, 2006*.
2. If the service system manager is a district social services administration board, section 15 of the *Not-for-Profit Corporations Act, 2010*. 2017, c. 20, Sched. 8, s. 69.

Powers not exclusive

(3) Paragraphs 5 and 6 of subsection 11 (4) of the *Municipal Act, 2001* do not apply with respect to a service system manager's powers under this section.

Clarification on powers - municipal service system managers

(4) For the purposes of this Act, section 19 of the *Municipal Act, 2001* does not limit a service system manager that is a municipality from exercising its powers under this Act or under section 9 of the *Municipal Act, 2001* throughout its service area.

Provision of *Municipal Act, 2001* - dssab service system managers

(5) For the purposes of this Act, the following provisions of the *Municipal Act, 2001* and the regulations that relate to those provisions apply, with necessary modifications, to a service system manager that is a district social services administration board:

1. Section 107.
2. Subsections 110 (1), (2), (3), (4), (10) and (11).
3. Subsections 417 (1), (2) and (3).
4. Subsections 418 (1), (2), (3) and (4).

Prohibition re assistance does not apply

(6) Section 106 of the *Municipal Act, 2001* and section 82 of the *City of Toronto Act, 2006* do not apply with respect to assistance for child care and early years programs and services.

Section Amendments with date in force (d/m/y)

2014, c. 11, Sched. 1, s. 89 - no effect - see 2017, c. 20, Sched. 8, s. 146 - 14/11/2017

2017, c. 20, Sched. 7, s. 77 - 13/01/2018; 2017, c. 20, Sched. 8, s. 69 - not in force; 2017, c. 20, Sched. 8, s. 146 - 14/11/2017

Periodic reports to Minister

58 (1) At the times prescribed by the regulations, a service system manager shall give the Minister reports on the following:

1. The implementation of its child care and early years programs and services plan.
2. The service system manager's establishment, administration, operation and funding of child care and early years programs and services.
3. Such other matters as may be prescribed by the regulations.

Manner and contents

(2) The reports required under subsection (1) must be given in a manner authorized by the Minister and must include the prescribed information and the prescribed documents.

Other reports, etc., to Minister

59 (1) A service system manager shall give the Minister,

(a) such reports as the regulations require; and

(b) such reports, documents and information as the Minister requests.

Timing

(2) A service system manager shall give reports, documents and information requested under clause (1) (b) at the times the Minister specifies.

Manner

(3) The reports, documents and information required under subsection (1) must be given in a manner authorized by the Minister.

General powers of First Nations

60 (1) A First Nation or group of First Nations may establish, administer, operate and fund child care and early years programs and services.

Agreements between Minister and First Nations

(2) The Minister and a First Nation or group of First Nations may enter into an agreement for the purposes of subsection (1).

Powers and duties under agreement

(3) An agreement described in subsection (2) may provide that a First Nation may exercise and perform any powers or duties of a service system manager provided for under this Act.

Delegation by First Nation

(4) A First Nation may delegate to another First Nation or to a person prescribed by the regulations, in writing, any of the First Nation's powers or duties provided for under this Act or under an agreement described in subsection (2).

General powers of prescribed local authorities

61 (1) A prescribed local authority may establish, administer, operate and fund child care and early years programs and services.

Power to enter into agreements

(2) A prescribed local authority may enter into an agreement for the purposes of subsection (1).

Agreements between Minister and prescribed local authority

(3) The Minister and a prescribed local authority may enter into an agreement for the purposes of subsection (1).

Powers and duties under agreement

(4) An agreement described in subsection (3) may provide that a prescribed local authority may exercise any powers and shall perform any duties of a service system manager that are provided for under this Act and specified in the agreement.

Restriction on service system manager

(5) A service system manager shall not exercise the powers or perform the duties that are specified in an agreement under subsection (4).

Additional powers and duties

(6) For the purposes of this Part, a prescribed local authority shall have such other powers and duties as may be prescribed by the regulations.

