

# A Review of Private Home Day Care Guidelines June - July 1978

The following are suggestions and comments by the subcommittee on Private Home Day Care standards of the Private Home Day Care Association: Metro Toronto.

First of all, we would like to stress that we support the P.H.D.C. Guidelines as they now stand. The suggestions made relate to the order and phrasing used in the present guidelines.

## Introduction

We feel that the introduction to Private Home Day Care should include the following points:

Private Home Day Care or Family Day Care as provided through a day care agency is a relatively recent but exciting way of providing day care. The general aims of PHDC are the same as those of any good day care program.

We would further stress the crucial role day care plays in supporting and strengthening family life. It is therefore important to extend our services to parents as well as children, especially in the areas of family life education and child development. It should be recognized that PHDC "supplements" the care parents provide for the child.

Families using our services are primarily young, inexperienced parents, sole support and low income, living in O.H.C.

Providers come from a variety of settings and lifestyles including low income and middle class families, small Ontario Housing apartments and large, single family dwellings.

Since PHDC is such a new program, we are still examining the alternative ways of giving service to providers and families. Approaches will vary according to the various needs in the community, the particular needs of the children and families being served and the agency's resources.

## Definition of Private Home Day Care and General Information

As the guidelines now read, the word "subsidized" is used in the definition given for Private Home Day Care and reoccurs in other areas of the Guidelines.

We feel that the word "subsidized" should be deleted from the definition. All operations with Private Home Day Care programs should be required to conform to the standards set in the guidelines.

On Page 7.2, the regulations regarding the number and ages of children - it should also be stressed that each provider is assessed according to her ability and space in the home.

There is concern that PHDC is constantly being compared to group care. Further recognition should be given that PHDC is a group setting equal to group care and that placement in either a group centre or PHDC should be based on the needs of the child and family.

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This report was prepared by members of the Metro Toronto Private Home Day Care Association in the Spring of 1978 and submitted to the Day Nurseries Branch in the hope that they might be helpful in the upcoming Day Care Policy Review.



The flexibility of PHDC is discussed in the guidelines as being an advantage. We certainly recognize this but it has been our experience that this mode of care is not all that flexible. Many of the agencies have various examples of special needs requiring flexible hours. It is important to stress here that it is difficult to find suitable providers willing to meet many of the special needs which will be described. Also, there are no additional funds available in the form of higher provider's rates to allow for the following:

- a) Four day work week - presently providers can only be paid for the days the child is in care, even though the hours may be extended in some cases to twelve to fourteen hours. In this situation providers should be paid for five days.
- b) In some cases, when there are special circumstances, and it seems more appropriate for a day care provider to go into the child's home, we feel that this option should be available. For instance a family of three or four children may best be cared for in their own home, where there is the proper equipment, toys, etc. This would also alleviate some stress on the parent. In certain areas it may be difficult to find an appropriate home. This option would further the chances of meeting the various needs of parents and their children.
- c) When a parent works an afternoon shift (4:00 p.m. to midnight) the child may be uprooted from their sleep. We suggest that a special overnight rate should be established so that the child does not have to be taken home during his/her sleeping hours.

Consideration should also be given for overnight arrangements in the event of a medical emergency.

- d) Often PHDC is used by children who are handicapped or have special needs. We feel that again the provider rates should be flexible enough to allow for additional payments to be made to the provider. It may well mean that the provider has in care only one child with special needs and two "normal" children. The option should also be available for the provider to be paid to go into the child's home. A child with cerebral palsy may need specific equipment to be independent, equipment usable in their own home but not necessarily in a provider's.

In summary, we feel that PHDC should not be promoted on its ability to be "flexible" unless funding is allocated to support flexibility.