Advice to director re licensing

62 (1) For the purposes of clause 23 (1) (f), a service system manager may provide advice to a director regarding the issuance of a licence if, in its opinion, the licence would authorize the provision of child care in the service area that is inconsistent with its child care and early years programs and services plan.

Same, First Nations and prescribed local authorities

(2) A First Nation or prescribed local authority may provide the advice described in subsection (1), if it is authorized or required by an agreement or the regulations to have a child care and early years programs and services plan.

PART VII
GENERAL

Non-application of Part V

63 (1) Part V does not apply with respect to the enforcement of sections 64 to 75, 77 to 80, 84 and 85 or the regulations made for the purposes of those sections.

Same

(2) Part V does not apply with respect to the enforcement of section 76, unless the person alleged to have contravened section 76 is a child care provider.

ADMINISTRATION

Administration of Act

64 The Minister is responsible for the administration of this Act.

Service system managers

65 (1) The regulations shall designate the municipalities and district social services administration boards that are service system managers for the purposes of this Act.

Service areas

(2) The regulations shall specify the geographic area that is the service area of each service system manager for the purposes of this Act.

Directors

66 (1) The Minister shall appoint, in writing, one or more persons employed in the Ministry to be directors for the purposes of this Act.

Powers and duties

(2) A director shall have the powers and duties set out in this Act and such other powers and duties as may be prescribed by the regulations.

Acting directors

(3) A director's powers may be exercised and duties may be performed by an employee in the Ministry appointed as an acting director if,

(a) the director is absent or unable to act; or

(b) an individual who was appointed as a director has ceased to be a director and no new director has been appointed in his or her place.

Same, appointment

(4) An acting director shall be appointed by the Minister.

Delegation to Ministry employees

67 (1) The Minister may delegate to any person employed in the Ministry any of the Minister's powers or duties under this Act.

Same

(2) The delegation must be made in writing and is subject to such limitations, conditions and requirements as are set out in it.

Subdelegation

(3) In a delegation, the Minister may authorize a person to whom a power or duty is delegated to delegate the power or duty to other persons employed in the Ministry, subject to such limitations, conditions and requirements as the person may impose.

Presumption

(4) A person who purports to exercise a delegated power or perform a delegated duty shall be presumed conclusively to act in accordance with the delegation.

Program advisers

68 (1) The Minister may designate, in writing, any person as a program adviser for the purposes of this Act.

Powers and duties

(2) A program adviser shall have such powers and duties as may be prescribed by the regulations.

Restrictions

(3) In a designation, the Minister may impose conditions or restrictions on a program adviser's powers and duties.

Remuneration and expenses

(4) The remuneration and expenses of any person appointed under subsection (1) who is not a public servant employed under Part III of the *Public Service of Ontario Act, 2006* shall be fixed by the Minister.

Protection from personal liability

69 (1) No action or other proceeding may be instituted against the Deputy Minister, or any officer or employee who works in the Ministry, or anyone acting under the authority of the Minister or Deputy Minister, for any act done or omitted in good faith in the exercise or intended exercise of a power conferred under this Act or the regulations or in the execution or intended execution of a duty imposed under this Act or the regulations.

Crown liability

(2) Despite subsections 5 (2) to (4) of the *Proceedings Against the Crown Act*, subsection (1) does not relieve the Crown of liability in respect of a tort committed by a person mentioned in subsection (1) to which the Crown would otherwise be subject.