Other Topics That Could be Included in the Introduction:

1) Parent Contact

Nowhere in the guidelines is mention made of the need for contact by the Agency with the parent. This should be a requirement and funding should support this contact. In order to insure the healthy development of the child, the agency should be aware of any stress or difficulties the parent may be encountering in order to help the parent and provider to work together for the benefit of the child. For instance the child may be acting up

out



in the day care home. It is difficult to assist the provider unless one has the total picture. Children cannot be isolated from their families. As an agency it is vital that we be aware of the family's needs, not just the child's. Even when there are no problems, contact with the child's parents is vital to insure that the child is being handled consistently and lovingly in the day care home, as well as in his own home. The manner in which this requirement is met would vary with the goals of individual agencies and the needs of the families to which they give service.

### Cooperation Between PHDC Agencies and Other Children's Services

PHDC agencies often receive referrals from other children's services such as Public Health, Children's Aid, treatment centres, and schools. Due to the involvement of these various agencies with the families, there is a need to coordinate services.

Children's Aid is increasingly turning to day care as an alternative to foster homes or apprehension and wardship. These high risk families demand more work and responsibility from the field worker, as well as the day care provider.

The problem of the high risk family and the special needs of families of ethnic groups and immigrants may be more typical of urban settings and may not apply to the same extent in other areas of the province. Thus, there is a need for legislation of standards that allows agencies to respond to the special needs required in their communities.

The following example might further clarify the need to coordinate services. A three year old child was referred to a PHDC program by the Children's Aid Society. The child was developing slowly due to lack of stimulation and consistency given by his seventeen year old mother. The mother could not toilet train the child, had difficulty setting limits and generally had little awareness of the child's needs. Once placed in the day care home, the field worker met regularly with the parent and provider to help develop the parent's awareness and skills in meeting her child's needs. The break provided by day care helped relieve the tension between mother and child. The child care worker from the Children's Aid assisted both the parent and provider in effectively coping with any behavioral problems the child was presenting and followed through with working with the parent and child in their own home. Ongoing communication was necessary between the agencies involved to reassess goals and progress.

### Uses of Private Home Day Care, Page 7.4

#### 1) Private Home Day Care and the Infant

Statements made concerning PHDC for infants raise some concern. It conveys the feeling that infant group care is not satisfactory.

PHDC is an additional choice for parents with children of any age. Again, the choice should be based on the needs of the family and child.



## Children with Special Needs:

The issue of children with special needs is again raised. The whole area of special needs is in need of clarification and definition.

As earlier expressed, financial support should be given for provider and agency.

Existing support agencies in the community (i.e. Surrey Place, Ontario Crippled Children's Centre, Public Health) can help the provider to develop her skills in relationship to the needs of the individual children in her home. Encouragement should be given to use these resources. The field worker's role would include the organization of these support services and the supervision of programs being carried out in the home. For example: The Public Health nurse can be helpful in clarifying the procedures to follow should the epileptic child in care have a seizure; the physiotherapist may help the provider develop an exercise routine for the child with cerebral palsy as well as recommend certain positions in which to sit the child.

Making arrangements for these resources to be used requires the field worker's time and energy.

## Communities with Special Needs

It is important for agencies to respond to the needs of their particular community. Needs will vary between the large urban centre and the rural community. Toronto has a high immigrant population where many families are struggling to establish themselves, dealing with different values, coping with the isolation of not being able to communicate in their native language - these families need acceptance, support, help and reassurance.

The stress on a single parent living in an urban area without family support necessitates the need for parent relief programs such as PHDC.

Perhaps the areas discussed up to Page 7.4 could be condensed to include a brief introduction and definition of PHDC and then a heading "Information About PHDC" to include the issues of flexibility, parent contact, cooperation between agencies, communities with special needs and children with special needs.

## Costs and Administration - Page 7.4

A clearer definition of funding guidelines outlining examples of what costs can be included would be helpful to all agencies.

## Provider Rates - Page 7.5

Providers and agencies should be paid on an enrollment basis. Categories of payment should be included but specific rates should be deleted as they change frequently.

The present categories should be altered to include recognition of special rates for extended hours, shift work, special needs, etc.



The present statement is too limited. Examples of food and crayons should be omitted altogether, or a complete list of expenses should be presented. It should be stressed that the individual provider should check with the income tax department.

F.B.A. Recipients - Page 7.6

The statement that "Family Benefit mothers should be sought out as day care mothers" should be omitted from the guidelines.

Policies should be outlined regarding the agency's and provider's responsibility in reporting the income from day care, the allowable earnings, and the deductions for expenses incurred.

Supervision of Day Care Homes - Page 7.7

A. Administrative Requirements

We feel that No's 1, 2 3 and 4 need further clarification: Home visits, spot inspections, provincial child development counsellor.

Home visitors visit each home at least once a month.

B. Qualifications of Persons Supervising Homes - Page 7.8

We feel that the outline on qualifications of persons supervising homes is very thorough and comprehensive. We would also like consideration of the following ideas:

1. The role of the PHDC field worker is to ensure good day care services for children enrolled in the PHDC program. This involves
  - recruiting and assessing potential day care providers for acceptance under the established criteria.
  - accepting and assessing application for service.
  - acting as a liaison between the parent(s) and day care provider (matching applicants with day care providers, arranging placements, continuing liaison with both parents and providers).
  - ensuring that day care providers have opportunities to develop their knowledge and skills to enable them to effectively recognize and meet the developmental needs of children and to communicate effectively with both the agency and parents.
  - regular discussions with parents and day care providers on concerns regarding the child's behaviour or development, and other stressful situations affecting the day care arrangement.
  - ability to make use of the resources of community volunteers.
  - working knowledge of community resources in order to make appropriate referrals.
  - group work with providers and parents.
  - 
  - compilation of statistics.
  - assessing, planning and programming of individual workload as it relates to child, family and provider.

The position calls for good interpersonal skills, a sound working knowledge of the developmental needs of young children, assessment



skills, an understanding and skill in handling family dynamics and interpersonal relationships, knowledge of community resources, counselling skills, skills in effective development and management of groups and an understanding of current social and economic issues is appropriate.

It is recognized that there is no single professional training for equipping workers for this specific role. In view of this, field workers should be provided with in-service supervision, consultation and staff development programs.

2. Home visitors are required to have a medical examination annually and a chest x-ray or TB skin test every second year.

Development of the Day Care Home - Page 7.11

1. Preservice training and in-service training:
  - a) It is not funded substantially - no payment for provider who attends a preservice training orientation (i.e. Metro - 50 hours in a day care centre).
  - b) It should read "is a responsibility of the agency" rather than "home visitor".

Inspection and Evaluation - Page 7.11

We support this section as it now stands.



III THE DAY CARE MOTHER

The Day Care Environment: The Provider and the Home

General Introduction

Goals for selection of Day Care Homes and Providers:

- a) To provide homes that meet with the legislated physical requirements and offer a nurturing environment where children can fully develop socially, emotionally, physically and cognitively.
- b) To select a provider and family who will offer stability, support and understanding to working parents in order to strengthen their family life.

A. The Day Care Provider and Family

1. The provider's family must have an adequate and stable income.
2. The family should be in total agreement regarding the acceptance of the responsibility of caring for day care children.
3. The family should be stable (e.g. family composition, mobility, marital arrangements, emotions) in order to provide a healthy environment for the child.
4. The family should be accepting of families of different races, cultures, backgrounds and attitudes toward child rearing.
5. The provider must be able to communicate honestly and openly with parent(s) and be supportive of and understanding of values, life styles and culture.
6. The provider should demonstrate an openness to learning and a willingness to be supervised by an agency.
7. The provider should have a knowledge of children's emotional, physical, intellectual and social needs and capabilities and be able to enhance development of these growth processes at different stages of development.
8. The provider should be able to plan children's programs and routines which include the following:
  - a) Imaginative ways of meeting a child's needs with flexibility and creativity.
  - b) Introduction to various activities and experiences.
  - c) Freedom to explore.
  - d) Utilization of community resources such as libraries and play groups.