PERSONAL INFORMATION AND ONTARIO EDUCATION NUMBERS

Collection and use of personal information - Minister

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

1. Administering this Act and the regulations.
2. Ensuring compliance with this Act and the regulations.
3. With respect to child care and early years programs and services that the Ministry establishes, administers, operates or funds, in whole or in part,
    i. planning, delivering, evaluating and monitoring the programs and services,
    ii. allocating resources to the programs and services, and
    iii. detecting, monitoring and preventing fraud and the unauthorized receipt of services and benefits related to the funding.
4. To determine or verify a person's eligibility to participate in a child care or early years program or service or to receive financial assistance under this Act.
5. Implementing risk management, error management or activities to improve or maintain the quality of the programs and services that the Ministry provides or funds, in whole or in part.
6. Conducting evaluations of child care and early years programs and services.
7. Conducting research and analysis, including longitudinal studies, and statistical activities conducted by or on behalf of the Ministry for purposes that relate to,
    i. child care and early years programs and services,
    ii. education,

iii. the transition from child care and early years programs and services to school, and the resulting outcomes,

iv. the matters of provincial interest under section 49, and

v. programs and services that support the learning, development, health and well-being of children, including programs and services provided or funded by other ministries.

Limits on collection and use

(2) The Minister shall not collect or use personal information if other information will serve the purpose of the collection or use.

Same

(3) The Minister shall not collect or use more personal information than is reasonably necessary to meet the purpose of the collection or use.

Disclosure and sharing

(4) The Minister, the Minister of Finance and other ministers who may be prescribed by the regulations may disclose personal information to and indirectly collect personal information from each other for the purposes identified in paragraphs 3, 4 and 7 of subsection (1).

Deemed compliance

(5) A disclosure of personal information under subsection (4) is deemed to be for the purposes of complying with this Act.

Requiring disclosure

(6) The Minister may require any of the following persons to disclose to him or her such personal information as is reasonably necessary for the purposes described in subsection (1):

1. A person who provides or operates a prescribed child care or early years program or service.
2. A person who has information that is relevant to any of the purposes described in subsection (1).

Time and form of disclosure

(7) The Minister may specify the time at which and the form in which the personal information required from a person under subsection (6) must be provided and the secure method to be used in the transfer of the information.

Notice required by s. 39 (2) of FIPPA

(8) If the Minister collects personal information indirectly under subsection (1), the notice required by subsection 39 (2) of the *Freedom of Information and Protection of Privacy Act* shall be given by,

(a) a public notice posted on the Ministry's website or the Government of Ontario's website; or

(b) any other method that may be prescribed by the regulations.

Collection and use of personal information - service system manager, etc.

71 (1) A service system manager, First Nation or prescribed local authority may collect personal information, directly or indirectly, for purposes related to the following matters, and may use it for those purposes:

1. With respect to child care and early years programs and services that the service system manager, First Nation or prescribed local authority establishes, administers, operates or funds, in whole or in part,
   i. planning, delivering, evaluating and monitoring the programs and services,
   ii. allocating resources to the programs and services, and
   iii. detecting, monitoring and preventing fraud and the unauthorized receipt of services and benefits related to the funding.
2. To determine or verify a person's eligibility to participate in a child care or early years program or service or to receive financial assistance under this Act.

3. Implementing risk management, error management or activities to improve or maintain the quality of the programs and services that the service system manager, First Nation or prescribed local authority provides or funds, in whole or in part.

Limits on collection and use

(2) The service system manager, First Nation or prescribed local authority shall not collect or use personal information if other information will serve the purpose of the collection or use.

Same

(3) The service system manager, First Nation or prescribed local authority shall not collect or use more personal information than is reasonably necessary to meet the purpose of the collection or use.

Requiring disclosure

(4) The service system manager, First Nation or prescribed local authority may require any of the following persons to disclose to it such personal information as is reasonably necessary for the purposes described in subsection (1):

1. A person who provides or operates a prescribed child care or early years program or service.
2. A person who has information that is relevant to a determination or verification described in paragraph 2 of subsection (1).

Time and form of disclosure

(5) The service system manager, First Nation or prescribed local authority may specify the time at which and the form in which the personal information required from a person under subsection (4) must be provided and the secure method to be used in the transfer of the information.

Assignment of numbers

72 (1) The Minister may assign an Ontario education number to a child who,

(a) is registered or seeks to be registered in,

(i) a program or service that includes the provision of licensed child care, or

(ii) an early years program or service prescribed by the regulations; and

(b) has not already been assigned an Ontario education number under the *Education Act*.

Same

(2) The persons described in subsection (3) are authorized to collect personal information, directly or indirectly, and to use and disclose personal information, for the purposes of,

(a) assigning Ontario education numbers under subsection (1); and

(b) validating and updating the numbers and the personal information associated with them.

Same

(3) Subsection (2) applies to,

(a) the officers of and employees in the Ministry; and

(b) persons who provide or operate programs and services described in subclauses (1) (a) (i) and (ii).

Same

(4) Subsection 39 (2) of the *Freedom of Information and Protection of Privacy Act* and subsection 29 (2) of the *Municipal Freedom of Information and Protection of Privacy Act* do not apply to a collection under subsection (2).

Same

(5) The disclosure of information under subsection (2) is deemed to be for the purposes of complying with this Act and the *Education Act*.

Privacy, Ontario education numbers

73 (1) No person shall collect, use or disclose or require the production of another person's Ontario education number, except as permitted by this section, by the *Education* Act or otherwise by law.

Exception, re privacy

(2) Despite subsection 266.3 (1) of the *Education Act*, a person who provides or operates any of the following programs or services may collect, use or disclose or require the production of a person's Ontario education number for purposes related to the provision of child care or early years programs or services to that person:

1. A program or service that includes the provision of licensed child care.
2. An early years program or service prescribed by the regulations.

Same

(3) Despite subsection 266.3 (1) of the *Education Act*, a person listed in subsection (4) may collect, use, disclose or require the production of Ontario education numbers for purposes related to,

(a) the administration of child care and early years programs and services;

(b) the funding of those programs and services and the provision of financial assistance with respect to them; and

(c) planning, delivery and research with respect to them.

Same

(4) Subsection (3) applies to,

(a) the Minister;

(b) a person who provides or operates a prescribed child care or early years program or service; and

(c) any other prescribed person or entity.

MISCELLANEOUS

Service

74 (1) Any notice, order or request made or issued under this Act is sufficiently given or served if it is delivered personally, sent by mail or sent or delivered by another method, if the sender can prove receipt.

Deemed service

(2) If a notice, order or request is served by mail, the service is deemed to be made on the fifth day after the day of mailing unless the person on whom the document is served establishes that he, she or it did not, acting in good faith, through absence, accident, illness or other cause beyond the person's control, receive it until a later date.

Certain child care centres in schools: building requirements, etc.

75 (1) For the purposes of any standard or requirement in any Act, regulation or municipal by-law relating to the safety of buildings or other accommodations, a child care centre, or part of a child care centre, that is located in a school and is described in subsection (2) is deemed to be a part of the school that is used to provide instruction to pupils and, as such, the same standards or requirements that apply to the school apply to the child care centre.

Application, age of children

(2) Subsection (1) applies to a child care centre or a part of a child care centre that provides child care only for children who,

(a) are four years old or older; or

(b) if the child care is provided on or after September 1 in a calendar year, will attain the age of four in that year.

Conflict

(3) In the event of a conflict between subsection (1) and another Act, regulation or municipal by-law, subsection (1) prevails.

Prohibition - obstruction of inspector

76 No person shall,

(a) hinder, obstruct or interfere with an inspector conducting an inspection;

(b) refuse to answer questions on matters relevant to the inspection; or

(c) provide the inspector with information on matters relevant to the inspection that the person knows to be false or misleading.

Prohibition - false or misleading information

77 (1) No person shall knowingly give false or misleading information to the Minister, a director, an inspector or a designated senior employee in respect of any matter related to this Act or the regulations.

Same

(2) No person shall knowingly include false or misleading information in any application, report or other document required to be given to the Minister, a director, an inspector or a designated senior employee under this Act.