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e) Provision of nutritious meals and snacks.

9. The provider must be energetic and healthy and must have a medical once a year and a chest x-ray or TB skin test every second year.

B. The Day Care Home:

Locality - Day care homes should be in a residential area, preferably within 10-15 minutes walking distance of the clients own home. If the client has a car, the distance may be extended. In the case of school age children, effort must be made to insure that the child is placed in a home in his own school district.

Care may take place in a house or apartment and often occurs in Ontario Housing Developments.

Agencies should attempt to avoid overlap in areas so as not to duplicate services.

Equipment

- Each home must have a telephone, except where telephone service is not available in the community.
- For each preschool child, there should be a crib or a cot with suitable bedding. For a child eighteen months or less there should be a crib with sides and/or playpen.
- Water, heating, ventilation and lighting facilities should be adequate to maintain a healthy environment.
- Refrigeration and cooking facilities must be adequate to facilitate the preparation of good food.
- Toilet and bathing facilities should be in the home and suitable for use by children. Each child must have a towel and face cloth for his own use.
- Adequate supply of play and art equipment appropriate to the age and developmental needs of the child in care.
- Emergency first aid kit and a first aid handbook.

If the day care home does not have the necessary equipment for certain age children, i.e. playpen, crib, stroller, playground equipment, it should be provided by the supervising agency.

Space

The quality of care is affected by the amount and suitability of play space available to children. However, it is not feasible to lay down rigorous specifications because space is qualified by such factors as amount of furniture in the home, room shape and the initiative of the day care mother. It is the responsibility of the Home Visitor to establish that every child in care has adequate play space and sufficient room to move about freely and safely.



## Space continued

All children under the age of six years must be supervised when playing outdoors. The only exception will be when there is a completely fenced in and safe yard. Children of any age will not be allowed out on apartment balconies unless under an adult's supervision.

## Safety

The provider must be aware of potential hazards and be able to act quickly, calmly and competently in emergencies. Steam pipes, radiators, stairways, boiler rooms, electrical outlets, heating and cooking equipment, low windows, steps and any other hazardous objects should be appropriately guarded.

All paint, cleaning materials, matches and medicinal products must be secured in places inaccessible to children.

The names and numbers of persons to be called in case of emergency must be posted. These numbers should include:

- Parent's place of business
- Child's doctor
- The nearest hospital
- The police station
- Poison Control
- Children's Aid Society
- A neighbor
- A local taxi service

## Health

All members of the household present during the hours of care must have a medical once a year and a chest x-ray or TB skin test every second year. Children admitted must also have a medical yearly.

The home must be clean, hygienic and available for public health inspection. A separate face cloth, towel, toothbrush and comb must be available for each individual child.

## Insurance

Adequate insurance should cover the child at all times whether in the home, outside or on trips. The purchase of property and liability insurance is recommended.

## Child Placement

Restrictions for child placement should be made in compliance with the Day Nurseries Act regulations concerning the number and age of children in the home and according to the agency's assessment of the provider's ability and the space in the home.



#### IV HEALTH PRACTICES

(This section is quite good. However, we would like to suggest a few minor changes.)

- 1) page 7.16, #2, 1st sentence of 2nd paragraph: "Where the child is in need of special care such as medication or special diet, there should be a signed letter AND INSTRUCTIONS FROM THE CHILD'S PARENTS OR PHYSICIAN."
- 2) page 7.16, #3, 2nd paragraph: "A day care mother looking after more than one unrelated child may not provide care to a child who is clearly sick WITHOUT CONSULTATION WITH THE PARENTS OF ALL THE CHILDREN IN HER CARE."
- 3) page 7.17, top of page: "..... to insure that the animals are properly protected against rabies AND ARE CLEAN AND HEALTHY. THE ANIMALS SHOULD BE OF SUITABLE TEMPERAMENT TO BE AROUND CHILDREN."
- 4) page 7.17, #4, first point: "Children should be exposed to fresh air morning and afternoon WHEN WEATHER IS APPROPRIATE."
- 5) page 7.17, #4, add a second point: "PROVIDER SHOULD EMPHASIZE CHILD'S PHYSICAL FITNESS."
- 6) page 7.17, #4, omit point concerning temperature.