List of offences

78 (1) Every person who contravenes or fails to comply with any of the following provisions of this Act is guilty of an offence:

1. Subsection 6 (1) (Prohibition re operation of child care centre).
2. Section 7 (Prohibition re operation of home child care agency).
3. Section 8 (Prohibition re operating multiple premises).
4. Subsection 9 (1) or clause 9 (3) (a) (Prohibition re past conduct of provider).
5. Subsection 10 (1) or (2) (Prohibition re preventing parental access).
6. Subsection 11 (1), (3) or (4) (Prohibition re use of licensing terms, etc.).
7. Subsection 14 (6) (Duty to return licence and signage).
8. Section 16 (Accrediting programs and services).
9. Subsection 17 (1) or (3) (Prohibition re use of accreditation terms, etc.).
10. Subsection 73 (1) (Prohibition re Ontario education numbers).
11. Section 76 (Prohibition re obstruction of inspector).
12. Subsection 77 (1) or (2) (Prohibition re false or misleading information).
13. Any other provision of this Act or the regulations prescribed by the regulations.

Offence re orders

(2) Every person who fails to comply with an order made under section 36, 37 or 38 is guilty of an offence.

Limitation period

(3) No proceeding under this section shall be commenced more than two years after the facts upon which the proceeding is based first came to the knowledge of the director or inspector.

Penalties for offences

79 A person convicted of an offence under this Act is liable to a fine of not more than $250,000, imprisonment for a term of not more than one year, or both.

Minister's review of Act

80 (1) The Minister shall conduct a review of this Act within five years after this section comes into force.

Same

(2) The Minister shall,

(a) inform the public when a review under this section begins; and

(b) prepare a written report respecting the review and make that report available to the public.

REGULATIONS

Regulations - Minister

81 (1) The Minister may make regulations,

(a) governing all aspects of the provision of child care and the operation of child care and early years programs and services, other than anything referred to in subsection 82 (1), including,

(i) governing the management, operation and use of child care centres,

(ii) governing the management, operation and functions of home child care agencies,

(iii) governing the management and operation of child care and early years programs and services;

(b) prescribing or otherwise providing for anything required or permitted under this Act, other than anything referred to in subsection 82 (1), to be prescribed or otherwise provided for in the regulations, including governing anything required or permitted to be done in accordance with the regulations;

(c) providing for forms and their use, including requiring the use of forms approved by the Minister.

Same re clause (1) (a)

(2) Without limiting the generality of clause (1) (a), the power to make regulations under that clause includes the power to make regulations,

(a) prescribing standards and requirements that apply to child care or early years programs or services, including standards and requirements relating to,

(i) programming and pedagogy,

(ii) the buildings and other accommodations where child care and early years programs and services are provided and the facilities, equipment and services that must be available at the buildings and other accommodations,

(iii) any other health and safety matters;

(b) requiring licensees, other operators or child care providers to ensure that the standards and requirements prescribed under clause (a) are met,

(c) respecting the establishment, construction, alteration and renovation of premises where licensed child care is provided;

(d) governing the circumstances in which and the ways in which operators of child care or early years programs or services shall engage parents in matters relating to the provision of those programs or services, including requiring operators of child care centres to ensure that parents are represented on a board of directors;

(e) governing inspections conducted under Part IV;

(f) requiring licensees or other operators of child care and early years programs and services to,

(i) ensure that specified screening measures are conducted before hiring staff and accepting volunteers, including requiring the licensees or operators to obtain criminal reference checks with respect to those persons,

Note: On a day to be named by proclamation of the Lieutenant Governor, subclause 81 (2) (f) (i) of the Act is amended by striking out "criminal reference checks" and substituting "police record checks". (See: 2015, c. 30, s. 23 (8))

(ii) obtain regular declarations from staff and volunteers, including declarations about criminal convictions from persons for whom a criminal reference check was required.

Note: On a day to be named by proclamation of the Lieutenant Governor, subclause 81 (2) (f) (ii) of the Act is amended by striking out "criminal reference check" and substituting "police record check". (See: 2015, c. 30, s. 23 (9))

Section Amendments with date in force (d/m/y)

2015, c. 30, s. 23 (8, 9) - not in force

Regulations - Lieutenant Governor in Council

82 (1) The Lieutenant Governor in Council may make regulations,

(a) defining any term that is used in this Act and that is not defined in this Act;

(b) clarifying whether or not an activity constitutes an exempt circumstance;

(c) prescribing persons, premises, programs, services or circumstances for the purposes of paragraph 11 of subsection 4 (1);

(d) respecting the number of children that may be at a child care centre and the number of child care providers that shall be at a child care centre, including prescribing requirements relating to the age of those children;

(e) for the purposes of paragraph 1 of subsection 6 (3),

(i) prescribing the number of children for whom home child care may be provided in the circumstances described in sub-subparagraph 1 i A of subsection 6 (3), in accordance with subsection 6 (6),

(ii) authorizing child care to be provided in the circumstances described in sub-subparagraph 1 i B of subsection 6 (3) and prescribing the number of children for whom home child care may be provided in those circumstances,

(iii) prescribing the number of children who are younger than two years old for whom home child care may be provided, for the purposes of sub-subparagraph 1 iv B of subsection 6 (3);

(f) prescribing the number of children for whom child care may be provided for the purposes of subparagraph 2 i of subsection 6 (3);

(g) prescribing criteria for the purposes of subparagraph 3 v of subsection 6 (3) or paragraph 5 of subsection 6 (4);

(h) prescribing persons, premises, programs, services or circumstances for the purposes of paragraph 4 of subsection 6 (3);

(i) respecting whether subsection 6 (1) applies in respect of the provision of child care if it is provided as part of an authorized recreational and skill building program;

(j) exempting a person from the application of subsection 6 (1) on a temporary basis in circumstances where the person was providing home child care or in-home services that were overseen by a home child care agency and the agency's licence was suspended;

(k) governing the qualifications of child care providers, including requiring operators of child care or early years programs or services to employ persons who have certain qualifications;

(l) establishing training courses or prescribing training requirements that relate to the operation of child care or early years programs or services or home child care agencies;

(m) requiring persons who operate the programs, services or agencies referred to in clause (l) to complete the training courses or requirements established or prescribed under that clause, including, if a person is a corporation, its officers, directors or employees or any other person with a controlling interest in a corporation;

(n) governing the amount or the method of determining the amount that may be charged by a person for the provision of licensed child care;

(o) governing the amount or the method of determining the amount that may be charged by a home child care agency to a child care provider for the provision of the agency's services;

(p) governing accreditations, certifications and other designations indicating that certain standards or requirements are met by a child care or early years program or service, including,

(i) prohibiting persons from providing such accreditations, certifications and other designations,

(ii) prescribing requirements that apply to persons who provide such accreditations, certifications and other designations,

(iii) prescribing criteria that must be met by programs or services that receive such accreditations, certifications or other designations;

(q) governing the fees payable by applicants for licences or the renewal of licences;

(r) governing administrative penalties and all matters necessary and incidental to the administration of a system of administrative penalties under this Act;

(s) designating municipalities and district social services administration boards as service system managers;

(t) specifying the geographic area that is the service area of each service system manager;

(u) respecting the distribution of powers and duties among service system managers and prescribed local authorities if their powers or duties in relation to child care or early years programs or services overlap;

(v) respecting funding agreements entered into under subsection 54 (3), including prescribing requirements or restrictions that apply to cost sharing arrangements;

(w) governing the apportionment of costs incurred pursuant to a cost sharing arrangement included in an agreement under subsection 54 (3), including,

(i) requiring specified municipalities to share in the apportionment of costs incurred by a service system manager or prescribed local authority, and respecting the manner in which that share shall be recovered by the service system manager or prescribed local authority,