#### V FOOD

Suggestions for the section on Food:

- 1) page 7.17, first paragraph: "It is important that children receive adequate nourishment and a well balanced diet to insure healthy development and to assist in the development of good eating habits (weight control, dental health, variety in texture, taste and appearance). The Home Visitor has the responsibility, in consultation with the parent and the provider, to negotiate feeding arrangements appropriate to the needs of the individual child. The Canada Food Guide, as well as leaflets prepared by the Day Nurseries Branch should be used as guidelines for interesting and nourishing meals and snacks.
- 2) page 7.17, 2nd paragraph, omit sentence on breakfast. (This should not be part of the role of the provider unless special arrangements are made.)
- 3) page 7.17, 3rd paragraph, section on midday meal: "CHILDREN who are in the home require a small snack in the morning and afternoon and a substantial and nutritious midday meal. Omit all of the rest of this section.
- 4) page 7.18, 1st paragraph - omit sentence on After School Snack.
- 5) page 7.18, paragraphs 5, 6 and 7 - omit sections on Interesting Foods, Menu Hints and Menu Planning.



VII Training and Development - Page 7.19

We are accepting "Training and Development" as it now stands. We ask that the following suggestions be considered:

1. The concept of training programs for day care providers is an important one. However, it is a concept which is not funded. The same worker who does the home assessing, ongoing program, supervision and parent support work is also expected to plan and do training. This is a very unreasonable expectation.
2. It is also important to note that through careful and skillful assessment of day care providers, we will be selecting providers with skills and resources which we can draw on, strengthen and expand.
3. The development of preservice and in-service training programs should depend on the resources available within the agency and the community and should be based on the needs of the providers.
4. The most important part of the day care mother's growth and development is the skills that they have already acquired, their attitude toward the agency and their motivation for learning.

Preservice Training - Page 7.19

We suggest that the section on preservice training be deleted.

In-Service Development and Training - Page 7.20

We agree with this section as it now stands.

Nursery Schools and Day Care Centres as Training and Development Resources.- Page 7.21

We suggest that the first sentence "The.....comparison" be replaced with the following one: "We recognize that group day care centres can be an excellent model for the provider, however we feel that it is important to stress the differences between group day care and private home day care where flexibility, individual attention and nonstructure exist."

We are accepting the remainder of this section which would begin with "These centres have developed standards.....".

Nurseries as Organizational Centres for Home Day Care - Page 7.22

We are accepting this section without change.

Programme IX - Page 7.23

We feel that this section covers a great number of ideas, however we would like consideration of the following ideas:

Page 7.23, paragraph #2 - "The day care mother will need a good deal of assistance and encouragement in planning a developmental programme which will cater to the cognitive, social and physical needs in the child's development." Delete present paragraph.



Page 7.24, paragraph #3 Please add a final point "Each sponsoring agency should hold monthly developmental seminars for their providers as an extra programming input. Topics could include child discipline, health, nutrition, community resources, income tax information, growth and development and the role of the provider, to name a few".

Page 7.24 and page 7.25, paragraphs #4, 5, 6, 7, 8 and 9 to remain the same.

Page 7.25, paragraph #10 Delete the sentence which reads "Cartoon shows and children's "soap operas" are almost all time wasters and should be discouraged". Replace with "Discretion should be used when selecting TV programmes for viewing".

Page 7.25 Please add the following point as paragraph #11: "The agency or municipality should be available for consultation by providing a toy lending and resource library." In the left margin, in small print, create a new category for this new paragraph to read "Toy and Resource Library".

Page 7.25 Final paragraph to remain as is.