(ii) respecting the method of determining the apportionment of costs,

(iii) authorizing the parties referred to in subclause (i) to determine, by agreement, the apportionment of costs and the manner in which the costs shall be recovered, and prescribing conditions that apply in such circumstances,

(iv) providing for an arbitration process for determining the apportionment of costs,

(v) requiring a municipality that fails to pay its portion of the costs to pay a penalty to the Province and governing the amount or the method of determining the amount of the penalty;

(x) governing the provision of financial assistance provided for under this Act, including eligibility for, applications for and payment of the financial assistance;

(y) respecting any matter that the Lieutenant Governor in Council considers necessary or advisable to carry out effectively the intent and purpose of sections 72 and 73 in relation to Ontario education numbers, including,

(i) prescribing early years programs or services for the purposes of paragraph 2 of subsection 73 (2),

(ii) prescribing persons or entities for the purposes of clause 73 (4) (c),

(iii) regulating the manner in which personal information is collected,

(iv) requiring persons who operate child care or early years programs or services to use Ontario education numbers for certain purposes;

(z) governing a system for the establishment of records in respect of children registered in child care and early years programs and services, including requiring persons who operate child care and early years programs and services to establish, maintain, retain, transfer and dispose of the records.

Same

(2) In addition to its powers under subsection (1), the Lieutenant Governor in Council may make regulations doing anything that may be done by the Minister under section 81.

Personal information

(3) A regulation made under clause (1) (z) may require the disclosure of personal information.

Retroactivity and incorporation by reference

Retroactivity

83 (1) A regulation under this Act is, if it so provides, effective with reference to a period before it is filed.

Rolling incorporation by reference

(2) If a regulation made under this Act incorporates a document by reference, in whole or in part, the document may be incorporated as amended from time to time, whether the amendment was made before or after the regulation was made.

Public consultation before making regulations

84 (1) The Minister or the Lieutenant Governor in Council shall not make any regulation under section 81 or 82, as the case may be, unless,

(a) the Minister has published a notice of the proposed regulation on a government website and in any other format the Minister considers advisable;

(b) the notice complies with the requirements of this section;

(c) the time period specified in the notice, during which members of the public may exercise the right described in clause (2) (b), has expired;

(d) the Minister has considered whatever comments and submissions that members of the public have made on the proposed regulation in accordance with clause (2) (b) or (c); and

(e) in the case of regulations made by the Lieutenant Governor in Council under section 82, the Minister has reported to the Lieutenant Governor in Council on what, if any, changes to the proposed regulation the Minister considers appropriate.

Contents of notice

(2) The notice mentioned in clause (1) (a) shall contain,

(a) a description of the proposed regulation;

(b) a statement of the time period during which members of the public may submit written comments on the proposed regulation to the Minister and the manner in which and the address to which the comments must be submitted; and

(c) any other information that the Minister considers appropriate.

Time period for comments

(3) The time period mentioned in clause (2) (b) shall be at least 45 days after the Minister publishes the notice mentioned in clause (1) (a).

Discretion to make regulations, Minister

(4) After considering the comments and submissions mentioned in clause (1) (d), the Minister, without further notice under subsection (1), may make the proposed regulations under section 81 with the changes that the Minister considers appropriate, whether or not those changes are mentioned in the comments and submissions.

Same, Lieutenant Governor in Council

(5) Upon receiving the Minister's report mentioned in clause (1) (e), the Lieutenant Governor in Council, without further notice under subsection (1), may make the proposed regulations under section 82 with the changes that the Lieutenant Governor in Council considers appropriate, whether or not those changes are mentioned in the Minister's report.

No public consultation

(6) The Minister may decide that this section should not apply to the power to make a regulation under section 81 or 82 if, in the Minister's opinion,

(a) the urgency of the situation requires it; or

(b) the proposed regulation is of a minor or technical nature.

Same

(7) If the Minister decides that this section should not apply to the power to make a regulation under section 81 or 82,

(a) this section does not apply to the power of the Minister or the Lieutenant Governor in Council to make the regulation; and

(b) the Minister shall give notice of the decision to the public as soon as is reasonably possible after making the decision.

Contents of notice

(8) The notice mentioned in clause (7) (b) shall include a statement of the Minister's reasons for making the decision and all other information that the Minister considers appropriate.

Publication of notice

(9) The Minister shall publish the notice mentioned in clause (7) (b) on a government website and in any other format the Minister considers advisable.

No review

(10) Subject to subsection (11), a court shall not review any action, decision, failure to take action or failure to make a decision by the Minister or the Lieutenant Governor in Council under subsections (1) to (9).

Exception

(11) Any person resident in Ontario may make an application for judicial review under the *Judicial Review Procedure Act* on the grounds that the Minister has not taken a step required by subsections (2) to (9).

Time for application

(12) No person shall make an application under subsection (11) with respect to a regulation later than 21 days after the Minister publishes a notice with respect to the regulation under clause (1) (a) or subsection (9), where applicable.

Notice of regulation on website

85 Upon the making of a regulation under this Act, the Minister shall publish a notice of the regulation on a government website, together with a link to the regulation as published on the e-Laws website, for the prescribed time period.

PART VIII
TRANSITION AND CONSEQUENTIAL AMENDMENT

Payments under Day Nurseries Act

Sale, etc., of day nursery - where director's approval required

86 (1) No municipality, First Nation or approved corporation shall change the site, structure or use of, or sell, lease, mortgage or otherwise dispose of any part of or interest in any day nursery in respect of which the municipality, First Nation or approved corporation, as the case may be, received payment under section 9 of the *Day Nurseries Act*, without the approval in writing of a director, and such approval may be made subject to such conditions for repayment in whole or in part of any such payment as the director considers advisable.

Recovery of whole or part of payment

(2) Where a municipality, First Nation or approved corporation changes the site, structure or use of, or sells, leases, mortgages or otherwise disposes of any part of or interest in any day nursery without the approval of a director, or, where such approval has been given, is in default of any condition for repayment imposed under subsection (1), the whole or any part of any payment under section 9 of the *Day Nurseries Act* in respect of the day nursery may be recovered as a debt due to the Crown from the municipality, First Nation or approved corporation, as the case may be,

(a) out of money payable by Ontario to the municipality, First Nation or approved corporation under the authority of any Act; or

(b) by proceedings in any court of competent jurisdiction.

Interpretation

(3) In this section, "approved corporation" and "day nursery" have the same meaning as in subsection 1 (1) of the *Day Nurseries Act*.

Approvals of corporations under the *Day Nurseries Act*

87 Any approval of a corporation for the payment of grants granted by the Minister under subsection 6 (1) of the *Day Nurseries Act* ceases to have effect on the day section 1 of Schedule 2 to the *Child Care Modernization Act, 2014* comes into force.

Transitional regulations

88 (1) The Lieutenant Governor in Council may make regulations respecting transitional matters related to the implementation of this Act.

Same

(2) Without limiting the generality of subsection (1), the power to make regulations under that subsection includes the power to make regulations,

(a) providing that the *Day Nurseries Act*, a provision of that Act, or an agreement made under that Act continues to apply, for a specified period of time and with necessary modifications, to specified things or in specified circumstances;

(b) providing that licences issued under the *Day Nurseries Act* are deemed to have been replaced with licences issued under this Act; and

(c) providing for and governing temporary permits that authorize a person whose application for a licence is being considered to operate a child care centre or a home child care agency on a temporary basis.

Conflict with transitional regulations

(3) In the event of a conflict, a regulation made under this section prevails over this Act or the regulations, or any other Act or regulation administered by the Minister.

89 OMITTED (PROVIDES FOR AMENDMENTS TO THIS ACT).

PART IX (OMITTED)

90 OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS ACT).

91 OMITTED (ENACTS SHORT TITLE OF THIS ACT).